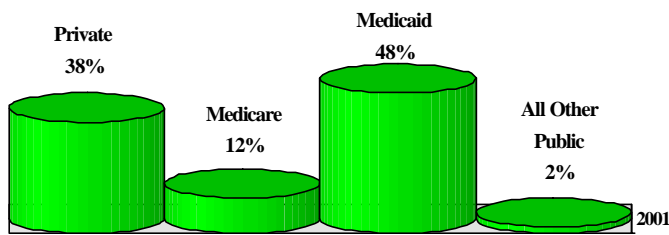


Theme 5: Strengthening Medicaid, State Children's Health Insurance Program (SCHIP), and State Programs

This effort includes research on ways to improve access to and delivery of health care to the persons served by the Medicaid and State Children's Health Insurance Programs and to the uninsured. Our research and demonstrations regarding disabled populations include the Demonstration to Maintain Independence and Employment, mandated by the Ticket to Work and Work Incentives Improvement Act of 1999, and the Nursing Home Transition Grant program. Research and demonstration projects for children include the Medicaid Oral Health Demonstration, the Children's Hospice Care Demonstration, research to identify model approaches, studies of the effects of the Medicaid coverage expansions for children, outcome and expenditure effects of preventive services for children, analysis of early intervention for Medicaid children with asthma, and the evaluation of Medicaid managed care delivery systems. Our research and demonstrations regarding Health Insurance Portability and Accountability Act insurance reform provisions include high-risk pool analyses, studies of how associations are treated by State insurance reform laws, and evaluation of State laws governing associations.

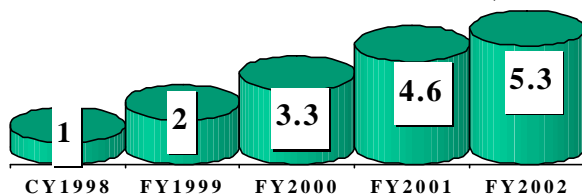
Medicaid Remains the Largest Single Payer of Nursing Home Care



Note: Hospital-based Skilled Nursing Facilities are excluded.

Source: CMS, Office of the Actuary, National Health Statistics Group.

The Number of Kids Enrolled in SCHIP 1998-2002 (in millions)



Source: CMS, FY2002 SCHIP Annual Enrollment Report.

95-049 Montana Welfare Reform: Families Achieving Independence in Montana (FAIM)

Project Officer: Joan Peterson
Period: February 1996–January 2004
Awardee: Montana, Department of Public Health and Human Services
Funding: \$0

Description: The Montana demonstration established statewide: 1) a Job Supplement Program consisting of a set of Aid to Families with Dependent Children (AFDC)-related benefits to assist individuals at risk of becoming dependent upon welfare; 2) AFDC Pathways Program, in which all applicants had to enter into a family investment agreement requiring parents to secure child support, obtain early, periodic screening, diagnosis and treatment services and immunizations for their children, and participate in the State's Jobs Opportunity and Basic Skills program; and limiting adults' benefits to a maximum of 24 months for single parents and 18 months for two-parent families; and 3) a community services program requiring 20 hours per week for individuals who reach the AFDC time limit but have not achieved self-sufficiency. Montana expanded AFDC-Unemployed Parent eligibility and increased the resource and automobile equity limits for AFDC and Food Stamp recipients. The State also increased the dependent care disregard, as well as disregards of energy assistance payments, earned income of dependent children in school, gifts of money for special occasions, and child support payments made to non-household members for AFDC and Food Stamp purposes. Under its demonstration, enrollment of adult participants in a health maintenance organization (HMO) is mandated where geographically available. In areas where an HMO is not available, Montana offers basic Medicaid coverage through "Passport to Health," Montana's primary-care case-management program.

Status: Montana elected to retain the waivers and expenditures authorities granted by CMS as part of the welfare reform demonstration.

96-043 Tennessee "Families First" Demonstration

Project Officer: Alisa Adamo
Period: September 1996–September 2006
Awardee: Tennessee, Department of Human Services
Funding: \$0

Description: "Families First" is a welfare demonstration. CMS approved waivers of the specific Medicaid regulations to provide 18 months of transitional Medicaid to people regardless of the reason for Aid to Families and Dependent Children (AFDC) case closure and/or whether the person was on AFDC for 3 out of the preceding 6 months.

Status: The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) permitted States to continue many of the policies that had previously required waivers of pre-welfare reform by submitting a Temporary Assistance for Needy Families (TANF) plan to the Administration for Children and Families (ACF). Unless otherwise indicated, States have elected to retain the waivers and expenditures authorities granted by CMS as part of the welfare reform demonstrations.

95-068 A Better Chance Welfare Reform Project

Project Officer: Alisa Adamo
Period: October 1995–December 2003
Awardee: Delaware, Health and Social Services, (New Castle)
Funding: \$0

Description: The Better Chance Welfare Reform Demonstration was designed to test a set of provisions that linked opportunity and responsibility, supports the formation and maintenance of two-parent families, provided positive incentives for private sector

employment, and reduced teenage pregnancy. To reinforce these work and education requirements, the State is providing some additional benefits, such as an additional year of transitional Medicaid and transitional child care. Medicaid waivers were required to provide demonstration recipients 12 additional months of transitional Medicaid if their income is under 100 percent of the Federal poverty level.

Status: The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) allows States to continue many of the policies that had previously required waivers of pre-welfare reform title IV-A by submitting a Temporary Assistance for Needy Families (TANF) plan to the Administration for Children and Families (ACF). In some instances, States elected to retain waivers of pre-welfare reform title IV-A through the end of the demonstration period. Unless otherwise indicated, States have elected to retain the waivers and expenditures authorities granted by CMS as part of the welfare reform demonstrations.

96-044 Achieving Change For Texans

Project Officer: Alisa Adamo
Period: April 1996–April 2002
Awardee: Texas, Department of Human Services
Funding: \$0

Description: "Achieving Change For Texans" is a welfare demonstration and contains a wide range of innovative welfare reform initiatives. Under the demonstration, Aid to Families with Dependent Children (AFDC) recipients must attend school if they are under 19 years of age, cooperate with support collection and paternity establishment efforts, abstain from using drugs and abusing alcohol, provide health checkups and immunizations for their children, and ensure that their children attend school. The demonstration sets variable time limits for adult recipients' AFDC benefits, based on the education level and work experience of the adult recipients. The demonstration includes exemptions for those who cannot work and extensions for severe personal hardship for those who live in economically distressed

areas. Families will retain Medicaid benefits if AFDC is terminated upon reaching the time limit. An additional 6 months of transitional Medicaid is meant to be an incentive for exempt cases to voluntarily participate in the Jobs Opportunity and Basic Skills program. The CMS waiver was needed in order to implement this component of the demonstration.

Status: The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) permitted States to continue many of the policies that had previously required waivers of pre-welfare reform by submitting a Temporary Assistance for Needy Families (TANF) plan to the Administration for Children and Families (ACF). Unless otherwise indicated, States have elected to retain the waivers and expenditures authorities granted by CMS as part of the welfare reform demonstrations.

96-047 New Hampshire Employment Program and Family Assistance Program

Project Officer: Maria Boulmetis
Period: July 1996–March 2002
Awardee: New Hampshire, Department of Health and Human Services, (Hazen Dr)
Funding: \$0

Description: This statewide demonstration increases the requirements on recipients to seek and to obtain work, allows the recipients to keep more of their earnings and have more exempt resources, and streamlines eligibility for both Aid to Families with Dependent Children (AFDC) and AFDC-related Medicaid individuals to reflect demonstration provisions. Individuals are also allowed to receive transitional Medicaid benefits even though they did not receive AFDC in 3 out of the previous 6 months.

Status: The State continues to implement the demonstration.

98-235 Impact of Welfare Reform on Medicaid Populations

Project Officer: Penelope Pine
Period: September 1998–February 2002
Awardee: Mathematica Policy Research, (DC)
Funding: \$685,790

Description: This project develops data and examines the impact of welfare reform on Medicaid eligibility, utilization, and payments for various populations. It will study the effect of: 1) delinking Aid to Families with Dependent Children and Medicaid eligibility; 2) terminating access to Medicaid for some legal immigrants because they lost eligibility for Supplemental Security Income; 3) barring most future legal immigrants from Medicaid; and 4) narrowing Medicaid eligibility for selected disabled children and disabled alcohol and substance abuse populations.

Status: Trend analysis of Medicaid eligibility 1993-1997 is in progress. The first paper from this project, entitled "Medicaid Eligibility, Takeup, Insurance Coverage and Health Access and Use Before and After Welfare Reform: National Changes from 1994-1997 Using National Health Interview Survey" is available.

95-047 Arizona Welfare Reform: Employing and Moving People Off Welfare and Encouraging Responsibility Program

Project Officer: Joan Peterson
Period: May 1995–October 2002
Awardee: Arizona, Department of Economic Security
Funding: \$0

Description: The Arizona statewide demonstration did not increase benefits for additional children conceived while the mother was receiving Aid to Families with Dependent Children (AFDC), but limited benefits to adults to 24 months in any 60-month period and allowed recipients to deposit up to \$200 per month

(with 50 percent disregarded) in Individual Development Accounts. It requires mothers who are minors to live with parents, extends transitional child care and Medicaid to 24 months, and it eliminates the 100-hour rule for AFDC-Unemployed Parent cases.

Status: Arizona elected to retain the waivers and expenditure authorities granted by CMS as part of the welfare reform demonstration.

95-069 Massachusetts Welfare Reform, 1995

Project Officer: Alisa Adamo
Period: November 1995–November 2005
Awardee: Executive Office of Health and Social Services
Funding: \$0

Description: The major components of this demonstration were a 2-year time limit on Aid to Families with Dependent Children (AFDC) within every 60 months, with extensions in certain cases, and a work requirement for those on AFDC for more than 60 days. Certain recipients were exempt from the time limit and the work requirement (e.g., the disabled, pregnant women). Recipients who were not exempt were asked to sign an Employment Development Plan. The plan addressed such requirements as school attendance for children and minor parents, immunizations for children, and employment-related requirements for adults. Additional incentives are being provided to encourage people to work. These include income disregards and transitional Medicaid. Medicaid waivers were required in order to provide 12 months transitional Medicaid to families without regard to income.

Status: The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) on August 22, 1996, permits States to continue many of the policies that had previously required waivers of pre-welfare reform title IV-A by submitting a Temporary Assistance for Needy Families (TANF) plan to the Administration for Children and Families (ACF). Unless otherwise indicated, States have elected

to retain the waivers and expenditures authorities granted by CMS as part of the welfare reform demonstrations.

95-063 Virginia Independence Program

Project Officer: Maria Boulmetis
Period: July 1995–June 2003
Awardee: Virginia, Department of Health and Human Services
Funding: \$0

Description: This statewide program provides a one-time diversion payment to applicants instead of Aid to Families with Dependent Children (AFDC), tightens sanctions for jobs opportunity and basic skills training programs, requires paternity establishment within 6 months, requires minor parents to live with adult guardians, eliminates a benefit increase for a baby born to a mother on welfare, requires AFDC caretakers without a high school diploma to attend school, requires child immunizations, increases resource limits, and gives transitional child care and Medicaid benefits to cases losing AFDC eligibility for any reason, and if they have no coverage through an employer group health plan and have incomes below 185 percent of Federal poverty guidelines. The Virginia Initiatives for Employment not Welfare (VIEW) would phase in a statewide program over 4 years. VIEW will assign participants to a work activity within 90 days of a benefit receipt, provide employer subsidies from AFDC plus the value of Food Stamps, time-limit AFDC benefits to 24 consecutive months, apply full-family AFDC cash sanctions for refusal to cooperate with work programs, increase earned-income disregards up to Federal poverty guidelines, and provide 12 months of transitional transportation assistance.

Status: The State continues to implement the demonstration.

95-062 Nebraska Welfare Reform Demonstration Project

Project Officer: Maria Boulmetis
Period: July 1995–July 2002
Awardee: Nebraska, Department of Social Services
Funding: \$0

Description: Statewide waivers permit Nebraska to limit employable adults to a maximum of 24 months of Medicaid in any 48-month period and require employable adults to participate in employment-related activities with more stringent sanctions for non-cooperation. Cases that lose Aid to Families with Dependent Children eligibility due to earnings will receive a 24-month Medicaid transition benefit. The Medicaid transition benefit will involve quarterly income reporting, with the case losing eligibility when income exceeds 185 percent of the Federal poverty guideline, and the State may also impose cost sharing in months 7-24 of the transition benefit.

Status: The State continues to implement the Medicaid waivers for the small group of clients who remain eligible.

96-063 South Carolina Welfare Reform: Family Independence Act

Project Officer: Joan Peterson
Period: June 1996–May 2003
Awardee: South Carolina, Department of Health and Human Services
Funding: \$0

Description: This project limited Aid to Families with Dependent Children (AFDC) cash benefits to families with able-bodied adults to 24 months; allowed relocation, under certain criteria, for a family to receive a good-cause extension of AFDC cash benefits; required applicants and recipients to sign Individual Self-Sufficiency Plans (ISSPs) outlining employment and training requirements and family skills training; allowed random testing in conjunction with substance abuse treatment; imposes progressive fiscal sanctions which may result in a full-family sanction for failure to

comply with the ISSP; required up-front job search as a condition of eligibility and required job-ready individuals to participate in alternate work experience; imposes a family cap, but provided benefits to affected children in the form of vouchers/commodities; eliminated principal earner provisions, work history requirements, and the 100-hour rule for AFDC-Unemployed Parent cases. The Family Independence Act also provided transitional child care and transitional Medicaid for up to 24 months and without regard to prior AFDC receipt. Medicaid eligibility is continued for individuals for up to 90 days after termination of AFDC benefits due to the removal of dependent child(ren) from the home because of abuse or neglect if the individual is participating in substance abuse treatment.

Status: South Carolina elected to retain the waivers and expenditures authorities granted by CMS as part of the welfare reform demonstration.

02-031 Development and Evaluation of Medical Intervention for Early Childhood Caries

Project Officer: Teresa Brocato
Period: September 2000–September 2003
Awardee: North Carolina, Department of Health and Human Services
Funding: \$440,000

Description: This project is aimed at training physicians and physician extenders (i.e., physician assistants, nurse practitioners) in furnishing a package of preventive dental services to both children and their caregivers in order to reduce the incidence and transmission of dental decay in children. This innovative project effectively will expand two original, small demonstrations to the rest of the State. Three methods of training primary care providers will be tested, using a prospective, randomized study design, on the 84 largest-volume medical practices in North Carolina. These practices provide services to over 100,000 young children enrolled in Medicaid. This project will develop educational materials and track the short- and long-term effects of the education on physician knowledge and resulting dental services.

Medical claims will be analyzed to compute the rates and intensity of services provided. By documenting the outcomes of these training methods in terms of their ability to deliver low cost preventive dental services for children in the primary care setting, this project has potential to accelerate the rate of adoption, and set new standards for delivery.

Status: In addition to completing initial organizational activities, the project has provided training to more than 117 medical practices and 64 local health departments, and 3,326 children have received at least the initial preventive oral health service. As of December 2001 the project was moving smoothly into its second operational year. They are meeting their expected enrollment/participation levels.

02-032 Innovative Management of Dental Decay for Young Children Enrolled in Medicaid and/or the State Children's Health Insurance Program (SCHIP)

Project Officer: Teresa Brocato
Period: September 2001–September 2003
Awardee: California, Department of Health Services
Funding: \$420,000

Description: This demonstration is a joint project of the California Medicaid program (MediCal) and the University of California San Francisco (UCSF) School of Dentistry designed to improve dental access for young children, and reduce caries rates and the high costs of dental care. In the target population of Alameda County, the State will conduct an outreach enrollment campaign; orient families to expectations and responsibilities; recruit, train, and certify medical and dental providers in innovative preventive and therapeutic services; and enhance Medicaid reimbursement to certified providers. Comparisons of utilization rates and expenditures will be made between the intervention population and a control group of children who are eligible for, but not enrolled in, the program.

Status: The California project was delayed; however, the operational phase began April 2002.

PROGRAM OF ALL-INCLUSIVE CARE FOR CHILDREN

This project is part of a CMS grant to the State for research and evaluation activities culminating in the development of a demonstration program specifically designed for improving the services available to children with life-threatening conditions and their families. The Program of All-Inclusive Care for Children (PACC) is a model of care that will be established in the State through that demonstration. PACC integrates all health care, social services, and support services needed by families to care for children diagnosed with life-threatening and potentially life-limiting conditions. PACC provides these services at the point of diagnosis of a terminal illness and continues through the provision of bereavement counseling after the end of life.

00-098 Program of All-Inclusive Care for Children–Florida

Project Officer: Melissa Harris
Period: September 2000–September 2002
Awardee: Florida, Agency for Health Care Administration, (Ft Knox Blvd)
Funding: \$198,330

Description: The primary goal of the Florida program is to maintain these children in their home, which would be less costly and more likely to achieve patient and family/caregiver satisfaction. Initially, the State will pilot this project in limited geographic areas, and may limit participation in the project to children with specific life-threatening diagnoses until Florida is able to expand the program to include all diagnoses.

Status: The State of Florida, Agency for Health Care Administration, was awarded grant funding for a 1-year period of September 2000 through September 2001.

MAINTAIN INDEPENDENCE AND EMPLOYMENT PROGRAM—INFRASTRUCTURE GRANT

The Medicaid Infrastructure Grants program enables States to build needed systems to help people with disabilities purchase health coverage through Medicaid. Grant funds assist employers access to this underused pool of workers, conduct outreach to people with disabilities, train staff in new employment possibilities, and improve transportation and other supports for people with disabilities. The goal of this grant is to support people with disabilities in securing and sustaining competitive employment in an integrated setting. The Infrastructure Grants program provides financial assistance to States through a Medicaid buy-in mechanism under the State Medicaid Plan; the ability to purchase Medicaid coverage for people with a severe impairment who do not yet meet the Social Security Insurance (SSI) disability test; significant improvements to Medicaid services that support people with disabilities in their competitive employment efforts; and/or serve as a regional State-to-State Medicaid Infrastructure Center.

01-011 Maintain Independence and Employment Program—Infrastructure Grant—Alabama

Project Officer: Kay Lewandowski
Period: October 2000–December 2004
Awardee: Alabama, Medicaid Agency, Long Term Care Division
Funding: \$625,000

Status: The Alabama program involves Medicaid buy-in activities, such as exercising the BBA Medicaid Coverage Option for income above 250 percent FPL, including those who do not meet SSI disability test but have a potentially severe physical impairment. Medicaid services improvements involve a workgroup of individuals with disabilities, consumer and advocacy groups, potential employers, and other stakeholder representatives who will identify and develop a comprehensive list of issues and concerns of employed people with disabilities and through the Homeward Bound Waiver Services, provide personal assistance

service benefits for daily living on and off the job, and an education program for disabled individuals on, specifically, the TWWIA provisions.

01-017 Maintain Independence and Employment Program—Infrastructure Grant—Alaska

Project Officer: Kay Lewandowski
Period: October 2000–December 2004
Awardee: Alaska, Governor's Council on Disabilities and Special Education
Funding: \$625,000

Status: The Alaska project involves Medicaid buy-In activities such as assessing why people do not join the Medicaid buy-in; what measures can be taken to increase participation; assessing the impact and cost-effectiveness of a buy-in program; and outreach to people with disabilities, service providers, employers, and State and Federal agencies. Improving Medicaid services involves training and technical assistance regarding Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIA) provisions, changes to Medicare, and changes in independent personal assistance services programs.

02-019 Maintain Independence and Employment Program—Infrastructure Grant—California

Project Officer: Karen Tritz
Period: January 2002–December 2004
Awardee: California, Department of Health Services
Funding: \$500,000

Status: This award is made to allow the State to develop the infrastructure that will support the development of demonstration[s].

02-007 Maintain Independence and Employment Program—Infrastructure Grant—Colorado

Project Officer: Kay Lewandowski
Period: January 2002–December 2004
Awardee: Colorado, Department of Health Care Policy and Financing
Funding: \$500,000

Status: This award is made to allow the State to develop the infrastructure that will support the development of demonstration[s].

01-018 Maintain Independence and Employment Program—Infrastructure Grant—Connecticut

Project Officer: Jeremy Silanskis
Period: October 2000–December 2004
Awardee: Connecticut, Department of Social Services
Funding: \$625,000

Status: The Connecticut program involves Medicaid buy-in activities, such as conducting outreach targeted at individuals who may be eligible for the State’s program, exploring the programmatic and fiscal impact of expanding personal assistance services beyond the current populations and scope of services, and developing a competent, flexible, culturally sensitive, adequately compensated workforce for providing necessary supports and services to individuals with disabilities in competitive employment.

02-008 Maintain Independence and Employment Program—Infrastructure Grant—Delaware

Project Officer: Jeremy Silanskis
Period: January 2002–December 2004
Awardee: Delaware, Health Care Commission
Funding: \$500,000

Status: This award is made to allow the State to develop the infrastructure that will support the development of demonstration[s].

01-027 Maintain Independence and Employment Program—Infrastructure Grant—District of Columbia

Project Officer: Kay Lewandowski
Period: October 2000–December 2004
Awardee: District of Columbia, Department of Health, Medical Assistance Administration
Funding: \$500,000

Status: The District of Columbia program involves Medicaid buy-in activities, including attendant services, rehabilitation services, home and community based personal assistance services, services outside the home, non-emergency services, transportation services, technologies, and environmental adaptations. Activities also include benefit design, cost modeling, staffing and information systems requirements, eligibility requirements, premium collection, tax options for employers, independent savings accounts, training options, outreach, educational materials and development, and initial administrative implementation. Improvement to Medicaid services involve a leadership council, an integrated system for disabled District residents to access care and services, informational materials on services and supports, eligibility requirements, enrollment processes, and health benefit options, and personal assistance services. Other improvements include amending the Elderly Waiver to include the under 65 years of age population, monitor the number of disabled residents willing and able to work, assess their skills, identify training, services and support need and employment opportunities.

01-026 Maintain Independence and Employment Program—Infrastructure Grant—Georgia

Project Officer: Kay Lewandowski
Period: October 2000–December 2004
Awardee: Georgia, Department of Community Health
Funding: \$625,000

Status: The Georgia program involves Medicaid buy-in activities, and improved Medicaid services. Activities include outreach and training programs targeted at consumers using a peer support model, offer providers greater incentives for employment outcomes, Waiver funded personal support services for employment, a jobs hot line, peer support networks, and marketing material from several media to assist in employment, and a data base to track outcomes for workers.

01-022 Maintain Independence and Employment Program—Infrastructure Grant—Idaho

Project Officer: Kay Lewandowski
Period: October 2000–December 2004
Awardee: Idaho, Department of Health and Welfare, (Amer. Terr)
Funding: \$625,000

Status: The Idaho program involves Medicaid buy-in activities such as benefit representatives, steering committees, public input forums, educational materials, and enhanced Medicaid data systems. Improved Medicaid services include increased availability of personal assistance services, recommendations on transportation, and improved employment opportunities for individuals with disabilities.

01-025 Maintain Independence and Employment Program—Infrastructure Grant—Illinois

Project Officer: Joe Razes
Period: October 2000–December 2004
Awardee: Illinois, Department of Public Aid, (South Grand Ave)
Funding: \$625,000

Status: The Illinois program involves Medicaid buy-in activities, such as improving the administration process, tracking premium payments, and billing procedures; ensuring individuals eligible for the Medicaid buy-in are made aware of existing Medicaid options; an Advisory Council, information systems; and education to advocacy organizations, service providers, personnel of other State agencies, interested labor organizations, employers, and interested service and community organizations.

02-010 Maintain Independence and Employment Program—Infrastructure Grant—Illinois

Project Officer: Joe Razes
Period: January 2002–December 2004
Awardee: Illinois, Department of Public Aid, (South Grand Ave)
Funding: \$500,000

Status: This award is made to allow the State to develop the infrastructure that will support the development of demonstration[s].

01-023 Maintain Independence and Employment Program—Infrastructure Grant—Iowa

Project Officer: Joe Razes
Period: January 2002–December 2004
Awardee: Iowa, Department of Human Services
Funding: \$1,296,000

Status: This award is made to allow the State to develop the infrastructure that will support the development of demonstration[s].

01-013 Maintain Independence and Employment Program—Infrastructure Grant—Kansas

Project Officer: Karen Tritz
Period: October 2000–December 2004
Awardee: Kansas, Department of Social and Rehabilitation Services
Funding: \$529,117

Status: The Kansas program involves Medicaid buy-in activities, such as incorporating the two new eligibility groups offered under Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIA) legislation, and provides personal assistance services within the State plan to support employment opportunities for those individuals eligible for the new program. Improvements to Medicaid services include more choices in purchasing services, an advisory group and an inter-agency group to help aid in policy development for Medicaid infrastructure change, and managing premium collection and necessary changes in the State's information systems.

02-012 Maintain Independence and Employment Program—Infrastructure Grant—Louisiana

Project Officer: Karen Tritz
Period: January 2002–December 2004
Awardee: Louisiana, Department of Health and Hospitals
Funding: \$500,000

Status: This award is made to allow the State to develop the infrastructure that will support the development of demonstration[s].

01-010 Maintain Independence and Employment Program—Infrastructure Grant—Maine

Project Officer: Joe Razes
Period: October 2000–December 2004
Awardee: Maine, Department of Human Services
Funding: \$1,082,963

Status: In Maine the program involves Medicaid Buy-in Activities and improving existing Medicaid buy-in program.

01-021 Maintain Independence and Employment Program—Infrastructure Grant—Massachusetts

Project Officer: Karen Tritz
Period: October 2000–December 2004
Awardee: University of Massachusetts Medical School, Office of the Chancellor
Funding: \$625,000

Status: The Massachusetts program involves Medicaid buy-in Activities, such as evaluation and research projects, a monitoring plan, and assessment of program changes. Improving Medicaid services involves coordination of activities of various State agencies and private organizations dealing with improving the employability of Medicaid eligible individuals with disabilities, communication plans for disability and employer communities, and assessment of consumers encounter access during major transitions.

01-015 Maintain Independence and Employment Program—Infrastructure Grant—Minnesota

Project Officer: Jeremy Silanskis
Period: October 2000–December 2004
Awardee: Minnesota, Department of Human Services
Funding: \$625,000

Status: The Minnesota program involves Medicaid buy-in activities such as creating a web-based tool kit for potential users and buy-in recipients. Medicaid services improvements include revamping the State Medicaid web-site, establishing a disability phone link to enhance employment-related information resources, issuing mini-grants to local consumer assistance and advocacy organizations, developing training materials, and offering training and other educational opportunities on, for example, Social Security Insurance (SSI) and Social Security Disability Insurance (SSDI) work incentives, and changes to Medicare.

01-012 Maintain Independence and Employment Program—Infrastructure Grant—Missouri

Project Officer: Joe Razes
Period: January 2002–December 2004
Awardee: Missouri, Department of Social Services
Funding: \$500,000

Status: This award is made to allow the State to develop the infrastructure that will support the development of demonstration[s].

01-008 Maintain Independence and Employment Program—Infrastructure Grant—Nebraska

Project Officer: Aaron Blight
Period: October 2000–December 2004
Awardee: Nebraska, Department of Health and Human Services
Funding: \$625,000

Status: The Nebraska program involves Medicaid buy-in activities, such as a study of the fiscal impact and cost benefit analysis of Medicaid buy-in programs in other States. Medicaid services improvements include one or more pilot projects on personal assistance services, and the elimination of other barriers to employment:

- A work incentives project advisory committee of employers to address commonly held concerns over the employment of disabled individuals
- A marketing/communication plan for consumers to include a TWWIA website, which will offer information, dialogue, education, and support to Nebraskans with special needs and their families.

02-006 Maintain Independence and Employment Program—Infrastructure Grant—Nebraska

Project Officer: Joe Razes
Period: January 2002–December 2004
Awardee: Nebraska, Department of Health and Human Services
Funding: \$500,000

Status: This award is made to allow the State to develop the infrastructure that will support the development of demonstration[s].

01-020 Maintain Independence and Employment Program—Infrastructure Grant—Nevada

Project Officer: Joe Razes
Period: October 2000–December 2004
Awardee: Nevada, Department of Human Resources
Funding: \$625,000

Status: The Nevada program involves Medicaid buy-in activities such as, analyzing the cost effectiveness of a Medicaid buy-in program; forming an advisory board; implementing outreach; referral/information; service delivery; case management; early intervention to support the Medicaid buy-in; improving Medicaid services including providing Personal Assistance Services, provider education, workplace assistance training, and informational materials on available Medicaid programs.

01-004 Maintain Independence and Employment Program—Infrastructure Grant—New Hampshire

Project Officer: Jeremy Silanskis
Period: October 2000–December 2004
Awardee: New Hampshire, Department of Health and Human Services, (Pleasant St.)
Funding: \$500,000

Status: The New Hampshire program involves Medicaid buy-in activities, supports One-Stop Centers that offer competent healthcare counseling so persons with disabilities may access the buy-in program, provides a health insurance expert at each One-Stop location, and purchases and installs needed software. Improved Medicaid services include consumer guidance; provides seed money to local communities to create the infrastructure, outreach strategies to train and educate the public, persons with disabilities, their families, businesses, providers, and State staff on buy-in and TWWIA programs; and expands the delivery of services that makes access to health insurance for persons with disabilities a more integrated process and improves the availability of appropriate community-responsive services.

01-006 Maintain Independence and Employment Program—Infrastructure Grant—New Jersey

Project Officer: Joe Razes
Period: October 2000–December 2004
Awardee: New Jersey, Department of Human Services
Funding: \$625,000

Status: The New Jersey program involves Medicaid buy-in activities, such as coverage to working individuals with disabilities whose family income does not exceed 250 percent of the Federal poverty level (FPL). Improved Medicaid services include, for case management, more effective public transportation services, expansion of existing personal assistance services, and assistance to individuals with disabilities in understanding the existing and new work incentives programs. Personal care services are provided through

a marketing campaign, extensive outreach to consumers with disabilities, and a management information system to monitor evolving Medicaid infrastructure.

01-009 Maintain Independence and Employment Program—Infrastructure Grant—New Mexico

Project Officer: Jeremy Silanskis
Period: October 2000–December 2004
Awardee: New Mexico, Department of Human Services, Medical Assistance Division
Funding: \$499,575

Status: The New Mexico program involves Medicaid buy-in activities, such as outreach and educational efforts utilizing peer presenters with disabilities. Statewide Medicaid services improvements include consumer groups to assist in the development, delivery and fine-tuning of work incentives activities; advisory groups comprised of consumers, service providers, parents, advocates, and State agency personnel to oversee the project; and training and technical assistance. There is also an expansion of existing linkages between the Medical Assistance Division of the Human Services Department and the Comprehensive Health Insurance Pool (CHIP), a private health insurance plan for individuals with pre-existing disabling conditions.

02-015 Maintain Independence and Employment Program—Infrastructure Grant—New York

Project Officer: Kay Lewandowski
Period: January 2002–December 2004
Awardee: New York, Department of Health, (Albany)
Funding: \$500,000

Status: This award is made to allow the State to develop the infrastructure that will support the development of demonstration[s].

02-018 Maintain Independence and Employment Program—Infrastructure Grant—North Dakota

Project Officer: Karen Tritz
Period: January 2002–December 2004
Awardee: Minot State University
Funding: \$500,000

Status: This award is made to allow the State to develop the infrastructure that will support the development of demonstration[s].

02-003 Maintain Independence and Employment Program—Infrastructure Grant—Ohio

Project Officer: Joe Razes
Period: January 2002–December 2004
Awardee: Ohio, Department of Job and Family Services
Funding: \$500,000

Status: This award is made to allow the State to develop the infrastructure that will support the development of demonstration[s].

02-004 Maintain Independence and Employment Program—Infrastructure Grant—Oklahoma

Project Officer: Jeremy Silanskis
Period: January 2002–December 2004
Awardee: Oklahoma, Health Care Authority
Funding: \$500,000

Status: This award is made to allow the State to develop the infrastructure that will support the development of demonstration[s].

01-007 Maintain Independence and Employment Program—Infrastructure Grant—Oregon

Project Officer: Kay Lewandowski
Period: October 2000–December 2004
Awardee: Oregon, Department of Human Services
Funding: \$625,000

Status: The Oregon program involves Medicaid buy-in activities, and Medicaid services improvements. The program allows for opportunities to enhance associated social support services, and information dissemination through website links, and a clearinghouse. It increases consumer participation, develops training activities, expands involvement of advocacy groups, improves consumer choices and benefits counseling networks, develops outreach programs and strengthen links to employers.

02-009 Maintain Independence and Employment Program—Infrastructure Grant—Pennsylvania

Project Officer: Karen Tritz
Period: January 2002–December 2004
Awardee: Pennsylvania, Department of Public Welfare
Funding: \$500,000

Status: This award is made to allow the State to develop the infrastructure that will support the development of demonstration[s].

01-016 Maintain Independence and Employment Program—Infrastructure Grant—Rhode Island

Project Officer: Joe Razes
Period: October 2000–December 2004
Awardee: Rhode Island, Department of Human Services
Funding: \$625,000

Status: The Rhode Island program involves Medicaid buy-in activities such as, convening workgroups to develop action plans for the passage of legislation to increase eligibility in accordance with the new Medicaid buy-in eligibility groups under Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA). Improved Medicaid services include communication strategies, benefit counselors, a new premium subsidy program, a system that ensures the State has access to timely and accurate data about employer-based health insurance, and early intervention strategies to get and keep people employed.

02-011 Maintain Independence and Employment Program—Infrastructure Grant—South Dakota

Project Officer: Joe Razes
Period: January 2002–December 2004
Awardee: South Dakota, Department of Human Services
Funding: \$500,000

Status: This award is made to allow the State to develop the infrastructure that will support the development of demonstration[s].

02-013 Maintain Independence and Employment Program—Infrastructure Grant—Texas

Project Officer: Karen Tritz
Period: January 2002–December 2004
Awardee: Texas, Health and Human Services Commission
Funding: \$500,000

Status: This award is made to allow the State to develop the infrastructure that will support the development of demonstration[s].

01-005 Maintain Independence and Employment Program—Infrastructure Grant—Utah

Project Officer: Kay Lewandowski
Period: October 2000–December 2004
Awardee: Utah, Department of Health
Funding: \$625,000

Status: The Utah program involves Medicaid buy-in activities, such as coverage to working individuals with disabilities whose family income does not exceed 250 percent of the Federal poverty level (FPL). Improved Medicaid services include, for case management, more effective public transportation services, expansion of existing personal assistance services, and assistance to individuals with disabilities in understanding the existing and new work incentives programs. Personal care services are provided through a marketing campaign, extensive outreach to

consumers with disabilities, and a management information system to monitor evolving Medicaid infrastructure.

02-005 Maintain Independence and Employment Program—Infrastructure Grant—Virginia

Project Officer: Karen Tritz
Period: January 2002–December 2004
Awardee: Virginia, Department of Medical Assistance Services
Funding: \$500,000

Status: This award is made to allow the State to develop the infrastructure that will support the development of demonstration[s].

01-019 Maintain Independence and Employment Program—Infrastructure Grant—Washington

Project Officer: Kay Lewandowski
Period: October 2000–December 2004
Awardee: Washington, Department of Social and Health Services
Funding: \$625,000

Status: The Washington program involves Medicaid buy-in activities such as a modified premium billing and collection system, client education, data reporting, and referral to appropriate services to help individuals with disabilities become competitively employed. Activities also include changing information systems to allow for effective tracking in the State's new buy-in program; access employment security wage information for buy-in program participants to monitor employment, wages, and job announcement/wage programs; and identify the types of agency services received by buy-in participants over time. Improved Medicaid services include a State Personal Assistance Recruitment and Retention program, training on new programs dealing with Social Security Insurance/Social Security Disability Insurance recipients, and work incentives programs.

01-003 Maintain Independence and Employment Program—Infrastructure Grant—West Virginia

Project Officer: Kay Lewandowski
Period: October 2000–December 2004
Awardee: West Virginia, Division of Rehabilitation Services
Funding: \$624,994

Status: The West Virginia program involves Medicaid buy-in activities, Medicaid services improvements, and a plan to amend Medicaid State plan to provide personal assistance services outside of the home. The grant also funds community outreach and education to persons with disabilities, their families and agencies that work with them.

02-017 Maintain Independence and Employment Program—Infrastructure Grant—Wyoming

Project Officer: Kay Lewandowski
Period: January 2002–December 2004
Awardee: Wyoming Institute for Disabilities, University of Wyoming
Funding: \$500,000

Status: This award is made to allow the State to develop the infrastructure that will support the development of demonstration[s].

MAINTAIN INDEPENDENCE AND EMPLOYMENT DEMONSTRATION

This project allows States to assist working individuals by providing necessary benefits and services required for people to manage the progression of their conditions and remain employed. It is a grant program established by the Ticket to Work and Work Incentives Improvement Act of 1999. The goal is to explore if providing health care to people earlier than traditional Medicaid rules allow will lengthen the person's work life and improve their quality of life. Outcomes to be measured include reliance on cash benefits, employment status, changes in health status, and quality of life.

02-002 Maintain Independence and Employment Demonstration—District of Columbia

Project Officer: Joe Razes
Period: January 2002–January 2007
Awardee: District of Columbia,
 Department of Health, Medical
 Assistance Administration
Funding: \$3,980,308

Status: In progress.

01-002 Maintain Independence and Employment Demonstration—Mississippi

Project Officer: Joe Razes
Period: October 2000–December 2004
Awardee: Mississippi, Office of Governor,
 Division of Medicaid
Funding: \$4,754,750

Description: The Mississippi project uses the grant award, in conjunction with State funds, to cover persons with HIV/AIDS who work or are willing to return to work. Full Medicaid benefits and services, as well as case management, is provided to the demonstration participants to ensure that they have access and coverage for medical, mental, and social support services necessary to maintain employment and their quality of life. The demonstration site is in nine counties in the Mississippi Delta where there is a relatively high rate of HIV/AIDS and limited health care resources for people with HIV/AIDS.

Status: State staff have been working closely with CMS, and the evaluation contractor, during the last several months. The evaluation phase of the project is nearly finished. The State expects to begin enrolling individuals in the project as early as June 2002.

01-001 Maintain Independence and Employment Demonstration—Rhode Island

Project Officer: Joe Razes
Period: October 2000–December 2004
Awardee: Rhode Island, Department of
 Human Services
Funding: \$54,100

Description: The Rhode Island project uses grant funding, in conjunction with State funds, to provide the full Medicaid benefit package, plus extra services such as targeted case management, personal assistance services, pharmaceutical co-payments and other employment supports to individuals.

Status: The Rhode Island legislature failed to provide funding for this project last year. The Rhode Island legislature will meet this spring (2002) to vote on appropriating the State match for the project. The earliest the project can begin is fall 2002, assuming that funds are obligated for the project.

02-001 Maintain Independence and Employment Demonstration—Texas

Project Officer: Joe Razes
Period: January 2002–January 2007
Awardee: Texas, Health and Human
 Services Commission
Funding: \$284,253

Status: In progress.

01-113 Evaluation of the Demonstration to Maintain Independence and Employment (DMIE) and Other Related Disease-Specific 1115 Waiver Programs

Project Officer: Arthur Meltzer
Period: September 2001–September
 2006
Awardee: Health Economics Research
Funding: \$2,211,678

Description: This project evaluates several demonstrations providing supplemental Medicaid benefits to persons with certain physical or mental conditions that, in the absence of such benefits, may result in decreased functional status or inability to gain employment or remain employed. The evaluations assess the association between enhanced Medicaid eligibility and healthcare costs; changes in employment status, health status and quality-of-life; and other factors among demonstration participants relative to non-participants. The demonstrations allow States to assist working individuals by providing the necessary benefits and services required for people to manage the progression of their conditions and remain employed, and allow CMS to assess the impact of the provision of Medicaid benefits on extended productivity and increased quality of life. The demonstration provides States the opportunity to evaluate whether providing such workers with early access to Medicaid services delays the progression to actual disability.

Status: This project is in the startup phase.

02-069 Medicaid Buy-In Outcomes Work Incentives Systems—Ticket to Work and Work Incentives Improvement Act

Project Officer: Joseph Razes
Period: September 2002–September 2003
Awardee: Mathematica Policy Research, (DC)
Funding: \$180,736

Description: This task order is to conduct an analysis of State outcomes where working individuals with disabling conditions have enrolled in a Medicaid buy-in under the Balanced Budget Act or Ticket to Work and Work Incentives Improvement Act. Information to be analyzed includes core data elements using administrative and population-based data sets. Specific study questions addressed are: 1) what are the outcomes for workers with disabling conditions in States that offer Medicaid coverage via a Medicaid buy-in; 2) what general observations from the data can

be drawn, and what lessons have we learned from States offering Medicaid buy-ins; and 3) what additional information is needed to better assess the effectiveness of Medicaid buy-ins, and what are some of the policy implications that need further study.

Status: In progress.

MEDICAID PAYMENT ACCURACY MEASUREMENT PROJECT

The Medicaid Payment Accuracy Measurement (PAM) Project will develop and pilot test several methodologies that CMS will use to 1) identify State-specific payment accuracy rates, 2) compare payment accuracy between States, 3) estimate payment accuracy nationally, and 4) assist with the creation of statistical sampling designs that produce statistically valid results on both macro and micro problem identification. The Payment Accuracy Rate is essential for accurately determining the extent of improper payment and in helping to determine where to invest resources to improve the payment system. This project identifies methodologies that are effective for States and are valid for State-to-State comparisons and determines the feasibility of a national estimate. It begins with a pilot test with nine States and is expected to expand to fifteen States. The Medicaid PAM Project is being supported by Health Care Fraud and Abuse Control (HCFAC) funds.

01-143 Medicaid Payment Accuracy Measurement Project

Project Officer: Wayne Slaughter
Period: September 2001–September 2003
Awardee: Lewin Group
Funding: \$856,645

**01-224 Medicaid Payment Accuracy Review
Project - Louisiana**

Project Officer: David McNally
Period: September 2001–September 2003
Awardee: Louisiana, Department of Health and Hospitals
Funding: \$1,905,400

**01-225 Medicaid Payment Accuracy Review
Project - Minnesota**

Project Officer: David McNally
Period: September 2001–September 2003
Awardee: Minnesota, Department of Human Services
Funding: \$173,641

**01-226 Medicaid Payment Accuracy Review
Project - Mississippi**

Project Officer: David McNally
Period: July 2001–September 2003
Awardee: Mississippi, Office of Governor, Division of Medicaid
Funding: \$445,682

**01-227 Medicaid Payment Accuracy Review
Project - New York**

Project Officer: David McNally
Period: September 2001–September 2003
Awardee: New York, Department of Health, (Albany)
Funding: \$500,000

**01-228 Medicaid Payment Accuracy Review
Project - North Carolina**

Project Officer: David McNally
Period: July 2001–June 2003
Awardee: North Carolina, Department of Health and Human Services
Funding: \$220,296

**01-229 Medicaid Payment Accuracy Review
Project - North Dakota**

Project Officer: David McNally
Period: July 2001–June 2003
Awardee: North Dakota
Funding: \$29,011

**01-230 Medicaid Payment Accuracy Review
Project - Texas**

Project Officer: David McNally
Period: September 2001–September 2003
Awardee: Texas, Health and Human Services Commission
Funding: \$79,110

**01-231 Medicaid Payment Accuracy Review
Project - Washington**

Project Officer: David McNally
Period: September 2001–September 2003
Awardee: Washington, Department of Social and Health Services
Funding: \$112,324

**01-232 Medicaid Payment Accuracy Review
Project - Wyoming**

Project Officer: David McNally
Period: July 2001–June 2003
Awardee: Wyoming, Department of Health
Funding: \$37,224

00-040 Community Health Advocate Program

Project Officer: Joan Mahanes
Period: August 2000–November 2002
Awardee: Partners for a Healthier
 Community
Funding: \$500,000

Description: This evaluation project examines the existing Community Health Advocate Program. The objective of the Program is to promote innovative strategies to use lay health workers in the role of Community Health Advocates to reach vulnerable populations. The evaluation studies the effects of community-based collaborations involving neighborhood-based non-profit organizations, State and local public health agencies, and a neighborhood-based health center on linking families and children to a medical home for routine primary health care. It identifies groups with unusual rates of disease, studies the association between suspected risk factors, and studies this association in populations with specific characteristics. The project also uses data from the State Immunization Registry and has the potential to increase knowledge about risk factors particular to the ethnic groups living in this community, and best practices for reaching similar populations who live in other communities.

Status: In progress.

00-126 Health Loop Information Project

Project Officer: Nancy Olsen
Period: September 2000–September 2003
Awardee: Shelby County Health Care Corporation, d/b/a Regional Medical Center at Memphis
Funding: \$646,000

Description: This project merges a patient database with a Public Health Department's Patient Tracking System. The project includes staff training, software/hardware and licensing agreements required to operate the information in the Shelby County Health Care

Network– "The Health Loop." The goal is to enable the Health Loop providers to provide more effective and efficient services by making primary care and public health patient information available through one information system.

Status: The grant was awarded in September 2000, and reports have been submitted quarterly. A final report is due in December 2001. A carryover of \$225,000 was granted because Shelby County was moving into a different IT environment, and the old system would soon be obsolete.

00-083 Maui Ola (Spirit of Life) Project

Project Officer: Mary Kapp
Period: September 2000–September 2005
Awardee: Waimanalo Health Center
Funding: \$2,198,158

Description: Maui Ola ("spirit of life") is an intensive and comprehensive community-wide outreach and preventive health program. It aims to increase positive motivators at both the individual and community levels through deliberate efforts to encourage individuals, families and the community to reassess and, where appropriate, recreate culturally relevant health and healing paradigms. Maui Ola strategies include 1) culturally reinforced and medically sound outreach and health awareness; 2) health screening, early detection, and referral; and 3) health education, family nutrition, and exercise programs. The target population is the entire Waimanalo ahupua'a (a traditional Hawaiian integrated, self-sustaining, geographically-defined community), comprised largely of Native Hawaiians and other American Asian/Pacific Islanders, located in a rural agricultural area of southeast Oahu, Hawaii.

Status: In progress.

NURSING HOME TRANSITION GRANT INITIATIVE

This is a State-based grant program to assist the individual States in developing processes and infrastructure changes to transition individuals

currently in nursing homes to the community. States were encouraged to incorporate community-based attendant care services, which ensure maximum control, by the beneficiary in selecting and managing their care.

00-127 Pennsylvania Nursing Home Transition Grant 2000

Project Officer: Thomas Shenk
Period: September 2000–September 2003
Awardee: Pennsylvania, Department of Public Welfare
Funding: \$500,000

Description: This project links the U.S. Department of Health and Human Services to work collaboratively with the State of Pennsylvania to enhance choices available to Medicaid beneficiaries who are currently residing in nursing homes. The goal is to empower consumers, promote consumer choice, and assist people to transition from nursing homes into the community. This project builds on the existing efforts in Pennsylvania to remove the bias toward the use of nursing facilities in the existing long-term care system. While much work to date has had a pre-admission focus, this project complements current efforts by assisting persons currently in nursing homes to return to the community. Existing service programs and waivers will fund the services needed in the community, and the project will pay for certain transitional needs that cannot be paid for with existing funding, such as deposits for housing and utilities or groceries. The State will evaluate the program to assist in the identification of barriers to returning to the community, either perceived or real, and will develop outcome measures so that the program can be evaluated for effectiveness and possibly replicated and/or continued beyond the terms of the Federal grant.

Status: This effort has now been incorporated into the "Real Choice System Change" projects that focus on the disabled.

99-097 Nursing Home Transition Initiative - New Hampshire

Project Officer: Thomas Shenk
Period: September 1999–September 2002
Awardee: New Hampshire, Department of Health and Human Services, (Pleasant St)
Funding: \$499,460

Description: The New Hampshire Nursing Home Resident Choice Initiative is a pilot project to reorganize how long-term care is provided by developing new consumer-directed systems of providing care, as well as more flexible service/support options. It is anticipated that, in the first year, over 2,800 nursing home residents will be offered the opportunity to work with the consumer-directed independent service coordinator (ISC) and choose to return to the community. The State expects to transition 20 participants initially with others to follow. The project is developing and will utilize this new ISC model in two pilot geographic areas. All residents of nursing homes in these areas will be approached and offered the option to utilize the ISC. Together they will develop and implement a community-based care plan that reflects the consumer's goals and preferences. The ISC will work with the resident and his/her personal network to implement the community care plan. The ISC will then follow the individual to the community and continue to work as the agent for that individual in improving, monitoring, and coordinating the consumer's formal services, flexible benefits, and informal supports network in order to meet the desired outcomes of the consumer. The State will develop and make available several new services to the project participants. These include, in addition to the ISC services, access to innovative housing resources in collaboration with the State housing finance authority, community-based volunteer ombudsman services, emergency and crisis respite services by nursing facilities and provider networks, and transitional/bridge funding for transition to the community.

Status: The project was granted a no-cost extension for an additional year beyond the original termination date September 2000. The State has been submitting quarterly reports during the first year of operation.

00-129 Nursing Home Transition Grant - Arkansas Passages

Project Officer: Thomas Shenk
Period: September 2000–September 2002
Awardee: Arkansas, Department of Human Services
Funding: \$500,000

Description: This project will assist a minimum of 80 persons to transition from nursing home to home care. The program will support staff, trained as independent services coordinators, from Independent Living Centers and the area agencies on aging to identify persons who have the desire to return home. A comprehensive assessment and detailed transition plan for returning to the home will be completed. Reimbursement to agencies for staff will be from grant funds. Transitional support services will provide payment for items, or services, to ensure the participant's environment is sufficient to promote a reasonable quality of life and independence. A selection of Medicaid State Plan services, waiver services and community resources will be available to assist the transitioning of each participant and will serve as the major source of funding for most services.

Status: This effort has now been incorporated into the "Real Choice System Change" projects that focus on the disabled.

00-130 Nursing Home Transition 2000 Program Grant: Partnership for Community Living

Project Officer: Thomas Shenk
Period: September 2000–September 2003
Awardee: Florida, Agency for Health Care Administration, (Mahan Dr.
Funding: \$500,000

Description: This project targets Medicaid eligible individuals residing in nursing facilities, under the age of 55, who have sustained a traumatic brain injury and/or spinal cord injury. The goal is to transition individuals who choose to return to the community from nursing facilities by providing services and supporting unmet needs. Funding will help to expand current infrastructure for community-based supports and services, replicate the project with other disability groups, and sustain transitioned individuals in the community. Transition services include those not currently available, such as startup costs to secure housing, food, home modifications, and housing workshops and education. The project is a cooperative agreement between Florida, State and local agencies, and private organizations.

Status: This effort has now been incorporated into the "Real Choice System Change" projects that focus on the disabled.

01-254 Healthy Maine

Project Officer: Tammi Hessen
Period: September 2001–September 2002
Awardee: Maine, Department of Human Services
Funding: \$0

Description: This is a Maine prescription drug discount program (operating under a waiver) for low- and moderate-income residents to use the Medicaid program to provide discounts to non-Medicaid-eligible individuals. The program covers 108,000 residents with incomes up to 300 percent of the Federal poverty level that are uninsured and not eligible for Medicaid. Essentially the State enrolls the recipients in the Medicaid program so that they are eligible for the same rebates or drug discounts that drug makers must offer State Medicaid programs. State officials estimate that up to 225,000 residents are eligible for the discounts, which can be as much as 25 percent off a drug's retail price

Status: In late February 2002, a Federal judge rejected a pharmaceutical industry challenge (from the Pharmaceutical Research and Manufacturers of America) to the program, ruling that HHS had the authority to grant the State a waiver to use its Medicaid program to provide discounts to non-Medicaid-eligible individuals.

02-072 Assertive Community Treatment (ACT) and other Community-Based Services for Persons with Mental Illness or Persons with Co-Occurring Mental Illness and Substance Abuse Disorders

Project Officer: Peggy Clark
Period: July 2002–September 2003
Awardee: Lewin Group
Funding: \$132,352

Description: Assertive Community Treatment (ACT) is a community-based psychosocial service intervention designed to provide comprehensive, multidisciplinary treatment to individuals who have severe and persistent mental illness. This task order will provide research, technical assistance, and guidance to States. The goal is to improve the understanding of existing options under Medicaid using both waivers and State plan services to improve access to community-based services, such as ACT, to children with an emotional disturbance, and adults with mental illness or co-occurring mental illness and substance abuse or other disorders, as an alternative to a general hospital or nursing facility.

Status: This task order contract is a continuation and extension of previous work in FY99-FY2001 under SAMHSA contract no. 282-98-0016, Task Order 19, which evaluated the implementation of evidence-based ACT programs in States and the use of Medicaid in financing such programs. The contract was modified in FY2001 to gain a better understanding of current barriers and facilitators to using the Medicaid Rehabilitation Option and the Targeted Case Management Option, as well as test the utility and efficacy of the Budget Simulation Model developed during the earlier phase of the project.

01-274 National Technical Assistance Exchange for Community Living - Independent Living Research Utilization

Project Officer: Karen Tritz
Period: September 2001–September 2004
Awardee: Independent Living Research Utilization
Funding: \$2,435,621

Description: This project sponsors work with Independent Living Research Utilization (ILRU), to develop, plan, and implement all technical assistance activities related to the Real Choice Systems Change projects. A single advisory group will provide feedback and input, and ensure that people with disabilities and long term illnesses are meaningfully involved in the activities undertaken as a result of grant funding. State agencies, providers, and other public and private partners are working to produce a Technical Assistance integrated Management and Operations plan.

Status: The project is newly underway.

01-275 National Technical Assistance Exchange for Community Living - Rutgers

Project Officer: Karen Tritz
Period: September 2001–September 2004
Awardee: Rutgers' Center for State Health Policy
Funding: \$2,435,621

Description: This project sponsors work with Independent Living Research Utilization (ILRU), to develop, plan, and implement all technical assistance activities related to the Real Choice Systems Change projects. A single advisory group will provide feedback and input, and ensure that people with disabilities and long term illnesses are meaningfully involved in the activities undertaken as a result of grant funding. State agencies, providers, and other public and private partners are working to produce a Technical Assistance integrated Management and Operations plan.

Status: The project is newly underway.

00-105 Measurable Outcomes of Nursing Home Initiative

Project Officer: Edward Mortimore
Period: September 2000–September 2002
Awardee: West Virginia Medical Institute
Funding: \$849,131

Description: The purpose of this effort is to continue the preliminary work of CMS in analyzing changes in nursing home resident characteristics. The U.S. Senate Appropriations Committee requested an evaluation of the effect of the Nursing Home Initiative (NHI) on the quality of care in nursing homes. This project is designed to evaluate whether clinically important changes in resident status are occurring, and if so, any inferences that can be associated with the causes of those changes. However, this initiative is only part of a package of interventions intended to improve the quality of care in nursing homes and implemented at varying times and to varying degrees through out the U.S. Therefore, CMS has developed, over the previous several years, a set of databases that capture relevant variables about individuals living in Federally-certified nursing homes. These include, among others: the Minimum Data Set (MDS) system, the Outcome and Assessment Information Set (OASIS), and the Online Survey Certification and Reporting System (OSCAR). In combination, these data sets represent the largest longitudinal set of information ever collected on nursing home residents and nursing homes worldwide. CMS plans to use these data sets to measure and improve the quality of care in nursing homes. The data sets become the information source necessary to track changes in resident characteristics and services provided by nursing homes over time, and especially in response to CMS quality improvement initiatives. This project establishes a baseline (oriented in time to the opening of the MDS system) of resident conditions and services provided, and tracks changes in this baseline over time.

Status: The project has been extended for one year, to September 2002.

01-269 Logistics for Systems Change Grants for Community Living (SCGCL) and SCGCL Conference

Project Officer: Susan Hill
Period: June 2001–June 2002
Awardee: Conwal, Inc.
Funding: \$450,000

Description: This provides for logistical arrangements for grant review panels held in August 2001 and for a grantees conference in December 2001.

01-174 System Change for Community Living - Offering of Informed Choices - Iowa

Project Officer: Mary Guy
Period: September 2001–September 2004
Awardee: Iowa, Department of Human Services
Funding: \$1,025,000

MEDICAID/STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP) ELIGIBILITY PILOT

CMS is sponsoring demonstration projects in five States to identify new and effective ways to simplify the application and enrollment process for children eligible for Medicaid or remove barriers in the State Children's Health Insurance Program, a Federal-State partnership with (SCHIP) application and enrollment processes. SCHIP provides coverage for uninsured low-income children not eligible for Medicaid. Florida's project pilots an electronic application process targeted at Hispanic and Haitian children in day care centers. Incentives and application assistance fees will be offered to day care centers that assist families in completing electronic applications. A control group will also be established in which day cares will be offered a participation fee but will not assist families in completing applications electronically. The evaluative component focuses on pre- and post-intervention comparisons between control and intervention sites on variables such as the

rate of enrollment as a result of the project, denial rate, and reasons for denials. Information will also be collected about marketing the program to Hispanic and Haitian populations.

**00-100 Medicaid/SCHIP Eligibility Pilot:
Assisting the Young Uninsured in Daycare
Organizations (AYUDO)**

Project Officer: Candice Hall
Period: September 2000–June 2002
Awardee: Florida, Agency for Health Care
Administration, (Mahan Dr)
Funding: \$80,000

Status: In progress.

**00-104 Medicaid/SCHIP Eligibility Pilot:
Cuyahoga County Income Self-Declaration
Pilot**

Project Officer: Candice Hall
Period: September 2000–January 2002
Awardee: Ohio, Department of Job and
Family Services
Funding: \$79,000

Status: The Ohio demonstration project pilots self-declaration of income in a limited geographic area for new applicants as well as re-determinations. One key question this project seeks to answer is whether self-declaration prevents families from becoming eligible because they misreport income and do not have the benefit of a worker auditing their statements against written verification. The evaluative component focuses on comparisons between persons who self-declare income with persons who provide verification of income and the impact this policy has on the perceptions of applicants about the application process.

00-101 MassHealth Member Express Renewal

Project Officer: Candice Hall
Period: September 2000–January 2002
Awardee: Massachusetts
Funding: \$80,000

Status: Massachusetts's project focuses on simplifying the re-determination process. A simplified re-determination form will be developed, and self-declaration of income will be allowed at the re-determination. The pilot also will create the opportunity for families to complete the re-determination process at points of service, such as primary care providers' offices, and allow families to submit re-determination forms to extend 12-month continuous eligibility at any time during the current twelve-month period. Children enrolled six months or longer will be specifically targeted for submitting new re-determination forms. The evaluation component focuses on the impact these changes have on retention rates, continuity of care, and budget.

**THE REAL CHOICE OR FREEDOM INITIATIVE
GRANTS**

The Real Choice or Freedom Initiative grants are designed to remove barriers to equality for the 54 million Americans living with disabilities. As a group, the projects continue to allow States to make meaningful changes in the lives of persons with disabilities. They help the individual State enable people with disabilities to reside in their own homes and participate fully in community life by designing and implementing improvements in community long-term support systems in partnership with the disability and aging communities. These systemic changes allow children and adults with disabilities or long-term illnesses to live in the most integrated setting suited to their needs, exercise meaningful choices about their living arrangements, and exercise more control over the providers of the services they receive.

**02-040 Nursing Facility Transition Grant - South
Carolina**

Project Officer: Cathy Cope
Period: September 2002–September
2005
Awardee: South Carolina, Department of
Health and Human Services
Funding: \$600,000

02-046 Nursing Facility Transition Grant - Arkansas

Project Officer: Mary Frances Laverdure
Period: September 2002–September 2005
Awardee: Arkansas, Department of Human Services
Funding: \$598,444

Status: This project is in the startup phase.

02-039 Nursing Facility Transition Grant – Delaware: Passport to Independence Program

Project Officer: Thomas Shenk
Period: September 2002–September 2005
Awardee: Delaware, Health and Social Services, (Dover)
Funding: \$566,772

02-037 Nursing Facility Transition Grant - Nebraska: Creating Systems Change in the Transition Process Nebraska

Project Officer: Mary Clarkson
Period: September 2002–September 2005
Awardee: Nebraska, Department of Health and Human Services
Funding: \$600,000

02-041 Nursing Facility Transition Grant - New Jersey: Young Adult Nursing Facility Resident Transition Initiative

Project Officer: Cathy Cope
Period: September 2002–September 2005
Awardee: New Jersey, Department of Health and Senior Services Division of Consumer Support, OLTCO, Community Choice Initiative
Funding: \$600,000

02-049 Nursing Facility Transition Grant - Rhode Island: Transition to Independence

Project Officer: Thomas Shenk
Period: September 2002–September 2005
Awardee: Rhode Island, Department of Human Services
Funding: \$600,000

02-050 Nursing Facility Transition Grant - North Carolina: Nursing Facility Transition Program

Project Officer: Mary Guy
Period: September 2002–September 2005
Awardee: North Carolina, Department of Health and Human Services
Funding: \$600,000

02-042 Nursing Facility Transition Grant - Alabama

Project Officer: Maria Reed
Period: September 2002–September 2005
Awardee: Alabama, Medicaid Agency
Funding: \$770,000

01-196 Nursing Facility Transitions - State Program Grant - Washington

Project Officer: Andrew Mack
Period: September 2001–September 2004
Awardee: Washington, Aging and Adult Services Administration
Funding: \$770,000

Status: This particular project will help the State of Washington transition eligible individuals from nursing facilities to the community.

01-165 Nursing Facility Transitions - State Program Grant - Indiana

Project Officer: Linda Abbott
Period: September 2001–September 2004
Awardee: Indiana, Family and Social Services Administration
Funding: \$770,000

01-164 Nursing Facility Transitions - State Program Grant - Massachusetts

Project Officer: Cathy Cope
Period: September 2001–September 2004
Awardee: Massachusetts, Department of Mental Retardation
Funding: \$770,000

01-172 Research on System Change for Community Living

Project Officer: Mary Frances Laverdure
Period: September 2001–September 2006
Awardee: Research Triangle Institute, (DC)
Funding: \$1,899,996

Description: The goal of this project is to conduct both formative and summative evaluation of the System Change for Community Living grant program. This project will capture relevant data about the: target populations selected; specific long term care needs; similarities and differences between methods; challenges and barriers; changes made in the provision of long term care as a result of the activities; and factors influencing environments. The project will also establish the initial framework and foundation for future summative evaluation activities.

Status: This project is in year 2.

NURSING FACILITY TRANSITIONS - INDEPENDENT LIVING PARTNERSHIP

The Real Choice or Freedom Initiative grants are designed to remove barriers to equality for the 54 million Americans living with disabilities. These particular projects will help States transition eligible individuals from nursing facilities to the community through grants to support "Independent Living Partnership" to selected Independent Living Centers (ILCs). These grants will promote partnerships between ILCs and States to support nursing facility transitions. They will help the individual State enable people with disabilities to reside in their own homes and participate fully in community life. This will happen by designing and implementing improvements in community long-term support systems in partnership with the disability and aging communities. These systemic changes will allow children and adults with disabilities or long term illnesses to live in the most integrated setting suited to their needs, exercise meaningful choices about their living arrangements, and exercise more control over the providers of the services they receive.

01-199 Nursing Facility Transitions - Independent Living Partnership - Alabama

Project Officer: Tammi Hessen
Period: September 2001–September 2004
Awardee: Mid Alabama Chapter of the Alabama Coalition of Citizens with Disabilities
Funding: \$450,000

Status: This particular project will help the State of Alabama transition eligible individuals from nursing facilities to the community through grants to support "Independent Living Partnership" to selected ILCs.

01-200 Nursing Facility Transitions - Independent Living Partnership - Georgia

Project Officer: Andrew Mack
Period: September 2001–September 2004
Awardee: DisABILITY LINK
Funding: \$400,000

Status: This particular project will help the State of Georgia transition eligible individuals from nursing facilities to the community through grants to support "Independent Living Partnership" to ILCs.

01-201 Nursing Facility Transitions - Independent Living Partnership - Texas

Project Officer: Linda Abbott
Period: September 2001–September 2004
Awardee: ARCIL, Inc.
Funding: \$308,178

Status: This particular project will help the State of Texas transition eligible individuals from nursing facilities to the community through grants to support "Independent Living Partnership" to selected ILCs.

01-202 Nursing Facility Transitions - Independent Living Partnership - Wisconsin

Project Officer: Melissa Harris
Period: September 2001–September 2004
Awardee: Great Rivers Independent Living Services, Inc.
Funding: \$450,000

Status: This particular project will help the State of Wisconsin transition eligible individuals from nursing facilities to the community through grants to support "Independent Living Partnership" to selected ILCs.

REAL CHOICE SYSTEMS CHANGE "STARTER GRANT"

The Real Choice Systems Change "Starter Grant" program help States develop plans for improving their long-term support systems for community living, include people with disabilities or long-term illness in the planning processes, and prepare for other forthcoming grant opportunities. Starter grants are made available to all States and Territories to support programs that enable people with disabilities or long term illness to reside in their own homes and participate fully in their communities. The grant is one way CMS assists States with "up-front" expenses such as organizing or supporting a consumer task force or a public-private partnership.

01-070 Real Choice Systems Change "Starter Grant" - American Samoa

Project Officer: Mary Guy
Period: February 2001–December 2002
Awardee: American Samoa, Department of Commerce
Funding: \$50,000

Status: This is a standard award to allow the recipient to begin the activities that will lead to later project[s].

01-091 Real Choice Systems Change "Starter Grant" - Guam

Project Officer: Mary Guy
Period: February 2001–December 2002
Awardee: Guam, Developmental Disabilities Council
Funding: \$50,000

Status: The project was extended through December 2002.

01-064 Real Choice Systems Change "Starter Grant" - Kansas

Project Officer: Mary Guy
Period: February 2001–December 2002
Awardee: Kansas, Department of Social and Rehabilitation Services
Funding: \$50,000

Status: This is a standard award to allow the recipient to begin the activities that will lead to later project[s].

01-095 Real Choice Systems Change "Starter Grant" - Minnesota

Project Officer: Mary Guy
Period: February 2001–December 2002
Awardee: Minnesota, Department of Human Services
Funding: \$50,000

Status: The project has been extended through December 2002.

01-054 Real Choice Systems Change "Starter Grant" - North Carolina

Project Officer: Mary Guy
Period: February 2001–December 2002
Awardee: North Carolina, Department of Health and Human Services
Funding: \$50,000

Status: The project has been extended through December 2002.

01-075 Real Choice Systems Change "Starter Grant" - Ohio

Project Officer: Mary Guy
Period: February 2001–December 2002
Awardee: Ohio, Department of Job and Family Services
Funding: \$50,000

Status: The project has been extended through December 2002.

01-080 Real Choice Systems Change "Starter Grant" - Pennsylvania

Project Officer: Mary Guy
Period: February 2001–December 2002
Awardee: Pennsylvania, Department of Public Welfare
Funding: \$50,000

Status: The project has been extended through December 2002.

01-090 Real Choice Systems Change "Starter Grant" - Texas

Project Officer: Mary Guy
Period: February 2001–December 2002
Awardee: Texas, Health and Human Services Commission
Funding: \$50,000

Status: The project has been extended through December 2002.

01-088 Real Choice Systems Change "Starter Grant" - Virginia

Project Officer: Mary Guy
Period: February 2001–December 2002
Awardee: Virginia, Department of Medical Assistance Services
Funding: \$50,000

Status: The project has been extended through December 2002.

01-106 Real Choice Systems Change "Starter Grant" - Wyoming

Project Officer: Mary Guy
Period: February 2001–February 2002
Awardee: Wyoming, Department of Health
Funding: \$50,000

Status: The project was extended through December 2002.

NURSING FACILITY TRANSITIONS - STATE PROGRAM GRANT

The Real Choice or Freedom Initiative grants are designed to remove barriers to equality for the 54 million Americans living with disabilities. As a group, the projects continue to allow States to make meaningful changes in the lives of persons with disabilities. They help the individual State enable people with disabilities to reside in their own homes and participate fully in community life by designing and implementing improvements in community long-term support systems in partnership with the disability and aging communities. These systemic changes allow children and adults with disabilities or long-term illnesses to live in the most integrated setting suited to their needs, exercise meaningful choices about their living arrangements, and exercise more control over the providers of the services they receive.

01-157 Nursing Facility Transitions - State Program Grant - Alaska

Project Officer: Mary Guy
Period: September 2001–September 2004
Awardee: Alaska, Department of Administration
Funding: \$800,000

Status: This project award is in the startup phase.

01-162 Colorado Transition Project

Project Officer: Deondra Moseley
Period: September 2001–September 2004
Awardee: Colorado, Department of Health Care Policy and Financing
Funding: \$800,000

Status: This project award is in the startup phase.

01-178 Nursing Facility Transitions - State Program Grant - Connecticut

Project Officer: Melissa Harris
Period: September 2001–September 2004
Awardee: Connecticut, Department of Social Services
Funding: \$800,000

Status: This particular project will help the State of Connecticut transition eligible individuals from nursing facilities to the community. As a group, the projects will allow States to make meaningful changes in the lives of persons with disabilities.

01-158 Nursing Facility Transitions - State Program Grant - Georgia

Project Officer: Andrew Mack
Period: September 2001–September 2004
Awardee: Georgia, Department of Community Health
Funding: \$6,272,111

Status: This project award is in the startup phase.

01-159 Nursing Facility Transitions - State Program Grant - Maryland

Project Officer: Cathy Cope
Period: September 2001–September 2004
Awardee: Maryland, Department of Human Resources
Funding: \$800,000

Status: This project award is in the startup phase.

01-176 Nursing Facility Transitions - State Program Grant - Michigan

Project Officer: Karen Tritz
Period: September 2001–September 2004
Awardee: Michigan, Department of Community Health
Funding: \$770,000

Status: This particular project will help the State of Michigan transition eligible individuals from nursing facilities to the community. As a group, the projects will allow States to make meaningful changes in the lives of persons with disabilities.

01-195 Nursing Facility Transitions - State Program Grant - New Hampshire

Project Officer: Mary Frances Laverdure
Period: September 2001–September 2004
Awardee: New Hampshire, Department of Health and Human Services, (Pleasant St)
Funding: \$770,000

Status: This particular project will help the State of New Hampshire transition eligible individuals from nursing facilities to the community.

01-197 Nursing Facility Transitions - State Program Grant - West Virginia

Project Officer: Tammi Levy-Cantor
Period: September 2001–September 2004
Awardee: West Virginia, Department of Health and Human Resources, Bureau for Medical Services
Funding: \$551,678

Status: This particular project will help the State of West Virginia transition eligible individuals from nursing facilities to the community.

THE REAL CHOICE OR FREEDOM INITIATIVE GRANTS

The Real Choice or Freedom Initiative grants are designed to remove barriers to equality for the 54 million Americans living with disabilities. Each particular project will help the State design and implement effective and enduring improvements in community long-term support systems to enable children and adults of any age who have disabilities or long-term illnesses to live and participate in their communities. As a group, the projects allow States to make meaningful changes in the lives of persons with disabilities, and enable people with disabilities to reside in their own homes and participate fully in community life. This will happen by designing and implementing improvements in community long-term support systems in partnership with the disability and aging communities. These systemic changes will allow children and adults with disabilities or long-term illnesses to live in the most integrated setting suited to their needs, exercise meaningful choices about their living arrangements, and exercise more control over the providers of the services they receive.

01-155 Real Choice Systems Change Grant - Alabama

Project Officer: Tammi Hessen
Period: September 2001–September 2004
Awardee: Alabama, Medicaid Agency
Funding: \$2,000,000

Status: This project award is in the startup phase.

01-163 Real Choice Systems Change Grant - Arkansas

Project Officer: Mary Frances Laverdure
Period: September 2001–September 2004
Awardee: Arkansas, Department of Human Services
Funding: \$1,025,000

Status: This project award is in the startup phase.

01-173 Real Choice Systems Change Grant - Delaware

Project Officer: Donna Wenner
Period: September 2001–September 2004
Awardee: Delaware, Health and Social Services, (Dover)
Funding: \$1,200,000

Status: This particular project will help the State of Delaware to design and implement effective and enduring improvements in community long-term support systems to enable children and adults of any age who have disabilities or long-term illnesses to live and participate in their communities.

01-161 Real Choice Systems Change Grant - Florida

Project Officer: Mary Frances Laverdure
Period: September 2001–September 2004
Awardee: Florida, Department of Management Services
Funding: \$2,000,000

Status: This project award is in the startup phase.

01-152 Real Choice Systems Change Grant - Guam

Project Officer: Karen Tritz
Period: September 2001–September 2004
Awardee: Guam, Department of Public Health and Social Services
Funding: \$673,106

Status: This project award is in the startup phase.

01-153 Real Choice Systems Change Grant - Hawaii

Project Officer: Cathy Cope
Period: September 2001–September 2004
Awardee: Hawaii, Department of Human Services
Funding: \$1,350,000

Status: This project award is in the startup phase.

01-160 Real Choice Systems Change Grant - Idaho

Project Officer: Mary Frances Laverdure
Period: September 2001–September 2004
Awardee: Idaho, Department of Health and Welfare, (State St)
Funding: \$1,102,148

Status: This project award is in the startup phase.

01-154 Real Choice Systems Change Grant - Illinois

Project Officer: Patricia Helphenstine
Period: September 2001–September 2004
Awardee: Illinois, Department of Human Services
Funding: \$800,000

Status: This project award is in the startup phase.

01-194 Real Choice Systems Change Grant - Kentucky

Project Officer: Tammi Hessen
Period: September 2001–September 2004
Awardee: Kentucky, Cabinet for Health Services
Funding: \$2,000,000

Status: This particular project will help the State of Kentucky to design and implement effective and enduring improvements in community long-term support systems to enable children and adults of any age who have disabilities or long-term illnesses to live and participate in their communities.

01-204 Real Choice Systems Change Grant - Maine

Project Officer: Tammi Hessen
Period: September 2001–September 2004
Awardee: Maine, Department of Human Services
Funding: \$2,300,000

Status: This particular project will help the State of Maine to design and implement effective and enduring improvements in community long-term support systems to enable children and adults of any age who have disabilities or long-term illnesses to live and participate in their communities.

01-187 Real Choice Systems Change Grant - Maryland

Project Officer: Cathy Cope
Period: September 2001–September 2004
Awardee: Maryland
Funding: \$1,025,000

Status: This particular project will help the State of Maryland to design and implement effective and enduring improvements in community long-term support systems to enable children and adults of any age who have disabilities or long-term illnesses to live and participate in their communities.

01-205 Real Choice Systems Change Grant - Massachusetts

Project Officer: Cathy Cope
Period: September 2001–September 2004
Awardee: University of Massachusetts Medical School
Funding: \$1,025,000

Status: This particular project will help Massachusetts design and implement effective and enduring improvements in community long-term support systems to enable children and adults of any age who have disabilities or long term illnesses to live and participate in their communities.

01-206 Real Choice Systems Change Grant - Michigan

Project Officer: Karen Tritz
Period: September 2001–September 2004
Awardee: Michigan, Department of Community Health
Funding: \$2,000,000

Status: This particular project will help the State of Michigan to design and implement effective and enduring improvements in community long-term support systems to enable children and adults of any age who have disabilities or long-term illnesses to live and participate in their communities.

01-208 Real Choice Systems Change Grant - Minnesota

Project Officer: Mary Guy
Period: September 2001–September 2004
Awardee: Minnesota, Department of Human Services
Funding: \$2,300,000

Status: This particular project will help the State of Minnesota to design and implement effective and enduring improvements in community long-term support systems to enable children and adults of any age who have disabilities or long-term illnesses to live and participate in their communities.

01-209 Real Choice Systems Change Grant - Missouri

Project Officer: Mary Frances Laverdure
Period: September 2001–September 2004
Awardee: Missouri, Department of Social Services
Funding: \$2,000,000

Status: This particular project will help the State of Missouri to design and implement effective and enduring improvements in community long-term support systems to enable children and adults of any age who have disabilities or long-term illnesses to live and participate in their communities.

01-207 Real Choice Systems Change Grant - Nebraska

Project Officer: Cathy Cope
Period: September 2001–September 2004
Awardee: Nebraska, Department of Health and Human Services
Funding: \$2,000,000

Status: This particular project will help the State of Nebraska to design and implement effective and enduring improvements in community long-term support systems to enable children and adults of any age who have disabilities or long term illnesses to live and participate in their communities.

01-203 Real Choice Systems Change Grant - New Hampshire

Project Officer: Mary Frances Laverdure
Period: September 2001–September 2004
Awardee: New Hampshire, Department of Health and Human Services, (Pleasant St)
Funding: \$2,300,000

Status: This particular project will help the State of New Hampshire to design and implement effective and enduring improvements in community long-term support systems to enable children and adults of any age who have disabilities or long-term illnesses to live and participate in their communities.

01-182 Real Choice Systems Change Grant - New Jersey

Project Officer: Cathy Cope
Period: September 2001–September 2004
Awardee: New Jersey, Department of Human Services
Funding: \$2,000,000

Status: This particular project will help the State of New Jersey to design and implement effective and enduring improvements in community long-term support systems to enable children and adults of any age who have disabilities or long-term illnesses to live and participate in their communities.

01-175 Real Choice Systems Change Grant - North Carolina

Project Officer: Mary Guy
Period: September 2001–September 2004
Awardee: North Carolina, Department of Health and Human Services
Funding: \$1,600,000

Status: This particular project will help the State of North Carolina to design and implement effective and enduring improvements in community long-term support systems to enable children and adults of any age who have disabilities or long-term illnesses to live and participate in their communities.

01-184 Real Choice Systems Change Grant - Oregon

Project Officer: Patricia Helphenstine
Period: September 2001–September 2004
Awardee: Oregon, Department of Human Services
Funding: \$2,000,996

Status: This particular project will help the State of Oregon to design and implement effective and enduring improvements in community long-term support systems to enable children and adults of any age who have disabilities or long-term illnesses to live and participate in their communities.

01-177 Real Choice Systems Change Grant - South Carolina

Project Officer: Mary Clarkson
Period: September 2001–September 2004
Awardee: South Carolina, Department of Health and Human Services
Funding: \$2,300,000

Status: This particular project will help the State of South Carolina to design and implement effective and enduring improvements in community long term support systems to enable children and adults of any age who have disabilities or long term illnesses to live and participate in their communities.

01-179 Real Choice Systems Change Grant - Tennessee

Project Officer: Cathy Cope
Period: September 2001–September 2004
Awardee: Tennessee, Department of Mental Health and Developmental Disabilities
Funding: \$1,768,604

Status: This particular project will help the State of Tennessee to design and implement effective and enduring improvements in community long-term support systems to enable children and adults of any age who have disabilities or long-term illnesses to live and participate in their communities.

01-180 Real Choice Systems Change Grant - Vermont

Project Officer: Mary Guy
Period: September 2001–September 2004
Awardee: Vermont, Agency of Human Services
Funding: \$2,000,000

Status: This particular project will help the State of Vermont to design and implement effective and enduring improvements in community long-term support systems to enable children and adults of any age who have disabilities or long-term illnesses to live and participate in their communities.

01-156 Real Choice Systems Change Grant - Virginia

Project Officer: Mary Clarkson
Period: September 2001–September 2004
Awardee: Virginia, Department of Medical Assistance Services
Funding: \$1,025,000

Status: This project award is in the startup phase.

01-181 Community-Integrated Personal Assistance Services and Supports - Alaska

Project Officer: Mary Guy
Period: September 2001–September 2004
Awardee: Alaska, Department of Administration
Funding: \$90,000

Status: This particular project will help the State of Alaska support efforts to improve personal assistance services that are consumer-directed or offer maximum individual control.

01-193 Community-Integrated Personal Assistance Services and Supports - Arkansas

Project Officer: Mary Frances Laverdure
Period: September 2001–September 2004
Awardee: Arkansas, Department of Human Services
Funding: \$900,000

Status: This particular project will help the State of Arkansas support efforts to improve personal assistance services that are consumer-directed or offer maximum individual control.

01-183 Community-Integrated Personal Assistance Services and Supports - Guam

Project Officer: Karen Tritz
Period: September 2001–September 2004
Awardee: Guam, Department of Integrated Services for Individuals with Disabilities
Funding: \$300,000

Status: This particular project will help the Trust Territory of Guam support efforts to improve personal assistance services that are consumer-directed or offer maximum individual control.

01-174 System Change for Community Living - Offering of Informed Choices - Iowa

Project Officer: Mary Guy
Period: September 2001–September 2004
Awardee: Iowa, Department of Human Services
Funding: \$1,025,000

Status: This particular project will help the State of Iowa support efforts to improve personal assistance services that are consumer-directed or offer maximum individual control.

01-185 Community-Integrated Personal Assistance Services and Supports - Michigan

Project Officer: Karen Tritz
Period: September 2001–September 2004
Awardee: Michigan, Department of Community Health
Funding: \$755,972

Status: This particular project will help the State of Michigan support efforts to improve personal assistance services that are consumer-directed or offer maximum individual control.

01-186 Community-Integrated Personal Assistance Services and Supports - Minnesota

Project Officer: Mary Guy
Period: September 2001–September 2004
Awardee: Minnesota, Department of Human Services
Funding: \$900,000

Status: This project award is in the startup phase.

01-188 **Community-Integrated Personal Assistance Services and Supports - Montana**

Project Officer: Patricia Helphenstine
Period: September 2001–September 2004
Awardee: Montana, Department of Public Health and Human Services
Funding: \$850,000

Status: This particular project will help the State of Montana support efforts to improve personal assistance services that are consumer-directed or offer maximum individual control.

01-190 **Community-Integrated Personal Assistance Services and Supports - Nevada**

Project Officer: Mary Clarkson
Period: September 2001–September 2004
Awardee: Nevada, Department of Employment, Training and Rehabilitation
Funding: \$655,988

Status: This particular project will help the State of Nevada support efforts to improve personal assistance services that are consumer-directed or offer maximum individual control.

01-189 **Community-Integrated Personal Assistance Services and Supports - New Hampshire**

Project Officer: Mary Frances Laverdure
Period: September 2001–September 2004
Awardee: Granite State Independent Living
Funding: \$900,000

Status: This particular project will help the State of New Hampshire support efforts to improve personal assistance services that are consumer-directed or offer maximum individual control.

01-191 **Community-Integrated Personal Assistance Services and Supports - Oklahoma**

Project Officer: Donna Wenner
Period: September 2001–September 2004
Awardee: Oklahoma, Department of Human Services
Funding: \$850,000

Status: This particular project will help the State of Oklahoma support efforts to improve personal assistance services that are consumer-directed or offer maximum individual control.

01-192 **Community-Integrated Personal Assistance Services and Supports - Rhode Island**

Project Officer: Donna Wenner
Period: September 2001–September 2004
Awardee: Rhode Island, Department of Human Services
Funding: \$539,730

Status: This particular project will help the State of Rhode Island support efforts to improve personal assistance services that are consumer-directed or offer maximum individual control.

01-150 **Increasing Access to Health Care for Buck's County Residents**

Project Officer: Carol Magee
Period: September 2001–September 2004
Awardee: Bucks County Health Improvement Project, Inc.
Funding: \$1,843,000

Description: The project is entirely directed toward increasing access to health care for targeted vulnerable populations. Five of the Buck's County Health Improvement Project (BCHIP) programs are already

operating and will expand services to include patients in need of dental network, medication assistance, State Children's Health Insurance Program (SCHIP) outreach, adolescent mental health counseling, and influenza vaccination. A sixth program will be a new service facility comprised of two community health care clinics for low-income adults and seniors in the lower county area. Together, these six new or expanded program services will target vulnerable subgroups of all ages. Quantitative and descriptive data are to be collected. This service-delivery expansion program is Congressionally mandated.

Status: The project is in the developmental stage.

01-169 Health Passport Project

Project Officer: Sydney Galloway
Period: September 2001–September 2003
Awardee: Western Governor's Association
Funding: \$500,000

Description: This project is to design, test, and evaluate the use of hybrid card technology, public kiosks, and the internet as vehicles for public health programs to securely share client health data. The awardee considers the project an ongoing field demonstration in Cheyenne, Wyoming; Bismarck, North Dakota; and Reno, Nevada. It provides a versatile, multi-purpose electronic card to streamline access to and delivery of a variety of public and private health services and benefit services for lower income working families. The idea of a common identification and information card for a series of social programs is cognitively attractive. The governments of the presently cooperating States also demonstrate this by their willingness to participate. The possibility that the State of California will also participate expands the Federal interest because this approach could well become a functioning reality. The one-time award is divided across two phases: The first provides partial support of a project that is already underway; the second is for the later expansion.

Status: Phase I: Three Health Passport demonstration cities will complete the pilot phase on December 2001. An evaluation report will be released in January 2002.

Phase II: The target date to issue the first smart cards is August 2002.

01-117 Health Technology Improvement: Testing the Acceptability of Using Electronic Data Interchange Among Traditional and Safety Net Providers in Los Angeles County

Project Officer: Nancy Olsen
Period: September 2001–September 2002
Awardee: Los Angeles Care Health Plan
Funding: \$250,000

Description: This is a technology assessment and improvement project among traditional and safety net providers in Los Angeles County. The primary goal is to increase electronic clinical and business practices through Electronic Data Interchange. Within the health care delivery system, information technology is considered a prerequisite to integrated high quality care. The shift to Medicaid managed care through the country has intensified the demand for information systems that can generate the data necessary to track eligibility/enrollment, measure quality, monitor costs, submit claims, and obtain authorizations and more. Survival for the traditional and safety net provider in the current health care techno-culture requires an understanding and investment information technology. Traditional and safety net providers dedicated to serving low-income communities are not able to invest in the improvement of information technology due to limited resources.

Status: This project is underway.

02-068 Evaluation of the Development and Early Implementation of Health Insurance Flexibility and Accountability (HIFA) Demonstration Initiative

Project Officer: Theresa Sachs
Period: September 2002–September 2003
Awardee: Urban Institute
Funding: \$353,667

Description: This evaluation will study the impact that section 1115 research and demonstration authority has on the process that States go through in order to obtain approval of their demonstrations. Many States have used this authority under Medicaid and the State Children's Health Insurance Program (SCHIP) to expand eligibility, thereby reducing the number of uninsured. HIFA provides clear guidelines for States to use 1115 authority and expedite review for States applying for a HIFA demonstration.

Status: As of June 21, 2002 two States have projects that have been approved under HIFA and eight States have proposals that are currently being reviewed. All the material for the approved and pending HIFA demonstrations are available on the CMS website at www.cms.hhs.gov/medicaid/hifa/default.htm.

82-001 Arizona Health Care Cost Containment System

Project Officer: Joan Peterson
Period: July 1982–September 2006
Awardee: Arizona Health Care Cost Containment System
Funding: \$0

Description: The Arizona Health Care Cost Containment System (AHCCCS) began operation on October 1, 1982, and initially covered only acute-care services. The Arizona Long-Term Care System component was implemented in 1988. A phase-in of comprehensive behavioral health services began in 1990, and was completed in 1995. The demonstration has been extended on several occasions, most recently through September 2006. In January 2001, CMS approved an expansion to increase eligibility for the acute care program to 100 percent of the Federal poverty level (FPL). This expansion was phased in beginning April 1, 2001, and is projected to add 187,000 enrollees. In addition, Arizona received approval of an amendment under the Health Insurance Flexibility and Accountability (HIFA) initiative on December 12, 2001. This amendment covers single adults and childless couples with income at or below 100 percent FPL and parents of Medicaid and State Children's Health Insurance Program (SCHIP) children

with income between 100 percent and 200 percent FPL. Approximately 646,000 persons are currently enrolled in the program.

Status: The Arizona Health Care Cost Containment System (AHCCCS) began operation on October 1, 1982, and initially covered only acute-care services. The Arizona Long-Term Care System component was approved as part of a 5-year extension of the AHCCCS demonstration from 1988 through 1993. A phase-in of comprehensive behavioral health services began in 1990, and was completed in 1995. The demonstration has been extended on several occasions, most recently through September 30, 2002. On January 18, 2001, HCFA approved an expansion to increase eligibility for the acute care program to 100 percent of the Federal poverty level. This expansion will be phased in beginning April 1, 2001, and is projected to add 187,000 enrollees. Approximately 506,000 persons are currently enrolled in the program.

94-128 Kentucky Health Care Partnership Plan Amendment

Project Officer: Maria Boulmetis
Period: October 1995–October 2002
Awardee: Kentucky, Department for Medicaid Services
Funding: \$0

Description: Kentucky did not receive the necessary State legislation to implement the Kentucky Medicaid Access and Cost Containment demonstration, approved on December 9, 1993. On June 19, 1995, the State submitted an amendment to its proposal, entitled the Kentucky Health Care Partnership Plan. The amendment divided the State into eight regional managed care networks, consisting of public and private providers to deliver health care services to Medicaid beneficiaries. The design of each region was to have one managed care entity subject to State-specified guidelines. Medicaid beneficiaries are enrolled into the Partnership designated for their area. In areas where a viable partnership cannot be established, the State planned to invite two or more health maintenance organizations to competitively bid for the managed care contract.

In January 2000, the State informed CMS that one of the two operating managed care entities had voluntarily decided to terminate its contract. This left only one area operational because the State had not expanded the demonstration statewide. This area is the State's largest urban area, which includes the city of Louisville in Jefferson County and 15 surrounding counties, comprising 20 percent of the State's Medicaid population.

Status: The State has submitted an amendment to convert the demonstration to a sub-State model and be at risk for waiver costs only for areas where the demonstration remains implemented. That amendment is under review.

97-024 Evaluation of the Ohio Behavioral Health Program

Project Officer: Penelope Pine
Period: September 1997–September 2002
Awardee: Health Economics Research
Funding: \$579,216

Description: The evaluation was designed to assess the effect of Ohio's Specialty Managed Care for Behavioral Health Services Program on the delivery of behavioral health services. It was to address: 1) the program's effect on coordination and continuity of care among behavioral health services and between behavioral and physical health services; 2) the accountability for treatment decisions and appeals; 3) the program's effect on access to care; 4) the program's effect on quality of care, including process of care, satisfaction with care, functional status, and health status; 5) the program's effect on the use and cost of services; and shifting between systems, duplication of services, or duplication of payments.

Status: Because the original behavioral health services program cannot be implemented, the project will focus on a market analysis of managed care providers.

95-021 Vermont Health Access Plan (VHAP)

Project Officer: Joan Peterson
Period: January 1996–December 2003
Awardee: Vermont, Agency of Human Services
Funding: \$0

Description: Vermont's section 1115 Medicaid demonstration makes comprehensive health care coverage available to individuals, including those currently eligible for coverage under Vermont's Medicaid program, and uninsured poor who become newly eligible. VHAP implements a statewide mandatory Medicaid managed-care program. The program began on January 1, 1996, and will operate for 8 years. The demonstration provides health care services to uninsured lower-income Vermonters (up to 300 percent of the Federal Poverty Level (FPL) for children and up to 185 percent of the FPL for parents and caretakers of eligible children). It also provides a Medicaid prescription-drug benefit to the State's lower-income Medicare beneficiaries. Finally, it improves access, service coordination, and quality of care through the implementation of a managed-care delivery system.

Status: As of December 2001, there were approximately 81,000 enrollees.

96-009 Maryland Medicaid Section 1115 Health Care Reform Demonstration Proposal–HealthChoice

Project Officer: Linda Welle
Period: October 1996–June 2002
Awardee: Maryland, Department of Health and Mental Hygiene
Funding: \$0

Description: This State-wide demonstration was developed to: 1) provide a patient-focused system; 2) build on the strengths of the current Maryland health care system; 3) provide comprehensive, prevention-oriented systems of care; 4) hold managed-care organizations (MCOs) accountable for high-quality

care; and 5) achieve better value and predictability for State expenditures. Maryland enrolls all waiver eligibles into an MCO for care and uses a case management system. Mental-health services are provided under the demonstration in a separate fee-for-service delivery system.

Status: The demonstration was implemented in June 1997 and is approved until May 2005.

93-038 Oregon Reform Demonstration

Project Officer: Juli Harkins
Period: April 1993–January 2002
Awardee: Oregon, Department of Human Services
Funding: \$0

Description: The Oregon Reform Demonstration is an innovative program of managed care and a restructured Medicaid benefit package covering both the Medicaid-eligible and the uninsured populations. The demonstration extends Medicaid eligibility for Oregonians whose income is below the Federal poverty level, regardless of age, sex, and family status. Since the number of persons eligible for benefits is substantially increased, Oregon is implementing two mechanisms for containing costs: prioritization of condition-specific treatments and procedures that will be included in the Medicaid benefit package, and managed-care initiatives to enhance coordination of care and provide incentives for controlling costs. Mental-health and chemical-dependence services were incorporated into the Oregon Health Plan (OHP) benefit package for up to 25 percent of the eligible population with the implementation of Phase II in January 1995 and added for the rest of the population in July 1997. In March 1995, Phase II eligibles, which include aged, blind, disabled, and foster-care children, were added to the OHP. Nursing facilities and home and community-based services will not be affected by the demonstration.

Status: The demonstration authority expires January 2002. Oregon has submitted an extension request to CMS to continue the demonstration from February 2002 to January 2005. There were about 260,000 enrollees as of November 2001.

97-266 The Partnership Plan

Project Officer: Cheryl Tarver
Period: July 1997–March 2003
Awardee: New York, Department of Health, (Albany)
Funding: \$0

Description: The Partnership Plan will move approximately 2.1 million Medicaid beneficiaries from a primarily fee-for-service delivery system to a managed care environment. The demonstration incorporates two other broad initiatives: the development of Special Needs Plans (SNPs) to serve certain sub-populations that require intensive and heavily case-managed care regimens; and the conversion of the State's 370,000 Home Relief recipients, a State-funded cash assistance program for low-income adults who are not otherwise eligible for TANF or Medicaid.

Status: Implementation on a county-by-county basis began on October 6, 1997. As of October 1999, thirteen counties have begun to implement the waiver. These counties are: Albany, Broome, Columbia, Erie, Greene, Monroe, Niagara, Onondaga, Ontario, Rensselaer, Saratoga and Oswego, and Westchester. Schenectady County has been approved, but not yet begun enrolling Medicaid beneficiaries into managed care. On July 30, 1999 CMS granted approval to implement the Partnership Plan in Phase 1 of New York City; Staten Island, lower Manhattan, and parts of Brooklyn.

98-201 ARKids B

Project Officer: Joan Peterson
Period: September 1997–August 2002
Awardee: Arkansas, Department of Human Services
Funding: \$0

Description: The ARKids B demonstration (renamed from ARKids First in August 2000) expands eligibility to currently uninsured children through age 18 with family income at or below 200 percent of the Federal poverty level. The objectives of the demonstration are

to integrate uninsured children into the health care delivery system and to provide benefits comparable to the State Employees and State Teachers insurance program. Arkansas' existing section 1915(b) waiver program, ConnectCare, continues to operate as a separate program, enrolling applicants who meet current Medicaid eligibility requirements. ARKids B operates as a fee-for-service, primary care case management model. It employs the ConnectCare provider network currently in place for the section 1915(b) program.

Status: This demonstration was implemented in September 1997. As of December 2001 there were 58,000 enrollees.

96-007 Medicaid Demonstration Project for Los Angeles County

Project Officer: Cheryl Tarver
Period: July 1996–June 2005
Awardee: California, Department of Health Services
Funding: \$0

Description: This is a 5-year, budget-neutral demonstration intended to provide fiscal relief to the County, stabilize the public health system, and assist the process of restructuring the County's health care delivery system to rely more on primary and outpatient care. The amendment proposes to expand children's access to health services by including school-based clinics as ambulatory care providers under the demonstration.

Status: CMS provided questions/comments to the State on this amendment on September 17, 1999. On October 13, 1999, CMS received the State's extension proposal, as the approved demonstration expires on June 30, 2000. The Department of Health and Human Services is actively reviewing the extension proposal.

98-272 New Jersey Managed Charity Care

Project Officer: Daniel McCarthy
Period: February 1998–February 2003
Awardee: New Jersey, Department of Human Services
Funding: \$0

Description: Under this demonstration, the State planned to use a portion of current disproportionate share hospital (DSH) funds to cover medical costs of indigent individuals provided outside of the hospital. Hospitals would be required to develop what the State calls "Hospital-Centered Managed Care Networks," which would deliver case-managed care to certain indigent individuals outside of the hospital, in physicians' offices and community clinics, in addition to the emergency and inpatient care currently provided.

Status: Due to legislative action in New Jersey, this proposed demonstration is "on hold." The State will be proposing a revised approach.

94-104 Rhode Island RIte Care, Department of Human Services

Project Officer: Alisa Adamo
Period: August 1994–July 2002
Awardee: Rhode Island, Department of Human Services
Funding: \$0

Description: This statewide initiative, approved in November 1993, seeks to increase access to and delivery of primary and preventive health care services for all Aid to Families with Dependent Children recipients (65,000) and to extend coverage to approximately 4,000 pregnant women and children under 8 years of age, with family incomes up to 250 percent of the Federal poverty level (FPL). RIteCare eligibles are required to enroll in prepaid health plans contracted with the State to provide comprehensive health services. Prepaid health plans offer medical and mental-health benefits. Long-term-care services are not provided through the plans. Plans are required to offer participants a package of enhanced

services to assist in overcoming the nonfinancial barriers to care, including home visits, nutrition counseling, childbirth education, parenting skills education, and smoking cessation. Pregnant women enrolled in RIteCare who lose eligibility 60 days post-partum are offered the opportunity to enroll in an extended family-planning program for a 2-year period. RIteCare included a cost-sharing component. Individuals with incomes of between 185 and 250 percent of the FPL (new eligibles) are subject to cost-sharing requirements, either through premiums or copayment arrangements. Individuals with incomes of less than 185 percent of the FPL are not subject to any cost-sharing requirements.

Status: Enrollment in this program began August 1994. At the end of December 1998, over 75,500 eligible women and children had been enrolled in managed-care plans. Approximately 4,500 of these enrollees are included as a result of the demonstration waivers. The waiver population now includes children up to the age of 18 with family incomes up to 250 percent of the FPL. The demonstration has been extended through July 2002.

93-062 Hawaii QUEST

Project Officer: Maria Boulmetis
Period: April 1994–March 2002
Awardee: Hawaii, Department of Human Services
Funding: \$0

Description: Hawaii QUEST is a statewide project that creates a public purchasing pool that arranges for health care through capitated managed-care plans. Hawaii QUEST builds on Hawaii's Prepaid Health Care Act by integrating public and private programs to develop a more efficient, seamless health care delivery system for individuals previously served by three public programs: Medicaid, General Assistance, and the State Health Insurance Program. The project initially extended the Medicaid eligibility income limits to 300 percent of the Federal poverty level (FPL). However, the income limits have since been reduced due to budgetary constraints. Most individuals are eligible through 100 percent of FPL, though

pregnant women and infants under age 1 are eligible up to 185 percent of FPL and children ages 1 to 6 are eligible up to 133 percent of FPL. The program provides a benefit package consistent with the services currently offered under Hawaii's traditional Medicaid program, including medical, dental, and behavioral health services.

Status: The State has submitted an amendment to enroll children who become ineligible for the State Children's Health Insurance Program because their family income exceeds 200 percent of FPL, but the income is still below 300 percent FPL. The amendment is under review.

99-134 New Mexico Health Care Reform Demonstration

Project Officer: Maurice Gagnon
Period: January 1999–December 2004
Awardee: New Mexico, Department of Human Services, Medical Assistance Division
Funding: \$0

Description: This demonstration allows the State to implement its Title XXI (SCHIP) Medicaid expansion to cover children in families through age 18 with incomes between 186 percent and 235 percent of the Federal poverty level, including co-payment requirements for this population. The State anticipates that a Medicaid program with cost sharing for the SCHIP population will approach parity with privately covered families in the same income grouping. Co-payments will apply in both fee-for-service and managed care environments. The demonstration would operate concurrently with its existing 1915(b) freedom of choice waiver.

Status: New Mexico's demonstration has been approved and implemented by the State.

98-273 Missouri Managed Care Plus (MC+)

Project Officer: Nancy Goetschius
Period: April 1998–December 2003
Awardee: Missouri, Department of Social Services, Division of Medical Assistance
Funding: \$0

Description: The demonstration expands eligibility to working parents who are transitioning from welfare and who have a Medicaid eligible child in the home, to absent parents who are participating in Missouri's Parent's Fair Share program with incomes up to 100 percent of the Federal poverty level (FPL), and to absent parents with incomes up to 125 percent of the FPL who are actively paying their legally obligated amount of child support. The State will lock in these expansion eligible Medicaid beneficiaries for 1 year in their managed care delivery system, MC+. Together, the Section 1115 demonstration, the Section 1915(b) waiver, and the Title XXI plan provide Medicaid managed care to all eligible adults and children in the State with incomes to 300 percent of the FPL.

Status: In January 1999 a modification to the Section 1115 demonstration was approved that allows the State to disenroll adults and children who show a pattern (four or more) of failing to pay the co-payment requirements. In February 1999 a modification was approved to allow the State to expand eligibility to uninsured noncustodial adults with incomes up to 125 percent of the FPL. The modification was requested because the State legislature had mandated the increased eligibility income level from 100 percent to the approved 125 percent for this population of adults.

95-052 Evaluation of the State Medicaid Reform Demonstrations, II

Project Officer: Paul Boben
Period: September 1995–September 2002
Awardee: Urban Institute
Funding: \$5,959,408

Description: This is an evaluation of Medicaid demonstrations in five States: California (Medicaid Demonstration for Los Angeles County), Kentucky (Kentucky Health Care Partnership Plan), Minnesota (PMAP+), New York (Partnership Plan), and Vermont (Vermont Health Access Plan). The project includes State-specific and cross-State analyses of demonstration impacts on use of services, insurance coverage, public and private expenditures, quality of care, access and satisfaction. Data will come from site-visit interviews with providers, advocacy groups, and State officials; participant surveys; State Medicaid Management Information Systems; and other sources. Additional analyses are planned that focus on the effect of managed care on the receipt of mental-health services by Medicaid recipients. Funding for this additional work is from the Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services.

Status: The following project milestones occurred in 2001. 1) Post-managed care implementation surveys were completed in Minnesota. 2) The final site visit was conducted in Los Angeles County, California. 3) The following draft reports were received—a Los Angeles Council case study report, a Minnesota case study report, three reports based on the pre-managed care surveys in New York State, two reports based on pre-managed care surveys in Kentucky, and one report on the Vermont Health Access Program pharmacy benefit program. 4) Two reports were finalized: The Medicaid Demonstration Project in Los Angeles County, 1995-2000: Progress, But Room For Improvement and Health Care Use, Access, Use, and Satisfaction Among Disabled Working-Age Adults in New York under FFS Medicaid. 5) Due to unanticipated delays and/or cancellation of mandatory Medicaid managed care programs in Kentucky and New York, it is unlikely that the post-managed care surveys will be fielded in these States. Work has begun on a contract modification that would redirect project resources to other tasks.

95-028 Evaluation of the Diamond State Health Plan

Project Officer: Penelope Pine
Period: September 1994–January 2003
Awardee: Research Triangle Institute, (DC)
Funding: \$498,035

Description: The original purpose of the contract was to evaluate the Delaware Health Care Partnership for Children, specifically the effectiveness of the demonstration in reaching its goal of improving access to and the quality of health care services delivered to Medicaid-eligible children in a cost-effective way. The State believed that by enrolling children into a managed-care system operated by the Nemours Foundation, they would reap the benefits of a higher level of coordinated care, while the State, and in turn the Federal Government, would benefit from lower Medicaid costs. The contract was modified to focus more generally on the impacts of the Diamond State Health Plan on children, including children with special health care needs (the original evaluation had been limited to the Nemours Children's Clinics). The goal of the evaluation was broadened to assess whether this section 1115 demonstration's objective of increased access to high-quality, cost-effective care for Medicaid children is being met.

Status: The following topics have been analyzed:

- The effect of managed care implementation in Delaware on the number and population of pediatric Medicaid beneficiaries receiving treatment for asthma
- Children with special health care needs and the relationship of the education system and managed care.

95-029 Minnesota Prepaid Medical Assistance Project Assistance Plus (PMAP+)

Project Officer: Joseph Millstone
Period: July 1995–June 2005
Awardee: Minnesota, Department of Human Services
Funding: \$0

Description: The Minnesota Prepaid Medical Assistance Project Plus (PMAP+) amended the original Minnesota Medicaid Demonstration by expanding the project in both size and scope. The PMAP demonstration enrolled all Aid to Families with Dependent Children eligibles, needy children, and pregnant women in eight Minnesota counties into prepaid managed-care organizations. PMAP+ originally expanded prepaid managed care to nine additional counties and is expected to eventually be a statewide program. In addition, Medicaid eligibility was expanded on a statewide basis to include children and pregnant women up to 275 percent of the Federal poverty level who were previously covered under the State's MinnesotaCare program. Subsequent changes included expanding eligibility to include parents and caretaker relatives of children enrolled in the demonstration. The approval of Phase 2 in August 2000 allowed several changes which involved increasing flexibility for the State, particularly related to capitation payment. In July 2001, an amendment was approved to allow implementation of county-based purchasing by the Sour County Health Alliance encompassing nine rural Minnesota counties.

Status: Currently, there are approximately 305,000 enrollees in PMAP+ managed care organizations. In addition, the State's eligibility expansion has made approximately 108,000 MinnesotaCare children, caretaker adults and pregnant women Medicaid-eligible. Some parents and caretaker adults are now covered under the State's Children's Health Insurance Program (SCHIP) and receive their care through the MinnesotaCare delivery system. Minnesota now operates Medicaid managed care in 69 of its 87 counties. Minnesota was granted an extension of its demonstration from June 2002 to June 2005.

96-008 Oklahoma SoonerCare Demonstration

Project Officer: Donna Schmidt
Period: October 1995–December 2003
Awardee: Oklahoma, Health Care Authority
Funding: \$0

Description: SoonerCare fosters the creation of a managed-care infrastructure in urban and rural areas, thus increasing access to primary care for beneficiaries throughout the State and allowing for greater financial predictability of the State Medicaid program. SoonerCare uses fully capitated delivery systems in urban areas and requires urban plans to be "rural partners" by expanding their provider networks into adjacent rural areas. The urban health plan/rural partner program was implemented July 1996 for Temporary Aid to Needy Families (TANF) and TANF-related beneficiaries. In rural areas without managed-care organizations, a partially capitated primary care physician/case management (PCP/CM) model is used. The PCP/CM program was piloted in a tri-county area beginning April 1996 and was implemented statewide in October 1996. The program currently serves 319,365 beneficiaries. This includes TANF and TANF-related populations, as well as beneficiaries who are aged, blind, and disabled (ABD). The State implemented the program for the entire noninstitutionalized ABD population in July 1997.

Status: The project has been extended through 2003.

99-071 Evaluation of the MassHealth Quality Improvement Plan and Insurance Reimbursement Program

Project Officer: Carol Magee
Period: September 1999–March 2002
Awardee: Health Economics Research
Funding: \$682,313

Description: This project studies two features of the Massachusetts Medicaid plan known as "MassHealth": First, the Insurance Reimbursement Program. Massachusetts is among the first States to attempt to assure employer-sponsored insurance for low-income workers. The project evaluates the process established by this Massachusetts Medicaid demonstration of increasing enrollment of low-income workers earning less than 200 percent of the Federal poverty level in employer-sponsored health insurance. It provides data on the success of this program, e.g., number of employees enrolled, number of children and adults

receiving insurance, number of small employers adding insurance coverage for low-income employees. Second, the Quality Improvement Plan. MassHealth has attracted interest because of its innovative method of including quality assurance with improvement in contracting with both managed care organizations (MCOs) and primary care clinicians. The case study portion of the project describes the operation and assesses the effectiveness of the quality improvement plan for both primary care clinicians and the MCOs.

Status: Additional data collection, particularly regarding small business participation, will soon begin. For Part II, which describes the Quality Improvement Plan, all site visits have been completed, and the first annual report is under draft. The final descriptive presentation is being planned.

95-024 MassHealth: Massachusetts Health Reform Demonstration

Project Officer: Sharon Donovan
Period: April 1995–June 2002
Awardee: Commonwealth of Massachusetts, Division of Medical Assistance
Funding: \$0

Description: This project is the Massachusetts Medicaid demonstration, entitled "MassHealth." A waiver was approved in April 1995. MassHealth makes comprehensive health care coverage available to approximately 259,000 uninsured poor and low-income individuals and families at risk of losing private health insurance. The Commonwealth estimates that a majority of the uninsured in families with income under 200 percent of the Federal poverty level will become insured through MassHealth. The other targeted populations include low-income short-term unemployed, working disabled adults and disabled children, populations limited by insurance administration barriers (i.e., pre-existing condition exclusions and waiting periods), and small businesses and nongroup members seeking purchasing leverage. MassHealth represents a set of strategies to improve access to health insurance and to stimulate the offering of affordable private insurance coverage. The program

builds on the Commonwealth's existing managed-care program, which is made up of health maintenance organizations and a primary care clinician program, and existing State-only programs for the disabled and short-term unemployed. The demonstration is composed of the six strategies that streamline eligibility for the current Medicaid program, provide health insurance for non-Medicaid-eligible disabled and the unemployed, advance existing Medicaid managed-care programs, and make employer and employee subsidies available for health insurance coverage for the working poor.

Status: The State began providing services under the demonstration in July 1997 and total enrollment as of June 2001 was approximately 816,483, which included traditional and expansion eligibles. Service delivery continues to be through the primary care clinician program and health maintenance organization (HMO) options that were part of the prior section 1915(b) demonstration, with the addition of HMOs developed by each of the Boston Public Health Commission and the Cambridge Public Health Commission. During calendar year 1999 the State began implementation of employer and employee subsidies for private health insurance. In 2001, the State received approval to expand coverage to individuals with HIV below 200 percent of the Federal Poverty Level. In December 2001, the State received approval for a three-year extension of the demonstration. The project is approved through June 2003.

00-132 Evaluation of the BadgerCare Medicaid Demonstration

Project Officer: Paul Boben
Period: September 2000–March 2003
Awardee: Research Triangle Institute, (NC)
Funding: \$1,315,271

Description: The purpose of this project is to conduct an evaluation of BadgerCare, Wisconsin's Section 1115 Medicaid Demonstration and S-CHIP program. The goals of BadgerCare are to increase access to health insurance for low-income families, and to support families making the transition from welfare to work. The program uses State funds and Federal

matching funds from the Title XIX (Medicaid) and Title XXI (SCHIP) programs to extend public health insurance coverage to families with incomes up to 200 percent FPL. Section 1115 waivers were awarded to allow the State to use the Title XIX and XXI funds in this manner. The evaluation will determine whether BadgerCare has succeeded in meeting its stated objectives, and whether Wisconsin's experience with BadgerCare can be of help to other States considering similar reforms.

Status: The Final Design Report for the study was submitted to CMS in March 2001. Work on the case study component began in March and continued through October, and a draft Case Study Report is expected in early 2002. Design work on survey instruments took place in Spring 2001, in anticipation of fielding the surveys in early 2002.

02-073 Evaluation of Medicaid Family Planning Demonstrations

Project Officer: Julie Jones
Period: September 2002–September 2003
Awardee: C.N.A. Corporation
Funding: \$245,931

Description: The purpose of this project is to evaluate the impact and effectiveness of Medicaid section 1115 family planning demonstrations. While each State has a slightly different program, all of the demonstrations expand Medicaid eligibility for family planning services to women and, in some States, men also. Under Medicaid, State eligibility includes pregnant women and infants under 133 percent of poverty, and may provide services, including family planning services, related to pregnancy and other conditions that may complicate pregnancy. States are also required to cover these services for two months post-partum.

CASH AND COUNSELING DEMONSTRATIONS

The purpose of these demonstrations is to provide greater autonomy to consumers of long term care services by empowering them to purchase the

assistance they require to perform activities of daily living. They are Section 1115 waiver projects awarded to the States of Arkansas, Florida, New Jersey, and New York. Persons chosen to participate in these demonstrations are assigned to either a treatment or a control group. Beneficiaries selected for the treatment group receive cash allowances, which they can use to select and purchase the personal assistance services (PAS) that meet their needs. Fiscal and counseling intermediary services are available to those members of the treatment group who wish to utilize them. Individuals assigned to the control group receive PAS services from traditional Medicaid providers, with the State making all vendor payments. Other partners in this collaborative effort include the Robert Wood Johnson Foundation, the Office of the Assistant Secretary for Planning and Evaluation within the Department of Health and Human Services, the National Program Office at the University of Maryland's Center on Aging and the National Council on Aging.

99-011 Arkansas Cash and Counseling Demonstration: "Independent Choices Program"

Project Officer: Elizabeth Mack
Period: October 1998–October 2003
Awardee: Arkansas, Department of Human Services
Funding: \$0

Status: The State has enrolled approximately 1,825 participants and assigned them to treatment or control groups. Efforts to increase enrollment continue.

99-014 New York Cash and Counseling Demonstration: "Personal Preference Program"

Project Officer: Sandy Khoury
Period: October 1998–October 2003
Awardee: New York, Department of Health, (Albany)
Funding: \$0

Status: The Robert Wood Johnson Foundation and the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, have terminated their funding of this proposed New York project.

99-013 New Jersey Cash and Counseling Demonstration

Project Officer: Melissa Harris
Period: October 1998–October 2003
Awardee: New Jersey, Department of Human Services
Funding: \$0

Status: New Jersey was given authorization to begin randomizing enrollees in November 1999. Since then, 515 individuals have been randomized into the control group and 506 have been randomized into the treatment group.

99-012 Cash and Counseling Demonstration: Florida's "Consumer-Directed Care Program"

Project Officer: Andrew Mack
Period: October 1998–October 2003
Awardee: Florida, Agency for Health Care Administration, (Mahan Dr)
Funding: \$0

Status: An evaluation contract has been awarded to Mathematica Policy Research, Inc. It will assess differential outcomes with respect to cost, quality, and client satisfaction between traditional PAS services and alternative choice modalities.

01-280 Environmental Factors that Increase the Risk of Asthma in Medicaid Recipients

Project Officer: David Greenberg
Period: September 2001–June 2003
Awardee: National Aeronautics and Space Administration, Goddard Space Flight Center
Funding: \$270,000

Description: This project involves the analysis of Maryland Medicaid data for children with asthma. It will investigate how environmental factors can help predict trends in medical service utilization by Medicaid-eligible children with asthma. Data on asthma-related inpatient medical care, outpatient medical services, and prescription medication use for children in Baltimore City will be used. Seasonal and geographic patterns in utilization will be identified. It will try to identify significant trigger variables and interpret relationships between environmental conditions and Medicaid utilization patterns.

Status: The project is newly underway.

94-105 Extension of Medicaid Benefits for Post-Partum Women

Project Officer: Pamela Forton
Period: January 1994–January 2002
Awardee: South Carolina, Department of Health and Human Services
Funding: \$0

Description: This section 1115 Medicaid demonstration provides family planning services to women with income at or below 185 percent of the Federal poverty level (FPL), and, additionally, provides primary care services. The primary goals of the demonstration are to reduce the incidence of unintended and unplanned pregnancies, increase intra-partum periods to 24 months, and decrease Medicaid expenditures resulting from unintended and unplanned pregnancies. With the addition of promoting access to primary care services, additional goals include the promotion and assurance of a medical home, continuity of care, and access to necessary services for demonstration participants. This demonstration provides services to approximately 77,000 women.

Status: The demonstration was awarded in December 1993 and was implemented July 1994. The amendment to extend demonstration eligibility to all women with incomes up to 185 percent of the FPL was awarded January 1997 and the amendment was implemented June 1997. The latest demonstration period expired

December 2001, and the State is currently operating under an extension for the period through January 2002.

99-100 Analysis of State Medicaid Program Experience with Assertive Community Treatment (ACT) Programs for Persons with Mental Illness

Project Officer: Peggy Clark
Period: September 1999–September 2002
Awardee: Substance Abuse and Mental Health Services Administration, CMHS, DKDSC
Funding: \$300,000

Description: This project evaluates the State experience in supporting evidence-based Assertive Community Treatment (ACT) programs for persons with serious and persistent mental illness. The evaluation examines the factors that contribute to the successful implementation of these programs at the State level—how States are using Medicaid and other resources to support these programs and how programs are designed to meet the needs of the particular population to be served. The study includes a focus on issues in ACT implementation and evaluation in rural and other settings, and how programs are being tailored to address diversity and cultural competence issues. The agreement supports a 2-year collaboration on an analysis of ACT programs for persons with mental illness and the use of Medicaid in financing such programs in eight States. To provide an information base for technical assistance to States about the implementation and financing of ACT programs, CMS and the Substance Abuse and Mental Health Services Administration (SAMHSA) want to examine factors that contribute to the successful implementation of these programs in States and to provide a Budget Simulation Model and a Resource Guide for State officials.

Status: This agreement has been modified as of July 2001 with CMS adding \$150,000 and extending the time period to September 30, 2002. The modification renumber the agreement from HCFA-IA-99-110 to HCFA-IA-01-110.

96-004 Demonstration Project for Family Planning and Preventive Reproductive Services, State of Maryland

Project Officer: Linda Welle
Period: October 1994–January 2002
Awardee: Maryland, Department of Health and Mental Hygiene
Funding: \$0

Description: Under this demonstration project, the State of Maryland extends Medicaid eligibility for family planning services to women who are Medicaid-eligible because of their pregnancy. These women remain Medicaid-eligible 60-days postpartum (i.e., for those women who fall in the Pregnant Women and Children eligibility category). The State intends to demonstrate that covering family planning and preventive reproductive services for these women will reduce Medicaid payments by reducing their number of unintended births and by improving their health status through preventive care. The demonstration waivers run through January 30, 2000, with the last year of the project devoted to evaluation activities. An amendment to incorporate this demonstration project into the State's comprehensive 1115 demonstration is under review for approval.

Status: The State and CMS are working to incorporate this project into the existing health care reform demonstration. This project is being held open until this incorporation is complete.

00-125 Moving Towards Elimination of Lead Poisoning in High Risk Children

Project Officer: Cheryl Austein-Casnoff
Period: September 2000–September 2002
Awardee: Abt Associates
Funding: \$749,952

Description: The purpose of this project is to develop a strategy to eliminate exposure to lead hazards among high risk children by: 1) developing risk appropriate screening criteria for all children, with special emphasis on improved targeted screening of low-

income children; and 2) developing an implementation plan for the elimination of lead hazards facing children, bringing together the expertise and authorities of Federal Government and appropriate State and local agencies.

Status: The project workplan has been developed. The staff are reviewing literature, searching relevant databases, and looking at potential model communities.