

Active Projects Report

Research and Demonstrations in Health Care Financing

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Centers for Medicare & Medicaid Services



U.S. Department of Health and Human Services

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Active Projects Report

Research and Demonstrations in Health Care Financing

2004 Edition

Centers for Medicare & Medicaid Services

FOREWORD

The Centers for Medicare & Medicaid Services (CMS) is responsible for administering the Medicare program and programs administered by States such as Medicaid and the State Children's Health Insurance Program (SCHIP). CMS oversees insurance regulation, the survey and certification of health care facilities, and the Clinical Laboratory Improvements Amendments. We serve one in four seniors, children, people with end stage renal disease, and people with disabilities. We also provide beneficiaries with information about our programs, Medigap options, consumer research, and grievance and appeals processes.

CMS directs roughly 600 individual research, demonstration, and evaluation projects. Our research helps to identify future trends that may influence our programs, meet the needs of vulnerable populations, and examine the cost-effectiveness of our policies. Demonstration projects test, for example, how a new payment system, preventive service, or health promotion campaign actually affects our programs, beneficiaries, States, and providers. Evaluation projects validate our research and demonstration findings and help us monitor the effectiveness of Medicare, Medicaid, and SCHIP.

One of the Agency's challenges is to develop and implement new health care payment approaches and financing policies and to evaluate the impact of our programs. Another is how to modernize Medicare from a medical acute care model to a comprehensive health care model that encourages healthy aging. CMS strives to meet the challenges of short-term health policy needs with a long-term perspective to provide meaningful information and analyses responsive to the needs of our programs and customers. CMS, together with States, contractors, grantees, and other Federal agencies, is committed to research and demonstrations aimed at improving our programs, ensuring the quality of care, and providing modern health care services.

Congress created Medicare and Medicaid in 1965. Medicare originally provided health care coverage to Americans over the age of 65. In 1972, the program was expanded to Americans living with disabilities and people with end stage renal disease. Medicaid is a joint Federal-State program that provides health care coverage to the aged, blind, people with disabilities, and low-income families with children under 21.

CMS research both anticipates the future of our programs and reflects the Agency's legislative and operational responsibilities. More recent legislation includes:

- The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provided for improved continuity or "portability" of group health plan coverage and for group health insurance provided through employment or through the individual insurance market. CMS regulates the small and individual private health insurance markets and national administrative simplification standards for all electronic health care transactions.
- The Balanced Budget Act of 1997 (BBA) established Medicare+Choice as Part C of the Medicare program, creating an array of new managed care and other health plan choices for beneficiaries, in addition to a coordinated open enrollment process. The BBA also created SCHIP, which is designed to assist working families with incomes too high for Medicaid but too low to be able to afford private health insurance.
- The Balanced Budget Refinement Act of 1999 made numerous changes to the Medicare program aimed at reducing the impact of the payment reductions to providers in the BBA, stabilized the SCHIP allotment formula, and modified the Medicaid Disproportionate Share Hospital program.
- The Ticket-to-Work and Work Incentives Improvement Act of 1999 expanded the availability of Medicare and Medicaid for certain beneficiaries with disabilities who return to work. The New Freedom Initiative announced by President Bush on February 1, 2001, is part of a nationwide effort to remove barriers to community living for people with disabilities.
- In 2000, the Benefits Improvement and Protection Act made numerous changes to the Medicare, Medicaid, and SCHIP programs.

- The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 was landmark legislation providing seniors and people living with disabilities with a prescription drug benefit, more choices, and better benefits under Medicare—the most significant improvement to senior health care in nearly 40 years.

The Office of Research, Development, and Information prepares the annual *Active Projects Report: Research and Demonstrations in Health Care Financing* to inform CMS customers of our research. It inventories both intramural projects conducted by CMS staff and extramural projects conducted by contractors, grantees, and other awardees with CMS support. While most of the extramural projects are funded from CMS's research, demonstration, and evaluation budget, some of the quality-related studies conducted by Quality Improvement (formerly Peer Review) Organizations are supported by other CMS budgets.

The 2004 edition of the *Active Projects Report* provides basic information on CMS research, demonstration, and evaluation projects active from January 1 through December 31, 2003. It is organized by theme:

- Theme 1: Monitoring and Evaluating CMS Programs
- Theme 2: Strengthening Medicaid, State Children's Health Insurance Program (SCHIP), and State Programs
- Theme 3: Expanding Beneficiaries' Choices and Availability of Managed Care Options
- Theme 4: Developing FFS Payment and Service Delivery Systems
- Theme 5: Improving Quality of Care and Performance Under CMS Programs
- Theme 6: Improving the Health of Our Beneficiary Population
- Theme 7: Prescription Drugs
- Theme 8: Building Research Capacity

The *Active Projects Report* presents a brief description of each project and its status as of December 31, 2003. The abstracts provide an identification number, the project title, the project number, the CMS project officer, the awardee, funding, principal investigator, and the period of performance. Several indices—organized by project title, project officer, principal investigator, awardee organization, project number, and State—are provided at the back of this book to help readers locate information regarding specific projects. More detailed information regarding specific projects may be obtained directly from CMS project officers.

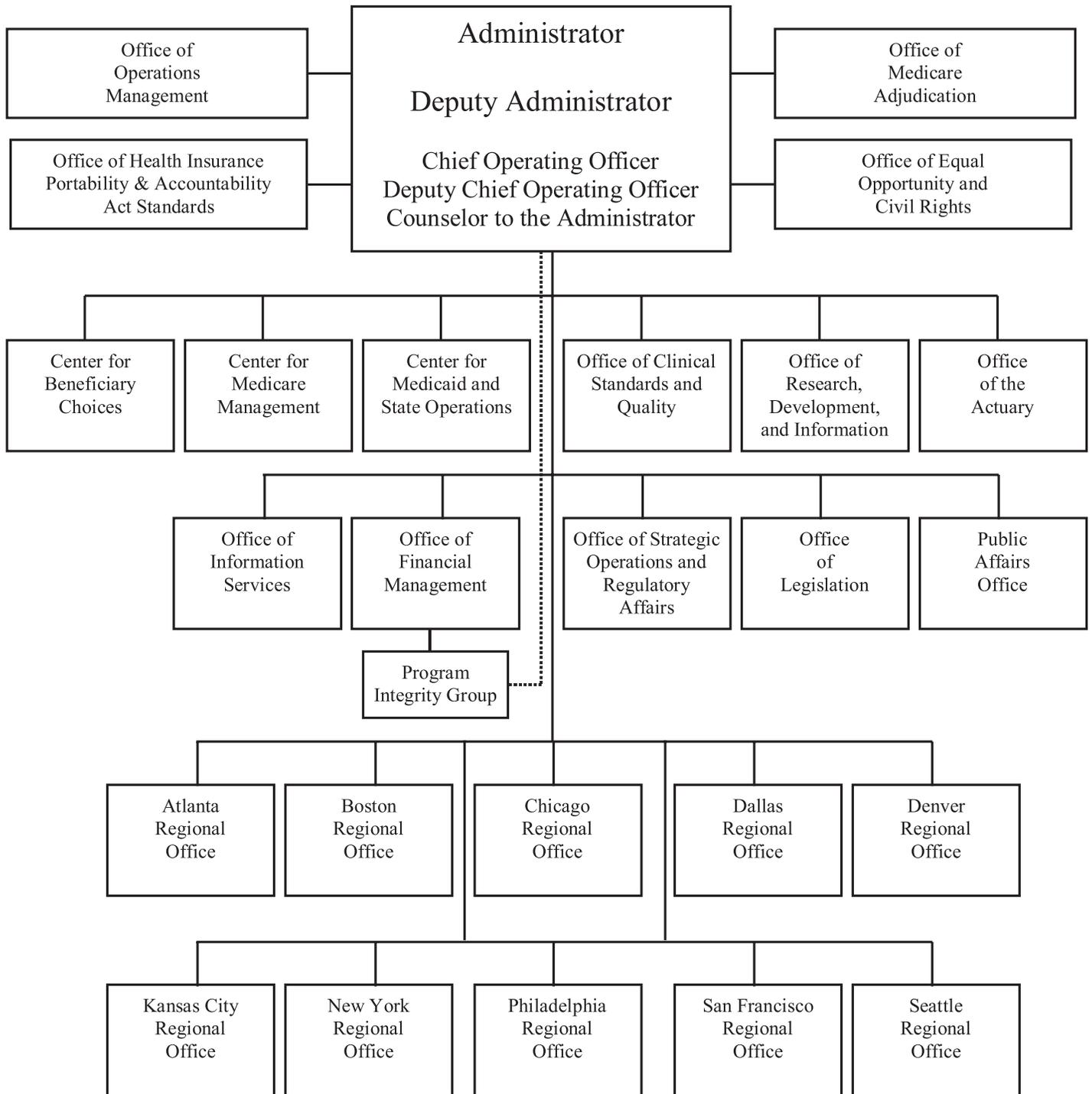
This is the twenty-fourth edition of the *Active Projects Report*. For more information, please visit the CMS Web site at www.cms.hhs.gov.

Stuart Guterman
 Director
 Office of Research, Development, and Information



Office of Research, Development, and Information

Centers for Medicare & Medicaid Services Organizational Chart



Theme 1: Monitoring and Evaluating CMS Programs

Summary: Information gained from evaluation studies plays an important role in planning for the future of CMS's programs. Program evaluation information is used to guide and inform both current and future planning. The policies and procedures of CMS's programs can have far-reaching effects on the broader health care system. Program evaluations provide CMS with information to monitor, evaluate, and refine aspects of our programs. This information is used to identify critical health care issues and to develop the best available strategies for addressing those issues. CMS's program evaluation efforts provide information and descriptive statistics on the infrastructure of the health system; populations of health care users; service and expenditure patterns; variations in costs, quality, and access to care; and on the effects of CMS's program changes on beneficiaries.

Evaluation of Private Fee-for-Service Plans in the Medicare+Choice Program

Project No: 500-00-0032/02
Project Officer: Nancy Zhang
Period: September, 2001 to September, 2004
Funding: \$1,407,867
Principal Investigator: Gary Gaumer
Award: Contract
Awardee: Abt Associates, Inc.
 55 Wheeler Street
 Cambridge, MA 02138

Description: The purpose of this project is to evaluate the new private fee-for-service (PFFS) option available under the Medicare+Choice (M+C) Program. The evaluation will use a combination of primary and secondary data sources to evaluate the effects of the option on beneficiaries and program costs. Primary data will be collected through site visits to participating plans and beneficiary surveys. The PFFS plan option is one of the new types of organizations provided for under the M+C provisions. The project involves the Sterling Plan, which has been available to beneficiaries since July 2000 and captures many beneficiaries who were previously enrolled in an M+C plan that withdrew from the program and for whom this plan is the only M+C option available. Analytic issues to be addressed in the evaluation can be grouped into three broad categories: (1) beneficiary analyses (enrollment, beneficiary experiences with the plan, utilization); (2) Medicare program impacts (payment); and (3) plan and provider impacts—market, program administration, participation.

Status: The project is under way. ■

Evaluation of the Impact on Beneficiaries of the Medicare+Choice Lock-in Provision

Project No: 500-00-0037/04
Project Officer: Mary Kapp
Period: September, 2001 to September, 2004
Funding: \$380,298
Principal Investigator: Kenneth Cahill
Award: Task Order
Awardee: BearingPoint
 1676 International Drive
 McLean, VA 22102-4828

Description: This project will explore the impact on Medicare beneficiaries of the lock-in provision of the Balanced Budget Act of 1997 (BBA). The lock-in provision places limits on the frequency, timing, and circumstances under which Medicare+Choice (M+C) enrollment elections can be made. These changes will be phased in over a 2-year period beginning January 1, 2002. The purpose of this project is to: (1) examine the current (pre-lock-in) patterns of enrollment and disenrollment in M+C using existing CMS administrative data; (2) design a methodology to quantify the impact on Medicare beneficiaries of the lock-in provision; and (3) analyze the impact on beneficiaries of the first year of the lock-in provision.

Status: Congress has delayed the implementation of this BBA provision from January 1, 2002 to January 1, 2006. The contract has been modified to delete the design of a tool to survey beneficiaries about the impact of lock-in. Additional analyses to characterize the enrollment and disenrollment patterns of beneficiaries and the development of an historical market area database have been added. ■

Design and Implementation of a Targeted Beneficiary Survey on Access to Physician Services Among Medicare Beneficiaries

Project No: 500-01-0025/01
Project Officer: Renee Mentnech
Period: September, 2002 to September, 2004
Funding: \$996,692
Principal Investigator: Marsha Gold
Award: Task Order
Awardee: Mathematica Policy Research (DC)
 600 Maryland Avenue, SW
 Suite 550
 Washington, DC 20024-2512

Description: The purpose of this project is to design and implement a targeted, short, beneficiary survey on access to physician services among Medicare beneficiaries. The intent of this targeted survey is to enhance the ability of CMS to determine, on as close to a real-time basis as possible, whether Medicare beneficiaries are experiencing access problems in specific geographic areas.

Status: The first round of the survey was implemented in 11 market areas during the spring of 2003. The market areas included the state of Alaska and areas around Phoenix, Arizona; San Diego, California; San Francisco, California; Denver, Colorado; Tampa, Florida; Springfield, Missouri; Las Vegas, Nevada; Brooklyn, New York; Ft. Worth, Texas; and Seattle, Washington. The second round of the survey will be administered in these same market areas during the spring of 2004, with a final report expected at the end of 2004. ■

Implementation of the Medicare Managed Care Version of the Consumer Assessment of Health Plans (MMC-CAHPS) Survey

MEDICARE CAHPS DISENROLLMENT SURVEY

There are two different disenrollment surveys. In the fall of 2000, CMS began to conduct a separate annual survey of beneficiaries who voluntarily disenrolled from M+C organizations to gather information about their experiences with the plan they left. This survey is known as the Medicare CAHPS Disenrollment Assessment Survey. Results from the Disenrollment Assessment Survey are combined with those from the Enrollee Survey for reporting to the public and to plans. Reporting the information in this way provides a more accurate account of all Medicare beneficiaries' experiences with M+C organizations. CMS added the survey results from disenrollees to the overall survey results to ensure that positive survey results were not the result of CMS's continuous enrollment policy.

References to the MMC-CAHPS survey refer to the combination of the MMC-CAHPS Enrollee Survey and the Disenrollment Assessment Survey.

CMS also sponsors the Medicare CAHPS Disenrollment Reasons Survey. The purpose of the Reasons Survey is to collect data about the reasons why Medicare beneficiaries leave their M+C health plans. Although data from the Reasons Survey are analyzed on an annual basis, sampling and data collection are conducted on a quarterly basis.

The Reasons Survey has been conducted for CMS each year since 2000 and survey results can be found on Medicare's Web site, www.medicare.gov, through Medicare Health Plan Compare and Medicare Personal Plan Finder.

FFS CAHPS

CMS also developed a Medicare version of the CAHPS survey for beneficiaries enrolled in Original Medicare (FFS-CAHPS). CMS began implementation of this survey in fall 2000 and has just completed the third annual nationwide administration. The results of both surveys are case-mix adjusted to account for differences in the FFS and managed care populations and reported together through the Handbook and on Medicare's Web site, www.medicare.gov, through Medicare Health Plan Compare and Medicare Personal Plan Finder. ■

Implementation of the Medicare Managed Care Version of the Consumer Assessment of Health Plans (MMC-CAHPS) Survey

Project No: 500-01-0020/02
Project Officer: Amy Heller, Ph.D.
Period: August, 2003 to August, 2004
Funding: \$5,499,739
Principal Investigator: W. Sherman Edwards
Award: Task Order
Awardee: Westat Corporation
 1650 Research Boulevard
 Rockville, MD 20850

Description: The Centers for Medicare & Medicaid Services (CMS) is an active participant in the CAHPS (Consumer Assessment of Health Plans) effort, a cooperative agreement headed by the Agency for Health Care Research and Quality to develop standardized instruments and reporting formats for providing comparative information to aid consumers in making more informed health plan choices. The core CAHPS survey instrument developed for the adult commercial population is currently used to assess the care provided by health plans covering over 123 million Americans. In 1997, CMS sponsored the development of a Medicare version of the CAHPS survey for enrollees (hereinafter

referred to as the Medicare Managed Care CAHPS (MMC-CAHPS) Survey).

Status: CMS has just completed the seventh annual nationwide administration of MMC-CAHPS. CMS has funded three different Medicare versions of the CAHPS surveys to assess beneficiaries' experiences and ratings of care within the Medicare program—Medicare+Choice (M+C) Assessment Survey, M+C Disenrollee Survey, and the Fee-for-Service (FFS) Survey. ■

Implementation of the Medicare Managed Care Version of the Consumer Assessment of Health Plans (MMC-CAHPS) Survey

Project No: 500-95-0057/04
Project Officer: Amy Heller, Ph.D.
Period: September, 1997 to September, 2004
Funding: \$25,592,481
Principal Investigator: Keith Cherry
Award: Task Order
Awardee: BearingPoint
 1676 International Drive
 McLean, VA 22102-4828

Description: This project implements the Medicare version of the Consumer Assessment of Health Plans (CAHPS) survey in all Medicare risk and cost managed care plans. The primary purpose of the survey is to collect, analyze, and disseminate information to Medicare beneficiaries to help them choose among plans. It will also be used with other available data to monitor and evaluate the quality of care and relative performance of managed care plans, and to compare the satisfaction of beneficiaries in the managed care and fee-for-service systems. It is a nationwide satisfaction survey of Medicare beneficiaries, currently enrolled and recently disenrolled, from their managed care plans which proportionately samples a cross-section of Medicare managed care enrollees stratified by plan to assess their level of satisfaction with access, quality of care, plans' customer service, resolution of complaints, and their utilization experience.

Status: The survey completed its fifth year of data collection at the end of December. The unadjusted response rate is 82% with 127,654 surveys returned by mail and 28,042 surveys completed by telephone. For the past three years, the survey has achieved a response rate greater than 80%. Since this is an ongoing effort, the survey was rebid in early spring of 2002. ■

Implementation of the Medicare Managed Care Version of the Consumer Assessment of Health Plans (MMC-CAHPS) Survey

Project No: 500-95-0061/05
Project Officer: Amy Heller, Ph.D.
Period: September, 1999 to November, 2004
Funding: \$4,458,022
Principal Investigator: Bridget Booske
Award: Task Order
Awardee: University of Wisconsin—Madison
 750 University Avenue
 Madison, WI 53706

Description: The Centers for Medicare & Medicaid Services (CMS) is an active participant in the CAHPS (Consumer Assessment of Health Plans) effort, a cooperative agreement headed by the Agency for Health Care Research and Quality to develop standardized instruments and reporting formats for providing comparative information to aid consumers in making more informed health plan choices. The core CAHPS survey instrument developed for the adult commercial population is currently used to assess the care provided by health plans covering over 123 million Americans. In 1997, CMS sponsored the development of a Medicare version of the CAHPS survey for enrollees (hereinafter referred to as the Medicare Managed Care CAHPS (MMC-CAHPS) Survey).

Status: CMS has just completed the seventh annual nationwide administration of MMC-CAHPS. CMS has funded three different Medicare versions of the CAHPS surveys to assess beneficiaries' experiences and ratings of care within the Medicare program—Medicare+Choice (M+C) Assessment Survey, M+C Disenrollee Survey, and the Fee-for-Service (FFS) Survey. ■

Implementation of the Medicare Managed Care Version of the Consumer Assessment of Health Plans (MMC-CAHPS) Survey

Project No: 500-01-0018/01
Project Officer: Amy Heller, Ph.D.
Period: September, 2003 to September, 2004
Funding: \$1,275,000
Principal Investigator: Judith Lynch
Award: Task Order
Awardee: Research Triangle Institute (NC)
 3040 Cornwallis Road
 PO Box 12194
 Research Triangle Park, NC
 27709-2194

Description: The Centers for Medicare & Medicaid Services (CMS) is an active participant in the CAHPS (Consumer Assessment of Health Plans) effort, a cooperative agreement headed by the Agency for Health Care Research and Quality to develop standardized instruments and reporting formats for providing comparative information to aid consumers in making more informed health plan choices. The core CAHPS survey instrument developed for the adult commercial population is currently used to assess the care provided by health plans covering over 123 million Americans. In 1997, CMS sponsored the development of a Medicare version of the CAHPS survey for enrollees (hereinafter referred to as the Medicare Managed Care CAHPS (MMC-CAHPS) Survey).

Status: CMS has just completed the seventh annual nationwide administration of MMC-CAHPS. CMS has funded three different Medicare versions of the CAHPS surveys to assess beneficiaries' experiences and ratings of care within the Medicare program—Medicare+Choice (M+C) Assessment Survey, M+C Disenrollee Survey, and the Fee-for-Service (FFS) Survey. ■

United States Renal Data System—Economic Studies Center

Project No: HCFA-IA-01-047
Project Officer: Joel Greer
Period: March, 2001 to March, 2005
Funding: \$184,251
Principal Investigator: Lawrence Hunsecker, M.D.
Award: Interagency Agreement
Awardee: National Institute of Diabetes & Digestive & Kidney Diseases
 31 Center Drive, MSC2560
 Bethesda, MD 20892-2560

Description: This agreement provides support for the National Institute of Diabetes & Digestive & Kidney Diseases' contract funding the Economic Studies Center (ESC) of the United States Renal Data System (USRDS). This contract was awarded to the University of Iowa with Lawrence Hunsecker, M.D., as Principal Investigator. The ESC conducts cost effectiveness and other economic studies relevant to End Stage Renal Disease (ESRD). It was anticipated that the ESC would conduct four studies using existing USRDS data each year and two special studies over the course of the contract. As its first special study, the ESC is working with the other special study centers designing and implementing the Comprehensive Dialysis Survey. Data collection may begin in spring 2004.

Status: CMS was unable to fund the Interagency agreement in FY03 and FY04. ■

Examining Long-Term Care Episodes and Care History for Medicare Beneficiaries

Project No: 500-00-0025/03
Project Officer: William Buczko
Period: September, 2002 to September, 2005
Funding: \$649,958
Principal Investigators: Timothy Waidman and Stephanie Maxwell
Award: Task Order
Awardee: Urban Institute
 2100 M Street, NW
 Washington, DC 20037

Description: This project studies longitudinal patterns of care of elderly beneficiaries with likely long-term care needs and the progress of groups of beneficiaries with similar health/functional status who remain in the community or who move from the community to institutional settings, as well as within institutional settings. It will develop a research model and conduct studies based on this model to assess the progress of beneficiaries with similar medical conditions, functional status, and long-term care needs through the health care delivery system. It will address key factors influencing the delivery of care such as insurance coverage, types of services used, processes leading to institutionalization, and costs of care.

Status: The literature review is near completion. UI staff have met with panels of clinical experts and CMS staff as scheduled. Initial steps to obtain project data files have begun. Key activities for 2004 are: selection of the cohorts for study (by February 2004); completion of the first year report (literature review, rationale for cohort selection, description of cohort studies); meeting with CMS staff to describe the methodology for creation of linked analytic files (by April 2004); and completion of analytic file construction (December 2004). ■

Assessing the Impact of Requiring Parity for Mental Health

Project No: HCFA-IA-00-100
Project Officer: Frederick Thomas
Period: June, 2000 to September, 2004
Funding: \$100,000
Principal Investigator: Cille Kennedy, Ph.D.
Award: Interagency Agreement
Awardee: Office of the Assistant Secretary for Planning and Evaluation
 200 Independence Avenue, SW
 Washington, DC 20201-0001

Description: This agreement supports an evaluation of the impact of requiring parity for mental health and substance abuse benefits within the Office of Personnel Management's (OPM) Federal Employees Health Benefits Program (FEHBP). For several years OPM has been interested in improving the mental health and substance abuse benefit in the FEHBP. OPM has now been directed to achieve full parity for these benefits by January 2001. There is substantial interest in various stakeholders in learning as much as possible about the effects of this change in coverage; particularly, the impact on access, utilization, quality, and costs.

Status: Data collection and study design activities are in process. ■

Evaluation of Balanced Budget Act (BBA) Impacts on Medicare Delivery and Utilization of Inpatient and Outpatient Rehabilitation Therapy Services

Project No: 500-00-0030/02
Project Officer: Philip Cotterill
Period: September, 2001 to December, 2004
Funding: \$998,540
Principal Investigator: Barbara Gage
Award: Task Order
Awardee: Research Triangle Institute
 411 Waverly Oaks Road
 Suite 330
 Waltham, MA 02452-8414

Description: This project studies the impact of the Balanced Budget Act of 1997 (BBA) on the delivery and utilization of inpatient and outpatient rehabilitation therapy services to Medicare beneficiaries. Many of the BBA changes, some already implemented and others still under development, directly affect payment for rehabilitation therapy services. These policies include per beneficiary therapy limits applicable to certain

outpatient settings, skilled nursing facility prospective payment system, home health agency prospective payment system, inpatient rehabilitation facility prospective payment system, long-term care hospital prospective payment system, and outpatient therapy prospective payment system. This project will study the period 2000–2003 and will study changes in beneficiary access and utilization of therapy services across all these settings with special attention to changes in one or more settings that follow a payment change in another setting.

Status: This is a continuation and extension of previous work, "Medicare Post-Acute Care: Evaluation of BBA Payment Policies and Related Changes" (contract number 500-96-0006/04), which covered the period 1996–1999. Analysis of 2000 and 2001 data is in progress, but progress has been slowed by the need to address several unexpected data problems. ■

Home Health Data Link

Project No: HCFA-00-1157
Project Officer: Ann Meadow
Period: September, 2001 to September, 2004
Funding: \$365,000
Principal Investigator: Edward Fu
Award: GSA Order
Awardee: Fu Associates
 2300 Clarendon Boulevard
 Suite 1400
 Arlington, VA 22201

Description: The Balanced Budget Act of 1997 mandated dramatic changes in several areas of Medicare services, including the home health benefit. The Act mandated a home health prospective payment system (PPS), to be preceded by an interim payment system (IPS) until the PPS could be implemented. In place from late 1997 to Oct. 2000, the IPS led to sharp reductions in numbers of home health agencies and home health utilization by Medicare beneficiaries. There has been little systematic information about PPS's impact to date. Policymakers will want information on the full impact of this succession of changes. Therefore, data development for such studies is needed by the Department and will be in demand by external researchers and policymakers. Under this project, the contractor provides a comprehensive data analytic file covering the entire PPS period to date. Along with previous comprehensive files, the new file will serve the medium-term needs of policymakers regarding the Medicare home health benefit. In addition, the file will meet the internal needs of CMS and the Department in the areas of payment refinements, quality improvement, and program integrity.

The contractor is also tasked with providing analytical programming support using the products of the contract. This project is a continuation of a data development effort originally begun in 2000 by CMS; it is currently funded primarily by the Office of the Assistant Secretary for Planning and Evaluation under Interagency Agreement Number IA-02-132.

Status: Under the direction of CMS, the contractor conducted data analyses to refine specifications for the analytic files. In January 2003 the contractor delivered a 100% file of home health PPS payment episodes through June 2002 with detailed edited and derived variables summarizing utilization and payment information internal to the claim. Additional variables summarize information from external sources, including inpatient claims files, enrollment data, Area Resource File data, and Provider of Service File variables. The episodes are uniquely linked to several ancillary files containing details on related inpatient stays, OASIS and other patient assessments, and other information. The deliverables are being used in several intramural and extramural studies. An update of the file with additions and enhancements was delivered in early 2004. Specifications for adding Medicare Part B data and OASIS outcomes data are near completion. ■

Investigation of Increasing Rates of Hospitalization for Ambulatory Care Sensitive Conditions among Medicare Beneficiaries

Project No: 500-00-0024/09
Project Officer: Mary Kapp
Period: September, 2002 to March, 2004
Funding: \$172,671
Principal Investigator: Nancy McCall
Award: Task Order
Awardee: Research Triangle Institute (NC)
 3040 Cornwallis Road
 PO Box 12194
 Research Triangle Park, NC
 27709-2194

Description: The purpose of this project is to examine trends in the rates of inpatient hospital care of the elderly for ambulatory care sensitive conditions (ACSC) or “avoidable hospitalizations.” This project uses existing Medicare data to examine the nature of the increases in ACSC hospitalizations, identify the subpopulations most affected and explore more fully the reasons for these trends, with particular emphasis on policy issues that offer promise to reverse the trends. CMS data also

provide sufficient sample size to permit investigation of supply factors, access issues, and geographic patterns.

Status: This project is ongoing and runs through March 2004. A final report will be available in the summer of 2004. ■

HCFA On-Line: Market Research for Beneficiaries—I

Project No: 500-95-0057/02
Project Officer: Julie Franklin
Period: April, 1996 to December, 2003
Funding: \$6,344,124
Principal Investigator: Kenneth Cahill
Award: Task Order
Awardee: BearingPoint
 1676 International Drive
 McLean, VA 22102-4828

Description: CMS implemented a market research program to provide ongoing assessment of the information needs of our beneficiaries. It examined what information beneficiaries want and need and, how such information can best be communicated to them. The Agency placed special emphasis on understanding the requirements of subgroups who may have special communication needs (e.g., vision-impaired or non-English-speaking beneficiaries). The project consisted of multiple phases, including conducting inventories of existing information on communication strategies relevant for beneficiaries, conducting focus groups to explore the information needs of beneficiaries, and collecting and analyzing survey data on information needs in beneficiary populations. This research will be used to help guide the development of CMS’s communication strategy.

Status: A large series of focus groups have been conducted with the general population of Medicare beneficiaries including a number with special groups. An inventory of groups that work with beneficiaries is complete and includes information from approximately 170 organizations. Examples of such groups are advocacy organizations, social service providers, health care providers, government agencies, and Medicare carrier and other insurance organizations. In addition, a special supplement to the Medicare Current Beneficiary Survey was used to collect information on the information needs and preferences of beneficiaries. ■

HCFA On-Line: Market Research for Beneficiaries-II

Project No: 500-95-0057/07
Project Officer: Julie Franklin
Period: September, 1999 to December, 2004
Funding: \$14,367,373
Principal Investigator: Kenneth Cahill
Award: Task Order
Awardee: BearingPoint
 1676 International Drive
 McLean, VA 22102-4828

Description: This project serves as a vehicle to conduct a variety of social marketing research with Medicare beneficiaries. The project is committed to carrying out targeted projects that document consumer reality through consumer research. Topics of the research are generally focused around communicating program benefits, appeal rights, health plan and provider choices, and treatment options to people with Medicare. Specific work has been done on existing Medicare publications, regulations, policies, developing message strategies and communication plans, monitoring desired behaviors,

Status: This is an extension of the work begun under contract number 500-95-0057/02. This contract continues to conduct social marketing research on specifically identified initiatives that involve communication with Medicare beneficiaries. ■

Performance Assessment of Web Sites

Project No: 500-95-0057/05
Project Officer: Barbara Crawley
Period: August, 1998 to April, 2003
Funding: \$1,317,513
Principal Investigator: Joy Frechtling
Award: Task Order
Awardee: BearingPoint
 1676 International Drive
 McLean, VA 22102-4828

Description: This project is: (1) evaluating; (2) setting up an ongoing system for feedback from consumers; and (3) making recommendations for future changes to the consumer-oriented Web site, www.medicare.gov. The Web site was established by the Centers for Medicare & Medicaid Services to service Medicare beneficiaries and their caregivers. Other potential users of the site include researchers and advocacy groups.

Status: Several of the strategies used to assess the Web site have ended. While the bounce-back form on the Web site has been temporarily removed, data from the bounce-back survey and the other assessment strategies, including focus groups and expert reviews, are being compiled. Work is continuing to improve and update the Web site using the data gathered from the multifaceted assessment. ■

Beneficiary Knowledge: Questionnaire Item Development and Cognitive Testing Using Item Response Theory

Project No: 500-00-0024/02a
Project Officer: Noemi Rudolph
Period: May, 2001 to August, 2005
Funding: \$336,325
Principal Investigator: Lauren McCormack
Award: Task Order
Awardee: Research Triangle Institute (NC)
 3040 Cornwallis Road
 PO Box 12194
 Research Triangle Park, NC
 27709-2194

Description: This project will evaluate the effectiveness of the National Medicare Education Program (NMEP), CMS's primary information and education program. The evaluation focuses on the objectives of the NMEP to: (1) provide beneficiaries' access to information, (2) raise beneficiary awareness that information is available, (3) heighten awareness of some basic Medicare+Choice messages, and (4) communicate information useful for making informed health services decisions. A substantial pool of Medicare beneficiary knowledge questions and tests cognitive reliability and validity of the items, assuring a consistent Medicare knowledge index over time. The content categories cover both core knowledge areas that generally remain consistent from year to year, as well as supplemental topics that may change more frequently. Content categories may include: (1) awareness of Medicare options, (2) access to traditional Medicare, (3) cost implications of insurance choices, (4) coverage/benefits, (5) plan rules/restrictions, (6) availability of information, and (7) beneficiary rights. Medicare beneficiary knowledge data collected through the Medicare Current Beneficiary Survey (MCBS) will constitute the starting pool of questionnaire items. Item Response Theory (IRT) methodology is used to evaluate measures of knowledge and validate items in the MCBS knowledge index.

Status: The knowledge questions were fielded in the Medicare Current Beneficiary Survey in spring 2003. The report is expected in summer 2004. The symposium is expected to take place in fall 2004. ■

Assessment of Medicare & You Education Program

Project No: 500-00-0037/03
Project Officer: Lori Teichman
Period: September, 2001 to December, 2005
Funding: \$6,751,736
Principal Investigator: Keith Cherry
Award: Task Order
Awardee: BearingPoint
 1676 International Drive
 McLean, VA 22102-4828

Description: This project assesses how well CMS is communicating with Medicare beneficiaries, caregivers, and partners. As part of the National Medicare Education Program (NMEP), CMS provides information to beneficiaries about the Medicare program and their Medicare+Choice options. The NMEP employs numerous communication vehicles to educate beneficiaries and help them make more informed decisions concerning: Medicare program benefits; health plan choices; supplemental health insurance; rights, responsibilities, and protections; and health behaviors. The goal of NMEP is to ensure that beneficiaries receive accurate, reliable information; have the ability to access information when they need it; understand the information needed to make informed choices; and perceive the NMEP (and the Federal Government and its private sector partners) as trusted and credible sources of information.

Status: Work began in September 2001. The following subtasks are completed: The Medicare & You Regional Survey, REACH Partnership Report, The *Medicare & You Handbook* 2002 Postcard Feedback Report, REACH Audience Feedback Forms Report (2002 and 2003), the REACH Needs/Gaps Assessment Report, and the REACH Return on Investment Reports (2002 and 2003). Work is continuing on the following: The Medicare New Enrollee Survey, 1-800-MEDICARE Mystery Shopping, SHIP's Mystery Shopping, Nursing Home Quality Improvement Initiative, REACH Case Studies, and NMEP Case Studies. Work is starting on the Medicare-Approved Prescription Discount Drug Card Program Assessments: (1) Review of Informational Materials and (2) Mystery Shopping to Approved Sponsors. ■

Evaluation of the Dialysis Facility Compare Web Site

Project No: 500-00-0024/07
Project Officer: Eileen Zerhusen
Period: September, 2002 to November, 2004
Funding: \$524,141
Principal Investigator: Michael Trisolini
Award: Task Order
Awardee: Research Triangle Institute (NC)
 3040 Cornwallis Road
 PO Box 12194
 Research Triangle Park, NC
 27709-2194

Description: This project will evaluate the usefulness of the quality and descriptive information on the Dialysis Facility Compare (DFC) Web site for patients with End Stage Renal Disease (ESRD), families of patients with ESRD, ESRD professionals, members of the ESRD industry, and other stakeholders.

Status: The contract has been extended to November 30, 2004, to allow for stakeholders' input and development and testing of new information to be placed on the DFC Web site. ■

Public Reporting and Provider and Health Plan Quality of Care

Project No: 500-00-0024/14
Project Officer: David Miranda
Period: September, 2003 to March, 2005
Funding: \$845,000
Principal Investigator: Shulamit Bernard
Award: Task Order
Awardee: Research Triangle Institute (NC)
 3040 Cornwallis Road
 PO Box 12194
 Research Triangle Park, NC
 27709-2194

Description: The Balanced Budget Act of 1997 mandated that CMS provide beneficiaries with information to make better health plan choices, including information about the quality of care provided by health plans (see www.medicare.gov/mphCompare/home.asp and Volume 23, Number 1 [www.cms.hhs.gov/review/01fall/default.asp] and Volume 22, Number 3 [www.cms.hhs.gov/review/01spring/default.asp] of *Health Care Financing Review*). Since that time, CMS has expanded these efforts in at least three areas. We have begun looking at the particular needs of vulnerable populations for information about quality of care and to help them

make choices. We have also expanded the scope of quality of care information to include information about providers such as dialysis facilities, nursing homes, home health agencies, and hospitals (see www.medicare.gov/NHCompare/home.asp, www.cms.hhs.gov/researchers/projects/APR/09-theme7.pdf, Volume 23, number 4, of *Health Care Financing Review* [www.cms.hhs.gov/review/02summer/default.asp], and, for hospital information, www.dfmc.org/html/hiw/). Finally we have also expanded in the area of supporting infrastructure for informed choice (see www.cms.hhs.gov/researchers/projects.asp). That is, CMS has launched the 1-800-Medicare call center and the Medicare Personal Plan Finder (see www.medicare.gov/MPPF/home.asp) in addition to supporting the role of State Health Insurance Assistance Programs in counseling beneficiaries about health plan choices. Similarly, the Quality Improvement Organizations have begun addressing the roles that discharge planners and others, such as physicians, nurses, and social workers, play in supporting the decisions patients and their caregivers make about providers. Physicians are a particularly interesting group in that they are not only information.

Status: Research on physicians as information intermediaries is actively under way. ■

Implementation of NMEP Evaluation Studies/Surveys

Project No: 500-01-0020/03
Project Officer: Suzanne Rotwein
Period: September, 2003 to September, 2005
Funding: \$586,879
Principal Investigator: W. Sherman Edwards
Award: Task Order
Awardee: Westat Corporation
 1650 Research Boulevard
 Rockville, MD 20850

Description: The purpose of these surveys is to continue the assessment of the National Medicare Education Program (NMEP). The surveys contain core questions asked of people with Medicare since the beginning of the assessment in 1998 and ask additional questions intended to obtain quick feedback about CMS's educational activities and gather needed information about new initiatives within CMS. This latest survey will be a national telephone survey of randomly selected people with Medicare. The instrument contains questions related to (1) satisfaction with Medicare communication channels: the Medicare Web site, the 1-800-Medicare toll free line, and the *Medicare & You Handbook*, (2) knowledge of general Medicare benefits and program characteristics, and where to look for Medicare information, and (3) knowledge of new Medicare

initiatives such as Medicare Reform, the Medicare Prescription Drug Benefit, quality initiatives in hospitals, nursing homes and home health care, customer service, and choice and options in Medicare health care plans.

Status: Data collection and study design activities are in progress. ■

Patterns of Injury in Medicare and Medicaid Beneficiaries

Project No: 500-95-0060/04
Project Officer: M. Beth Benedict
Period: September, 2000 to December, 2004
Funding: \$715,991
Principal Investigator: Deborah Garnick
Award: Task Order
Awardee: Brandeis University
 Heller Graduate School
 Institute for Health Policy
 415 South Street
 PO Box 9110
 Waltham, MA 02254-9110

Description: This project is a descriptive study of the impact of injuries, including an analysis of specific types of injuries, on Medicare and Medicaid populations. The study will examine the impact of injuries (unintentional and intentional) on health care costs, income, productivity, mortality and morbidity, especially among persons in vulnerable populations.

Status: An overview of injuries among elderly Medicare beneficiaries has been completed. Also completed are tables that describe the number and costs of injuries to Medicare elderly beneficiaries in total and broken down by age, gender, race/ethnicity, urban/rural status, region, long-term care status, and type of service. ■

Disabled and Special Needs Populations: Examining Enrollment, Utilization, and Expenditures

Project No: 500-00-0047/01
Project Officers: James Hawthorne and Pauline Karikari-Martin
Period: September, 2000 to September, 2003
Funding: \$1,024,697
Principal Investigator: Carol Irvin
Award: Task Order
Awardee: Mathematica Policy Research,
 (Princeton)
 600 Alexander Park
 PO Box 2393
 Princeton, NJ 08543-2393

Description: The purpose of this project is to create a linked database that combines information from the Social Security Administration's (SSA) administrative data with CMS's Medicaid and Medicare data. It complements and builds upon activities related to these special needs populations by other components of the Department of Health and Human Services. One group of studies will link Medicaid and SSA data in order to examine enrollment dynamics between Medicaid and the Supplemental Security Income and the Social Security Disability Insurance Programs and to determine whether interprogram enrollment dynamics vary by characteristics of enrollees—such as work status, disabling condition, severity of condition, state of residence, race/ethnicity, or age group. Using the same data, another study will help CMS develop a more complete understanding of children with special health care needs enrolled in the Medicaid program. Specifically the study will develop estimates of the number of children with special health care needs enrolled in Medicaid, as this population is defined by the Balanced Budget Act of 1997 interim rule, their demographic characteristics, and utilization and expenditure patterns. A final study will link SSA disability data, Medicare, and Medicaid data for a sample of Medicare beneficiaries with behavioral health problems. The purpose of this study is to develop a much more complete understanding of utilization and expenditures for Medicare beneficiaries with behavioral health disorders.

Status: The project has obtained permission from SSA to access the necessary data, and data extraction is scheduled to begin in March 2004. ■

Evaluation of the Home and Community-Based Waiver Program

Project No: 500-96-0005/03
Project Officer: Susan Radke
Period: September, 1998 to September, 2005
Funding: \$3,387,017
Principal Investigator: Lisa Maria Alecxih
Award: Task Order
Awardee: Lewin Group
 3130 Fairview Park Drive, Suite 800
 Falls Church, VA 22042

Description: The purpose of this project is to design and implement a study of the impact of Medicaid home and community-based service (HCBS) programs on quality of life, quality of care, utilization, and cost. The scope of the study includes both Medicaid home and community-based service waiver programs as well as other Medicaid-funded long-term care services. The research project will study the Medicaid financing and delivery of services to older and younger people with disabilities (A/D) in

six States, and the Medicaid financing and delivery of services for individuals with mental retardation and developmental disabilities (MR/DD) in six other States. The goal of this research is to assist Federal and State policymakers in gaining further knowledge about: (1) how Medicaid HCBS program funds are currently used; (2) how policies affect costs, access to care, and quality of services; and (3) key program design features that are helpful to achieving cost-effective use of program services.

Status: The 12 State site visits in phase one of the study were completed. The reports were published and are located on the CMS and HCBS Web sites. Phase two is currently in progress. The Office of Management and Budget (OMB) approved the Aged and Disabled HCBS recipient survey, which is currently being fielded in six of the Aged and Disabled States. The scope of work for this evaluation was amended on the MR/DD component of the study to utilize existing data from the National Core Indicators Project. The Lewin Group, Inc and its subcontractors will begin collecting the data in early 2004. ■

Evaluation of QMB and SLMB Programs

Project No: 500-95-0058/08
Project Officer: Noemi Rudolph
Period: September, 1999 to September, 2003
Funding: \$1,549,538
Principal Investigator: Janet Mitchell and Susan Haber
Award: Task Order
Awardee: Research Triangle Institute
 411 Waverly Oaks Road, Suite 330
 Waltham, MA 02452-8414

Description: This project is designed to evaluate quantitatively and qualitatively the Qualified Medicare Beneficiary (QMB) and the Specified Low-Income Medicare Beneficiary (SLMB) programs in the following areas: (1) the motivations and perceptions of enrollees and nonenrollees, (2) reasons for State variation in enrollment patterns, (3) the impact of enrollment on Medicare and Medicaid costs and service use, (4) the impact of enrollment on out-of-pocket costs of eligible individuals, (5) the impact of State programs under the Building Partnerships for Innovative Outreach and Enrollment and Outreach of Dual Eligibles grants, and (6) the effect on access to care for QMBs due to limitation on State payments for Medicare cost-sharing. The analyses will draw on a beneficiary survey, focus groups of beneficiaries and social service professionals, a survey of State Medicaid agencies, case-study interviews, the Medicare Current Beneficiary Survey, Medicare claims and eligibility data, and the Third-Party Buy-in file.

Status: The project ended on September 30, 2003. Final reports for the overall evaluation, case-study evaluation of the State programs, and study of the limitation on State payment for Medicare cost-sharing are available on the CMS Web site or by contacting the project officer. Major findings include:

- Lack of awareness, not motivation, is the main reason eligible beneficiaries do not enroll and personal assistance is key to successfully educating and enrolling beneficiaries into the Medicare Savings Programs.
- Enrollment in the QMB/SLMB Programs increases utilization of medical care services for low-income Medicare beneficiaries. The benefit is greatest for those entitled to full Medicaid benefits.
- Although the QMB/SLMB Programs provide substantial protection from out-of-pocket costs, most enrollees continue to incur some out-of-pocket costs, particularly SLMBs.
- Reductions in the percent of Medicare cost sharing paid by Medicaid decreased the probability that a dually eligible beneficiary will have an outpatient physician visit and decreased the likelihood that a dual eligible would receive any outpatient mental health treatment.

However, the impacts are relatively small and their effect on health outcomes is unknown. ■

Evaluation of the State Child Health Insurance Program

Project No: 500-96-0016/03
Project Officer: Susan Radke
Period: July, 1999 to July, 2004
Funding: \$4,256,094
Principal Investigator: Margo Rosenbach
Award: Task Order
Awardee: Mathematica Policy Research (DC)
 600 Maryland Avenue, SW
 Suite 550
 Washington, DC 20024-2512

Description: This project evaluates the State Children's Health Insurance Program (SCHIP). It examines and tracks the impact of SCHIP in reducing the numbers of low-income uninsured children. States are required to report and assess the operation of their children's health insurance programs. This project involves a summary and analysis of the State evaluations and an analysis of external SCHIP-related activities (meta-analysis). It

will also analyze the effect of SCHIP on enrollment expenditures and use of services in Medicaid and State health programs, and evaluate stand-alone and Medicaid expansion programs, including the effectiveness of their outreach activities and the quality of care.

Status: Evaluation is in its fourth year. The SCHIP Report to Congress was submitted. Current work involves case studies of eight States as well as continuing monitoring and evaluating the effect of SCHIP in 50 States, the Territories, and the District of Columbia. MPR is continuing to track the progress of the SCHIP program as it continues to grow and mature. MPR continues to complete the Synthesis of State evaluations and annual reports, evaluation of the effect of SCHIP on uninsured rates, collection and review of external studies, and tracking of SCHIP enrollment. New tasks include a quantitative study of outreach in selected States, and a quantitative study regarding an analysis of access and utilization. ■

Study of the Impact of Boren Amendment Repeal on Nursing Facility Services for Medicaid Eligibles

Project No: 500-95-0060/03
Project Officer: Paul Boben
Period: September, 2000 to December, 2003
Funding: \$451,129
Principal Investigator: Christine Bishop
Award: Task Order
Awardee: Brandeis University, Heller Graduate School, Institute for Health Policy
 415 South Street
 PO Box 9110
 Waltham, MA 02254-9110

Description: The purpose of this project is to study the impact of the repeal of the Boren Amendment on Medicaid beneficiaries' access to care in hospitals, nursing facilities (NF), and intermediate care facilities for the mentally retarded (ICF/MR) and the quality of care available to them at those facilities. The study will examine rate setting methodologies to learn whether States have changed their methods of payment since the repeal of the Boren Amendment and whether these changes have affected access to care or quality of care received by Medicaid beneficiaries. The results will form the basis for a Report to Congress, as mandated by Section 4711(b) of the Balanced Budget Act of 1977.

Status: In spring 2003, all three subject reports (hospitals, NF, and ICF/MR) were complete in draft

form. The contract has been extended to December 31, 2003 to ensure that the contractor will be available to address comments from reviewers. Delivery of the report to Congress is possible in early 2004. ■

Medicaid Statistical Information System (MSIS) Expansion and Data Quality Support

Project No: 500-00-0047/04
Project Officer: Ronald North
Period: September, 2003 to September, 2004
Funding: \$247,343
Principal Investigator: Suzanne Dodds
Award: Task Order
Awardee: Mathematica Policy Research (Cambridge)
 50 Church Street
 Cambridge, MA 02138-3726

Description: The contractor will provide technical support to States during the Medicaid Statistical Information System (MSIS) implementation period to proactively encourage good State understanding of the MSIS. The contractor will use validation tools developed under a previous contract to analyze the quality of the data after they are received at CMS. The contractor will also support the analysis of Medicaid data and work directly with States to isolate root causes of quality problems and identify possible solutions. The contractor will also work with the States to support State application and implementation.

Status: Mathematica continues to perform technical support for the quality of State-submitted MSIS data by performing validation reviews of these data using programs developed under previous tasks and refined in recent tasks, working with States to improve the ongoing quality of their data submissions, addressing coding issues associated with encounter data as well as fee-for-service data, and facilitating revised coding that may result from recently implemented Health Insurance Portability and Accountability Act implementation.

Task Order 4 of this contract is forward-funded and, effective fiscal year 2004 (October 2003), a sole source contract with a base plus 4 option years has been awarded. ■

Collection and Analysis of Information and Analysis of State and Federal Policies Concerning the Use of Annuities To Shelter Assets in State Medicaid Programs

Project No: 500-00-0053/02
Project Officer: Roy Trudel
Period: September, 2003 to September, 2004
Funding: \$317,984
Principal Investigator: Robert Levy
Award: Task Order
Awardee: C.N.A. Corporation
 4401 Ford Avenue
 PO Box 16268
 Alexandria, VA 22302-8268

Description: The purpose of this contract is to provide funding for a project that will:

- Identify and document instances of the use of annuities as a means to shelter assets for Medicaid eligibility and provide increased income and assets to community spouses of institutionalized individuals in State Medicaid Programs
- Estimate the frequency and costs to the Federal and State Governments of the use of annuities in making people eligible for the Medicaid Program
- Assist in the development of Federal policy options related to the use of annuities that will support State attempts to preserve the financial viability of their Medicaid Programs

Status: Work on the project is proceeding on schedule. To date the contractor is meeting all assigned tasks. We are receiving regular monthly status reports as well as reports on meeting and interviews with data sources. ■

Theme 2: Strengthening Medicaid, State Children's Health Insurance Program (SCHIP), and State Programs

Summary: The Medicaid population is predominately children and their families. However, the elderly and individuals with disabilities, who make up slightly less than one-third of the Medicaid population, account for more than two-thirds of program expenditures. Beneficiaries eligible for both Medicare and Medicaid constitute one of the most vulnerable populations in either program. They include a disproportionate share of the frail elderly and nonelderly individuals with severe mental and physical disabilities. CMS is working to improve the Medicaid programs by promoting flexibility. Demonstration waiver authority offers States opportunities for additional flexibility. More than half of the States are operating demonstration projects; several are testing innovative approaches to health care delivery, and others are using the demonstration projects to expand eligibility to cover the uninsured and childless adults.

Arizona Health Care Cost Containment System

Project No: 11-WV-00032/09
Project Officer: Joan Peterson
Period: October, 1982 to September, 2006
Funding: \$0
Principal Investigator: Anthony Rodgers
Award: Waiver-Only Project
Awardee: Arizona Health Care Cost Containment System
 801 East Jefferson
 Phoenix, AZ 85034

Description: The Arizona Health Care Cost Containment System 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 30, 2006. On January 18, 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 had added almost 125,000 enrollees through October 1, 2003. In addition, Arizona received approval of an amendment under the Health Insurance Flexibility and Accountability 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 children with income between 100 percent and 200 percent FPL. Approximately 910,000 persons are currently enrolled in the program.

Status: The demonstration is approved through September 30, 2006. Approximately 910,000 persons are currently enrolled in the program. ■

Arkansas 1115

Project No: 11-WV-00116/06
Project Officer: Marguerite Schervish
Period: October, 1998 to November, 2006
Funding: \$0
Principal Investigator: Deborah Ellis
Award: Waiver-Only Project
Awardee: Arkansas Department of Human Services
 329 Donaghey Plaza South
 PO Box 1437
 Little Rock, AR 72203

Description: The National Cash and Counseling Demonstration is an innovative model of consumer-direction in the planning, selection, and management of community-based personal care and related health services. Consumers have a monthly cash allowance they use to purchase the assistance they require to perform activities of daily living. The Cash and Counseling Demonstration and Evaluation is occurring in three States—Arkansas, Florida, and New Jersey—under the section 1115 demonstration authority of the Social Security Act. Under the initial design of the program, participants are assigned to a treatment group or a control group. Beneficiaries selected for the treatment group received cash allowances, which they used to select and purchase the personal assistance services (PAS) that met 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 received 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, which funded the development of these projects; the Office of the Assistant Secretary for Planning and Evaluation within the Department of Health and Human Services,

which is funding the evaluation; the National Program Office at Boston College, which is performing various coordinating functions; the University of Maryland's Center on Aging, which is conducting ethnographic studies; and the National Council on Aging, which has served in an advisory capacity. An evaluation contract has been awarded to Mathematica Policy Research, Inc. It is assessing differential outcomes with respect to cost, quality, and client satisfaction between traditional PAS services and alternative choice modalities.

Status: CMS approved the Arkansas Independent Choices demonstration on October 9, 1998, and implementation began December 1, 1998. Enrollment and random assignment began in December 1998 and continued until the evaluation target of 2,000 enrollees in April 2001 was met. CMS approved an amendment to the program on October 2, 2002. The amendment allowed Arkansas to end randomization and to extend the program for 3 years. The program is scheduled to expire on November 30, 2006. Participants in the control group have been given the opportunity to enroll in the treatment group. Current participation is about 930. ■

Arkansas TEFRA-like Demonstration

Project No: 11-WV-00163/06
Project Officer: Melissa Harris
Period: January, 2003 to December, 2007
Funding: \$0
Principal Investigator: Carolyn Patrick
Award: 1115 Demonstration
Awardee: Arkansas Department of Human Services
 329 Donaghey Plaza South
 PO Box 1437
 Little Rock, AR 72203

Description: Demonstration removed the optional TEFRA group from the State Medicaid Plan and placed them into this 1115. The same services are provided, with a premium implemented based on a sliding scale dependent upon parental income. Federal funds will provide match for demonstration-related expenditures, subject to a budget neutrality ceiling.

Status: Demonstration is continuing operations. State is submitting quarterly progress reports. CMS is providing technical assistance as needed. ■

ARKids B

Project No: 11-WV-00115/06
Project Officer: Joan Peterson
Period: September, 1997 to September, 2005
Funding: \$0
Principal Investigator: Roy Jeffus
Award: Waiver-Only Project
Awardee: Arkansas Department of Human Services
 329 Donaghey Plaza South
 PO Box 1437
 Little Rock, AR 72203

Description: The ARKids B demonstration expands eligibility to currently uninsured children through age 18 with family income at or below 200 percent of the Federal poverty level (FPL). 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' pre-existing § 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 § 1915(b) program.

Status: As of December 2003, there were more than 60,000 enrollees. ■

Medicaid Demonstration Project for Los Angeles County

Project No: 11-WV-00076/09
Project Officer: Cheryl Tarver-Eaton
Period: July, 1995 to June, 2005
Funding: \$0
Principal Investigator: Bridgitte Baul
Award: Waiver-Only Project
Awardee: California Department of Health Services
 1501 Capitol Avenue, Suite 71.6086
 MS 4000, PO Box 942732
 Sacramento, CA 94234-7320

Description: The original 5-year demonstration was approved in April 1996 for the period July 1, 1995, through June 30, 2000. The demonstration made Federal funds available to the county in order to stabilize its public health system and assist the process of restructuring the county health care delivery system to rely more on primary and outpatient care. The State submitted a 5-year extension proposal to CMS in October of 1999, indicating that the county needed more time to

complete its restructuring efforts. On January 17, 2001, CMS approved a 5-year extension to the demonstration for the period July 1, 2000, through June 30, 2005. The extension is designed to provide \$900 million in Federal financial support to the county in order to allow it to continue its restructuring efforts, provide health services to its indigent population, and provide enhanced clinic reimbursement to clinics participating in the demonstration. In addition, the extension will hold the State accountable for making important changes to eligibility and enrollment policies and procedures and providing training for workers to meet the demands of the restructured system.

On May 2, 2003, the State submitted an amendment to the demonstration to allow for flexible disproportionate share hospital (DSH) payments. Under this proposal, the county would retain its share of DSH payments at its State fiscal year 2001–02 level and would be given the flexibility to use these funds in support of county efforts to sustain the ambulatory care system while it restructures its health care system. The redirected DSH funding would also be used to provide enhanced continuity of care and disease management for those with chronic illness and to establish information systems for computerized clinical data. The amendment would expire on June 30, 2005, marking the end of the 5-year extension period.

Status: CMS received notice from the State of California on March 27, 2004 indicating that the State no longer wishes to pursue the DSH Flexibility proposed amendment submitted to CMS on May 2, 2003. ■

Oakland Enhanced Enterprise Community (EEC), Community Building Team (CBT) Program

Project No: 11-W-00072/09
Project Officer: Alisa Adamo
Period: February, 1996 to February, 2006
Funding: \$0
Principal Investigator: Eloise Anderson
Award: Waiver-Only Project
Awardee: California Department of Health Services
 1501 Capitol Avenue, Suite 71.6086
 MS 4000, PO Box 942732
 Sacramento, CA 94234-7320

Description: The CBT Program is the core of Oakland EEC's empowerment efforts, and the project required various waivers from Administration for Children and Families (ACF) and CMS. The waivers from CMS disregard the project payments to Aid to Families with Dependent Children and Medi-Cal recipients when establishing eligibility or computing grant levels.

Status: States were permitted 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 plan to the ACF. Unless otherwise indicated, States have elected to retain the waivers and expenditures authorities granted by CMS as part of the welfare reform. ■

Model Waiver Evaluation—HIFA

Project No: 500-00-0045/02
Project Officer: Joan Peterson
Period: October 2003 to September, 2008
Funding: \$321,690
Principal Investigator: Terri Coughlin
Award: Task Order
Awardee: Urban Institute
 2100 M Street, NW
 Washington, DC 20037

Description: The focus of this task order is to address a series of policy questions related to the impacts of the Health Insurance Flexibility and Accountability (HIFA) Initiative and the inter-relationship among HIFA, Medicaid, SCHIP, and employer-sponsored insurance (ESI) for current eligibles and for uninsured individuals.

On August 14, 2001, the President announced the HIFA initiative to States. HIFA is an initiative that is designed to encourage new comprehensive State approaches using section 1115 demonstration authority that will increase the number of individuals with health insurance coverage within current-level Medicaid and SCHIP resources. There is an emphasis on broad statewide approaches that maximize private health insurance coverage options and target Medicaid and SCHIP resources to populations with incomes below 200 percent of the FPL.

When HIFA was proposed and implemented in August 2001, CMS envisioned a program that would provide States with the requisite flexibility and guidance to increase health care coverage in the State. States are required to track systematically the impact of their HIFA demonstration on the uninsured rate for individuals with incomes under 200 percent of the FPL.

The overall goals of the HIFA demonstration initiative are to:

- Encourage innovation to improve how Medicaid and SCHIP funds are used to increase health insurance coverage for low-income individuals.
- Give States the programmatic flexibility required to support approaches that increase private health insurance coverage options.
- Simplify the waiver application process by providing clear guidance and data templates.

- Increase accountability in the State and Federal partnership by ensuring that Medicaid and SCHIP funds are effectively used to increase health insurance coverage, including substantially more private health insurance coverage options.
- Give priority review to State proposals that meet the documented general guidelines of the HIFA demonstration project.

Status: Three areas have been proposed for study: the impacts on current enrollees of increased cost sharing and/or reduced benefits under HIFA, the impacts of eligibility expansions on new enrollees, and a study of employers and public-private health insurance initiatives. CMS and the contractor are working together to identify priorities and corresponding States for study. The evaluation will involve a new CMS-sponsored survey, State administrative data, and existing survey data. ■

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

Project No: 500-00-0045/01
Project Officer: Joan Peterson
Period: September, 2002 to September, 2003
Funding: \$353,667
Principal Investigator: Terri Coughlin
Award: Task Order
Awardee: Urban Institute
 2100 M Street, NW
 Washington, DC 20037

Description: This evaluation will study the impact 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 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 Web site at www.cms.hhs.gov/medicaid/hifa/default.htm. ■

Evaluation of the Ohio Behavioral Health Program

Project No: 500-95-0048/05
Project Officer: Paul Boben
Period: March, 1997 to March, 2004
Funding: \$579,216
Principal Investigators: Robert Schlenker and Janet Mitchell
Award: Task Order
Awardee: Research Triangle Institute
 411 Waverly Oaks Road, Suite 330
 Waltham, MA 02452-8414

Description: This evaluation was originally designed to assess the effect of Ohio's Specialty Managed Care for Behavioral Health Services Program on the delivery of behavioral health services. After the State elected not to implement the original behavioral health services program, the focus of the project was changed to a study of the entry and exit of capitated managed care plans in Ohio's Medicaid managed care program.

Status: In May 2002, CMS received a report from the contractor, entitled "Who Exits Managed Care Markets—Does Plan Quality Matter?" The report gives results from the contractor's analysis of Medicaid managed care plan entry and exit in Ohio. They found that plans with lower quality scores, as measured by the Ohio Consumer Assessment of Health Plans (CAHPS) Survey, were more likely to exit the Medicaid market than were the higher quality plans. In 2004, the contractor will expand upon this work by comparing Ohio Medicaid managed care to other plans (commercial, Medicaid plans in other States), using the National CAHPS Benchmarking Database. ■

Maine 1115 HIV/AIDS

Project No: 11-W-00128/01
Project Officers: Linda Abbott and Jean Close
Period: July, 2002 to June, 2007
Funding: \$0
Principal Investigators: Jude Walsh and Laureen Biczak
Award: Waiver-Only Project
Awardee: Maine Department of Human Services
 Bureau of Medical Services
 11 State House Station
 Augusta, ME 04333-0011

Description: This is a section 1115 demonstration that provides a limited set of Medicaid benefits to individuals with HIV/AIDS who would not otherwise be eligible for Medicaid. The demonstration expands access to those without health insurance, allows individuals to become eligible for treatment through the demonstration without having to spend down, and allows individuals to be involved in gainful activity. This expansion population

includes individuals with HIV/AIDS with a gross family income up to 300 percent of the Federal poverty level (FPL). However, the State revised the eligibility criteria to include in the demonstration individuals who are HIV positive and whose family income is at or below 250 percent of the FPL. The demonstration provides more effective, early treatment of HIV disease by making available a limited but comprehensive package of services, including anti-retroviral therapies. The State believes that early treatment and case management services provided to individuals with HIV/AIDS reduces expensive hospitalizations and improves the quality of life for individuals who are able to enroll in the demonstration. Persons enrolled in the demonstration are responsible for payment of monthly premiums and service co-payments. If necessary, the State will limit the number of individuals who enroll in the demonstration, and will adopt a waiting list function. Individuals who, through the course of the demonstration, become eligible for non-demonstration Medicaid will be enrolled in the non-demonstration Medicaid program.

Status: Maine's 1115 HIV/AIDS demonstration program was approved on February 24, 2000. The demonstration was implemented on July 1, 2002. On August 16, 2002, Maine submitted an amendment to allow providers to refuse service delivery to uninsured persons in the demonstration who do not pay the co-payment. CMS approved the amendment request on January 17, 2003. Current enrollment is roughly 122. ■

Minnesota Prepaid Medical Assistance Project Assistance Plus (PMAP+)

Project No: 11-W-00039/05
Project Officer: Joseph Millstone
Period: July, 1995 to June, 2005
Funding: \$0
Principal Investigator: Mary Kennedy
Award: Waiver-Only Project
Awardee: Minnesota Department of Human Services
 Human Services Building
 444 Lafayette Road
 St. Paul, MN 55155-3849

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 that 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 South Country Health Alliance encompassing nine rural Minnesota counties, and in July 2003 an additional 10 counties were approved through the Prime West county-based purchasing project.

Status: Currently, there are approximately 340,000 enrollees in PMAP+ managed care organizations. In addition, the State's eligibility expansion has made approximately 90,000 MinnesotaCare children, caretaker adults, and pregnant women Medicaid eligible. Some parents and caretaker adults are now covered under the State Children's Health Insurance Program (SCHIP) and receive their care through the MinnesotaCare delivery system. Minnesota now operates Medicaid managed care in 82 of its 87 counties. On December 20, 2001, Minnesota was granted an extension of its demonstration from June 30, 2002 to June 30, 2005. ■

Missouri Managed Care Plus (MC+)

Project No: 11-W-00122/07
Project Officer: Maria Sotirelis
Period: April, 1998 to March, 2007
Funding: \$0
Principal Investigator: Pamela Parker
Award: Waiver-Only Project
Awardee: Missouri Department of Social Services, Division of Medical Assistance
 PO Box 1527
 Jefferson City, MO 65102-1527

Description: The project extends Medicaid eligibility through a managed care delivery system to children, certain working parents transitioning off welfare, and certain noncustodial parents.

Status: The demonstration is not implemented for the following eligibility groups:

1. Noncustodial parents participating in Missouri's Parents' Fair Share program with incomes up to 100 percent of the Federal poverty level (FPL).
2. Noncustodial parents with incomes up to 125 percent of the FPL who are actively paying their legally obligated amount of child support for a maximum of 2 years.

The following eligibility groups are enrolled but with limitations:

1. Uninsured women who would otherwise lose Medicaid eligibility at the end of the 60-day postpartum period, regardless of income, for up to 2 years are now only eligible for family planning services for a period of up to 1 year.
2. Working parents who are transitioning off TANF and have a Medicaid-eligible child in the home were initially eligible with incomes up to 300 percent FPL for a maximum of 2 years. The group is only implemented up to 100 percent FPL.
3. A 6-month period of uninsurance is required before uninsured children through age 18 and up to 300 percent FPL can be enrolled. For children between 226–300 percent, other insurance must be unavailable and unaffordable. ■

New Mexico Health Care Reform Demonstration

Project No: 11-W-00124/06
Project Officer: Maurice Gagnon
Period: January, 1999 to December, 2004
Funding: \$20,000,000
Principal Investigator: Ross Becker
Award: Waiver-Only Project
Awardee: New Mexico Department of Human Services
 Medical Assistance Division
 2025 South Pacheco, Ark Plaza
 PO Box 2348
 Santa Fe, NM 87504-2348

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).

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

New Jersey Managed Charity Care

Project No: 11-W-00120/02
Project Officer: Daniel McCarthy
Period: February, 1998 to February, 2003
Funding: \$0
Principal Investigator: Margaret Murray
Award: Waiver-Only Project
Awardee: New Jersey Department of Human Services
 222 South Warren Street
 PO Box 700
 Trenton, NJ 08625-0700

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. The objectives of the program are as follows:

1. Care coordination for those charity care patients with chronic conditions likely to benefit from a treatment plan
2. More efficient use of charity care funds, by using less costly and intensive care settings available through a provider network developed by hospitals
3. Enhanced knowledge of the charity care population through better data collection and information systems

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

The Partnership Plan

Project No: 11-W-00114/02
Project Officer: Cheryl Tarver-Eaton
Period: October, 1997 to March, 2006
Funding: \$0
Principal Investigator: Kathy Shure
Award: Waiver-Only Project
Awardee: New York Department of Health (Albany)
 The Riverview Center, 4th Floor
 150 Broadway
 Albany, NY 12204-2719

Description: On July 15, 1997, the Partnership Plan demonstration was approved. The demonstration is designed to move approximately 2.1 million Medicaid

beneficiaries from a primarily fee-for-service delivery system to a mandatory managed care environment. The demonstration also expands health insurance coverage to the State's Safety Net (formerly Home Relief) recipients. As a result, 370,000 of the State's Safety Net recipients were converted to a Federal Title XIX eligibility group. Safety Net was a State-funded cash assistance program for low-income adults who were not otherwise eligible for Temporary Assistance for Needy Families (TANF) or Medicaid.

On June 29, 2001, the Family Health Plus (FHPlus) amendment to the demonstration was approved. This amendment expands health insurance coverage to additional low-income uninsured adults. The State began enrollment into FHPlus on October 1, 2001.

On September 27, 2002, a 3-year extension to the demonstration was approved effective from April 1, 2003, to March 31, 2006, along with two amendments. One amendment phases out the Community Health Care Conversion Demonstration Project during the extension period. The other amendment, effective October 1, 2002, expands family planning services to individuals with net incomes at or below 200 percent of the Federal poverty level.

Status: Implementation of the demonstration, excluding FHPlus, began on October 1, 1997, on a county-by-county basis. As of December 2003, 23 counties have implemented mandatory managed care for the TANF-related and Safety Net populations under the demonstration. These counties are Albany, Broome, Cattaraugus, Chautauqua, Columbia, Erie, Greene, Herkimer, Livingston, Monroe, Nassau, Niagara, Oneida, Onondaga, Ontario, Orleans, Oswego, Rensselaer, Rockland, Saratoga, Suffolk, Wayne, and Westchester. In addition, New York City has implemented mandatory enrollment for the TANF-related and Safety Net populations. Westchester is the only county that has implemented mandatory managed care for supplemental security income individuals. ■

Oklahoma SoonerCare Demonstration

Project No: 11-W-00048/06
Project Officer: Donna Schmidt
Period: October, 1995 to December, 2003
Funding: \$0
Principal Investigator: Garth Splinter
Award: Waiver-Only Project
Awardee: Oklahoma Health Care Authority
 4545 North Lincoln Boulevard
 Oklahoma City, OK 73105

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 1, 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 1, 1996, and was implemented statewide on October 1, 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 July 1, 1997.

Status: The project has been extended through 2003. ■

Oregon 1115 Independent Choices

Project No: 11-W-00130/00
Project Officer: Marguerite Schervish
Period: December, 2001 to November, 2006
Funding: \$0
Principal Investigator: Genevieve Sundet
Award: 1115 Demonstration
Awardee: Oregon Senior and Disabled Services
 500 Summer Street, NE
 Salem, OR 97310-1015

Description: This is an 1115 demonstration that allows individuals who are eligible for long-term care services to self-direct providers for personal care and related services. The program is available in three regions of the State for up to 300 consumers. This demonstration is similar in concept to the approved "Cash and Counseling" demonstrations in New Jersey, Florida, and Arkansas. The main difference is that Oregon's demonstration does not employ a randomized or experimental design. In addition, compared to "Cash and Counseling," this demonstration requires all participants to manage their cash allowance. Monthly service allocations are paid directly into participants' Independent Choices checking accounts. Participants would be responsible for deducting appropriate taxes and calculating employer payroll taxes. Participants pay their providers directly from their service allotment. A payroll service is available for participants who would like assistance and is required to be used by participants who have not passed a competency test to perform their fiscal responsibilities. The demonstration is less than

statewide and operates in three service areas with up to 100 participants enrolled in each site (Clackamas County, Coos/Curry Counties, and Jackson/Josephine Counties). The State indicates in its proposal that the selection of these three sites allows the State to evaluate the replicability of the model statewide and to evaluate the program in both urban and rural settings.

Status: Oregon's 1115 Independent Choices demonstration program was approved on November 22, 2000. Oregon submitted an amendment to allow payment to a participant's family, including the spouse of the participant. CMS approved the amendment on May 7, 2001, and implemented the program on December 1, 2001. Current enrollment is about 200. ■

Vermont Health Access Plan (VHAP)

Project No: 11-WV-00051/01
Project Officer: Joan Peterson
Period: January, 1996 to December, 2006
Funding: \$0
Principal Investigator: John Michael Hall
Award: Waiver-Only Project
Awardee: Vermont Agency of Human Services
 103 South Main Street
 Waterbury, VT 05671-1601

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 11 years. The demonstration provides health care services to uninsured low-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 low-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 October 2003, there were approximately 87,000 enrollees. ■

Evaluation of Medicaid Family Planning Demonstrations

Project No: 500-00-0053/03
Project Officer: Julie Jones
Period: September, 2002 to November, 2003
Funding: \$245,931
Principal Investigator: Joanna Edwards
Award: Task Order
Awardee: C.N.A. Corporation
 4401 Ford Avenue
 PO Box 16268
 Alexandria, VA 22302-8268

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.

Status: The project is completed. ■

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 No: 500-00-0051/02
Project Officer: Peggy Clark
Period: September, 2002 to September, 2003
Funding: \$132,352
Principal Investigator: Karen Linkins
Award: Task Order
Awardee: Lewin Group
 3130 Fairview Park Drive, Suite 800
 Falls Church, VA 22042

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 FY 1999–FY 2001 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 FY 2001 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. ■

Evaluation of the BadgerCare Medicaid Demonstration

Project No: 500-00-0044/01
Project Officer: Paul Boben
Period: September, 2000 to December, 2003
Funding: \$1,358,925
Principal Investigator: Norma Gavin
Award: Task Order
Awardee: Research Triangle Institute (NC)
 3040 Cornwallis Road
 PO Box 12194
 Research Triangle Park, NC
 27709-2194

Description: The purpose of this project is to conduct an evaluation of BadgerCare, Wisconsin's section 1115 Medicaid demonstration and State Children's Health Insurance Program (SCHIP). 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 of the Federal poverty level. Section 1115 waivers were awarded to allow the State to use the title XIX and title 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 help other States considering similar reforms.

Status: CMS received the final version of the Case Study Report in July 2002; a copy can be obtained from the CMS Web site at <http://www.cms.hhs.gov/researchers/reports/2002/badgercare.pdf>. A draft Final Report is anticipated to arrive in October 2003, and we expect this report to be ready for release in January 2004. ■

Evaluation of the Diamond State Health Plan

Project No: 500-92-0033/04
Project Officer: William Clark
Period: September, 1994 to January, 2003
Funding: \$498,035
Principal Investigator: James Lubalin
Award: Delivery Order
Awardee: Research Triangle Institute (DC)
 1615 M Street, NW, Suite 740
 Washington, DC 20036-3209

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. In May 1996, RTI/HER also requested a 2-year no-cost extension (through September 29, 1999).

Status: The following topics have been analyzed:

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

Evaluation of the State Medicaid Reform Demonstrations, II

Project No: 500-95-0040
Project Officer: Paul Boben
Period: September, 1995 to September, 2004
Funding: \$5,959,408
Principal Investigator: Terri Coughlin
Award: Contract
Awardee: Urban Institute
 2100 M Street, NW
 Washington, DC 20037

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 contract was modified in August 2003 to provide for an expanded evaluation of the State of Vermont's pharmacy assistance programs (VHAP-Pharmacy and VScript). The following topical reports were received in FY 2003: (1) Poor and Disabled in Rural Kentucky: Access to Care for SSI Adults and Children; (2) The Minnesota Prepaid Medical Assistance Program Third Site Visit Report; (3) Estimating the Impacts of Medicaid Managed Care in Rural Minnesota; (4) Health Care Experiences of SSI Children Receiving Medicaid; (5) Medicaid Managed Care in Vermont: Site Visit Report, November 1999; (6) Evaluation of Vermont Pharmacy Assistance Programs for Low Income Medicare Beneficiaries; (7) Behavioral Health Services Under Medicaid Managed Care: Issues of Contracting, Delivery, and Coordination of Care (SAMHSA); and (8) The State of Care Coordination Under Medicaid Managed Care: Three States' Experiences Serving Children with Mental Illness (SAMHSA). Approximately one dozen additional topical reports, and a Final Report are expected from the contractor in FY 2004. ■

Disproportionate Share Hospital (DSH) Funds Under Section 1115 Demos

Project No: 500-00-0044/04
Project Officer: Alisa Adamo
Period: September, 2003 to September, 2004
Funding: \$225,000
Principal Investigator: Susan Haber
Award: Task Order
Awardee: Research Triangle Institute (NC)
 3040 Cornwallis Road
 PO Box 12194
 Research Triangle Park, NC
 27709-2194

Description: The Medicaid DSH Program was designed to provide Federal funds to certain hospitals to help offset the cost of uncompensated care provided to the uninsured. Each State has a specified Federal DSH allotment. Several States have used section 1115 demonstration authority as a vehicle to expand Medicaid eligibility to previously uninsured individuals. Because these expansions would reduce the number of uninsured and thus the amount of uncompensated care provided by hospitals, some States have received section 1115 waivers to use DSH funds to help finance these eligibility expansions. This study will examine the impact of redirecting DSH funds for eligibility expansion and determine whether this is an effective strategy in reducing uncompensated care.

Status: The project is in the final stage. ■

United Mine Workers of America Demonstration: An Integrated Care Coordination/Management Program for an Elderly, Chronically Ill Population

Project No: 95-C-99643/03
Project Officer: Lee Phipps
Period: January, 1990 to September, 2005
Funding: \$0
Principal Investigator: Joel Kavet
Award: Contract
Awardee: United Mine Workers of America
 Health and Retirement Funds
 2121 K Street, NW
 Washington, DC 20037

Description: The United Mine Workers of America Health and Retirement Funds (UMWA /the Funds) has been a Health Care Prepayment Plan (HCPP) since 1978. It acts as a Medicare carrier; that is, carriers have instructions to forward all Part B claims they receive for UMWA beneficiaries to UMWA for processing. The Part A claims incurred by UMWA beneficiaries are paid by CMS's Fiscal Intermediary.

In 1990, CMS initially approved a demonstration to pay Part B services on a capitated basis rather than on a cost basis. In 1997, CMS approved waivers that continued the Part B capitation approach and included risk sharing for Part A services.

The basic risk-sharing methodology involves setting an experience-based Part A expenditure target prior to each payment year. After each payment year there is a reconciliation, whereby the actual Part A expenditures for UMWA beneficiaries are compared to the target. Any savings or losses are shared equally between CMS and UMWA within a 10-percent corridor around a target amount. Each year's target amount is determined from a rolling 3-year-old base trended forward using Medicare inflation rates.

UMWA has established Part B “managed care networks,” covering 18 counties or about 30 percent of the beneficiaries, in selected areas of Alabama, Pennsylvania, and West Virginia. The provision of health care primarily remains on an FFS basis. UMWA's objective is to substitute less expensive care whenever appropriate. The UMWA continues to encourage primary and preventive care among its population in lieu of more expensive hospital care. Most of the interventions are designed to manage care provided in a fee-for-service setting, which include disease management, pre-certification of selected services, implementation of a pilot telephonic nurse advice line, coordination of care, networks of primary care providers that are designed to function in an open-access environment, and a state-of-the-art prescription drug management program that is currently provided by Advance PCS, a pharmacy benefits manager.

In 2001, CMS began paying a percentage of UMWA's prescription benefit drug cost. CMS will obtain information on the management of the benefit including using a pharmacy benefit manager, mandatory generic substitution, use of preferred pharmacy products, utilization review, and other techniques.

Status: As part of the fiscal year 2005 Presidential Budget, the UMWA demonstration is extended until September 2005 and CMS's contribution to the cost of the pharmacy drug benefit has increased. ■

Minnesota Senior Health Options/Minnesota Disability Health Options

Project No: 11-W-00024/05
Project Officer: Susan Radke
Period: April, 1995 to December, 2004
Funding: \$0
Principal Investigator: Pamela Parker
Award: Waiver-Only Project
Awardee: Minnesota Department of Human Services
 Human Services Building
 444 Lafayette Road
 St. Paul, MN 55155-3849

Description: In April 1995, the State of Minnesota was awarded Medicare and Medicaid waivers for a 5-year demonstration designed to test delivery systems that integrate long-term care and acute-care services for elderly dual eligibles. Under this demonstration, the State is being treated as a health plan that contracts with CMS to provide services, and provides those services through subcontracts with three health care plans. CMS approved the State's request in year 2001 to extend MSHO and expand eligibility criteria to include persons under the age of 65 with disabilities. The expansion program titled, “Minnesota Disability Health Options Program”(MnDHO) includes both disabled dual eligible beneficiaries and Medicaid eligible only beneficiaries. Administration of this program is similar to MSHO. The MSHO extension and MnDHO expansion were approved through the period of October 1, 2001, through December 31, 2004. Medicare services for MSHO and MnDHO are provided using a demonstration waiver under § 402 of the Social Security Amendments of 1967. Medicaid services are provided under §1915(a) and §1915(c) of the Social Security Act. MSHO and MnDHO are managed care products that integrate Medicare and Medicaid financing; and provide acute- and long-term care service delivery, including home and community-based waiver services for dually eligible and Medicaid eligible physically disabled adults and elderly in a 10-county area in Minnesota, including the Twin Cities. MnDHO was implemented initially in Hennepin, Ramsey, Dakota, and Anoka counties and will expand to 3 more of the 10 MSHO counties. Enrollment in MSHO and MnDHO is voluntary and available to dually eligible beneficiaries living in institutions, community enrollees who meet institutional placement criteria, and other community enrollees whose needs do not meet institutional levels of care.

Status: The State of Minnesota has formally requested to extend the demonstration for an additional 3 years as well as expand the MnDHO eligibility to beneficiaries diagnosed with Mental Retardation and Developmental Disabilities (MR/DD). Further, the State has requested to expand MSHO into 10 rural counties. These three requests are currently being reviewed by CMS. ■

Multistate Evaluation of Dual Eligibles Demonstrations

Project No: 500-96-0008/03
Project Officer: Noemi Rudolph
Period: September, 1997 to August, 2004
Funding: \$3,311,708
Principal Investigator: Robert Kane
Award: Task Order
Awardee: University of Minnesota
 450 Gateway Building
 200 Oak Street, SE
 Minneapolis, MN 55455-2070

Description: This evaluation is designed to assess the impact of dual eligible demonstrations in the States of Minnesota and Wisconsin. Analyses will be conducted for each State and across States. The quasi-experimental design will utilize surveys, case studies, and Medicare and Medicaid data for analysis. Major issues to be examined include the use of a capitated payment strategy to expand services while reducing/controlling costs, the use of case management techniques and utilization management to coordinate care and improve outcomes, and the goal of responding to consumer preferences while encouraging the use of noninstitutional care. A universal theme to be developed is the difference between managing and integration.

Status: Surveys of beneficiaries and their families have been completed in Minnesota and Wisconsin. The surveys gathered information on several areas including satisfaction, the use of formal and informal care, and informal caregiver burden. Reports of survey and case study findings for both States and a report on the Minnesota utilization, cost, and quality of care have been submitted to CMS. ■

Wisconsin Partnership Program

Project No: 11-W-00123/05
Project Officer: James Hawthorne
Period: October, 1998 to December, 2006
Funding: \$0
Principal Investigator: Steve Landkamer
Award: Waiver-Only Project
Awardee: Wisconsin Department of Health and Family Services
 1 South Pinckney Street, Suite 340
 PO Box 340
 Madison, WI 53701

Description: The Wisconsin Partnership Program (WPP) operates under Medicare 402/222 and Medicaid 1115 demonstration waivers approved on October 16, 1998. The demonstration became operational in early 1999 with the establishment of four sites: Elder Care and Community Living Alliance (CLA) in Madison, Community Care for the Elderly in Milwaukee, and Community Health Partnership (CHP) in Eau Claire. The demonstration targets nursing home certifiable beneficiaries who are eligible for both Medicare and Medicaid and facilitates the integration of acute and long-term care by paying participating plans for both Medicare and Medicaid services on a capitated basis. CLA and CHP are the first plans in the Nation to provide fully capitated Medicare and Medicaid services for people with physical disabilities. Roughly a quarter of Partnership enrollees are persons with disabilities, and about 85 percent of the total enrollment is dually eligible. The core of the WPP Partnership service delivery model is a multidisciplinary care team consisting of a primary care physician (PCP), nurse practitioner (NP), nurse, social worker, and coordinator. The team provides in-home services and facilitates continuity and coordination of care with the PCP and other health providers. Unlike the Program of All-inclusive Care for the Elderly, the WPP plans do not employ the primary care physicians and contract, instead, with independent physicians practicing in the local community. The remaining team members are employees of the plan and the NP, who serves as team leader, works closely with the primary care physician to ensure that he or she functions as an integral part of the treatment team.

Status: Renewal of the demonstration waivers was approved on 12/19/2003, extending the term of the demonstration to 12/31/2006. ■

Multistate Dual Eligible Database and Analysis Development

Project No: 500-95-0047/03
Project Officer: William Clark
Period: September, 1997 to November, 2003
Funding: \$2,135,418
Principal Investigator: Don Lara
Award: Task Order
Awardee: Mathematica Policy Research (Princeton)
 600 Alexander Park
 PO Box 2393
 Princeton, NJ 08543-2393

Description: This project will use available Medicare/Medicaid-linked statewide data in 10 to 12 States to develop a uniform database that can be used by States and the Federal Government to improve the efficiency and effectiveness of the acute- and long-term-care services to persons eligible for both Medicare and Medicaid (dual eligible). It will also conduct analyses derived from these data to strengthen the ability to develop risk-adjusted payment methods and deepen the understanding of Medicare-Medicaid program interactions as they relate to access, costs, and quality of service. Finally, it will recommend longer range options that will improve the usefulness of the database for operational and policy purposes.

Status: The project is constructing a multistate dual eligible database and using these data for analyses. Two years of the database have been constructed. However, the third year of Medicaid data has been unavailable for inclusion in the database due to problems external to this contract. Preliminary descriptive reports are being prepared with the 2 years of data, and research studies continue. ■

Managing Medical Care for Nursing Home Residents (EverCare)

Project No: 95-C-90174
Project Officer: Dennis Nugent
Period: September, 1995 to December, 2004
Funding: \$0
Principal Investigator: John R. Mach, Jr., M.D.
Award: Waiver-Only Project
Awardee: Evercare
 9900 Bren Road East
 Minnetonka, MN 55343

Description: The Evercare Demonstration was developed to study the effectiveness of managing the acute care needs of Medicare beneficiaries who are long-

stay nursing home residents. The objective of the project was to determine if providing enhanced primary care to this population could prevent hospitalizations and reduce the total cost of care.

A physician/nurse practitioner team is assigned to each of the participating nursing homes to help manage and monitor the care of the program's enrollees. They work collaboratively with the facility's nursing staff to assist in problem solving and in coordinating the most appropriate and efficient care for the beneficiary. In addition, they are responsible for scheduling clinic and outpatient appointments and authorizing hospitalizations. The nurse practitioners also conduct an assessment and comprehensive evaluation of each Evercare member to measure health status and functional level. Evercare demonstration sites are located in Atlanta, Baltimore, Boston, Denver, Phoenix, and Tampa.

Status: As of January 2004, 18,054 Medicare beneficiaries were enrolled in the project. The average age of an Evercare member is 85 years old, and about 75 percent of their population membership is female. ■

The Use of the PACE Health Survey for Dual Eligible Demonstration in Wisconsin, Minnesota, and Massachusetts

Project No: 500-00-0024/11
Project Officer: Susan Radke
Period: April, 2003 to April, 2005
Funding: \$499,702
Principal Investigator: Edith Walsh
Award: Task Order
Awardee: Research Triangle Institute (NC)
 3040 Cornwallis Road
 PO Box 12194
 Research Triangle Park, NC
 27709-2194

Description: The purpose of this project is to administer the PACE Health Survey for community-dwelling enrollees in three Dual Eligible Demonstrations, collect the survey data, and perform the appropriate impact analysis and analysis of survey data needed to implement an additional payment frailty adjuster. In June 2001, the Research Triangle Institute (RTI) was selected as a primary contractor to test and administer the PACE Health Survey (PHS) in a pilot study to a sample of PACE enrollees (500-00-0030 TO #3). The contract was amended in year 2002 to have RTI and its subcontractor, New England Research Institute (NERI), administer the PHS to all PACE organizations during years 2003 and 2004. In this project the existing contractor and subcontractor implemented the PHS in 2003 for all community dwelling members of the Wisconsin Partnership Program (WPP), the Minnesota Senior

Health Options (MSHO), and Minnesota Disability Health Options (MnDHO) demonstration. The survey will be repeated in 2004 for Wisconsin, Minnesota, and, in addition, will be conducted in the Massachusetts Senior Care Options (SCO) demonstration.

Status: The 2003 surveys were completed and the overall PHS survey response rate was high. Data files were delivered to CMS with the month that data collection was complete. A nonresponse analysis is currently being conducted to ascertain whether beneficiaries who did not respond to the PHS differ in frailty than those who did respond to the survey. Optional task 5 was exercised to begin sampling for the 2004 survey and analysis. However, the survey will not be conducted in Massachusetts SCO as this is a new demonstration that is now being implemented, and there are no current enrollees. ■

DEMONSTRATION OF HHA SETTLEMENT FOR DUAL ELIGIBLES

CMS is conducting a pilot program with the States of Connecticut, Massachusetts, and New York that utilizes a sampling approach to determine the Medicare share of the cost of home health services claims for dual eligible beneficiaries that were originally submitted to and paid by the Medicaid agencies. This sampling will be used in lieu of individually gathering Medicare claims from home health agencies for every dual eligible Medicaid claim the State has possibly paid in error. This process will also eliminate the need for the home health agencies (HHA) to assemble, copy, and submit huge numbers of medical records, as well as the regional home health intermediary (RHHI) from reviewing every case.

The demonstration consists of two components: (1) an educational initiative to improve the ability of all parties to make appropriate coverage recommendations for crossover claims, and (2) a statistically valid sampling methodology to be applied in settlement of claims paid by Medicaid which the State believes may have a potential to also be covered by Medicare.

Status: Initial reviews have been conducted on the FY 2001 claims for Connecticut and Massachusetts, and payments have been made to these States. The demonstration RHHI, Associated Hospital Service, is currently reviewing the FY 2001 claims for New York. A reconsideration process has been finalized, and framework has been developed for the educational component. ■

Demonstration of HHA Settlement for Dual Eligibles

Project No: 95-W-00084/02
Project Officer: J. Donald Sherwood
Period: January, 2002 to December, 2004
Funding: \$0
Principal Investigator: Jeff Flora
Award: Waiver-Only Project
Awardee: Office of Medicaid Management
 New York Department of Health
 Empire State Plaza
 Corning Tower, Room 1466
 Albany, NY 12237

Demonstration of HHA Settlement for Dual Eligibles

Project No: 95-W-00085/01
Project Officer: J. Donald Sherwood
Period: January, 2000 to December, 2004
Funding: \$0
Principal Investigator: Julie Forgione
Award: Waiver-Only Project
Awardee: Division of Medical Assistance
 Massachusetts Executive Office of
 Health and Human Services
 600 Washington Street, 5th Floor
 Boston, MA 02111

Demonstration of HHA Settlement for Dual Eligibles

Project No: 95-W-00086/01
Project Officer: J. Donald Sherwood
Period: January, 2001 to January, 2005
Funding: \$0
Principal Investigator: Kristine Ragaglia
Award: Waiver-Only Project
Awardee: Connecticut Department of Social
 Services
 25 Sigourney Street
 Hartford, CT 06106

Montana Welfare Reform: Families Achieving Independence in Montana (FAIM)

Project No: 11-W-00040/08
Project Officer: Joan Peterson
Period: February, 1996 to January, 2004
Funding: \$0
Principal Investigator: Peter Blouke
Award: Waiver-Only Project
Awardee: Montana Department of Public Health and Human Services
 PO Box 4210
 Helena, MT 59604-4210

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 nonhousehold 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 expenditure authorities granted by CMS as part of the welfare reform demonstration following passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. ■

Arizona Welfare Reform: Employing and Moving People Off Welfare and Encouraging Responsibility Program (EMPOWER)

Project No: 11-W-00058/09
Project Officer: Joan Peterson
Period: May, 1995 to October, 2002
Funding: \$0
Principal Investigator: David Berns
Award: Waiver-Only Project
Awardee: Arizona Department of Economic Security
 PO Box 6123
 Phoenix, AZ 85005

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 it 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 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 following passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. ■

Massachusetts Welfare Reform, 1995

Project No: 11-W-00065/01
Project Officer: Sharon Donovan
Period: November, 1995 to November, 2005
Funding: \$0
Principal Investigator: Gerald Whitburn
Award: Waiver-Only Project
Awardee: Executive Office of Health and Social Services
 One Ashburton Place, Room 1109
 Boston, MA 02108

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 (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 plan to the Administration for Children and Families. Unless otherwise indicated, States have elected to retain the waivers and expenditures authorities granted by CMS as part of the welfare reform demonstrations. ■

A Better Chance Welfare Reform Project

Project No: 11-W-00056/03
Project Officer: Alisa Adamo
Period: October, 1995 to December, 2003
Funding: \$0
Principal Investigator: Elaine Archangelo
Award: Waiver-Only Project
Awardee: Delaware Health and Social Services (New Castle)
 1901 North DuPont Highway
 New Castle, DE 19720

Description: The Better Chance Welfare Reform Demonstration was designed to test a set of provisions that linked opportunity and responsibility, supported 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 (August 22, 1996) 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 plan to the Administration for Children and Families. 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. ■

Tennessee “Families First” Demonstration

Project No: 11-W-00104/04
Project Officer: Alisa Adamo
Period: September, 1996 to September, 2006
Funding: \$0
Principal Investigator: Bob Corker
Award: Waiver-Only Project
Awardee: Tennessee Department of Human Services
 400 Deaderick Street
 Nashville, TN 37248

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 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 plan to the Administration for Children and Families. Unless otherwise indicated, States have elected to retain the waivers and expenditures authorities granted by CMS as part of the welfare reform demonstrations. ■

South Carolina Welfare Reform: Family Independence Act

Project No: 11-W-00081/04
Project Officer: Joan Peterson
Period: June, 1996 to May, 2003
Funding: \$0
Principal Investigator: Gwen Power
Award: Waiver-Only Project
Awardee: South Carolina Department of Health and Human Services
 PO Box 8206
 Columbia, SC 29202-8206

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 that 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 following passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. ■

DEMONSTRATION TO IMPROVE DIRECT SERVICE COMMUNITY WORKFORCE GRANT INITIATIVE

The Demonstration To Improve the Direct Service Community Workforce Grant Initiative is part of the President's New Freedom Initiative to eliminate barriers to equality and grant a "New Freedom" to children and adults of all ages who have a disability or long-term illness so that they may live and prosper in their communities. CMS awarded five demonstration grants, which run from September 30, 2003, to September 29, 2006, to assist States and others to develop innovative programs and strategies that improve recruitment and retentions of direct service workers.

Status: This project is under way. ■

Demonstration To Improve Direct Service Community Workforce

Project No: 95-P-92168/03-01
Project Officer: Sue Knefley
Period: September, 2003 to September, 2006
Funding: \$680,500
Principal Investigator: Mark Bernstein
Award: Grant
Awardee: University of Delaware
 College of Human Services/EPP/
 CDS, New Castle County
 Newark, DE 19716

Demonstration To Improve Direct Service Community Workforce

Project No: 11-P-92187/01-01
Project Officer: Carey Appold
Period: September, 2003 to September, 2006
Funding: \$1,403,000
Principal Investigator: Ellen Schneider
Award: Grant
Awardee: State of Maine/Governor's Office of Health Policy & Finance
 #1 State House Station
 Augusta, ME 04333-0001

Demonstration To Improve Direct Service Community Workforce

Project No: 11-P-92189/06-01
Project Officer: Mary Pat Farkas
Period: September, 2003 to September, 2006
Funding: \$1,403
Principal Investigator: Virginia Johnson
Award: Grant
Awardee: New Mexico Department of Health
 Long-Term Services Division
 1190 St. Francis Drive
 Santa Fe, NM 87502-6110

Demonstration To Improve Direct Service Community Workforce

Project No: 95-P-92214/04-01
Project Officer: Sue Knefley
Period: September, 2003 to September, 2006
Funding: \$1,403
Principal Investigator: Laura Gibbs
Award: Grant
Awardee: Pathways for the Future, Inc.
 525 Mineral Springs Drive
 Sylva, NC 28779

Demonstration To Improve Direct Service Community Workforce

Project No: 95-P-92225/03-01
Project Officer: Mary Pat Farkas
Period: September, 2003 to September, 2006
Funding: \$680,500
Principal Investigator: Angela King
Award: Grant
Awardee: Volunteers of America, Inc.
 National Office
 1660 Duke Street
 Alexandria, VA 22314

Evaluation of Demonstration To Improve the Direct Service Community Workforce

Project No: 500-00-0051/03
Project Officer: Kathryn King
Period: September, 2003 to September, 2006
Funding: \$394,403
Principal Investigator: Karen Linkins
Award: Task Order
Awardee: Lewin Group
 3130 Fairview Park Drive, Suite 800
 Falls Church, VA 22042

Description: The purpose of this task order is to provide funding for a project that will provide a qualitative evaluation and design for a quantitative evaluation of the effectiveness of 7 to 10 demonstration projects designed to improve the recruitment and retention of direct service workers. These projects will be funded through the Demonstration To Improve the Direct Service Community Workforce. Information on this demonstration is available at www.cms.hhs.gov/newfreedom/default.asp.

Status: The Lewin Group provided CMS with a draft Web-based reporting tool that, when finalized, the grantees will use to submit electronic quarterly reports to CMS. In addition, Lewin finalized logic models and drafted site-specific evaluation plans for all grantees. ■

AGING AND DISABILITY RESOURCE CENTER GRANTS

The Aging and Disability Resource Centers Grants, part of the Real Choice Systems Change Grants for Community Living, will help States to develop Aging and Disability Resource Center programs that will provide citizen-centered “one-stop shop” entry points into the long-term support system and will be based in local communities accessible to people who may require long-

term support. Resource Centers will serve individuals who need long-term support, their family caregivers, and those planning for future long-term support needs. They will also serve as a resource for health and long-term support professionals and others who provide services to the elderly and to people with disabilities. The grants were jointly issued as cooperative agreements by the Administration on Aging and the Centers for Medicare & Medicaid Services.

Status: This project is in its start-up phase. ■

Aging and Disability Resource Center Grant

Project No: 11-C-91959/06-01
Project Officer: Bob Nakielny
Period: September, 2003 to September, 2006
Funding: \$423,999
Principal Investigator: Mary Tonore
Award: Grant
Awardee: Louisiana Governor’s Office of Elderly Affairs
 412 North 4th Street—3rd Floor
 Baton Rouge, LA 70802

Aging and Disability Resource Center Grant

Project No: 11-C-91953/01-01
Project Officer: Jean Close
Period: September, 2003 to September, 2006
Funding: \$406,619
Principal Investigator: Christine Gianopoulos
Award: Grant
Awardee: Maine Department of Human Services, Bureau of Elder and Adult Services
 11 State House Station
 Augusta, ME 04333

Aging and Disability Resource Center Grant

Project No: 11-C-91942/03-01
Project Officer: Barbara Collins
Period: September, 2003 to September, 2006
Funding: \$424,000
Principal Investigator: Lisa Mullin
Award: Grant
Awardee: Maryland Department of Aging
 301 West Preston Street
 Suite 1007
 Baltimore, MD 21201

Aging and Disability Resource Center Grant

Project No: 11-C-91939/01-01
Project Officer: Bob Nakielny
Period: September, 2003 to September, 2006
Funding: \$397,500
Principal Investigator: Ann Hartstein
Award: Grant
Awardee: Massachusetts Executive Office of Elder Affairs
 One Ashburton Place, Room 517
 Boston, MA 02108

Aging and Disability Resource Center Grant

Project No: 11-C-91934/01-01
Project Officer: Barbara Collins
Period: September, 2003 to September, 2006
Funding: \$424,000
Principal Investigator: Edgar J. Helms
Award: Grant
Awardee: University of New Hampshire Office of Sponsored Research
 Service Building, 51 College Road
 Durham, NH 03824-3585

Aging and Disability Resource Center Grant

Project No: 11-C-91940/05-01
Project Officer: Jean Close
Period: September, 2003 to September, 2006
Funding: \$391,742
Principal Investigator: Krista Boston
Award: Grant
Awardee: Minnesota Board on Aging
 444 Lafayette Road, North
 St Paul, MN 55155-3843

Aging and Disability Resource Center Grant

Project No: 11-C-91945/02-01
Project Officer: Bob Nakielny
Period: September, 2003 to September, 2006
Funding: \$422,962
Principal Investigator: Nancy Day
Award: Grant
Awardee: New Jersey Department of Health and Senior Services, Division of Aging and Community Services
 PO Box 807
 Trenton, NJ 08625-0807

Aging and Disability Resource Center Grant

Project No: 11-C-91944/08-01
Project Officer: Jean Close
Period: September, 2003 to September, 2006
Funding: \$370,621
Principal Investigator: Charles Rehbein
Award: Grant
Awardee: Montana DPHHS-Senior LTC Division, State Office on Aging
 PO Box 4210
 Helena, MT 59604

Aging and Disability Resource Center Grant

Project No: 11-C-91949/03-01
Project Officer: Barry Levin
Period: September, 2003 to September, 2006
Funding: \$404,920
Principal Investigator: Gregory Howe
Award: Grant
Awardee: Commonwealth of Pennsylvania Department of Aging
 303 Forum Building
 Harrisburg, PA 17101-1919

Aging and Disability Resource Center Grant

Project No: 11-C-91933/01-01
Project Officer: Bob Nakielny
Period: September, 2003 to September, 2006
Funding: \$396,970
Principal Investigator: Adelita Orefice
Award: Grant
Awardee: Rhode Island Department of Elderly Affairs
 35 Howard Avenue
 Benjamin Rush Building #55
 Cranston, RI 02920

Aging and Disability Resource Center Grant

Project No: 11-C-91950/04-01
Project Officer: Barbara Collins
Period: September, 2003 to September, 2006
Funding: \$424,000
Principal Investigator: Sue Scally
Award: Grant
Awardee: South Carolina Department of Health and Human Services
 Bureau of Senior Services
 PO Box 8206
 Columbia, SC 29202-8206

Aging and Disability Resource Center Grant

Project No: 11-C-91930/03-01
Project Officer: Jean Close
Period: September, 2003 to September, 2006
Funding: \$423,457
Principal Investigator: William E. Lytton, Jr.
Award: Grant
Awardee: West Virginia Bureau of Senior Services, Program Unit
 1900 Kanawha Boulevard East
 Building 10
 Charleston, WV 25305

An Evaluation of the Medicare Health Outcomes Survey Program

Project No: 500-99-MD02
Project Officer: Chris Haffer
Period: May, 2003 to December, 2004
Funding: \$450,000
Principal Investigators: Julie Tyler and Marv Mandell
Award: Contract
Awardee: Delmarva Foundation for Medical Care
 9240 Centreville Road
 Easton, MD 21601-7098

Description: The Medicare Health Outcomes Survey (HOS) is one of the effectiveness of care measures of the Health Plan Employer Data and Information Set (HEDIS) for Medicare. The HEDIS is a set of defined measures to assess the health care quality provided by managed care plans. The Medicare HOS is a measure of a health plan's ability to maintain or improve the physical and emotional health of its Medicare beneficiaries over time. The HOS uses the SF-36 (a self-reported measure of functional status) to assess the physical and mental health status, at 2-year intervals, of Medicare beneficiaries in managed care. The goal of the HOS Program has been to gather valid and reliable health status data in Medicare managed care for use in quality improvement activities, public reporting, plan accountability, and improving health outcomes. The purpose of this contract is to conduct an evaluation of all aspects of the Medicare Health Outcomes Survey Program and to report on the extent to which the HOS is meeting its goals.

Status: The contractor will complete the evaluation of the Medicare HOS Program at the end of 2004. The results of the evaluation will include a report on the historical context of HOS and assessments of the HOS instrument and operational protocol (i.e., instrument power, precision, reliability and validity, survey attrition, alternative sampling strategies, survey administration methods) and the utility of HOS data for Medicare+Choice organizations, quality improvement organizations, CMS, and health services researchers. ■

COMMUNITY-BASED TREATMENT ALTERNATIVES FOR CHILDREN GRANTS

The Community-Based Treatment Alternatives for Children Grants, part of the Real Choice Systems Change Grants for Community Living, will assist States in developing a comprehensive, community-based mental health service delivery system through Medicaid, for children with serious emotional disturbances who would otherwise require care in a psychiatric residential treatment facility (PRTF). Currently, Medicaid provides inpatient psychiatric services for children under age 21 in hospitals, and extends these Medicaid benefits to

children in PRTFs. However, PRTFs do not meet the CMS definition of “hospital” so they do not qualify as institutions against which States may measure § 1915(c) waiver costs. Over the last decade, PRTFs have become the primary providers for children with serious emotional disturbances requiring an institutional level of care; however, States have been unable to use § 1915(c) waiver authority to provide Medicaid-funded home and community-based alternatives to care, which would keep the children in their homes and with their families. The funds available through this solicitation will assist States in assessing community-based alternatives to residential treatment.

Status: This project is in its start-up phase. ■

Community-Based Treatment Alternatives for Children

Project No: 11-P-92030/05-01
Project Officer: Pat Prete
Period: September, 2003 to September, 2006
Funding: \$100,000
Principal Investigator: Amy Starin
Award: Grant
Awardee: Illinois Department of Human Services
 4200 Oak Park Avenue
 Chicago, IL 60607

Community-Based Treatment Alternatives for Children

Project No: 18-P-92001/03-01
Project Officer: Peggy Clark
Period: September, 2003 to September, 2006
Funding: \$100,000
Principal Investigator: Thomas Merrick
Award: Grant
Awardee: Maryland Department of Health and Mental Hygiene
 55 Wade Avenue
 Catonsville, MD 21228

Community-Based Treatment Alternatives for Children

Project No: 11-P-92104/01-01
Project Officer: Peggy Clark
Period: September, 2003 to September, 2006
Funding: \$100,000
Principal Investigator: Abigail Josephs
Award: Grant
Awardee: Commonwealth of Massachusetts
 Division of Medical Assistance
 One Ashburton Place, Room 1109
 Boston, MA 02108

Community-Based Treatment Alternatives for Children

Project No: 11-P-92008/04-01
Project Officer: Pat Prete
Period: September, 2003 to September, 2006
Funding: \$99,000
Principal Investigator: Kenneth Sullivan
Award: Grant
Awardee: State of Mississippi—Office of the Governor, Division of Medicaid
 239 North Lamar Street, Suite 801
 Jackson, MS 39201-1399

Community-Based Treatment Alternatives for Children

Project No: 18-P-92043/07-01
Project Officer: Deondra Moseley
Period: September, 2003 to September, 2006
Funding: \$99,821
Principal Investigator: Linda Roebuck
Award: Grant
Awardee: Missouri Department of Mental Health
 PO Box 687
 Jefferson City, MI 65101

Community-Based Treatment Alternatives for Children

Project No: 18-P-92003/06-01
Project Officer: Deondra Moseley
Period: September, 2003 to September, 2006
Funding: \$93,600
Principal Investigator: Kimberly McPherson
Award: Grant
Awardee: Texas Health and Human Services Commission
 PO Box 13247
 Austin, TX 78711

COMMUNITY-INTEGRATED PERSONAL ASSISTANCE SERVICES AND SUPPORTS GRANTS

The Community-Integrated Personal Assistance Services and Supports Grants are a part of the Real Choice Systems Change Grants for Community Living. Personal assistance is the most frequently used service that enables people with a disability or long-term illness to live in the community. Many States have taken a leadership role in designing systems that not only offer the basic personal assistance service but also make that service available in a manner that affords consumers maximum control over the selection of individuals working on their behalf and the manner in which services are provided. These particular projects will assist States to improve personal assistance services that are consumer-directed or offer maximum individual control.

Community-Integrated Personal Assistance Services and Supports

Project No: 18-P-91567/06
Project Officer: Cathy Cope
Period: September, 2001 to September, 2004
Funding: \$900,000
Principal Investigator: Larry Ward
Award: Grant
Awardee: Arkansas Department of Human Services
 329 Donaghey Plaza South
 PO Box 1437
 Little Rock, AR 72203

Status: This project is in its third year of funding. ■

Community-Integrated Personal Assistance Services and Supports

Project No: 18-P-91662/00
Project Officer: Maria Reed
Period: September, 2001 to September, 2004
Funding: \$900,000
Principal Investigator: Susan Cook
Award: Grant
Awardee: Alaska Department of Administration
 3601 C Street, Suite 310
 Anchorage, AK 99503

Status: This grant is in its third year of funding. ■

Community-Integrated Personal Assistance Services and Supports

Project No: 11-P-92065/09
Project Officer: Melissa Harris
Period: September, 2003 to September, 2006
Funding: \$600,000
Principal Investigator: Ric Zaharia
Award: Grant
Awardee: Arizona Department of Economic Security, Division of Developmental Disabilities
 1789 West Jefferson
 Phoenix, AZ 85007

Status: This project is in its start-up phase. ■

Community-Integrated Personal Assistance Services and Supports

Project No: 18-P-91630/08-01
Project Officer: Deondra Moseley
Period: September, 2002 to September, 2005
Funding: \$725,000
Principal Investigator: William West
Award: Grant
Awardee: Colorado Department of Health Care Policy and Financing
 1570 Sherman Street
 Denver, CO 80203-1714

Status: This project is in its second year of funding. ■

Community-Integrated Personal Assistance Services and Supports

Project No: 11-P-92005/01-01
Project Officer: Marguerite Schervish
Period: September, 2003 to September, 2006
Funding: \$595,349
Principal Investigator: David Parrella
Award: Grant
Awardee: Connecticut Department of Social Services
 25 Sigourney Street
 Hartford, CT 06106

Status: The project is in the start-up phase. ■

Community-Integrated Personal Assistance Services and Supports

Project No: 18-P-91647/00
Project Officer: Mary Frances Laverdure
Period: September, 2001 to September, 2004
Funding: \$300,000
Principal Investigator: Victor Borja
Award: Grant
Awardee: Guam Department of Integrated Services for Individuals with Disabilities
 396 Chalan Kanton Ladera
 Talofof, GU 96915

Status: The project is under way. ■

Community-Integrated Personal Assistance Services and Supports

Project No: 11-P-91619/09-01
Project Officer: Mary Frances Laverdure
Period: September, 2002 to September, 2005
Funding: \$725,000
Principal Investigator: Bruce Anderson
Award: Grant
Awardee: State of Hawaii Department of Health
 PO Box 3378
 Honolulu, HI 96801

Status: This project is in its second year of funding. ■

Community-Integrated Personal Assistance Services and Supports

Project No: 18-P-91654/05-01
Project Officer: Marguerite Schervish
Period: September, 2002 to September, 2005
Funding: \$725,000
Principal Investigator: Kristen Schunk
Award: Grant
Awardee: Indiana Family and Social Services Administration
 402 West Washington Street
 Room W-451
 PO Box 7083
 Indianapolis, IN 46207-7083

Status: This project is on-going. ■

Community-Integrated Personal Assistance Services and Supports

Project No: 18-P-91563/07-01
Project Officer: Marguerite Schervish
Period: September, 2002 to September, 2005
Funding: \$725,000
Principal Investigator: Sara Sack
Award: Grant
Awardee: The University of Kansas Center for Research, Inc.
 Younberg Hall, 2601 Gabriel
 Parson, KS 67357

Status: The project is under way. ■

Community-Integrated Personal Assistance Services and Supports

Project No: 11-P-92099/06-01
Project Officer: Marguerite Schervish
Period: September, 2003 to September, 2006
Funding: \$464,184
Principal Investigator: Anthony Speier
Award: Grant
Awardee: Louisiana Department of Health and Hospitals
 Office of Mental Health
 PO Box 4049
 Baton Rouge, LA 70821-4049

Status: The project is in the start-up phase. ■

Community-Integrated Personal Assistance Services and Supports

Project No: 11-P-92058/01-01
Project Officer: Gregg Ukaegbu
Period: September, 2003 to September, 2006
Funding: \$579,178
Principal Investigator: Margaret Chow-Menzer
Award: Grant
Awardee: Massachusetts Department of Mental Retardation
 Division of Systems Integration
 500 Harrison Avenue
 Boston, MA 02118

Status: This project is in the start-up phase. ■

Community-Integrated Personal Assistance Services and Supports

Project No: 18-P-91634/05
Project Officer: Cathy Cope
Period: September, 2001 to September, 2004
Funding: \$755,972
Principal Investigator: Brenda Fink
Award: Grant
Awardee: Michigan Department of Community Health
 320 South Walnut
 PO Box 30479
 Lansing, MI 48909

Status: This project is in its third year of funding. ■

Community-Integrated Personal Assistance Services and Supports

Project No: 18-P-91546/05
Project Officer: Mark Reed
Period: September, 2001 to September, 2004
Funding: \$900,000
Principal Investigator: Ann Roscoe
Award: Grant
Awardee: Minnesota Department of Human Services
 Human Services Building
 444 Lafayette Road
 St. Paul, MN 55155-3849

Status: This grant is in its third year of funding. ■

Community-Integrated Personal Assistance Services and Supports

Project No: 18-P-91657/08
Project Officer: Cathy Cope
Period: September, 2001 to September, 2004
Funding: \$850,000
Principal Investigator: Karen Antonick
Award: Grant
Awardee: Montana Department of Public Health and Human Services
 PO Box 4210
 Helena, MT 59604-4210

Status: This project is in its third year of funding. ■

Community-Integrated Personal Assistance Services and Supports

Project No: 18-P-91668/04-01
Project Officer: Mary Frances Laverdure
Period: September, 2002 to September, 2005
Funding: \$725,000
Principal Investigator: Lynda McDaniel
Award: Grant
Awardee: North Carolina Department of Health and Human Services
 Division of Mental Health DD/
 Substance Abuse Services
 2001 Mail Service Center
 Raleigh, NC 27699-2001

Status: This project is in its second year of funding. ■

Community-Integrated Personal Assistance Services and Supports

Project No: 11-P-92081/07-01
Project Officer: Gregg Ukaegbu
Period: September, 2003 to September, 2006
Funding: \$600,000
Principal Investigator: Mary Jo Iwan
Award: Grant
Awardee: Nebraska Department of Health and Human Services
 301 Centennial Mall South, 5th Floor
 PO Box 95044
 Lincoln, NE 68509-5026

Status: This project is in the start-up phase. ■

Community-Integrated Personal Assistance Services and Supports

Project No: 18-P-91613/01
Project Officer: Cathy Cope
Period: September, 2001 to September, 2004
Funding: \$900,000
Principal Investigator: Colleen Ives
Award: Grant
Awardee: Granite State Independent Living
 PO Box 7268
 Concord, NH 03302-7268

Status: This project is in its third year of funding. ■

Community-Integrated Personal Assistance Services and Supports

Project No: 18-P-91570/09
Project Officer: Mary Frances Laverdure
Period: September, 2001 to September, 2004
Funding: \$655,988
Principal Investigator: Donny Loux
Award: Grant
Awardee: Nevada Department of Employment, Training and Rehabilitation
 711 South Stewart Street
 Carson City, NV 89701

Status: This grant is in its third year of funding. ■

Community-Integrated Personal Assistance Services and Supports

Project No: 18-P-91658/06
Project Officer: Gregg Ukaegbu
Period: September, 2001 to September, 2004
Funding: \$850,000
Principal Investigator: Carey Garland
Award: Grant
Awardee: Oklahoma Department of Human Services
 312 NE 28th, Room 101
 Oklahoma City, OK 73105

Status: The project is under way. ■

Community-Integrated Personal Assistance Services and Supports

Project No: 11-P-92140/00-01
Project Officer: Gregg Ukaegbu
Period: September, 2003 to September, 2006
Funding: \$585,007
Principal Investigator: Laurie Powers
Award: Grant
Awardee: Oregon Health and Science University
 3181 SW Sam Jackson Park Road
 DB669
 Portland, OR 97201-3098

Status: This project is in the start-up phase. ■

Community-Integrated Personal Assistance Services and Supports

Project No: 18-P-91519/01
Project Officer: Gregg Ukaegbu
Period: September, 2001 to September 2004
Funding: \$539,730
Principal Investigator: Deborah Florio
Award: Grant
Awardee: Rhode Island Department of Human Services, HCQFP, Center for Adult Health
 600 New London Avenue
 Cranston, RI 02920

Status: The project is under way. ■

Community-Integrated Personal Assistance Services and Supports

Project No: 18-P-91538/04-01
Project Officer: Anita Yuskauskas
Period: September, 2002 to September, 2005
Funding: \$725,000
Principal Investigator: Tami Wilson
Award: Grant
Awardee: Tennessee Department of Finance and Administration
 Doctor's Building, 5th Floor
 729 Church Street
 Nashville, TN 37247-0064

Status: This project is in its second year of funding. ■

Community-Integrated Personal Assistance Services and Supports

Project No: 11-P-92100/06-01
Project Officer: Gregg Ukaegbu
Period: September, 2003 to September, 2006
Funding: \$599,763
Principal Investigator: Cindy Kenneally
Award: Grant
Awardee: Texas Department of Human Services
 PO Box 149030, Mailcode W521
 Austin, TX 78714-9030

Status: Initial implementation activities in progress. ■

Community-Integrated Personal Assistance Services and Supports

Project No: 11-P-92029/03-01
Project Officer: Melissa Harris
Period: September, 2003 to September, 2006
Funding: \$513,557
Principal Investigator: Tera Yoder
Award: Grant
Awardee: Virginia Commonwealth University Partnership for People with Disabilities
 PO Box 980568
 Richmond, VA 23298-0568

Status: This project is in its start-up phase. ■

Community-Integrated Personal Assistance Services and Supports

Project No: 18-P-91622/03-01
Project Officer: Anita Yuskauskas
Period: September, 2002 to September, 2005
Funding: \$725,000
Principal Investigator: Sherry Shuman
Award: Grant
Awardee: West Virginia University Research Corporation on behalf of WVU/ WVUCED
 955 Hartman Run Road
 Morgantown, WV 26505-6845

Status: This project is in its second year of funding. ■

Design of Evaluation Options of the Systems Change Grants

Project No: 500-00-0044/03
Project Officer: Susan Radke
Period: September, 2002 to July, 2004
Funding: \$299,976
Principal Investigator: Edith Walsh
Award: Task Order
Awardee: Research Triangle Institute (NC)
 3040 Cornwallis Road
 PO Box 12194
 Research Triangle Park, NC
 27709-2194

Description: The purpose of this task order is to design research study options to evaluate the Systems Change Grants. There are four different types of grants: (1) Nursing Facility Transitions Grants, (2) Community-Integrated Personal Assistance Services and Supports Grants, (3) Real Choice Systems Change Grants, and (4) National Technical Assistance Exchange for Community Living Grants. Most States and Territories received funding from one or more of the four types of grants. The Americans with Disabilities Act (ADA), the Olmstead decision, and the Systems Change Grants apply to all Americans with a disability or long-term illness regardless of age or income. The Federal Government assists States and localities that are required to administer their services, programs, and activities “in the most integrated setting appropriate to the needs of qualified individuals with disabilities.” The scope of the ADA and the Olmstead decision are not limited to Medicaid or Medicare beneficiaries.

Status: In June 2001, the Research Triangle Institute (RTI) was selected as a primary contractor. RTI reviewed the System Change Grant summaries and developed a policy outcome typology for potential System Change Grant evaluations. CMS used this information to prioritize policy goals and identify potential research projects. CMS will change the Statement of Work (SOW) to have RTI identify only two to three potential projects from the goals that were prioritized, select one project and implement a study from one of the priority areas. A no-cost extension to the evaluation is anticipated. The evaluation will be designed to also be replicated at a later date. The output of this project shall be a written report describing designs of research studies that will analyze the impact of the Systems Change Grants on the provision of care in the community. ■

FAMILY-TO-FAMILY HEALTH CARE INFORMATION AND EDUCATION CENTERS GRANTS

The Family-to-Family Health Care Information and Education Centers Grants, part of the Real Choice

Systems Change Grants for Community Living, will support the development of Family-to-Family Health Care Information and Education Centers (Information and Education Centers). Organizations will use these awards to establish statewide family-run centers that will (1) provide education and training opportunities for families with children with special health care needs, (2) develop and disseminate needed health care and home and community-based services (HCBS) information to families and providers, (3) collaborate with other Family-to-Family Health Care Information and Education Centers to benefit children with special health care needs, and (4) promote the philosophy of individual and family-directed supports CMS is collaborating with the Health Resources and Services Administration (HRSA) in this initiative. In 2001, the HRSA, Maternal and Child Health Bureau, initiated a program to develop the capacities of families with children with special health care needs and assist States to meet their *Healthy People 2010* objectives for community-based services for children with special health care needs. The HRSA program is also entitled Family-to-Family Health Care Information and Education Centers. (For information on the *Healthy People 2010* initiative, please visit the Web site at <http://www.healthypeople.gov>.) CMS recognizes the wealth of knowledge that exists among parents who have years of experience with the long-term care system and the potential for this knowledge to be of assistance to other families and service providers. The goals of this initiative are to increase both access to and choice in HCBS for families who have children with special health care needs. Applicants must demonstrate that the project (1) establishes new capacity, (2) does not duplicate existing work or supplant existing funding, and (3) devotes all funding under the new proposal to endeavors that advance the goal and vision of the Information and Education Centers grant program.

Status: The project is in the start-up phase. ■

Family-to-Family Health Care Information and Education Centers

Project No: 95-P-92139/00-01
Project Officer: Kathy Rama
Period: September, 2003 to September, 2006
Funding: \$149,991
Principal Investigator: Jayson Smart
Award: Grant
Awardee: Stone Soup Group
 2401 East 42nd Avenue, Suite 202
 Anchorage, AK 99508

Family-to-Family Health Care Information and Education Centers

Project No: 95-P-92020/08-01
Project Officer: Kathy Rama
Period: September, 2003 to September, 2006
Funding: \$150,000
Principal Investigator: Christy Blakely
Award: Grant
Awardee: Cerebral Palsy of Colorado
 Family Voices of Colorado
 2200 South Jasmine Street
 Denver, CO 80222

Family-to-Family Health Care Information and Education Centers

Project No: 95-P-92093/05-01
Project Officer: Kathy Rama
Period: September, 2003 to September, 2006
Funding: \$150,000
Principal Investigator: Donna Gore Olsen
Award: Grant
Awardee: Parents, Let's Unite for Kids
 4755 Kingway Drive, Suite 105
 Indianapolis, IN 46205

Family-to-Family Health Care Information and Education Centers

Project No: 95-P-92063/08-01
Project Officer: Kathy Rama
Period: September, 2003 to September, 2006
Funding: \$150,000
Principal Investigator: Dennis Moore
Award: Grant
Awardee: Parents, Let's Unite for Kids
 4755 Kingway Drive, Suite 105
 Indianapolis, IN 46205

Family-to-Family Health Care Information and Education Centers

Project No: 95-P-92038/03-01
Project Officer: Kathy Rama
Period: September, 2003 to September, 2006
Funding: \$150,000
Principal Investigator: Josie Thomas
Award: Grant
Awardee: The Parents Place of Maryland, Inc.
 7484 Candlewood Road, Suite S
 Hanover, MD 21076

Family-to-Family Health Care Information and Education Centers

Project No: 95-P-92042/02-01
Project Officer: Kathy Rama
Period: September, 2003 to September, 2006
Funding: \$150,000
Principal Investigator: Diana MTK Autin
Award: Grant
Awardee: Statewide Parent Advocacy Network of New Jersey, Inc. (SPAN)
 35 Halsey Street
 Newark, NJ 07120

Family-to-Family Health Care Information and Education Centers

Project No: 95-P-92112/07-01
Project Officer: Kathy Rama
Period: September, 2003 to September, 2006
Funding: \$150,000
Principal Investigator: Cheryl Dinnell
Award: Grant
Awardee: Family TIES of Nevada, Inc., Family Voices of Nevada
 PO Box 50815
 Sparks, NV 89435-0815

Family-to-Family Health Care Information and Education Centers

Project No: 95-P-92108/08-01
Project Officer: Kathy Rama
Period: September, 2003 to September, 2006
Funding: \$150,000
Principal Investigator: Lynn Boettcher Fjellanger
Award: Grant
Awardee: South Dakota Parent Connection, Inc.
 3701 West 49th Street, Suite 200B
 Sioux Falls, SD 57103

Family-to-Family Health Care Information and Education Centers

Project No: 95-P-92056/05-01
Project Officer: Kathy Rama
Period: September, 2003 to September, 2006
Funding: \$142,972
Principal Investigator: Elizabeth Hecht
Award: Grant
Awardee: Family Voices of Wisconsin
 1500 Highland Avenue
 Madison, WI 53705

INDEPENDENCE PLUS INITIATIVE GRANTS

The Independence Plus Initiative Grants, part of the Real Choice Systems Change Grants for Community Living, will assist States in meeting the Federal expectations established by CMS for the approval of self-directed program waivers and demonstration projects within the Independence Plus framework. These expectations include person-centered planning, individual budgeting, self-directed supports (including financial management services and supports brokerage), and quality assurance and improvement systems (including the participant protections of emergency back-up and viable incident management systems).

Status: This project is in its start-up phase. ■

Independence Plus Initiative

Project No: 18-P-92019/08-01
Project Officer: Anita Yuskas
Period: September, 2003 to September, 2006
Funding: \$391,137
Principal Investigator: William West
Award: Grant
Awardee: Colorado DHCPF/Program Integrity Quality Improvement
 1570 Grant Street
 Denver, CO 80203

Independence Plus Initiative

Project No: 18-P-92079/01-01
Project Officer: Marguerite Schervish
Period: September, 2003 to September, 2006
Funding: \$175,000
Principal Investigator: Laura Nuss
Award: Grant
Awardee: Connecticut Department of Mental Retardation
 460 Capitol Avenue
 Hartford, CT 06016

Independence Plus Initiative

Project No: 18-P-92126/04-01
Project Officer: Anita Yuskas
Period: September, 2003 to September, 2006
Funding: \$501,801
Principal Investigator: Shelly Brantley
Award: Grant
Awardee: Florida Department of Children and Families
 1317 Winewood Boulevard
 Building 3
 Tallahassee, FL 32399

Independence Plus Initiative

Project No: 18-P-92088/04-01
Project Officer: Deondra Moseley
Period: September, 2003 to September, 2006
Funding: \$432,108
Principal Investigator: Darlene Meador
Award: Grant
Awardee: Georgia Department of Human Resources
 Division of MHDDAD
 2 Peachtree Street, NW 22.224
 Atlanta, GA 30303

Independence Plus Initiative

Project No: 18-P-92069/00-01
Project Officer: Deondra Moseley
Period: September, 2003 to September, 2006
Funding: \$499,643
Principal Investigator: David Rogers
Award: Grant
Awardee: Idaho Department of Health and Welfare, Division of Family and Community Services
 450 West State Street
 PO Box 83720
 Pocatello, ID 83720-0036

Independence Plus Initiative

Project No: 18-P-92071/06-01
Project Officer: Marguerite Schervish
Period: September, 2003 to September, 2006
Funding: \$499,889
Principal Investigator: Judy Moore
Award: Grant
Awardee: Louisiana Department of Health and Hospitals
 446 North 12th Street
 Baton Rouge, LA 70802

Independence Plus Initiative

Project No: 18-P-92119/01-01
Project Officer: Deondra Moseley
Period: September, 2003 to September, 2006
Funding: \$499,992
Principal Investigator: Darlene O'Connor
Award: Grant
Awardee: University of Massachusetts Medical School
 55 Lake Avenue North
 Worcester, MA 01655

Independence Plus Initiative

Project No: 18-P-92066/01-01
Project Officer: Anita Yuskauskas
Period: September, 2003 to September, 2006
Funding: \$500,000
Principal Investigator: Jane Gallivan
Award: Grant
Awardee: Department of Behavioral and Development Services of Maine
 State House Station #40 Kennebec County
 Augusta, ME 04333

Independence Plus Initiative

Project No: 18-P-92062/07-01
Project Officer: Anita Yuskauskas
Period: September, 2003 to September, 2006
Funding: \$427,461
Principal Investigator: Kay Green
Award: Grant
Awardee: State of Missouri Department of Mental Health
 1706 East Elm Street
 Jefferson City, MO 65102

Independence Plus Initiative

Project No: 18-P-92116/05-01
Project Officer: Melissa Harris
Period: September, 2003 to September, 2006
Funding: \$478,600
Principal Investigator: Michael Head
Award: Grant
Awardee: Michigan Department of Community Health
 320 South Walnut
 PO Box 30479
 Lansing, MI 48909

Independence Plus Initiative

Project No: 18-P-92047/08-01
Project Officer: Anita Yuskauskas
Period: September, 2003 to September, 2006
Funding: \$499,963
Principal Investigator: Denise C. King
Award: Grant
Awardee: Montana Department of Public Health and Human Services
 Disability Service Division
 PO Box 4210
 Helena, MT 59604

Independence Plus Initiative

Project No: 18-P-92054/05-01
Project Officer: Deondra Moseley
Period: September, 2003 to September, 2006
Funding: \$500,000
Principal Investigator: Dana Charlton
Award: Grant
Awardee: Ohio Department of Mental Retardation/Development Disability
 35 East Chestnut Street, 5th Floor
 Columbia, OH 43215-2541

MONEY FOLLOWS THE PERSON REBALANCING INITIATIVE GRANTS

The Money Follows the Person Rebalancing Initiative Grants, part of the Real Choice Systems Change Grants for Community Living, will enable States to develop and implement strategies to reform the financing and service designs of State long-term support systems so that (1) a coherent package of State plan and home- and community-based services waiver services is available in a manner that permits funding to “follow the person” to the most appropriate and preferred setting, and (2) financing arrangements exist that enable transition services for individuals who transition between institution and community settings.

Status: This project is in its start-up phase. ■

Money Follows the Person

Project No: 11-P-92077/09-01
Project Officer: Mary Clarkson
Period: September, 2003 to
September, 2006
Funding: \$750,000
Principal Investigator: Carol Freels
Award: Grant
Awardee: California Department of Health Services, Office of Long-Term Care Suite 71.6031
PO Box 942732, MS 0018
Sacramento, CA 94234

Money Follows the Person

Project No: 11-P-92045/00-01
Project Officer: Mary Clarkson
Period: September, 2003 to
September, 2006
Funding: \$749,999
Principal Investigator: Beth Stamm
Award: Grant
Awardee: Idaho Department of Health and Welfare, Division of Family and Community Services
450 West State Street
PO Box 83720
Pocatello, ID 83720-0036

Money Follows the Person

Project No: 11-P-92023/01-01
Project Officer: Mary Clarkson
Period: September, 2003 to
September, 2006
Funding: \$750,000
Principal Investigator: David Goddu
Award: Grant
Awardee: Department of Behavioral and Development Services of Maine
State House Station #40
Kennebec County
Augusta, ME 04333

Money Follows the Person

Project No: 11-P-92115/05-01
Project Officer: Jean Close
Period: September, 2003 to
September, 2006
Funding: \$746,650
Principal Investigator: Michael Head
Award: Grant
Awardee: Michigan Department of Community Health
320 South Walnut
PO Box 30479
Lansing, MI 48909

Money Follows the Person

Project No: 11-P-92044/09-01
Project Officer: Linda Abbott
Period: September, 2003 to
September, 2006
Funding: \$749,999
Principal Investigator: Todd Butterworth
Award: Grant
Awardee: Nevada Department of Human Resources
3656 Research Way, Suite 32
Carson City, NV 89706

Money Follows the Person

Project No: 11-P-92123/03-01
Project Officer: Jean Close
Period: September, 2003 to September, 2006
Funding: \$698,211
Principal Investigator: Gregory Howe
Award: Grant
Awardee: Commonwealth of Pennsylvania
 Department of Public Welfare
 PO Box 2675
 Harrisburg, PA 17105

Money Follows the Person

Project No: 11-P-92101/06
Project Officer: Jean Close
Period: September, 2003 to September, 2006
Funding: \$730,422
Principal Investigator: Cindy Kenneally
Award: Grant
Awardee: Texas Department of Human Services
 PO Box 149030, Mailcode W521
 Austin, TX 78714-9030

Money Follows the Person

Project No: 11-P-92041/00-01
Project Officer: Linda Abbott
Period: September, 2003 to September, 2006
Funding: \$608,008
Principal Investigator: Nicole Williams
Award: Grant
Awardee: Washington Department of Social and Health Services
 PO Box 45600
 Olympia, WA 98503-5503

Money Follows the Person

Project No: 11-P-92010/05-01
Project Officer: Linda Abbott
Period: September, 2003 to September, 2006
Funding: \$743,813
Principal Investigator: Thomas Swant
Award: Grant
Awardee: Wisconsin DHFS/Division of Disability and Elder Services
 One West Wilson Street
 PO Box 7850
 Madison, WI 53707-7850

National Resource Center on Home and Community-Based Services—Quality Under Home and Community-Based Waiver

Project No: 500-96-0006/02
Project Officers: Thomas Shenk and Hunter McKay
Period: September, 1999 to September, 2004
Funding: \$3,463,070
Principal Investigator: Brian Burwell
Award: Task Order
Awardee: Medstat Group (DC)
 600 Maryland Avenue, SW
 Suite 550
 Washington, DC 20024-2512

Description: The purpose of this project is to develop and test the effectiveness of a National Consortium and Resource Center (NCRC) to improve access to consumer responsive home and community-based long-term care for people with disabilities of all ages. The long-range purpose of such a center would be to foster long-term care policies and practices that:

- Assist in "leveling the playing field" between institutional and community-based models of long-term care
- Provide consumers with more control over choosing the setting in which they receive long-term care
- Expand the range of high quality consumer responsive residential options, personal assistance, other home and community-based supports and health-related services available to people with significant mental and physical disabilities who wish to live in home and community-based settings
- Promote parity and equity between the availability of institutional and home and community-based long-term care

- Explore the potential for managed care organizations to utilize and expand consumer-directed home and community care
- Support financing and delivery approaches to consumer-responsive home and community-based services (HCBS) that enable States to manage and control their long-term care expenditures

During a 24-month development period, this project will focus on two related activities that could become the core of a fully operational NCRC. First, project staff will explore the effectiveness of a variety of national and State level strategies for supporting collaborative planning and problem solving among various stakeholders who influence the direction of long-term care policy reform (including Federal and State policy of officials, representatives of the aging and disability community, and providers). Second, they will try out several different approaches to equipping the various stakeholders with the information, tools, and technologies they need to plan and implement cost-effective systems of consumer-responsive home and community-based services.

Status: In addition to the basic activities, this project also has five significant sub-activities: (1) the creation of a national inventory of quality improvement, (2) the development of systems and procedures for the collection, analysis, and management of long-term care data, (3) performance measurement for the quality of care, (4) research on the availability and adequacy of personal assistance services, and (5) the collection, analysis and dissemination of promising practices. ■

National State-to-State Technical Assistance Program for Community Living

Project No: 11-P-92015/02-01
Project Officer: Cathy Cope
Period: September, 2003 to September, 2006
Funding: \$4,399,959
Principal Investigator: Donna J. Foster
Award: Grant
Awardee: Rutgers, The State University of New Jersey/Center for State Health Policy
 3 Rutgers Plaza, Cook Campus
 New Brunswick, NJ 08901

Description: The Real Choice Systems Change Grants for Community Living are designed to remove barriers to equality for the 54 million Americans living with disabilities. These grants are intended to foster the systemic changes to enable children and adults of any age who have a disability or long-term illness to:

- Live in the most integrated community setting appropriate to their individual support requirements and their preferences
- Exercise meaningful choices about their living environments, the providers of services they receive, the types of supports they use, and the manner by which services are provided
- Obtain quality services in a manner as consistent as possible with their community living preferences and priorities

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, these systems change grants represent a major initiative to promote the design and delivery of home and community-based services that support people with a disability or long-term illness to live and participate in their communities. These grants are a part of the President's New Freedom Initiative.

For additional information concerning the Real Choice Systems Change Grants for Community Living, please visit our Web site at www.cms.hhs.gov. For additional information regarding the New Freedom Initiative, please visit the Web site at <http://www.whitehouse.gov/infocus/newfreedom>.

Status: This project is in the start-up phase. ■

National Technical Assistance Exchange for Community Living—ILRU

Project No: 11-P-91554/06
Project Officer: Cathy Cope
Period: September, 2001 to September, 2004
Funding: \$4,322,121
Principal Investigator: Richard Petty
Award: Grant
Awardee: Independent Living Research Utilization
 2323 South Shepherd, Suite 1000
 Houston, TX 77019

Description: This awardee, working jointly with Rutgers Center for State Health Policy, will develop, plan, and implement all technical assistance activities related to the Real Choice Systems Change projects. They will establish a single advisory group to provide feedback and input. They will ensure that people with disabilities and long-term illnesses are meaningfully involved in the activities undertaken as a result of grant funding. They will also facilitate involvement of State agencies, providers, and other public and private partners.

Together they will produce a Technical Assistance Integrated Management and Operations plan. They will assist States in addressing barriers to hiring staff.

Status: The project is under way. ■

National Technical Assistance Exchange for Community Living—Rutgers

Project No: 11-P-91512/02
Project Officer: Cathy Cope
Period: September, 2001 to September, 2004
Funding: \$4,322,121
Principal Investigator: Susan Reinhard
Award: Grant
Awardee: Rutgers, The State University of New Jersey
 Center for State Health Policy
 317 George Street, Suite 400
 New Brunswick, NJ 08901-2008

Description: This awardee, working jointly with Independent Living Research Utilization, will develop, plan, and implement all technical assistance activities related to the Real Choice Systems Change projects. They will establish a single advisory group to provide feedback and input. They will ensure that people with disabilities and long-term illnesses are meaningfully involved in the activities undertaken as a result of grant funding. They will also facilitate involvement of State agencies, providers, and other public and private partners. Together they will produce a Technical Assistance Integrated Management and Operations plan. They will assist States in addressing barriers to hiring staff.

Status: The project is under way. ■

Providing Technical Assistance to Consumer Task Forces

Project No: 11-P-92073/07-01
Project Officer: Cathy Cope
Period: September, 2003 to September, 2006
Funding: \$549,999
Principal Investigator: Henry Claypool
Award: Grant
Awardee: Topeka Independent Living Resource Center
 Consortium on Leadership Real Choice
 501 SW Jackson, Suite 100
 Topeka, KS 66603

Description: The Community-Integrated Personal Assistance Services and Supports Grants are a part of the Real Choice Systems Change Grants for Community Living. Personal assistance is the most frequently used service that enables people with a disability or long-term illness to live in the community. Many States have taken a leadership role in designing systems that not only offer the basic personal assistance service but also make that service available in a manner that affords consumers maximum control over the selection of individuals working on their behalf and the manner in which services are provided. These particular projects will assist States to improve personal assistance services that are consumer-directed or offer maximum individual control. For additional information concerning these grants, please visit our Web site at www.cms.hhs.gov.

Status: This project is in the start-up phase. ■

REAL CHOICE SYSTEMS CHANGE “STARTER GRANTS”

This grant helps the State 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. This project is one of the initial “Starter Grants” 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 award is one way CMS assists the State with “up-front” expenses such as organizing or supporting a consumer task force or a public-private partnership.

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

Real Choice Systems Change “Starter Grant”

Project No: 10-P-91385/07
Project Officer: Mary Guy
Period: February, 2001 to September, 2003
Funding: \$50,000
Principal Investigator: Karl Hockenbarger
Award: Grant
Awardee: Kansas Department of Social and Rehabilitation Services
 Docking State Office Building
 915 SW Harrison Street
 Topeka, KS 66612-1570

Real Choice Systems Change “Starter Grant”

Project No: 10-P-91401/09
Project Officer: Mary Guy
Period: February, 2001 to December, 2003
Funding: \$50,000
Principal Investigator: Adjit Bindra
Award: Grant
Awardee: California Department of Health Services
 1501 Capitol Avenue
 Suite 71.6086, MS 4000
 PO Box 942732
 Sacramento, CA 94234-7320

REAL CHOICE SYSTEMS CHANGE GRANTS

The Real Choice Systems Change Grants for Community Living are designed to remove barriers to equality for the 54 million Americans living with disabilities. These grants are intended to foster the systemic changes to enable children and adults of any age who have a disability or long-term illness to:

- Live in the most integrated community setting appropriate to their individual support requirements and their preferences
- Exercise meaningful choices about their living environments, the providers of services they receive, the types of supports they use, and the manner by which services are provided
- Obtain quality services in a manner as consistent as possible with their community living preferences and priorities

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, these systems change grants represent a major initiative to promote the design and delivery of home and community-based services that support people with a disability or long-term illness to live and participate in their communities. These grants are a part of the President’s New Freedom Initiative.

For additional information concerning the Real Choice Systems Change Grants for Community Living, please visit our Web site at www.cms.hhs.gov. For additional information regarding the New Freedom Initiative, please visit the Web site at <http://www.whitehouse.gov/infocus/newfreedom>.

Real Choice Systems Change—Alabama

Project No: 18-P-91592/04
Project Officer: Maria Reed
Period: September, 2001 to September, 2004
Funding: \$2,000,000
Principal Investigator: Marilyn Ferguson
Award: Grant
Awardee: Alabama Medicaid Agency
 1665 University Boulevard
 PO Box 5624
 Birmingham, AL 35294-0022

Status: This grant is in its third year of funding. ■

Real Choice Systems Change—Arkansas

Project No: 18-P-91598/06
Project Officer: Cathy Cope
Period: September, 2001 to September, 2004
Funding: \$1,385,000
Principal Investigator: Debbie Hopkins
Award: Grant
Awardee: Arkansas Department of Human Services
 329 Donaghey Plaza South
 PO Box 1437
 Little Rock, AR 72203

Status: This project is in its third year of funding. ■

Real Choice Systems Change—Delaware

Project No: 18-P-91557/03
Project Officer: Cathy Cope
Period: September, 2001 to September, 2004
Funding: \$1,200,000
Principal Investigator: Joseph B. Keyes
Award: Grant
Awardee: Delaware Health and Social Services (Dover)
 1901 North Dupont Highway
 New Castle, DE 19720

Status: This grant is in its third year of funding. ■

Real Choice Systems Change—Florida

Project No: 18-P-91636/04
Project Officer: Linda Abbott
Period: September, 2001 to September, 2004
Funding: \$2,000,000
Principal Investigator: Lloyd Tribley
Award: Grant
Awardee: Florida Department of Management Services
 4040 Esplanade Way, Suite 152
 Tallahassee, FL 32399

Status: This grant is in its third year of funding. ■

Real Choice Systems Change—Georgia

Project No: 18-P-91579/04-01
Project Officer: Melissa Harris
Period: September, 2002 to September, 2005
Funding: \$1,385,000
Principal Investigator: Betty Knott
Award: Grant
Awardee: Georgia Department of Human Resources
 Division of MHDDAD
 2 Peachtree Street, NW 22.224
 Atlanta, GA 30303

Status: This project is in its second year of funding. ■

Real Choice Systems Change—Guam

Project No: 18-P-91629/00
Project Officer: Mary Frances Laverdure
Period: September, 2001 to September, 2004
Funding: \$673,106
Principal Investigator: Peter John Camacho
Award: Grant
Awardee: Guam Department of Public Health and Social Services
 PO Box 2816
 Hagatna, GU 96932

Status: The project is under way. ■

Real Choice Systems Change—Hawaii

Project No: 18-P-91620/09
Project Officer: Patricia Helphenstine
Period: September, 2001 to September, 2004
Funding: \$1,350,000
Principal Investigator: Susan Chandler
Award: Grant
Awardee: Hawaii Department of Human Services
 Queen Liliuokalani Building
 1390 Miller Street
 Honolulu, HI 96813

Status: This is in its third year of funding. ■

Real Choice Systems Change—Idaho

Project No: 18-P-91537/00
Project Officer: Linda Abbott
Period: September, 2001 to September, 2004
Funding: \$1,102,148
Principal Investigator: Beth Stamm
Award: Grant
Awardee: Idaho Department of Health and Welfare
 450 West State Street, 5th Floor
 Boise, ID 83720-0036

Status: This grant is in its third year of funding. ■

Real Choice Systems Change—Illinois

Project No: 18-P-91511/05
Project Officer: Deondra Moseley
Period: September, 2001 to September, 2004
Funding: \$800,000
Principal Investigator: Krista Saputo
Award: Grant
Awardee: Illinois Department of Human Services
 425 South 4th Street
 Springfield, IL 62701

Status: This grant is in its third year of funding. ■

Real Choice Systems Change—Iowa

Project No: 18-P-91596/07
Project Officer: Jeannine Eberly
Period: September, 2001 to September, 2004
Funding: \$1,385,000
Principal Investigator: Lila Starr
Award: Grant
Awardee: Iowa Department of Human Services
 Hoover Building, 5th Floor, East 13th and Walnut Streets
 Des Moines, IA 50319-0114

Status: This project is in its third year of funding. ■

Real Choice Systems Change—Kentucky

Project No: 18-P-91602/04
Project Officer: Kathryn King
Period: September, 2001 to September, 2004
Funding: \$2,000,000
Principal Investigator: Timothy Hawley
Award: Grant
Awardee: Kentucky Cabinet for Health Services
 100 Fair Oaks Lane, 4E-B
 Frankfort, KY 40621

Status: This grant is in its third year of funding. ■

Real Choice Systems Change—Maine

Project No: 18-P-91540/01
Project Officer: Cathy Cope
Period: September, 2001 to September, 2004
Funding: \$2,300,000
Principal Investigator: Christine Zukas-Lessard
Award: Grant
Awardee: Maine Department of Human Services
 11 State House Station
 Augusta, ME 04333

Status: This project is in its third year of funding. ■

Real Choice Systems Change—Maryland

Project No: 18-P-91593/03
Project Officer: Cathy Cope
Period: September, 2001 to September, 2004
Funding: \$1,385,000
Principal Investigator: Mark Leeds
Award: Grant
Awardee: Maryland
 201 West Preston Street
 Baltimore, MD 21201

Status: This project is in its third year of funding. ■

Real Choice Systems Change—Massachusetts

Project No: 18-P-91632/01
Project Officer: Mark Reed
Period: September, 2001 to September, 2004
Funding: \$1,385,000
Principal Investigator: Jay Himmelstein
Award: Grant
Awardee: University of Massachusetts Medical School
 55 Lake Avenue North
 Worcester, MA 01655

Status: The project is under way. ■

Real Choice Systems Change—Michigan

Project No: 18-P-91663/05
Project Officer: Mark Reed
Period: September, 2001 to September, 2004
Funding: \$2,000,000
Principal Investigator: Brenda Fink
Award: Grant
Awardee: Michigan, Department of Community Health
 320 South Walnut
 PO Box 30479
 Lansing, MI 48909

Status: The project is under way. ■

Real Choice Systems Change—Minnesota

Project No: 18-P-91547/05
Project Officer: Jeannine Eberly
Period: September, 2001 to September, 2004
Funding: \$2,300,000
Principal Investigator: Karen Langenfeld
Award: Grant
Awardee: Minnesota Department of Human Services
 Human Services Building
 444 Lafayette Road
 St. Paul, MN 55155-3849

Status: This project is in its third year of funding. ■

Real Choice Systems Change—Missouri

Project No: 18-P-91535/07
Project Officer: Jeannine Eberly
Period: September, 2001 to September, 2004
Funding: \$2,000,000
Principal Investigator: Sheri Taylor
Award: Grant
Awardee: Missouri Department of Social Services
 615 Howerton Court
 PO Box 6500
 Jefferson City, MO 65102-6500

Status: This project is in its third year of funding. ■

Real Choice Systems Change—Montana

Project No: 18-P-91609/08
Project Officer: Patricia Helphenstine
Period: September, 2002 to September, 2005
Funding: \$1,313,996
Principal Investigator: John Zeeck
Award: Grant
Awardee: Montana Department of Public Health and Human Services
 PO Box 4210
 Helena, MT 59604-4210

Status: This project is in its second year of funding. ■

Real Choice Systems Change—Nebraska

Project No: 18-P-91568/07
Project Officer: Melissa Harris
Period: September, 2001 to September, 2004
Funding: \$2,000,000
Principal Investigator: Joni Thomas
Award: Grant
Awardee: Nebraska Department of Health and Human Services
 301 Centennial Mall South
 5th Floor
 PO Box 95044
 Lincoln, NE 68509-5026

Status: This project is in its third year of funding. ■

Real Choice Systems Change—Nevada

Project No: 18-P-91574/09-01
Project Officer: Melissa Harris
Period: September, 2002 to September, 2005
Funding: \$1,385,000
Principal Investigator: Judith Wright
Award: Grant
Awardee: Nevada Department of Human Resources
 505 East King Street
 Carson City, NV 89701

Status: This project is in its second year of funding. ■

Real Choice Systems Change—New Hampshire

Project No: 18-P-91516/01
Project Officer: Mary Frances Laverdure
Period: September, 2001 to September, 2004
Funding: \$2,300,000
Principal Investigator: Susan Fox
Award: Grant
Awardee: New Hampshire Department of Health and Human Services
 105 Pleasant Street
 Concord, NH 03301

Status: This grant is in its third year of funding. ■

Real Choice Systems Change—New Jersey

Project No: 18-P-91556/02
Project Officer: Kathryn King
Period: September, 2001 to September, 2004
Funding: \$2,000,000
Principal Investigator: William Ditto
Award: Grant
Awardee: New Jersey Department of Human Services
 222 South Warren Street
 PO Box 700
 Trenton, NJ 08625-0700

Status: This grant is in its third year of funding. ■

Real Choice Systems Change—New Mexico

Project No: 18-P-91644/06
Project Officer: Linda Abbott
Period: September, 2002 to September, 2005
Funding: \$1,385,000
Principal Investigator: Debbie Armstrong
Award: Grant
Awardee: New Mexico Department of Human Services, Medical Assistance Division
 228 East Palace Avenue
 La Villa Revera Building, 1st Floor
 Santa Fe, NM 87501

Status: This project is in its second year of funding. ■

Real Choice Systems Change—New York

Project No: 18-P-91664/02
Project Officer: Mary Clarkson
Period: September, 2002 to September, 2005
Funding: \$1,385,000
Principal Investigator: Betty Rice
Award: Grant
Awardee: New York Department of Health, DPPG, Office of Medicaid Management
 1 Commerce Plaza, Room 724
 Albany, NY 12237

Status: This project is in its second year of funding. ■

Real Choice Systems Change—North Carolina

Project No: 18-P-91661/04
Project Officer: Mary Frances Laverdure
Period: September, 2001 to September, 2004
Funding: \$1,600,000
Principal Investigator: Lynda McDaniel
Award: Grant
Awardee: North Carolina Department of Health and Human Services
 2511 Mail Service Center
 Raleigh, NC 27699-2515

Status: The project is under way. ■

Real Choice Systems Change—Ohio

Project No: 18-P-91611/05-01
Project Officer: Sue Knefley
Period: September, 2002 to September, 2005
Funding: \$1,385,000
Principal Investigator: Roland Hornbostel
Award: Grant
Awardee: Ohio Department of Job and Family Services
 50 West Broad Street, 9th Floor
 Columbus, OH 43215

Status: This project is in its second year of funding. ■

Real Choice Systems Change—Oklahoma

Project No: 18-P-91659/06-01
Project Officer: Thomas Shenk
Period: September, 2003 to September, 2005
Funding: \$1,385,999
Principal Investigator: Carey Garland
Award: Grant
Awardee: Oklahoma Department of Human Services
 Aging Services Division
 PO Box 25352
 Oklahoma City, OK 73125

Status: This project is in its second year of funding. ■

Real Choice Systems Change—Oregon

Project No: 18-P-91670/00
Project Officer: Kathryn King
Period: September, 2001 to September, 2004
Funding: \$2,000,996
Principal Investigator: Karl Reer
Award: Grant
Awardee: Oregon Department of Human Services
 2575 Bittern Street, NE
 Salem, OR 97309-0740

Status: This grant is in its third year of funding. ■

Real Choice Systems Change—South Carolina

Project No: 18-P-91555/04
Project Officer: Cathy Cope
Period: September, 2001 to September, 2004
Funding: \$2,300,000
Principal Investigator: Sue Scally
Award: Grant
Awardee: South Carolina Department of Health and Human Services
 PO Box 8206
 Columbia, SC 29202-8206

Status: This grant is in its third year of funding. ■

Real Choice Systems Change—Pennsylvania

Project No: 18-P-91561/03
Project Officer: Patricia Helphenstine
Period: September, 2002 to September, 2005
Funding: \$1,385,000
Principal Investigator: Cheryl Martin
Award: Grant
Awardee: Pennsylvania Department of Public Welfare
 PO Box 2675
 Harrisburg, PA 17105-2675

Status: This project is in its second year of funding. ■

Real Choice Systems Change—Tennessee

Project No: 18-P-91515/04
Project Officer: Kathryn King
Period: September, 2001 to September, 2004
Funding: \$1,768,604
Principal Investigator: Deborah Wolkhamer
Award: Grant
Awardee: Tennessee Department of Mental Health and Developmental Disabilities
 Cordell Hull Building, 3rd Floor
 425 5th Avenue, North
 Nashville, TN 37243

Status: This grant is in its third year of funding. ■

Real Choice Systems Change—Rhode Island

Project No: 18-P-91594/01-01
Project Officer: Sue Knefley
Period: September, 2002 to September, 2005
Funding: \$1,385,000
Principal Investigator: Frank Spinelli
Award: Grant
Awardee: Rhode Island Department of Human Services
 Center for Adult Health
 600 New London Avenue
 Cranston, RI 02920

Status: This project is in its second year of funding. ■

Real Choice Systems Change—Texas

Project No: 18-P-91543/06-01
Project Officer: Sue Knefley
Period: September, 2002 to September, 2005
Funding: \$1,385,000
Principal Investigator: Christy Fair
Award: Grant
Awardee: Texas Health and Human Services Commission
 PO Box 13247
 Austin, TX 78711-3247

Status: This project is in its second year of funding. ■

Real Choice Systems Change—Utah

Project No: 18-P-91539/08-01
Project Officer: Melissa Harris
Period: September, 2002 to September, 2005
Funding: \$1,385,000
Principal Investigator: Sjan Talbot
Award: Grant
Awardee: Utah Department of Human Services
 120 North 200 West, Suite 319
 PO Box 45500
 Salt Lake City, UT 84103

Status: This project is in its second year of funding. ■

Real Choice Systems Change—Vermont

Project No: 18-P-91565/01
Project Officer: Cathy Cope
Period: September, 2001 to September, 2004
Funding: \$2,000,000
Principal Investigator: Joan Haslett
Award: Grant
Awardee: Vermont Agency of Human Services
 103 South Main Street
 Waterbury, VT 05671-1601

Status: This project is in its third year of funding. ■

Real Choice Systems Change—Virginia

Project No: 18-P-91599/05
Project Officer: Sue Knefley
Period: September, 2001 to September, 2004
Funding: \$1,385,000
Principal Investigator: Diana Thorpe
Award: Grant
Awardee: Virginia Department of Medical Assistance Services
 600 East Broad Street, Suite 1300
 Richmond, VA 23219

Status: This grant is in its third year of funding. ■

Real Choice Systems Change—Washington

Project No: 18-P-91525/00-01
Project Officer: Melissa Harris
Period: September, 2002 to September, 2005
Funding: \$1,385,000
Principal Investigator: Cathy Cochran
Award: Grant
Awardee: Washington Department of Social and Health Services
 PO Box 45600
 Olympia, WA 98504

Status: This project is in its second year of funding. ■

Real Choice Systems Change—West Virginia

Project No: 18-P-91621/03
Project Officer: Patricia Helphenstine
Period: September, 2002 to September, 2005
Funding: \$1,313,996
Principal Investigator: Julie Shelton
Award: Grant
Awardee: West Virginia Department of Health and Human Resources Behavioral and Alternative Health Care
 State Capitol Complex, Building 3 Room 251
 Charleston, WV 25305

Status: This project is in its second year of funding. ■

Real Choice Systems Change—Wisconsin

Project No: 18-P-91587/05-01
Project Officer: Melissa Harris
Period: September, 2002 to September, 2005
Funding: \$1,385,000
Principal Investigator: Gail Propsom
Award: Grant
Awardee: Wisconsin Department of Health and Family Services/DDES
 One West Wilson Street
 PO Box 7851
 Madison, WI 53707-7851

Status: This project is in its second year of funding. ■

REAL CHOICE SYSTEMS CHANGE GRANTS FOR COMMUNITY LIVING—RESPITE FOR ADULTS GRANTS

The Respite for Adults Grants, part of the Real Choice Systems Change Grants for Community Living, will enable States to conduct studies assessing the feasibility of developing respite projects for caregivers of adults through Medicaid or other funding streams. States may examine the feasibility of providing respite for adults, as if it were a Medicaid service, to a limited target group (i.e., the elderly; individuals with mental illness, developmental disability, physical disability, etc.). Such projects will be expected to build in elements that are responsive to individual needs and offer the opportunity for consumer direction. For additional information concerning these grants, please visit our Web site at www.cms.hhs.gov.

Status: This project is in the start-up phase. ■

Real Choice Systems Change Grant for Community Living—Respite for Adults

Project No: 11-P-92097/09-01
Project Officer: Kathryn King
Period: September, 2003 to September, 2006
Funding: \$100,000
Principal Investigator: Jane Laciste
Award: Grant
Awardee: California Department of Mental Health System of Care—Adult Programs
 1600 9th Street, Room 130
 Sacramento, CA 95814

Real Choice Systems Change Grant for Community Living—Respite for Adults

Project No: 11-P-92134/02-01
Project Officer: Kathryn King
Period: September, 2003 to September, 2006
Funding: \$74,285
Principal Investigator: Lisa Baum
Award: Grant
Awardee: New York State Department of Health
 One Commerce Tower, Room 724
 Albany, NY 12260

Real Choice Systems Change Grant for Community Living—Respite for Adults

Project No: 11-P-92018/05-01
Project Officer: Kathryn King
Period: September, 2003 to September, 2006
Funding: \$73,854
Principal Investigator: Sharon Evanich
Award: Grant
Awardee: Ohio Department of Aging Administrative Division
 50 West Broad Street, 9th Floor
 Franklin County
 Columbus, OH 43215

Real Choice Systems Change Grant for Community Living—Respite for Adults

Project No: 11-P-92022/01-01
Project Officer: Kathryn King
Period: September, 2003 to September, 2006
Funding: \$100,000
Principal Investigator: Dianne Kayala
Award: Grant
Awardee: Rhode Island Department of Human Services, HCQFP, Center for Adult Health
 600 New London Avenue
 Cranston, RI 02920

REAL CHOICE SYSTEMS CHANGE GRANTS FOR COMMUNITY LIVING—RESPITE FOR CHILDREN GRANTS

The Respite for Adults Grants, part of the Real Choice Systems Change Grants for Community Living, will enable States to conduct feasibility studies and explore development of Medicaid respite projects specifically targeted for caregivers of children. States may examine the feasibility of providing respite for children, as if it were a Medicaid service, to a limited target group (i.e., children with a physical disability, mental illness, developmental disability, etc.). Such projects will be expected to build in elements that are responsive to individual needs and offer the opportunity for consumer direction. For additional information concerning these grants, please visit our Web site at www.cms.hhs.gov.

Status: This project is in the start-up phase. ■

Real Choice Systems Change Grant for Community Living—Respite for Children

Project No: 11-P-92004/04-01
Project Officer: John Kapustka
Period: September, 2003 to September, 2006
Funding: \$100,000
Principal Investigator: Dee Drake
Award: Grant
Awardee: Alabama Department of Mental Health and Mental Retardation
 RSA Union Building
 100 North Union Street
 PO Box 30141
 Montgomery, AL 36130

Real Choice Systems Change Grant for Community Living—Respite for Children

Project No: 11-P-92128/06-01
Project Officer: John Kapustka
Period: September, 2003 to September, 2006
Funding: \$75,000
Principal Investigator: Bruce Whitten
Award: Grant
Awardee: Arkansas Department of Human Services/Division of Developmental Disabilities Services/CMS
 PO Box 1437-Slot S380
 Little Rock, AR 72203

Real Choice Systems Change Grant for Community Living—Respite for Children

Project No: 18-P-92002/03-01
Project Officer: Fred Harris
Period: September, 2003 to September, 2006
Funding: \$100,000
Principal Investigator: Thomas Merrick
Award: Grant
Awardee: Maryland Department of Health and Mental Hygiene
 Mental Hygiene Administration
 55 Wade Avenue
 SGHC Mitchell Building
 Catonsville, MD 21228

Real Choice Systems Change Grant for Community Living—Respite for Children

Project No: 11-P-92033/05-01
Project Officer: Fred Harris
Period: September, 2003 to September, 2006
Funding: \$99,399
Principal Investigator: Sheri Falvay
Award: Grant
Awardee: Michigan Department of Community Health
 Lewis Case Building, 5th Floor
 Lansing, MI 48913

Real Choice Systems Change Grant for Community Living—Respite for Children

Project No: 18-P-92133/00-01
Project Officer: Fred Harris
Period: September, 2003 to September, 2006
Funding: \$99,274
Principal Investigator: Mike J. Maley
Award: Grant
Awardee: Oregon Department of Human Services for Seniors and People with Disabilities
 500 Summer Street, NE, E-02
 Salem, OR 97301-1073

Real Choice Systems Change Grant for Community Living—Respite for Children

Project No: 11-P-92014/01-01
Project Officer: John Kapustka
Period: September, 2003 to September, 2006
Funding: \$100,000
Principal Investigator: Deborah Florio
Award: Grant
Awardee: Rhode Island Department of Human Services, HCQFP
 Center for Adult Health
 600 New London Avenue
 Cranston, RI 02920

Research on System Change for Community Living

Project No: 500-00-0044/02
Project Officer: Mary Frances Laverdure
Period: September, 2001 to September, 2006
Funding: \$1,899,996
Principal Investigator: Richard Strowd
Award: Task Order
Awardee: Research Triangle Institute (DC)
 1615 M Street, NW, Suite 740
 Washington, DC 20036-3209

Description: The Centers for Medicare & Medicaid Services (CMS) has awarded a number of Systems Change Grants for Community Living. The goal of this related project is to conduct both formative and summative evaluation activities. The project will capture relevant data about:

- The target populations selected by the grantees for systemic change activities
- The specific long-term care needs of the populations to be addressed in systems change activities
- The similarities and differences between methods selected by grantees to address the needs identified in their State
- The challenges and barriers faced by grantees in addressing the long-term care needs of their selected populations
- The changes made in the provision of long-term care in the grantee States as a result of the activities of the grantees
- The factors influencing environments to create successful systems change

The project will also establish the initial framework and foundation for future summative evaluation activities, including:

- Outcome evaluations to measure whether the Systems Change Grants have caused demonstrable effects
- Impact evaluation to assesses the net effects both intended and unintended of the Systems Change Grants

- Value evaluation to examine the cost effectiveness of systems changes; the individual value to the consumer in the promotion of dignity, independence, individual responsibility, and choice; and self-direction, as well as the value to the community

Specifically, the project will:

- Collect, analyze, and evaluate data from the systems change activities of Systems Change Grantees regarding:
 - the extent of effectiveness and impact of consumer involvement in programmatic design, implementation, and evaluation
 - the types of direct services provided using grant funds, including the amount, duration, and scope of services provided
 - the types of changes made in State Medicaid programs to achieve enduring systems change
 - the changes in delivery of long-term services and supports and payment systems under State Medicaid programs and other funding streams
- Evaluate innovative systems and methods for delivery of community-based long-term care services and supports
- Perform research to assess the need for structural reforms of State Medicaid programs, and other Federal programs supporting long-term care
- Develop tools for measuring changes in access, availability, quality, and value of community-based long-term care
- Develop improved information resources to assist consumers and their representatives in choosing long-term care providers and supports
- Evaluate new payment and delivery models to improve access, availability, quality, and value of community-based long-term care

Status: This project is in year 2. ■

NURSING FACILITY TRANSITIONS, INDEPENDENT LIVING PARTNERSHIP GRANTS

Description: The Nursing Facility Transitions, Independent Living Partnership Grants, part of the

Real Choice Systems Change Grants for Community Living, will help States transition eligible individuals from nursing facilities to the community through grants to support independent living partnerships to selected independent living centers (ILCs). These grants will promote partnerships between ILCs and States to support nursing facility transitions.

Nursing Facility Transitions, Independent Living Partnership

Project No: 18-P-91656/04
Project Officer: Maria Reed
Period: September, 2001 to September, 2004
Funding: \$450,000
Principal Investigator: Daniel Kessler
Award: Grant
Awardee: Mid Alabama Chapter of the Alabama Coalition of Citizens with Disabilities
 206 13th Street South
 Birmingham, AL 35233-1317

Status: This grant is in its third year of funding. ■

Nursing Facility Transitions, Independent Living Partnership

Project No: 18-P-91582/09-01
Project Officer: Thomas Shenk
Period: September, 2002 to September, 2005
Funding: \$337,500
Principal Investigator: Sandy Hobart
Award: Grant
Awardee: Community Resources for Independence
 980 Hopper Avenue
 Santa Rosa, CA 95403

Status: This project is in its second year of funding. ■

Nursing Facility Transitions, Independent Living Partnership

Project No: 18-P-91528/03-01
Project Officer: Thomas Shenk
Period: September, 2002 to September, 2005
Funding: \$270,000
Principal Investigator: Larry Henderson
Award: Grant
Awardee: Independent Resources Inc
 Two Fox Point Centre
 6 Denny Road, Suite 205
 Wilmington, DE 19809

Status: This project is in its second year of funding. ■

Nursing Facility Transitions, Independent Living Partnership

Project No: 18-P-91650/04
Project Officer: Mary Guy
Period: September, 2001 to September, 2004
Funding: \$400,000
Principal Investigator: Rebecca Ramage-Tuttle
Award: Grant
Awardee: DisABILITY LINK
 755 Commerce Drive, Suite 415
 Decatur, GA 30030

Status: This project is in its third year of funding. ■

Nursing Facility Transitions, Independent Living Partnership

Project No: 18-P-91513/05-01
Project Officer: Mary Frances Laverdure
Period: September, 2002 to September, 2005
Funding: \$400,000
Principal Investigator: David Hancox
Award: Grant
Awardee: Metropolitan Center for Independent Living
 1600 University Avenue West
 Suite 16
 St Paul, MN 55104-3834

Status: This project is in its second year of funding. ■

Nursing Facility Transitions, Independent Living Partnership

Project No: 18-P-91637/02-01
Project Officer: Mary Guy
Period: September, 2002 to September, 2005
Funding: \$400,000
Principal Investigator: Pamela Reid
Award: Grant
Awardee: Resources for Independent Living Inc.
 126 Franklin Street
 Riverside, NJ 08075

Status: This project is in its second year of funding. ■

Nursing Facility Transitions, Independent Living Partnership

Project No: 18-P-91580/06
Project Officer: Mary Guy
Period: September, 2001 to September, 2004
Funding: \$308,178
Principal Investigator: Ronald Rocha
Award: Grant
Awardee: ARCIL, Inc.
 825 East Rundberg Lane, Suite A-1
 Austin, TX 78753

Status: This grant is in its third year of funding. ■

Nursing Facility Transitions, Independent Living Partnership

Project No: 18-P-91626/08-01
Project Officer: Mary Guy
Period: September, 2002 to September, 2005
Funding: \$400,000
Principal Investigator: Debra Mair
Award: Grant
Awardee: Utah Independent Living Center Inc.
 3445 South Main Street
 Salt Lake City, UT 84115

Status: This project is in its second year of funding. ■

Nursing Facility Transitions, Independent Living Partnership

Project No: 18-P-91551/05
Project Officer: Mary Clarkson
Period: September, 2001 to September, 2004
Funding: \$450,000
Principal Investigator: Kathie Knoble-Ivevson
Award: Grant
Awardee: Great Rivers Independent Living Services, Inc.
 4328 Norman Coulee Road
 Lacrosse, WI 54601

Status: The project is under way. ■

NURSING FACILITY TRANSITIONS, STATE PROGRAM GRANTS

The Nursing Facility Transitions, State Program Grants, part of the Real Choice Systems Change Grants for Community Living, will help States transition eligible individuals from nursing facilities to the community. State program grants can be used for a wide range of activities, e.g., a State may wish to use State program grant funds to develop strategies for linking individuals with disabilities to Section 8 rental housing vouchers or developing other coordinated housing strategies. They will help individual States 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 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.

Nursing Facility Transitions, State Program

Project No: 18-P-91569/04-01
Project Officer: Thomas Shenk
Period: September, 2002 to September, 2005
Funding: \$770,000
Principal Investigator: Mellissa Mauser Galvin
Award: Grant
Awardee: Alabama Medicaid Agency
 1665 University Boulevard
 PO Box 5624
 Birmingham, AL 35294-0022

Status: This project is in its second year of funding. ■

Nursing Facility Transitions, State Program

Project No: 18-P-91585/00
Project Officer: Mary Guy
Period: September, 2001 to
 September, 2004
Funding: \$800,000
Principal Investigator: Christina Klein
Award: Grant
Awardee: Alaska Department of
 Administration
 3601 C Street, Suite 310
 Anchorage, AK 99503

Status: The project is under way. ■

Nursing Facility Transitions, State Program

Project No: 18-P-91544/01
Project Officer: Thomas Shenk
Period: September, 2001 to
 September, 2004
Funding: \$800,000
Principal Investigator: Michele Parsons
Award: Grant
Awardee: Connecticut Department of Social
 Services
 25 Sigourney Street
 Hartford, CT 06106-5033

Status: This grant is in its third year of funding. ■

Nursing Facility Transitions, State Program

Project No: 18-P-91583/06-01
Project Officer: Thomas Shenk
Period: September, 2002 to
 September, 2005
Funding: \$598,444
Principal Investigator: Kris Baldwin
Award: Grant
Awardee: Arkansas Department of Human
 Services
 329 Donaghey Plaza South
 PO Box 1437
 Little Rock, AR 72203

Status: This project is in its second year of funding. ■

Nursing Facility Transitions, State Program

Project No: 18-P-91534/03-01
Project Officer: Thomas Shenk
Period: September, 2002 to
 September, 2005
Funding: \$566,772
Principal Investigator: Victor Orija
Award: Grant
Awardee: Delaware Health and Social
 Services (Dover)
 1901 North Dupont Highway
 New Castle, DE 19720

Status: This project is in its second year of funding. ■

**Nursing Facility Transitions, State
Program Grants**

Project No: 18-P-91651/08
Project Officer: Thomas Shenk
Period: September, 2001 to
 September, 2004
Funding: \$800,000
Principal Investigator: Kristie Braaten
Award: Grant
Awardee: Colorado Department of Health
 Care Policy and Financing
 1570 Sherman Street
 Denver, CO 80203-1714

Status: The project is under way. ■

Nursing Facility Transitions, State Program

Project No: 18-P-91638/04
Project Officer: Mary Guy
Period: September, 2001 to
 September, 2004
Funding: \$6,272,111
Principal Investigator: Bonnie Hurd
Award: Grant
Awardee: Georgia Department of
 Community Health
 2 Peachtree Street, NW
 37th Floor
 Atlanta, GA 30303

Status: This project is in its final year of funding. ■

Nursing Facility Transitions, State Program

Project No: 18-P-91655/05
Project Officer: Mary Guy
Period: September, 2001 to
September, 2004
Funding: \$770,000
Principal Investigator: Alison Becker
Award: Grant
Awardee: Indiana Family and Social Services
Administration
402 West Washington Street
Room W-451
PO Box 7083
Indianapolis, IN 46207-7083

Status: This project is in its third year of funding. ■

Nursing Facility Transitions, State Program

Project No: 18-P-91576/06-01
Project Officer: Thomas Shenk
Period: September, 2002 to
September, 2005
Funding: \$600,000
Principal Investigator: Helene Robinson
Award: Grant
Awardee: Louisiana Department of Health
and Hospitals
PO Box 2870, Bin 30
Baton Rouge, LA 70821-2870

Status: This project is in its second year of funding. ■

Nursing Facility Transitions, State Program

Project No: 18-P-91524/03
Project Officer: Mary Clarkson
Period: September, 2001 to
September, 2004
Funding: \$800,000
Principal Investigator: Rhoda Workman
Award: Grant
Awardee: Maryland Department of Human
Resources
311 West Saratoga Street
Baltimore, MD 21201-3521

Status: This grant is in its third year of funding. ■

Nursing Facility Transitions, State Program

Project No: 18-P-91591/01
Project Officer: Kathryn King
Period: September, 2001 to
September, 2004
Funding: \$770,000
Principal Investigator: Margaret Chow-Menzer
Award: Grant
Awardee: Massachusetts Department of
Mental Retardation
500 Harnson Avenue
Boston, MA 02118

Status: This grant is in its third year of funding. ■

Nursing Facility Transitions, State Program

Project No: 18-P-91667/05
Project Officer: Mary Guy
Period: September, 2001 to
September, 2004
Funding: \$770,000
Principal Investigator: David Verseput
Award: Grant
Awardee: Michigan Department of
Community Health
Lewis Case Building, 5th Floor
Lansing, MI 48913

Status: This project is in its third year of funding. ■

Nursing Facility Transitions, State Program

Project No: 18-P-91520/07-01
Project Officer: Mary Clarkson
Period: September, 2002 to
September, 2005
Funding: \$600,000
Principal Investigator: Mary Jo Iwan
Award: Grant
Awardee: Nebraska Department of Health
and Human Services
301 Centennial Mall South
5th Floor
PO Box 95044
Lincoln, NE 68509-5026

Status: This project is in its second year of funding. ■

Nursing Facility Transitions, State Program

Project No: 18-P-91639/01
Project Officer: Mary Frances Laverdure
Period: September, 2001 to
 September, 2004
Funding: \$770,000
Principal Investigator: Todd Ringlestein
Award: Grant
Awardee: New Hampshire Department of
 Health and Human Services
 105 Pleasant Street
 Concord, NH 03301

Status: The project is under way. ■

Nursing Facility Transitions, State Program

Project No: 18-P-91642/01-01
Project Officer: Thomas Shenk
Period: September, 2002 to
 September, 2005
Funding: \$600,000
Principal Investigator: Dianne Kayala
Award: Grant
Awardee: Rhode Island Department of
 Human Services, HCQFP, Center
 for Adult Health
 600 New London Avenue
 Cranston, RI 02920

Status: This project is in its second year of funding. ■

Nursing Facility Transitions, State Program

Project No: 18-P-91559/02-01
Project Officer: Mary Guy
Period: September, 2002 to
 September, 2005
Funding: \$600,000
Principal Investigator: Sharon Briggs
Award: Grant
Awardee: New Jersey Department of Health
 and Senior Services, Division of
 Consumer Support, OLTCO,
 Community Choice Initiative
 PO Box 722
 Trenton, NJ 08625-0722

Status: This project is in its second year of funding. ■

Nursing Facility Transitions, State Program

Project No: 18-P-91552/04-01
Project Officer: Mary Clarkson
Period: September, 2002 to
 September, 2005
Funding: \$600,000
Principal Investigator: Kara Lewis
Award: Grant
Awardee: South Carolina Department of
 Health and Human Services
 PO Box 8206
 Columbia, SC 29202-8206

Status: This project is in its second year of funding. ■

Nursing Facility Transitions, State Program

Project No: 18-P-91649/04-01
Project Officer: Mary Guy
Period: September, 2002 to
 September, 2005
Funding: \$600,000
Principal Investigator: Lynne Perrin
Award: Grant
Awardee: North Carolina Department of
 Health and Human Services
 2511 Mail Service Center
 Raleigh, NC 27699-2515

Status: This project is in its second year of funding. ■

Nursing Facility Transitions, State Program

Project No: 18-P-91518/00
Project Officer: Thomas Shenk
Period: September, 2001 to
 September, 2004
Funding: \$770,000
Principal Investigator: Kristina Smock
Award: Grant
Awardee: Washington Aging and Adult
 Services Administration
 PO Box 45600
 Olympia, WA 98504-5600

Status: This grant is in its third year of funding. ■

Nursing Facility Transitions, State Program

Project No: 18-P-91623/03
Project Officer: Thomas Shenk
Period: September, 2001 to September, 2004
Funding: \$551,678
Principal Investigator: Julie Shelton
Award: Grant
Awardee: West Virginia Department of Health and Human Resources
 Bureau for Medical Services
 350 Capitol Street, Room 251
 Charleston, WV 25301-3706

Status: This grant is in its third year of funding. ■

Nursing Facility Transitions, State Program

Project No: 18-P-91672/05
Project Officer: Mary Clarkson
Period: September, 2001 to September, 2004
Funding: \$800,000
Principal Investigator: Gail Propsom
Award: Grant
Awardee: Department of Health and Family Services, Division of Supportive Living
 One West Wilson
 PO Box 7851
 Madison, WI 53707-7851

Status: This grant is in its third year of funding. ■

Nursing Facility Transitions, State Program

Project No: 18-P-91575/08-01
Project Officer: Mary Guy
Period: September, 2002 to September, 2005
Funding: \$600,000
Principal Investigator: Joan Franklin
Award: Grant
Awardee: Wyoming Department of Health
 6101 North Yellowstone Road
 Room 259B
 Cheyenne, WY 82002

Status: This project is in its second year of funding. ■

Nursing Home Transition 2000 Program Grant: Partnership for Community Living

Project No: 11-P-91208/04
Project Officer: Thomas Shenk
Period: September, 2000 to September, 2003
Funding: \$500,000
Principal Investigator: David Rogers
Award: Grant
Awardee: Florida Agency for Health Care Administration
 2727 Mahan Drive
 Tallahassee, FL 32308

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 start-up 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. ■

Nursing Home Transition Grant—Arkansas Passages

Project No: 11-P-91210/06
Project Officer: Thomas Shenk
Period: September, 2000 to September, 2002
Funding: \$500,000
Principal Investigator: Suzanne Crisp
Award: Grant
Awardee: Arkansas Department of Human Services
 329 Donaghey Plaza South
 PO Box 1437
 Little Rock, AR 72203

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. ■

Pennsylvania Nursing Home Transition Grant 2000

Project No: 11-P-91191/03
Project Officer: Thomas Shenk
Period: September, 2000 to September, 2003
Funding: \$500,000
Principal Investigator: Dale Laninga
Award: Grant
Awardee: Pennsylvania Department of Public Welfare
 PO Box 2675
 Harrisburg, PA 17105-2675

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. ■

New Freedom Initiative Research

Project No: 500-00-0021/02
Project Officer: Adrienne Delozier
Period: September, 2003 to September, 2005
Funding: \$1,099,768
Principal Investigator: Brian Burwell
Award: Task Order
Awardee: Medstat Group (DC)
 600 Maryland Avenue, SW
 Suite 550
 Washington, DC 20024-2512

Description: On June 22, 1999, the U.S. Supreme Court, in *Olmstead v. L.C.*, provided an important legal framework for State and Federal efforts to enable individuals with disabilities to live in the most integrated setting appropriate to their needs. This decision affirmed that no one should have to live in an institution or nursing home if they can live in the community with the right mix of supportive services for their long-term care. The Americans with Disabilities Act of 1990 (ADA) is both reinforced and clarified with the *Olmstead* decision. This decision has challenged the Federal Government and States to develop more opportunities for individuals with disabilities to live and participate in the community through more accessible systems of cost-effective community-based services. The Medicaid program plays a critical role in making long-term care available in the community by offering States many opportunities to deliver this care through mandatory State plan services like home health and optional services such as personal care. In addition, most States rely heavily on the Medicaid 1915(c), 1915(b), and 1115 waiver authorities to provide long-term care in the community.

On June 19, 2001, the President released an Executive Order aimed at expanding community-based alternatives for people with disabilities. He directed a number of Cabinet Secretaries, including Secretary of Health and Human Services (HHS) to “swift(ly) implement the *Olmstead* Decision (and) evaluate the policies, programs, statutes and regulations ... to determine whether any should be revised or modified to improve the availability of community-based service for qualified individuals with disabilities.” Each agency head was required to report to the President, through the Secretary of HHS, the results of their evaluation. A preliminary report, entitled *Delivering on the Promise*, was sent to the President on December 21, 2001. Individual agency and department reports were sent on March 25, 2002. The HHS Report is entitled *Progress on the Promise*.

This contract supports several tasks that further the goals of the ADA, the *Olmstead* Decision, and the New Freedom Initiative including:

- Collection, Analysis, and Dissemination of Promising Practices, State Planning and Infrastructure—Supports the dissemination of timely information about effective models of and new innovations around long-term support on program and policy innovations so that all States and stakeholders may benefit from the experiences of their peers across the country.
- Ongoing Collection and Analysis of State Data for Long-Term Care Services—Supports the development of a Waiver Management System Database that will allow the Center for Medicaid and State Operations to (1) better manage its waiver programs and other long-term care services, and (2) ascertain progress States are making toward increasing the availability of community care opportunities for individuals with disabilities and the development of more accessible system of cost-effective community-based care.
- Implementing New Freedom Executive Order—Funds research to conduct an in-depth analysis of the issues identified in the Report to the President and provides a further assessment of the identified barriers to fulfilling the ADA/Olmstead decision and implementing reforms in long-term care.
- Family or Individual Directed Community Services Research—Supports the development of a core curricula for “Paradigm Shift: Moving from Medical to Empowerment Model.”

Status: The project is under way. ■

ADA and Quality Initiatives

Project No: 500-00-0021/01
Project Officer: Adrienne Delozier
Period: September, 2003 to September, 2005
Funding: \$2,114,494
Principal Investigator: Brian Burwell
Award: Task Order
Awardee: Medstat Group (DC)
 600 Maryland Avenue, SW
 Suite 550
 Washington, DC 20024-2512

Description: On June 22, 1999, the U.S. Supreme Court, in *Olmstead v. L.C.*, provided an important legal framework for State and Federal efforts to enable individuals with disabilities to live in the most integrated setting appropriate to their needs. This decision affirmed that no one should have to live in an institution or nursing home if they can live in the community with the right mix of supportive services for their long-term care. The Americans with Disabilities Act of 1990 (ADA) is both

reinforced and clarified with the Olmstead decision. This decision has challenged the Federal Government and States to develop more opportunities for individuals with disabilities to live and participate in the community through more accessible systems of cost-effective community-based services. The Medicaid program plays a critical role in making long-term care available in the community by offering States many opportunities to deliver this care through mandatory State plan services like home health and optional services such as personal care. In addition, most States rely heavily on the Medicaid 1915(c), 1915(b), and 1115 waiver authorities to provide long-term care in the community.

On June 19, 2001, the President released an Executive Order aimed at expanding community-based alternatives for people with disabilities. He directed a number of Cabinet Secretaries, including the Secretary of Health and Human Services (HHS), to “swift(ly) implement the Olmstead Decision (and) evaluate the policies, programs, statutes and regulations . . . to determine whether any should be revised or modified to improve the availability of community-based service for qualified individuals with disabilities.” Each agency head was required to report to the President, through the Secretary of HHS, the results of their evaluation. A preliminary report, entitled *Delivering on the Promise*, was sent to the President on December 21, 2001. Individual agency and department reports were sent on March 25, 2002. The HHS Report is entitled *Progress on the Promise*.

This contract supports several tasks that further the goals of the ADA, the Olmstead Decision, and the New Freedom Initiative including:

- Ensuring Quality in the Medicaid Home and Community-Based Services (HCBS) Waiver Program—Provides a National Technical Assistance Contractor for the provision of technical assistance to States, the Centers for Medicare & Medicaid Services (CMS) Central Office, and CMS Regional Offices in the areas of quality management, including quality assurance and improvement.
- Resource Network for ADA/Olmstead—Supports the Web site HCBS.org that facilitates communication between States and consumers, provides seminal research and summaries on HCBS programs or initiatives, and provides important HCBS data.
- Olmstead-Informational Tools for States—Funds efforts by the National Conference of State Legislatures to help legislators understand their responsibilities and opportunities to provide cost-effective, high quality community-based services; develop systems that support employment of people with disabilities; and understand then comply with the *Olmstead v. L.C.* Supreme Court decision.

- Executive Order Administrative Costs—Will support the logistical planning and convening of two New Freedom Initiative Policy Summits.
- New Model Waivers—Will develop a training curriculum for CMS to present to States on self-direction in the context of Independence Plus waivers and demonstrations and implementing the required standards. Will also support technical assistance to States on implementation and CMS requirements related to Independence Plus.

Status: The project is under way. ■

Sustaining Culture Change in LTC Facilities for the Elderly

Project No: 18-P-91857/03-01
Project Officer: Mary Clarkson
Period: September, 2003 to September, 2004
Funding: \$99,350
Principal Investigator: Arthur W. Rashap
Award: Grant
Awardee: Jefferson Area Board for Aging
 674 Hillsdale Avenue, Suite 9
 Charlottesville, VA 22901

Description: The Nursing Facility Transitions, State Program Grants, part of the Real Choice Systems Change Grants for Community Living, will help States transition eligible individuals from nursing facilities to the community. State program grants can be used for a wide range of activities, e.g., a State may wish to use State program grant funds to develop strategies for linking individuals with disabilities to Section 8 rental housing vouchers or developing other coordinated housing strategies. They will help individual States 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 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. For additional information concerning these grants, please visit our Web site at www.cms.hhs.gov.

Status: This project is in the start-up phase. ■

Cash and Counseling Demonstration: Florida

Project No: 11-W-00117/04
Project Officer: Tonya Moore
Period: October, 1998 to February, 2008
Funding: \$0
Principal Investigator: Kerry Schoolfield
Award: Waiver-Only Project
Awardee: Florida Agency for Health Care Administration
 2727 Mahan Drive
 Tallahassee, FL 32308

Description: 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 will be assigned to either a treatment or a control group. Beneficiaries selected for the treatment group will 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 will be available to those members of the treatment group who wish to utilize them. Individuals assigned to the control group will 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, which funded the development of these projects; the Office of the Assistant Secretary for Planning and Evaluation within the Department of Health and Human Services, which is funding the evaluation; the National Program Office at the University of Maryland Center on Aging, which is performing various coordinating functions; and the National Council on Aging, which has served in an advisory capacity. 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.

Status: CMS approved the Florida operational protocol and conducted the initial portion of an operational readiness review. ■

New Jersey Cash and Counseling Demonstration

Project No: 11-W-00118/02
Project Officer: Melissa Harris
Period: May, 2000 to April, 2005
Funding: \$0
Principal Investigator: William Ditto
Award: Waiver-Only Project
Awardee: New Jersey Department of Human Services
 222 South Warren Street
 PO Box 700
 Trenton, NJ 08625-0700

Description: 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, and New Jersey. Persons chosen to participate in this demonstration will be assigned to either a treatment or a control group. Beneficiaries selected for the treatment group will 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 will be available to those members of the treatment group who wish to utilize them. Individuals assigned to the control group will 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, which funded the development of these projects; the Office of the Assistant Secretary for Planning and Evaluation within the Department of Health and Human Services, which is funding the evaluation; the National Program Office at the University of Maryland's Center on Aging, which is performing various coordinating functions; and the National Council on Aging, which has served in an advisory capacity. 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.

Status: New Jersey received approval on October 8, 2003, to align their 5 years of demonstration status with their period of implementation. The revised dates of Section 1115 authority are May 1, 2000, through April 30, 2005. ■

New York Cash and Counseling Demonstration: "Personal Preference Program"

Project No: 11-W-00119/02
Project Officer: Tonya Moore
Period: October, 1998 to October, 2003
Funding: \$0
Principal Investigator: Karen Calley
Award: Waiver-Only Project
Awardee: New York Department of Health (Albany)
 The Riverview Center, 4th Floor,
 150 Broadway
 Albany, NY 12204-2719

Description: 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. Section 1115 waiver projects were awarded to the States of Arkansas, Florida, New Jersey, and New York. Beneficiaries selected for the treatment group will 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 will be available to those members of the treatment group who wish to utilize them. Individuals assigned to the control group will receive PAS services from traditional Medicaid providers, with the State making all vendor payments. The study will assess differential outcomes with respect to cost, quality, and client satisfaction between traditional PAS services and alternative choice modalities. This collaborative effort includes the Robert Wood Johnson Foundation, the Office of the Assistant Secretary for Planning and Evaluation, the National Program Office at the University of Maryland's Center on Aging, and the National Council on Aging.

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. ■

MEDICAID AND SCHIP PAYMENT ACCURACY MEASUREMENT (PAM) PROJECT

This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the PAM project is to explore the feasibility of conducting payment accuracy studies in all States using a single methodology that can produce both State-specific and national level payment accuracy estimates for the title XIX Medicaid program.

Status: This project is in the start-up phase. ■

Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project—Alabama

Project No: 95-P-92265/04-01
Project Officer: Wayne Slaughter
Period: September, 2003 to September, 2004
Funding: \$134,720
Principal Investigator: Arica White
Award: Grant
Awardee: Alabama Department of Public Health Children's Health Insurance Program
 PO Box 303017, Suite 250
 Montgomery, AL 36130-3017

Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project—Arizona

Project No: 95-P-92274/09-01
Project Officer: Wayne Slaughter
Period: September, 2003 to September, 2004
Funding: \$647,154
Principal Investigator: Sharon Miller
Award: Grant
Awardee: Arizona Health Care Cost Containment System
 801 East Jefferson
 Phoenix, AZ 85034

Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project—Arkansas

Project No: 95-P-92273/06-01
Project Officer: Wayne Slaughter
Period: September, 2003 to September, 2004
Funding: \$195,442
Principal Investigator: Teresa Hursey
Award: Grant
Awardee: Arkansas Department of Human Services
 329 Donaghey Plaza South
 PO Box 1437
 Little Rock, AR 72203

Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project—Delaware

Project No: 95-P-92264/03-01
Project Officer: Wayne Slaughter
Period: September, 2003 to September, 2004
Funding: \$188,577
Principal Investigator: Mary Marinari
Award: Grant
Awardee: Delaware Health and Social Services
 1901 North DuPont Highway
 New Castle, DE 19720

Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project—Idaho

Project No: 95-P-92268/00-01
Project Officer: Wayne Slaughter
Period: July, 2003 to September, 2004
Funding: \$261,000
Principal Investigator: DeeAnn Moore
Award: Grant
Awardee: Idaho Department of Health and Welfare
 PO Box 83720
 Boise, ID 83720-0036

Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project—Iowa

Project No: 95-P-92258/07-01
Project Officer: Wayne Slaughter
Period: September, 2003 to September, 2004
Funding: \$300,000
Principal Investigator: Patricia Ernst-Becker
Award: Grant
Awardee: Iowa Department of Human Services
 Hoover Building, 5th Floor, East 13th and Walnut Streets
 Des Moines, IA 50319-0114

Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project—Louisiana

Project No: 95-P-91684/06-03
Project Officer: Wayne Slaughter
Period: August, 2003 to August, 2004
Funding: \$571,500
Principal Investigator: Don Gregory
Award: Grant
Awardee: Louisiana Department of Health and Hospitals
 PO Box 2870, Bin 30
 Baton Rouge, LA 70821-2870

Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project—Massachusetts

Project No: 95-P-92269/01-01
Project Officer: Wayne Slaughter
Period: September, 2003 to September, 2004
Funding: \$500,000
Principal Investigator: Mary Fontaine
Award: Grant
Awardee: Massachusetts Division of Medical Assistance
 600 Washington Street
 Boston, MA 20111

Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project—New Mexico

Project No: 95-P-92275/06-01
Project Officer: Wayne Slaughter
Period: September, 2003 to August, 2004
Funding: \$222,400
Principal Investigator: Leon Fogelfeld
Award: Grant
Awardee: New Mexico Department of Human Services
 PO Box 2348
 Santa Fe, NM 87504

Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project—North Carolina

Project No: 95-P-91680/04-03
Project Officer: Wayne Slaughter
Period: September, 2003 to September, 2004
Funding: \$672,567
Principal Investigator: Robert Nowell
Award: Grant
Awardee: North Carolina Department of Health and Human Services
 2001 Mail Service Center
 Raleigh, NC 27699-2515

Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project—North Dakota

Project No: 95-P-91686/08-03
Project Officer: Wayne Slaughter
Period: September, 2003 to September, 2004
Funding: \$88,968
Principal Investigator: Maggie Anderson
Award: Grant
Awardee: North Dakota Department of Human Services (Bismarck)
 600 East Boulevard Avenue
 Department 325
 Bismarck, ND 58505-0250

Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project—Oklahoma

Project No: 95-P-91808/06-02
Project Officer: Christine Saxonis
Period: September, 2003 to September, 2004
Funding: \$331,433
Principal Investigator: Kelly Shropshire
Award: Grant
Awardee: Oklahoma Health Care Authority
 4545 North Lincoln Boulevard
 Oklahoma City, OK 73105

Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project—South Dakota

Project No: 95-P-92270/08-01
Project Officer: Wayne Slaughter
Period: September, 2003 to September, 2004
Funding: \$100,000
Principal Investigator: Damian L. Prunty
Award: Grant
Awardee: South Dakota Department of Social Services, Office of Medical Services
 700 Governor's Drive
 Knelp Building
 Pierre, SD 57501-2291

Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project—Texas

Project No: 95-P-91683/06-03
Project Officer: Wayne Slaughter
Period: September, 2003 to September, 2004
Funding: \$399,722
Principal Investigator: Aurora LeBrun
Award: Grant
Awardee: Texas Health and Human Services Commission
 PO Box 13247
 Austin, TX 78711-3247

Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project—Utah

Project No: 95-P-92261/08-01
Project Officer: Wayne Slaughter
Period: September, 2003 to September, 2004
Funding: \$77,755
Principal Investigator: Steven Gatzemeier
Award: Grant
Awardee: Utah Department of Health/HCF
 Box 143103
 Salt Lake City, UT 84114-3103

Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project—Washington

Project No: 95-P-91681/00-03
Project Officer: Wayne Slaughter
Period: September, 2003 to September, 2004
Funding: \$361,161
Principal Investigator: Charles P. Cummings
Award: Grant
Awardee: Washington Department of Social and Health Services
 PO Box 45600
 Olympia, WA 98503-5503

Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project—West Virginia

Project No: 95-P-92266/03-01
Project Officer: Wayne Slaughter
Period: September, 2003 to September, 2004
Funding: \$104,090
Principal Investigator: Terry A. Harless
Award: Grant
Awardee: West Virginia Children's Health Insurance Program
 1900 Kanawha Boulevard, East
 Building 3, Room 554
 Charleston, WV 25305

Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project—Wyoming

Project No: 95-P-91679/08-03
Project Officer: Wayne Slaughter
Period: September, 2003 to September, 2004
Funding: \$159,806
Principal Investigator: Teri L. Green
Award: Grant
Awardee: Wyoming Department of Health
 6101 North Yellowstone Road
 Room 259B
 Cheyenne, WY 82002

MEDICAID PAYMENT ACCURACY MEASUREMENT (PAM) PROJECT

In FY 2000, CMS adopted a Government Performance and Results Act (GPRA) goal to develop and pilot test a methodology that can be used by all States to produce both State-specific and national level payment error estimates for Medicaid and SCHIP. In response to the requirements of this performance goal, the Center for Medicaid and State Operations (CMSO) initiated the Payment Accuracy Measurement (PAM) Project. PAM Project pilot tests of the methodology have been conducted in FY 2002, FY 2003, and FY 2004.

Medicaid Payment Accuracy Measurement (PAM) Project—California

Project No: 95-P-92267/09-01
Project Officer: Wayne Slaughter
Period: September, 2003 to September, 2004
Funding: \$300,534
Principal Investigator: Doug Smith
Award: Grant
Awardee: California Department of Health Services
 591 North 7th Street, 1st Floor
 PO Box 942732
 Sacramento, CA 94237-7320

Status: This project is in the start-up phase. ■

Medicaid Payment Accuracy Measurement (PAM) Project—Colorado

Project No: 95-P-92260/08-01
Project Officer: Wayne Slaughter
Period: September, 2003 to September, 2004
Funding: \$221,395
Principal Investigator: Margaret Mohan
Award: Grant
Awardee: Colorado Department of Health Care Policy and Financing
 1570 Sherman Street
 Denver, CO 80203-1714

Status: This project is in the start-up phase. ■

Medicaid Payment Accuracy Measurement (PAM) Project—District of Columbia

Project No: 95-P-92263/03-01
Project Officer: Wayne Slaughter
Period: August, 2003 to September, 2004
Funding: \$295,328
Principal Investigator: Bernardo Gonzales
Award: Grant
Awardee: District of Columbia Department of Health, Medical Assistance Administration
 825 North Capital Street, NW
 Washington, DC 20002

Status: This project is in the start-up phase. ■

Medicaid Payment Accuracy Measurement (PAM) Project—Florida

Project No: 95-P-91806/04-02
Project Officer: Wayne Slaughter
Period: August, 2003 to September, 2003
Funding: \$588,389
Principal Investigator: Nancy Ross
Award: Grant
Awardee: Florida Agency for Health Care Administration
 2727 Mahan Drive
 Tallahassee, FL 32308

Status: The PAM Project grant recipient completed their grant requirements and submitted their final report to CMS as required. ■

Medicaid Payment Accuracy Measurement (PAM) Project—Indiana

Project No: 95-P-91804/05-01
Project Officer: Wayne Slaughter
Period: September, 2002 to September, 2003
Funding: \$129,688
Principal Investigator: Mathew DeLillo
Award: Grant
Awardee: Indiana Office of Medicaid Policy and Planning (OMPP)
 402 West Washington Street
 Room W382-MS07
 Indianapolis, IN 46204

Status: The PAM Project grant recipient completed their grant requirements and submitted their final report to CMS as required. ■

Medicaid Payment Accuracy Measurement (PAM) Project—Kentucky

Project No: 95-P-92259/04-01
Project Officer: Wayne Slaughter
Period: September, 2003 to September, 2004
Funding: \$173,700
Principal Investigator: Jerri Heltzel Robinson
Award: Grant
Awardee: Kentucky Department for Medicaid Services
 275 East Main Street, 6 E B
 Frankfort, KY 40601

Status: This project is in the start-up phase. ■

Medicaid Payment Accuracy Measurement (PAM) Project—Louisiana

Project No: 95-P-91684/06-02
Project Officer: Wayne Slaughter
Period: September, 2002 to September, 2003
Funding: \$190,500
Principal Investigator: Don Gregory
Award: Grant
Awardee: Louisiana Department of Health and Hospitals
 PO Box 2870, Bin 30
 Baton Rouge, LA 70821-2870

Status: The PAM Project grant recipient completed their grant requirements and submitted their final report to CMS as required. ■

Medicaid Payment Accuracy Measurement (PAM) Project—Minnesota

Project No: 95-P-91685/05-02
Project Officer: Wayne Slaughter
Period: August, 2001 to September, 2003
Funding: \$437,891
Principal Investigator: Gina Kiser
Award: Grant
Awardee: Minnesota Department of Human Services
 Human Services Building
 444 Lafayette Road
 St. Paul, MN 55155-3849

Status: The PAM Project grant recipient completed their grant requirements and submitted their final report to CMS as required. ■

Medicaid Payment Accuracy Measurement (PAM) Project—Mississippi

Project No: 95-P-91682/04-02
Project Officer: Wayne Slaughter
Period: September, 2002 to September, 2003
Funding: \$271,976
Principal Investigator: Carlis Faler
Award: Grant
Awardee: Mississippi Office of Governor, Division of Medicaid
 Robert E. Lee Building
 239 North Lamar Street, Suite 801
 Hinds County
 Jackson, MS 39201

Status: The PAM Project grant recipient completed their grant requirements and submitted their final report to CMS as required. ■

Medicaid Payment Accuracy Measurement (PAM) Project—Nebraska

Project No: 95-P-91807/07-01
Project Officer: Wayne Slaughter
Period: September, 2002 to September, 2003
Funding: \$186,875
Principal Investigator: Margaret (Booth) Froeschle
Award: Grant
Awardee: Nebraska Department of Health and Human Services, Finance and Support
 PO Box 95026
 Lincoln, NE 68509-5026

Status: The PAM Project grant recipient completed their grant requirements and submitted their final report to CMS as required. ■

Medicaid Payment Accuracy Measurement (PAM) Project—New York

Project No: 95-P-91687/02-02
Project Officer: Wayne Slaughter
Period: September, 2002 to September, 2003
Funding: \$225,000
Principal Investigator: Judith Battison
Award: Grant
Awardee: New York Department of Health
 The Riverview Center, 4th Floor,
 150 Broadway
 Albany, NY 12204-2719

Status: The PAM Project grant recipient completed their grant requirements and submitted their final report to CMS as required. ■

Medicaid Payment Accuracy Measurement (PAM) Project—North Carolina

Project No: 95-P-91680/04-02
Project Officer: Wayne Slaughter
Period: September, 2002 to September, 2003
Funding: \$218,788
Principal Investigator: Robert Nowell
Award: Grant
Awardee: North Carolina Department of Health and Human Services
 2511 Mail Service Center
 Raleigh, NC 27699-2515

Status: The PAM Project grant recipient completed their grant requirements and submitted their final report to CMS as required. ■

Medicaid Payment Accuracy Measurement (PAM) Project—North Dakota

Project No: 95-P-91686/08-02
Project Officer: Wayne Slaughter
Period: September, 2002 to September, 2003
Funding: \$46,433
Principal Investigator: Maggie Anderson and Sheldon Wolf
Award: Grant
Awardee: North Dakota
 600 East Boulevard Avenue,
 Department 325
 Bismarck, ND 58505-0250

Status: The PAM Project grant recipient completed their grant requirements and submitted their final report to CMS as required. ■

Medicaid Payment Accuracy Measurement (PAM) Project—Oklahoma

Project No: 95-P-91808/06-01
Project Officer: Wayne Slaughter
Period: September, 2002 to September, 2003
Funding: \$154,497
Principal Investigator: Kelly Shropshire and Cindy Roberts
Award: Grant
Awardee: Oklahoma Health Care Authority
 4545 North Lincoln Boulevard
 Oklahoma City, OK 73105

Status: The PAM Project grant recipient completed their grant requirements and submitted their final report to CMS as required. ■

Medicaid Payment Accuracy Measurement (PAM) Project—South Carolina

Project No: 95-P-92262/04-01
Project Officer: Wayne Slaughter
Period: September, 2003 to September, 2004
Funding: \$146,000
Principal Investigator: Kathleen Snider
Award: Grant
Awardee: South Carolina Department of Health and Human Services
 PO Box 8206
 Columbia, SC 29202-8206

Status: This project is in the start-up phase. ■

Medicaid Payment Accuracy Measurement (PAM) Project—Texas

Project No: 95-P-91683/06-02
Project Officer: Wayne Slaughter
Period: September, 2002 to September, 2003
Funding: \$153,872
Principal Investigator: Aurora LeBrun and Cindy Wiley
Award: Grant
Awardee: Texas Health and Human Services Commission
 PO Box 13247
 Austin, TX 78711-3247

Status: The PAM Project grant recipient completed their grant requirements and submitted their final report to CMS as required. ■

Medicaid Payment Accuracy Measurement (PAM) Project—Virginia

Project No: 95-P-92271/03-01
Project Officer: Wayne Slaughter
Period: September, 2003 to September, 2004
Funding: \$289,331
Principal Investigator: Stanley Fields
Award: Grant
Awardee: Virginia Department of Medical Assistance Services
 600 East Broad Street, Suite 1300
 Richmond, VA 23219

Status: This project is in the start-up phase. ■

Medicaid Payment Accuracy Measurement (PAM) Project—Washington

Project No: 95-P-91681/00-02
Project Officer: Wayne Slaughter
Period: September, 2002 to September, 2003
Funding: \$115,268
Principal Investigators: Cathy Ott and Ron Armstrong
Award: Grant
Awardee: Washington Department of Social and Health Services
 PO Box 455354
 Olympia, WA 98504-5858

Status: The PAM Project grant recipient completed their grant requirements and submitted their final report to CMS as required. ■

Medicaid Payment Accuracy Measurement (PAM) Project—Wyoming

Project No: 95-P-91679/08-02
Project Officer: Wayne Slaughter
Period: September, 2002 to September, 2003
Funding: \$50,289
Principal Investigator: Teri L. Green
Award: Grant
Awardee: Wyoming Department of Health
 6101 North Yellowstone Road
 Room 259B
 Cheyenne, WY 82002

Status: The PAM Project grant recipient completed their grant requirements and submitted their final report to CMS as required. ■

Medicaid Payment Accuracy Measurement Project

Project No: 500-00-0051/01
Project Officer: Wayne Slaughter
Period: September, 2001 to September, 2003
Funding: \$856,645
Principal Investigator: Paul Hogan
Award: Task Order
Awardee: Lewin Group
 3130 Fairview Park Drive, Suite 800
 Falls Church, VA 22042

Description: 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. Creation of statistically valid common methodologies that can be used by all States is particularly challenging. Determining whether common methodologies are feasible is a high priority for CMS and is a Government Performance and Results Act goal. In addition to researching the feasibility of common methodologies, the development of measurement tools that can be tailored to individual State programs will help reduce inaccurate payments, recover overpayments, and target reviews on the specific providers or services that are most problematic. 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 9 States and is expected to expand to 15 States.

Status: The Lewin Group contract as technical consultant to the PAM Project was successfully completed for the period of 9/2001 through 9/2003; we subsequently extended this contract through 9/2004; we are currently planning to extend it again through FY 2005. ■

Expanding Capacity for the Medical Care for Children Partnership

Project No: 18-P-91859/03-01
Project Officer: Monica Harris
Period: September, 2003 to September, 2004
Funding: \$129,155
Principal Investigator: Sandra Stiner Lowe
Award: Grant
Awardee: Medical Care for Children
 12000 Government Center Parkway
 Fairfax, VA 22035

Description: This project is designed to expand the capacity of coverage for children through the Medical Care for Children Partnership (MCCP) and evaluate a new model of providing care. The standard model of service delivery through this program has been a widely dispersed network of physicians who see a small number of children for reduced fees. This model will incorporate one pediatric nurse practitioner (PNP) in a private medical group, with a bilingual medical office assistant and case manager to provide care to 500 children.

Status: MCCP is at the beginning stages of implementing the grant. Upon receipt of the award letter from the CMS, they began to solicit primary care medical practices through the Requests for Proposal process. The large group private pediatric medical practice that MCCP originally worked with to develop the project applied along with four other applicants. Each applicant was required to submit a technical and business proposal. A Selection Advisory Committee (SAC) reviewed all proposals. The SAC ranked and rated all the proposals. Orals were conducted with the top two offerors. Final negotiations are under way with the top offeror, a pediatric medical practice located in Springfield, Virginia. As described in the proposal, the medical practice has committed to providing a PNP, a medical office assistant, and physicians in the practice as back-up. The practice is prepared to begin seeing patients on February 1, 2004.

The case manager from MCCP has identified a pool of 264 children located in the Springfield region eligible for participation with the practice and a larger pool of over 600 children in the Alexandria area. MCCP has also developed the data collection tool to be implemented in the medical practice for tracking evaluation measures required in the grant. No funds have been drawn down to date. ■

Improving Health Care, Child Care, Nutrition, and Income for Massachusetts

Project No: 18-P-91849/01-01
Project Officer: Monica Harris
Period: September, 2003 to September, 2004
Funding: \$93,446
Principal Investigator: Janet Weigel
Award: Grant
Awardee: Community Catalyst, Inc.
 30 Winter Street
 Boston, MA 02108

Description: This project will continue development and fully implement the RealBenefits program statewide. RealBenefits is an Internet-based eligibility screening tool for many public benefit programs. This phase of the 3-year effort will focus on recruitment of community partners, follow-up training, and support.

Status: Key tasks and milestones are on or ahead of schedule:

- RealBenefits was rolled out to Lighthouse Health Access Alliance (LHAA) in October. LHAA is making the application available to all health and human service agencies on Cape Cod and the Islands. Community Catalyst conducted public demonstrations to educate potential users on the Cape and followed up with a series of training sessions, involving 44 user organizations. Systematic followup with users has begun to determine if and how they are using the application.
- The Boston Public Health Commission is using RealBenefits on the Mayor's Health Line and will be training users from their Healthy Baby/Healthy Child initiative and making licenses available to the community health centers and other health and human service providers in Boston.
- In Springfield, a consortium of 15 health care agencies and community health centers will begin to use RealBenefits to screen for eligibility and produce medical program applications for patients in the first quarter of 2004.
- Followup interviews with users from each organization are planned.
- A pilot project has been established to determine what enhancements need to be added to RealBenefits to make it more useful to hospitals. A limited number of staff members from Bay State Health Center in Springfield, Cambridge Health Alliance, and Boston Medical Center will be using the tool as of February 1. Group feedback sessions will be conducted over a 6-month period.

- Demonstrations of RealBenefits are ongoing throughout Massachusetts. Milestone figures for numbers of user organizations have been surpassed. Followup work is focused on learning from users and increasing acceptance and usage within organizations.
- Efforts to engage the State of Massachusetts in supporting electronic application have proceeded more rapidly than expected. The Executive Office of Health and Human Services (EOHHS) has produced a multiphase plan to enable online applications and has promoted RealBenefits as a tool from which electronic applications will be accepted. June 2004 is the EOHHS goal for opening a gateway to accept applications produced using RealBenefits. ■

Institute for End-of-Life Care

Project No: 18-P-91855/08-01
Project Officer: Melissa Harris
Period: September, 2003 to September, 2004
Funding: \$496,750
Principal Investigator: Bev Sloan
Award: Grant
Awardee: Hospice of Metro Denver
 425 South Cherry Street, Suite 700
 Denver, CO 80246-1234

Description: Hospice of Metro Denver will be designing and implementing an Institute for End-of-Life Care, a center for palliative and end-of-life care and education. This center will conduct training to health care professionals and develop palliative care models to effect more positive end-of-life outcomes.

Status: Grant activity is proceeding. CMS is providing technical assistance to the grantee as issues arise. ■

National Pediatric Care Education Initiative

Project No: 18-P-91848/05-01
Project Officer: Melissa Harris
Period: September, 2003 to September, 2004
Funding: \$347,725
Principal Investigator: Jody Chrastek
Award: Grant
Awardee: Children Health Care, Inc.
 2425 Chicago Avenue South
 Mail Stop 40-300
 Minneapolis, MN 55404

Description: This grant will enable Children's Hospitals and Clinics to collaborate with the National Hospice and Palliative Care Organization in providing pediatric

education services to clinicians and other providers and to serve as a model for nationwide education and consultation for providers caring for seriously ill children.

Status: Grant activities continue on schedule. CMS is providing technical assistance on grant issues as they arise. ■

Program for All-Inclusive Care for Children and Their Families

Project No: 95-P-91718/03-02
Project Officer: Melissa Harris
Period: April, 2003 to March, 2004
Funding: \$1,360,984
Principal Investigator: Ann Armstrong-Dailey
Award: Grant
Awardee: Children's Hospice International
 901 North Pitt Street, #230
 Alexandria, VA 22314

Description: This grant is being utilized by Children's Hospice International to continue efforts begun in prior years to promote the Program of All-Inclusive Care for Children and Their Families. Funds will be awarded to a seventh State to develop a mechanism for administering this model, and additional funds will be used for technical assistance conferences and educational and evaluative materials.

Status: Grant activity continues on schedule. CMS is providing technical assistance as issues arise. ■

Program of All-Inclusive Care for Children—Florida

Project No: 11-P-91167/04
Project Officer: Melissa Harris
Period: September, 2000 to June, 2003
Funding: \$198,330
Principal Investigator: Bob Maryanski
Award: Grant
Awardee: Florida Agency for Health Care Administration
 2728 Fort Knox Boulevard
 Building 3
 Tallahassee, FL 32308

Description: 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.

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: This project is completed. ■

MAINTAIN INDEPENDENCE AND EMPLOYMENT PROGRAM—INFRASTRUCTURE GRANTS

The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our Web site at www.cms.hhs.gov/twwiia.

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 Program—Infrastructure Grant—Alaska

Project No: 11-P-91230/00
Project Officer: Jeannine Eberly
Period: October, 2000 to December, 2004
Funding: \$1,625,000
Principal Investigator: Millie Ryan
Award: Grant
Awardee: Alaska Governor's Council on Disabilities and Special Education
 PO Box 240249
 Anchorage, AK 99524-0249

Maintain Independence and Employment Program—Infrastructure Grant—Alabama

Project No: 11-P-91224/04
Project Officer: Jeannine Eberly
Period: October, 2000 to December, 2005
Funding: \$1,625,000
Principal Investigator: Patricia Harris
Award: Grant
Awardee: Alabama Medicaid Agency
 Long-Term Care Division
 501 Dexter Avenue
 Montgomery, AL 36103-5624

Maintain Independence and Employment Program—Infrastructure Grant—California

Project No: 11-P-91494/09
Project Officer: Jeremy Silanskis
Period: January, 2002 to December, 2005
Funding: \$1,500,000
Principal Investigator: Stan Rosenstein
Award: Grant
Awardee: California Department of Health Services
 714/744 P Street
 Sacramento, CA 95814

Maintain Independence and Employment Program—Infrastructure Grant—Connecticut

Project No: 11-P-91231/01
Project Officer: Jeremy Silanskis
Period: October, 2000 to December, 2004
Funding: \$1,625,000
Principal Investigator: Amy Porter
Award: Grant
Awardee: Connecticut Department of Social Services
 25 Sigourney Street
 Hartford, CT 06106-5033

Maintain Independence and Employment Program—Infrastructure Grant—Delaware

Project No: 11-P-91482/03
Project Officer: Jeremy Silanskis
Period: January, 2002 to December, 2004
Funding: \$1,000,000
Principal Investigator: Joyce Pinkett
Award: Grant
Awardee: Delaware Health Care Commission
 900 North Dupont Highway, Lewis Building
 New Castle, DE 19720

Maintain Independence and Employment Program—Infrastructure Grant—Idaho

Project No: 11-P-91235/00
Project Officer: Jeremy Silanskis
Period: October, 2000 to December, 2002
Funding: \$1,125,000
Principal Investigator: Diane Yarrington
Award: Grant
Awardee: Idaho Department of Health and Welfare
 3380 American Terrace, Suite 230
 Boise, ID 83720-0036

Maintain Independence and Employment Program—Infrastructure Grant—District of Columbia

Project No: 11-P-91241/03
Project Officer: Jeremy Silanskis
Period: October, 2000 to December, 2005
Funding: \$1,500,000
Principal Investigator: Gail Smith
Award: Grant
Awardee: District of Columbia Department of Health, Medical Assistance Administration
 825 North Capital Street, NW
 Washington, DC 20002

Maintain Independence and Employment Program—Infrastructure Grant—Iowa

Project No: 11-P-91491/07
Project Officer: John Young
Period: January, 2002 to December, 2004
Funding: \$2,867,750
Principal Investigator: Eileen Creager
Award: Grant
Awardee: Iowa Department of Human Services
 Hoover Building, 5th Floor
 East 13th and Walnut Streets
 Des Moines, IA 50319-0114

Maintain Independence and Employment Program—Infrastructure Grant—Georgia

Project No: 11-P-91240/04
Project Officer: Jeremy Silanskis
Period: October, 2000 to December, 2004
Funding: \$625,000
Principal Investigator: Fran Ellington
Award: Grant
Awardee: Georgia Department of Community Health
 2 Peachtree Street, NW, 40th Floor
 Atlanta, GA 30303-3159

Maintain Independence and Employment Program—Infrastructure Grant—Illinois

Project No: 11-P-91238/05
Project Officer: John Young
Period: October, 2000 to December, 2004
Funding: \$2,125,000
Principal Investigator: Pat Curtis
Award: Grant
Awardee: Illinois Department of Public Aid
 201 South Grand Avenue East
 Springfield, IL 62763-0001

Maintain Independence and Employment Program—Infrastructure Grant—Illinois

Project No: 11-P-91484/05
Project Officer: Joseph Razes
Period: January, 2002 to December, 2004
Funding: \$500,000
Principal Investigator: Pat Curtis
Award: Grant
Awardee: Illinois Department of Public Aid
 201 South Grand Avenue East
 Springfield, IL 62763-0001

Maintain Independence and Employment Program—Infrastructure Grant—Kansas

Project No: 11-P-91226/07
Project Officer: Jeremy Silanskis
Period: October, 2000 to December, 2004
Funding: \$2,029,117
Principal Investigator: Sharon Johnson
Award: Grant
Awardee: Kansas Department of Social and Rehabilitation Services
 Docking State Office Building
 915 SW Harrison Street
 Topeka, KS 66612-1570

Maintain Independence and Employment Program—Infrastructure Grant—Louisiana

Project No: 11-P-91487/06
Project Officer: Jeremy Silanskis
Period: January, 2002 to December, 2005
Funding: \$1,500,000
Principal Investigator: Ruth Kennedy
Award: Grant
Awardee: Louisiana Department of Health and Hospitals
 PO Box 91030
 Baton Rouge, LA 70821

Maintain Independence and Employment Program—Infrastructure Grant—Maine

Project No: 11-P-91223/01
Project Officer: John Young
Period: October, 2000 to December, 2004
Funding: \$2,082,963
Principal Investigator: Christine Gianopoulos
Award: Grant
Awardee: Maine Department of Human Services
 11 State House Station
 Augusta, ME 04333

Maintain Independence and Employment Program—Infrastructure Grant—Minnesota

Project No: 11-P-91228/05
Project Officer: Jeremy Silanskis
Period: October, 2000 to December, 2004
Funding: \$4,816,293
Principal Investigator: MaryAlice Mowry
Award: Grant
Awardee: Minnesota Department of Human Services
 Human Services Building
 444 Lafayette Road
 St. Paul, MN 55155-3849

Maintain Independence and Employment Program—Infrastructure Grant—Mississippi

Project No: 11-P-91782
Project Officer: John Young
Period: January, 2003 to December, 2003
Funding: \$500,000
Principal Investigator: Kenny Howard
Award: Grant
Awardee: Mississippi Office of the Governor
 Division of Medicaid
 Robert E. Lee Building
 239 North Lamar Street
 Suite 801, Hinds County
 Jackson, MS 39201

Maintain Independence and Employment Program—Infrastructure Grant—Missouri

Project No: 11-P-91489/07
Project Officer: John Young
Period: January, 2002 to December, 2004
Funding: \$1,950
Principal Investigator: Sheri Taylor
Award: Grant
Awardee: Missouri Department of Social Services
 615 Howerton Court
 PO Box 6500
 Jefferson City, MO 65102-6500

Maintain Independence and Employment Program—Infrastructure Grant—Nebraska

Project No: 11-P-91220/07
Project Officer: Carey Appold
Period: October, 2000 to December, 2004
Funding: \$2,215,000
Principal Investigator: Mary Jo Iwan
Award: Grant
Awardee: Nebraska Department of Health and Human Services
 301 Centennial Mall South
 5th Floor
 PO Box 95044
 Lincoln, NE 68509-5026

Maintain Independence and Employment Program—Infrastructure Grant—Nebraska

Project No: 11-P-91480/07
Project Officer: Joseph Razes
Period: January, 2002 to December, 2004
Funding: \$500,000
Principal Investigator: Mary Jo Iwan
Award: Grant
Awardee: Nebraska Department of Health and Human Services
 301 Centennial Mall South
 5th Floor
 PO Box 95044
 Lincoln, NE 68509-5026

Maintain Independence and Employment Program—Infrastructure Grant—Nevada

Project No: 11-P-91233/09
Project Officer: Carey Appold
Period: October, 2000 to December, 2004
Funding: \$2,125,000
Principal Investigator: Mary Wherry
Award: Grant
Awardee: Nevada Department of Human Resources
 100 East William Street, Suite 116
 Carson, NV 89701

Maintain Independence and Employment Program—Infrastructure Grant—New Hampshire

Project No: 11-P-91216/01
Project Officer: Jeremy Silanskis
Period: October, 2000 to December, 2004
Funding: \$3,010,041
Principal Investigator: Denise Bouldouc-Musumeci
Award: Grant
Awardee: New Hampshire Department of Health and Human Services
 105 Pleasant Street
 Concord, NH 03301

Maintain Independence and Employment Program—Infrastructure Grant—New Jersey

Project No: 11-P-91218/02
Project Officer: Carey Appold
Period: October, 2000 to December, 2004
Funding: \$1,625,000
Principal Investigator: William Ditto
Award: Grant
Awardee: New Jersey Department of Human Services
 222 South Warren Street
 PO Box 700
 Trenton, NJ 08625-0700

Maintain Independence and Employment Program—Infrastructure Grant—New Mexico

Project No: 11-P-91221/06
Project Officer: Jeremy Silanskis
Period: October, 2000 to December, 2004
Funding: \$2,124,575
Principal Investigator: Gail Stefl
Award: Grant
Awardee: New Mexico Department of Human Services
 Medical Assistance Division
 2025 South Pacheco, Ark Plaza
 PO Box 2348
 Santa Fe, NM 87504-2348

Maintain Independence and Employment Program—Infrastructure Grant—New York

Project No: 11-P-91490/02
Project Officer: John Young
Period: January, 2002 to December, 2004
Funding: \$1,500,000
Principal Investigator: Linda LeClair
Award: Grant
Awardee: New York, Department of Health
 The Riverview Center, 4th Floor
 150 Broadway
 Albany, NY 12204-2719

Maintain Independence and Employment Program—Infrastructure Grant—North Dakota

Project No: 11-P-91493/08
Project Officer: Carey Appold
Period: January, 2002 to December, 2004
Funding: \$500,000
Principal Investigator: Mary Mercer
Award: Grant
Awardee: Minot State University
 500 University Avenue, West
 Minot, ND 58707

Maintain Independence and Employment Program—Infrastructure Grant—Oklahoma

Project No: 11-P-91477/06
Project Officer: Jeremy Silanskis
Period: January, 2002 to December, 2005
Funding: \$1,124,283
Principal Investigator: Kelly Shropshire
Award: Grant
Awardee: Oklahoma Health Care Authority
 4545 North Lincoln Boulevard
 Oklahoma City, OK 73105

Maintain Independence and Employment Program—Infrastructure Grant—Oregon

Project No: 11-P-91219/00
Project Officer: Jeannine Eberly
Period: October, 2000 to December, 2004
Funding: \$2,120,000
Principal Investigator: Doug Stone
Award: Grant
Awardee: Oregon Department of Human Services
 2575 Bittern Street, NE
 Salem, OR 97309-0740

Maintain Independence and Employment Program—Infrastructure Grant—Pennsylvania

Project No: 11-P-91483/03
Project Officer: Carey Appold
Period: January, 2002 to December, 2005
Funding: \$1,500,000
Principal Investigator: Charles Tyrell
Award: Grant
Awardee: Pennsylvania Department of Public Welfare
 PO Box 2675
 Harrisburg, PA 17105-2675

Maintain Independence and Employment Program—Infrastructure Grant—Rhode Island

Project No: 11-P-91229/01
Project Officer: Carey Appold
Period: October, 2000 to December, 2004
Funding: \$1,625,000
Principal Investigator: Elaina Goldstein
Award: Grant
Awardee: Rhode Island Department of Human Services, HCQFP, Center for Adult Health
 600 New London Avenue
 Cranston, RI 02920

Maintain Independence and Employment Program—Infrastructure Grant—Utah

Project No: 11-P-91217/08
Project Officer: John Young
Period: October, 2000 to December, 2004
Funding: \$2,215,000
Principal Investigator: Catherine Chambless
Award: Grant
Awardee: Utah Department of Health
 288 North 1460 West
 3rd Floor
 PO Box 143108
 Salt Lake City, UT 84114-3108

Maintain Independence and Employment Program—Infrastructure Grant—South Dakota

Project No: 11-P-91485/08
Project Officer: Carey Appold
Period: January, 2002 to December, 2005
Funding: \$1,500,000
Principal Investigator: Grady Kickul
Award: Grant
Awardee: South Dakota Department of Human Services
 East Highway 34
 Hillsvie Properties Plaza
 c/o 500 East Capitol
 Pierre, SD 57501-5070

Maintain Independence and Employment Program—Infrastructure Grant—Virginia

Project No: 11-P-91478/03
Project Officer: Carey Appold
Period: January, 2002 to December, 2004
Funding: \$500,000
Principal Investigator: Kathryn Kotula
Award: Grant
Awardee: Virginia Department of Medical Assistance Services
 600 East Broad Street, Suite 1300
 Richmond, VA 23219

Maintain Independence and Employment Program—Infrastructure Grant—Texas

Project No: 11-P-91488/07
Project Officer: Jeannine Eberly
Period: January, 2002 to December, 2005
Funding: \$1,000,000
Principal Investigator: Nora Taylor
Award: Grant
Awardee: Texas Health and Human Services Commission
 PO Box 13247
 Austin, TX 78711-3247

Maintain Independence and Employment Program—Infrastructure Grant—Vermont

Project No: 11-P-91237/01
Project Officer: Jeremy Silanskis
Period: October, 2000 to December, 2004
Funding: \$1,125,000
Principal Investigator: Peter Baird
Award: Grant
Awardee: Department of Aging and Disabilities
 103 South Main Street
 Waterbury, VT 05671

Maintain Independence and Employment Program—Infrastructure Grant—Washington

Project No: 11-P-91232/00
Project Officer: John Young
Period: October, 2000 to December, 2004
Funding: \$2,215,000
Principal Investigator: Stephen Kozak
Award: Grant
Awardee: Washington Department of Social and Health Services
 PO Box 455354
 Olympia, WA 98504-5858

Maintain Independence and Employment Program—Infrastructure Grant—West Virginia

Project No: 11-P-91215/03
Project Officer: Jeannine Eberly
Period: October, 2000 to December, 2004
Funding: \$2,124,994
Principal Investigator: Janice Holland
Award: Grant
Awardee: West Virginia Division of Rehabilitation Services
 F. Ray Power Building
 PO Box 1004
 Institute, WV 25112

Maintain Independence and Employment Program—Infrastructure Grant—Wisconsin

Project No: 11-P-91227/05
Project Officer: Jeremy Silanskis
Period: October, 2000 to December, 2004
Funding: \$2,663,935
Principal Investigator: John Reiser
Award: Grant
Awardee: Wisconsin Department of Health and Family Services
 1 South Pinckney Street, Suite 340
 PO Box 340
 Madison, WI 53701

Maintain Independence and Employment Program—Infrastructure Grant—Wyoming

Project No: 11-P-91492/08
Project Officer: John Young
Period: January, 2002 to December, 2004
Funding: \$500,000
Principal Investigator: Dave Schaad
Award: Grant
Awardee: Wyoming Institute for Disabilities
 University of Wyoming
 PO Box 3314
 Laramie, WY 82071

Maintain Independence and Employment Demonstration—District of Columbia

Project No: 11-P-91421/03
Project Officer: Joseph Razes
Period: January, 2002 to January, 2007
Funding: \$3,980,308
Principal Investigator: Steven Luzky
Award: Grant
Awardee: District of Columbia Department of Health, Medical Assistance Administration
 825 North Capital Street, NW
 Washington, DC 20002

Description: 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 to access 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 Supplemental Security Income disability test; significant improvements to Medicaid services that support people with disabilities in their competitive employment efforts; and/or serving as a regional State-to-State Medicaid Infrastructure Center.

Status: Grantee continues to populate the demonstration with enrollees and will continue to expand the number of persons in the demonstration throughout 2004. ■

Maintain Independence and Employment Demonstration—Mississippi

Project No: 11-P-91175/04
Project Officer: Joseph Razes
Period: October, 2000 to December, 2004
Funding: \$500,000
Principal Investigator: Bo Bowen
Award: Grant
Awardee: Mississippi Office of the Governor
 Division of Medicaid
 Robert E. Lee Building
 239 North Lamar Street, Suite 801
 Hinds County
 Jackson, MS 39201

Description: 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.

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: The project is under way. ■

Maintain Independence and Employment Demonstration—Rhode Island

Project No: 11-P-91174/01
Project Officer: Joseph Razes
Period: October, 2000 to December, 2004
Funding: \$500,000
Principal Investigator: Dianne Kayala
Award: Grant
Awardee: Rhode Island Department of Human Services, HCQFP, Center for Adult Health
 600 New London Avenue
 Cranston, RI 02920

Description: 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.

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 in the spring (2002) to vote on appropriating the State match for the project. The earliest the project can begin is the fall 2002, assuming that funds are allocated for the project. ■

Maintain Independence and Employment Demonstration—Texas

Project No: 11-P-91420/06
Project Officer: Joseph Razes
Period: January, 2002 to January, 2007
Funding: \$284,253
Principal Investigator: Dena Stoner
Award: Grant
Awardee: Texas Health and Human Services Commission
 PO Box 13247
 Austin, TX 78711-3247

Description: 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 to access 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 Supplemental Security Income disability test; significant improvements to Medicaid services that support people with disabilities in their competitive employment efforts; and/or serving as a regional State-to-State Medicaid Infrastructure Center.

Status: Demonstration is not currently active. ■

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

Project No: 500-00-0046/02
Project Officer: Arthur Meltzer
Period: September, 2001 to September, 2006
Funding: \$2,211,678
Principal Investigator: Susan Haber
Award: Task Order
Awardee: Research Triangle Institute
 411 Waverly Oaks Road, Suite 330
 Waltham, MA 02452-8414

Description: This project evaluates several demonstrations providing supplemental Medicaid benefits to persons with HIV/AIDS who, in the absence of such benefits, may undergo a decline in functional status or be unable to gain employment or remain employed as a result of inadequate medical and ancillary care for their illness. The evaluations will assess the association between enhanced Medicaid eligibility and health care costs; changes in employment status, health status, quality of life; and other factors. 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 the Centers for Medicare & Medicaid Services to assess the impact of the provision of Medicaid benefits on extended productivity and increased quality of life. The demonstrations provide States the opportunity to evaluate whether providing such workers with early access to Medicaid services delays the progression to actual disability.

Status: Current enrollment in the District of Columbia (DC) Ticket-to-Work demonstration is approximately 200 persons. The contractor is designing an evaluation involving analysis of claims data and focus groups to address the issues described in the above paragraph. Enrollment in the DC 1115 program has not yet begun. Enrollment in the Mississippi Ticket-to-Work demonstration is below targeted levels and the evaluation has been scaled back. ■

Medicaid Buy-In Outcomes Work Incentives Systems—TWWIIA

Project No: 500-00-0047/03
Project Officer: Joseph Razes
Period: September, 2002 to September, 2004
Funding: \$180,736
Principal Investigator: Craig Thornton
Award: Task Order
Awardee: Mathematica Policy Research (DC)
 600 Maryland Avenue, SW
 Suite 550
 Washington, DC 20024-2512

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: Contractor continues to conduct data analysis. ■

Moving Toward Elimination of Lead Poisoning in High-Risk Children

Project No: 500-96-0012/02
Project Officer: Cheryl Austein-Casnoff
Period: September, 2000 to September, 2002
Funding: \$749,952
Principal Investigator: Penny Schafer
Award: Task Order
Awardee: Abt Associates, Inc.
 55 Wheeler Street
 Cambridge, MA 02138

Description: Despite a CMS (through the Medicaid program) issued guidance requiring that every child enrolled in Medicaid receive age appropriate screenings and followup, children continue to be exposed to lead and are not adequately tested. 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. ■

Community Health Advocate Program

Project No: 18-C-91140/01
Project Officer: Barbara Marmion
Period: August, 2000 to July, 2003
Funding: \$500,000
Principal Investigator: Frank Robinson
Award: Cooperative Agreement
Awardee: Partners for a Healthier Community
 280 Chestnut Street
 PO Box 4895
 Springfield, MA 01199

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 nonprofit 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: The project is awaiting a final report. ■

Health Loop Information Project

Project No: 18-C-91171/04
Project Officer: Nancy Olsen
Period: September, 2000 to September, 2004
Funding: \$896,000
Principal Investigator: Robert Stolarick
Award: Cooperative Agreement
Awardee: Shelby County Health Care Corporation
 d/b/a Regional Medical Center at Memphis
 877 Jefferson Avenue
 Memphis, TN 38103

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 original grant was awarded in September 2000 and reports were submitted quarterly. The continuation grant, Health Loop II, was awarded in July 2001 and a final report will be submitted upon completion of the total project. A carryover of \$225,000 was granted because Shelby County was moving into a different information technology environment and the old system would soon be obsolete. ■

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

Project No: 11-P-91256/09-02
Project Officer: Teresa Brocato
Period: September, 2001 to September, 2003
Funding: \$420,000
Principal Investigator: Jerry Stanger
Award: Grant
Awardee: California Department of Health Services
 1501 Capitol Avenue
 Suite 71.6086, MS 4000
 PO Box 942732
 Sacramento, CA 94234-7320

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, 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. ■

Development and Evaluation of Medical Intervention for Early Childhood Caries

Project No: 11-P-91251/04-03
Project Officer: Teresa Brocato
Period: September, 2000 to September, 2003
Funding: \$440,000
Principal Investigator: Betty King-Sutton
Award: Grant
Awardee: North Carolina Department of Health and Human Services
 2511 Mail Service Center
 Raleigh, NC 27699-2515

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. ■

Environmental Factors That Increase the Risk of Asthma in Medicaid Recipients

Project No: CMS-IA-01-128
Project Officer: David Greenberg
Period: September, 2001 to December, 2004
Funding: \$270,000
Principal Investigator: Elissa Levine
Award: Interagency Agreement
Awardee: National Aeronautics and Space Administration
 Goddard Space Flight Center
 NASA GSFC
 Greenbelt, MD 20771

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 under way. ■

Asthma Champion Initiative

Project No: 18-C-91370/05-02
Project Officer: David Greenberg
Period: June, 2001 to December, 2004
Funding: \$600,000
Principal Investigator: Terrence Conway
Award: Cooperative Agreement
Awardee: Cook County Illinois Bureau of Health Services
 Ambulatory Community Health Network
 627 South Wood Street
 Chicago, IL 60612

Description: This project seeks to reduce morbidity and mortality from asthma in high prevalence areas within Cook County, Illinois. Its objectives include creation of centers of clinical learning in model asthma care, training a cadre of 50 practicing providers who practice at community-based clinical centers in areas where asthma is highly prevalent; training asthma patients in self-management and appropriate drug therapies, and dissemination of language- and culturally appropriate educational materials to local health centers.

Status: No new funding has been made available for this project. CMS has approved a no-cost extension to enable the grantee to expend remaining funds. ■

Access Health: A Three-Share Model— Community Health and Coverage Project

Project No: 95-C-91721/05
Project Officer: Al Deal
Period: August, 2002 to August, 2003
Funding: \$500,000
Principal Investigator: Vondie Woodbury
Award: Cooperative Agreement
Awardee: Muskegon Community Health Project
 565 West Western Avenue
 Muskegon, MI 49440

Description: This project is a community-owned health coverage plan sold to eligible businesses in Muskegon County for the purpose of providing health care coverage to the working uninsured and their dependents. The awardee is a nonprofit entity (incorporated as a 501 [c] 3 organization) managed by a community board that oversees the enrollment and health care service delivery structure. The program is priced to appeal to small businesses that do not currently participate in the commercial health insurance market. The pricing and payment structure is designed to appeal to these targeted businesses and to broader health provider participation than conventional clinic or entitlement program models.

The type of business targeted is very small (often with fewer than four full-time employees) and pays relatively low wage rates (frequently \$6–\$12 per hour.) The Access Health program in 1999 had the stated purpose of providing an affordable health coverage product to a niche of small businesses and their employees who are able to assist in the payment of coverage but unable to participate at commercial levels. The funding comes from three sources: employer contributions (30%), employee contributions (30%), and community (40%), of which much is the locally available Disproportionate Share Hospital monies with some contributions. The current employee share is \$42 per member per month. The arrangement gives a member access to every health service available in Muskegon County. However, procedures not conducted in Muskegon County are not covered. The package includes the two local hospital systems, 200 primary care and specialty physicians, 12 community pharmacies and ancillary providers such as behavioral and mental health counseling, and hospice. The awardee claims that 97 percent of Muskegon's medical community participate in the program. They pointedly say that this is not health insurance but rather call it health coverage. The project has targeted 500 businesses and hopes to have 3,000 individuals covered. Crowd-out (an adverse incentive to a business to drop existing insurance coverage) is prevented by insisting that the business not have provided commercial coverage for the previous 12 months. This is enforced by taking only businesses with 150 employees or less that have a median wage of \$10 per hour or less. Individual members are encouraged to enroll their children in Michigan's State Children's Health Insurance Program (MICHILD) because of the richness of the benefit package. The problem that precipitated this grant request is that in their early stages of growth the pool of members is not large enough to generate a reserve from collections sufficient to meet unexpectedly costly cases. Thus, they sought this award, 75 percent of which will go into an interest-bearing risk pool. The remaining 25 percent will be used to followup on earlier surveys of the uninsured working persons in the county to assess the market penetration and current demand.

Status: The majority of this award goes into an interest-bearing account to serve as a risk pool. Some repeat of past data gathering will be funded with the balance with the objective of assuring the target market of small businesses is in fact being met. ■

Cost-Effectiveness of Early Preventive Care for Children in Medicaid

Project No: ORDI-IM-084
Project Officer: Paul Boben
Period: June, 2000 to December, 2005
Funding: \$0
Principal Investigator:
Award: Intramural
Awardee:

Description: This project will feature a cost-benefit analysis of primary and preventive care for children up to age 2. Medicaid claims data from the State Medicaid Research Files database will be used to compare costs of care for children receiving the recommended battery of well-child visits versus those who do not. The benchmark for standard care will be the American Academy of Pediatrics' (AAP) recommended series of well-baby visits and immunizations. This study follows work by Hakim and Bye (Pediatrics, forthcoming) that showed an association between compliance with the AAP schedule and reduced risk of avoidable hospitalization.

Status: The project is under way. ■

SacAdvantage Health Insurance Subsidy Program

Project No: 18-P-91851/09-01
Project Officer: Carl Taylor
Period: September, 2003 to September, 2004
Funding: \$695,450
Principal Investigator: Amerish Bera
Award: Grant
Awardee: County of Sacramento Department of Health and Human Resources
 7001A East Parkway, Suite 500
 Sacramento, CA 95823

Description: The County of Sacramento proposes a health insurance premium subsidy program for low-income employees and dependents. It has established a pilot demonstration program to address the health access needs of these individuals through a health insurance premium subsidy program called SacAdvantage. SacAdvantage utilizes the services of an existing statewide small employer health insurance purchasing pool, PacAdvantage, to provide choice of health plan simplicity of administration, and bargaining leverage in the health care market. Funds in the project will be used for direct payment of premium subsidies for qualifying low-income employees of small employers.

Status: Grant has been awarded for the period September 30, 2003 through September 29, 2004. ■

Theme 3: Expanding Beneficiaries' Choices and Availability of Managed Care Options

Summary: The 1990s were marked by dramatic changes in the health insurance marketplace. More recently, as a result of consumers' demand for more flexibility and choice, there has been a shift in managed care enrollment toward less restrictive managed care delivery systems such as Preferred Provider Organizations (PPOs) and Point of Service (POS) plans. CMS is working to develop a variety of flexible health plan demonstrations to reflect changes in the health care market, test new ideas for improved services, and develop new alternatives to traditional fee-for-service Medicare.

Sub-Zero Premium (BIPA 606) M+C Plan Evaluation

Project No: 500-95-0057/06c
Project Officer: Victor McVicker
Period: January, 2002 to September, 2003
Funding: \$249,307
Principal Investigator: Mary Laschober
Award: Contract
Awardee: BearingPoint
 1676 International Drive
 McLean, VA 22102-4828

Description: The contractor conducted a limited evaluation of the new "Sub-Zero Premium" plans being offered to Medicare beneficiaries by M+C organizations in CY2003. Section 606 of BIPA amended the Social Security Act to permit M+C organizations to offer a reduction of the Medicare standard Part B premium as an additional benefit. This provision took effect January 1, 2003. In CY2003, 6 M+C organizations were offering in 2 States (NY and FL) 10 plans with this benefit.

The purpose of this limited evaluation was to learn from beneficiaries why they enrolled in these new M+C plans and what their initial experience was. In addition, we learned from the plans their reasons for offering these plans, their expectations, and their experiences. The contractor had telephone discussions with key individuals at the sub-zero premium plans, reviewed and provided a description of the marketing materials used with this product, and conducted 10 focus group meetings at the two areas.

Status: BearingPoint submitted a draft final report for CMS review. The key findings from this report are the following:

- Compared with other M+C plans offered in the counties under study, the sub-zero premium product require higher co-payments and offer less generous

supplemental benefits, including no or limited prescription drug coverage.

- Some Florida-based beneficiaries and low-income beneficiaries cited the premium reduction as a reason for choosing their sub-zero premium plan. For most beneficiaries either currently or previously enrolled in a sub-zero premium plan, though, the overwhelming driver of their health plan choice was the participation of their personal physician(s) in the plan.
- Enrollees in Florida seemed to view the sub-zero premium plans as "interim" plans for healthy aged people until they develop more serious health concerns. For such people, the almost \$60 per month in savings is a valuable plan benefit.
- In New York, where the reduction was \$20 to \$30 per month, enrollees considered the reduction insignificant and had not given it much consideration. ■

Medicare Choices Demonstration: Verification of Encounter Data

Project No: 500-95-0050/02
Project Officer: Victor McVicker
Period: September, 1997 to March, 2003
Funding: \$2,640,401
Principal Investigator: Marjorie Hatzman
Award: Task Order
Awardee: Medstat Group (DC)
 600 Maryland Avenue, SW
 Suite 550
 Washington, DC 20024-2512

Description: This project ensures that accurate and comprehensive encounter data are reported in the Medicare Choices Demonstration. It assesses the health plan information systems' capabilities, the overall

reasonableness of the encounter data against benchmarks, and the validity of the encounter data against medical record information. On a quarterly basis and for each of the plans participating in the demonstration, a sample of enrollees is selected and medical records are examined to determine whether the information in the encounters (pseudo-claims) reflects what is in the medical record. Using the medical record, the project assesses the timeliness of the encounter data, the validity of the codes in the encounter data, and the completeness of the information.

Status: The data are being finalized to make the risk-adjusted payments. The Medicare Choices Demonstration plans have had considerable difficulty supplying encounter data that are in the correct format and that contain all the required information to the FIs and carriers. As a result, most of Medstat's efforts have been directed at providing technical assistance to the plans rather than performing the medical record reviews as originally planned. ■

Community Nursing Organization Demonstrations: Final Report to Congress

Project No: 500-95-0062/10
Project Officer: Victor McVicker
Period: November, 1999 to June, 2003
Funding: \$343,602
Principal Investigator: Austin Frakt, Ph.D.
Award: Contract
Awardee: Abt Associates, Inc.
 55 Wheeler Street
 Cambridge, MA 02138

Description: This report to Congress was required under Section 632 of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act (BIPA) of 2000 to evaluate the Community Nursing Organization (CNO) demonstration. An earlier evaluation was conducted of the CNO demonstration that covered the operation of the demonstration from January 1, 1994, to June 30, 1997 (Phase I). The demonstration assessed the impact of providing a specified package of community-based services, in conjunction with case management, under a capitated payment methodology. This earlier evaluation found that, overall, the treatment and control groups did not differ significantly in health status. However, when total expenditures for the two groups were compared, the CNO groups proved to be significantly more costly—from \$25 per member per month to \$75 per member per month more than the control group. To investigate whether the results might change in the long run, BIPA mandated a preliminary report to evaluate the

demonstration for the period beginning July 1, 1997, and ending December 31, 1999 (Phase II). The key finding of this evaluation was that the results have not changed: the provision of services by the CNO groups on a capitated basis continue to be more expensive than providing the same Medicare-covered services to the control groups on a fee-for-service (FFS) basis. This final report to Congress adds 7 more months to the preliminary evaluation concluding in July 2000.

Status: This final report to Congress was submitted to the U.S. Congress on May 12, 2003. The key finding of the final evaluation is that the provision of services by the CNO groups on a capitated basis proved to be more expensive than providing the same Medicare-covered services on an FFS basis. Thus, the results did not change by adding the 7 months of experience in 2000. ■

Evaluation of the M+C Alternative Payment Demonstration

Project No: 500-95-0057/06b
Project Officer: Victor McVicker
Period: January, 2002 to September, 2004
Funding: \$683,363
Principal Investigator: Jim Moser
Award: Contract
Awardee: BearingPoint
 1676 International Drive
 McLean, VA 22102-4828

Description: The Medicare+Choice (M+C) alternative payment demonstration was designed to address the declining number of M+C organizations (M+COs) serving Medicare beneficiaries, specifically in areas where only one M+CO is serving the area. The demonstration tests the feasibility of using alternative payment approaches such as risk-sharing or reinsurance models in the M+C program. This evaluation is examining the experience of the six M+COs that began participating in the demonstration on January 1, 2002, and one M+CO that began on June 1, 2002. One of these organizations is using a reinsurance model while the other six organizations are using risk sharing around a targeted medical expense. The evaluation is exploring whether these payment arrangements increased plan revenues and the impacts on the profile of beneficiaries enrolled in the plans and the benefits available to them.

Status: The draft interim report, which covers the first year of the demonstration (2002), will be submitted to CMS in January. ■

Evaluation of the Medicare Preferred Provider Organization (PPO) Demonstration

Project No: 500-00-0024/05
Project Officer: Victor McVicker
Period: September, 2002 to September, 2007
Funding: \$2,545,139
Principal Investigator: Leslie Greenwald and Gregory Pope
Award: Task Order
Awardee: Research Triangle Institute (NC)
 3040 Cornwallis Road
 PO Box 12194
 Research Triangle Park, NC
 27709-2194

Description: The purpose of this project is to evaluate the Medicare Preferred Provider Organization (PPO) demonstration. This comprehensive evaluation includes a case study component to examine issues pertaining to the implementation and operational experiences of the PPOs as well as statistical analyses of secondary data, including individual-level data, to examine issues of biased selection and impacts on the use and cost of services. Primary data are being collected through site visits to participating plans and beneficiary surveys.

Status: The site visits have been completed, and each organization has reviewed its respective case study report. The contractor has submitted a draft report of case studies of 16 organizations representing 31 different demonstration contracts. This case study report focuses on the following areas: reasons for participating in the PPO demonstration, design and characteristics of the PPO product, marketing of the PPO product to Medicare beneficiaries, provider issues, and MCO perceptions and comments regarding the PPO demonstration. ■

MEDICARE PREFERRED PROVIDER ORGANIZATION (PPO) DEMONSTRATION (PHASE II)

Although the Balanced Budget Act of 1997 (BBA) introduced new health plan options for beneficiaries under the Medicare+Choice (M+C) program, unfortunately, the number and range of options available have not increased over time. Through independent contractors, CMS researched specific health care models in the non-Medicare market, in an attempt to ascertain whether these models might be effective in the Medicare program. This research indicated that the success of the PPO concept was not being replicated in the Medicare program. Based on the results of this research, CMS decided to design a demonstration initiative to expand

options and choices by increasing incentives for M+C organizations to enter the market and offer PPO products.

This demonstration program is modeled after the PPO coverage available in the commercial market. Although all plans were required to offer out-of-network benefits, few other specific requirements were applied to the benefit design. Differential cost-sharing requirements in and out of network were intended to encourage enrollees to use services in a cost-effective manner while not providing a disincentive toward seeking appropriate care. A key feature of this demonstration is a risk-sharing component. Risk-sharing arrangements under this demonstration, where applicable, are specific to each plan offering a PPO product and are symmetrical, meaning that the risk assumed by CMS is the same for both losses and savings. All but four of the participating organizations currently have a risk-sharing arrangement with CMS.

There are currently 35 PPO demonstration plans in 22 States for the 2004 contract year. Total enrollment in the demonstration products is 94,739 as of April 1, 2004.

Status: Currently operational; demonstration will terminate December 2005. ■

Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)

Project No: 95-W-00118/09
Project Officer: Deborah VanHoven
Period: January, 2003 to December, 2005
Funding: \$100,000
Principal Investigator:
Award: Grant
Awardee: Health Net Life Insurance Company
 2800 North 44th Street, Suite 900
 Phoenix, AZ 85008-1553

Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)

Project No: 95-W-00126/09
Project Officer: Deborah VanHoven
Period: January, 2003 to December, 2005
Funding: \$100,000
Principal Investigator:
Award: Grant
Awardee: PacifiCare of Arizona, Inc.
 4601 East Hilton Avenue
 Phoenix, AZ 85034

Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)

Project No: 95-W-00119/09
Project Officer: Deborah VanHoven
Period: January, 2003 to December, 2005
Funding: \$100,000
Principal Investigator:
Award: Grant
Awardee: Health Net Life Insurance Company
 21281 Burbank Boulevard
 Building B
 Woodland Hills, CA 91367

Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)

Project No: 95-W-00110/01
Project Officer: Deborah VanHoven
Period: January, 2003 to December, 2005
Funding: \$100,000
Principal Investigator:
Award: Grant
Awardee: Aetna Health Inc.
 Mailstop RT11
 1000 Farmington Avenue
 Hartford, CT 06156

Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)

Project No: 95-W-00125/05
Project Officer: Deborah VanHoven
Period: January, 2003 to December, 2005
Funding: \$100,000
Principal Investigator:
Award: Grant
Awardee: OSF Health Plans, Inc.
 7915 North Hale Avenue, Suite D
 Peoria, IL 61615

Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)

Project No: 95-W-00109/05
Project Officer: Deborah VanHoven
Period: January, 2003 to December, 2005
Funding: \$100,000
Principal Investigator:
Award: Grant
Awardee: Advantage Health Solutions, Inc.
 9490 Priority Way, West Drive
 Indianapolis, IN 46240

Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)

Project No: 95-W-00111/05
Project Officer: Deborah VanHoven
Period: January, 2003 to December, 2005
Funding: \$100,000
Principal Investigator:
Award: Grant
Awardee: Anthem Health Plans of KY, Inc.,
 Community Insurance Company
 220 Virginia Avenue
 Indianapolis, IN 46204

Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)

Project No: 95-W-00123/04
Project Officer: Deborah VanHoven
Period: January, 2003 to December, 2005
Funding: \$100,000
Principal Investigator:
Award: Grant
Awardee: Humana Insurance Company
 500 West Main Street
 Louisville, KY 40202

Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)

Project No: 95-W-00128/06
Project Officer: Deborah VanHoven
Period: January, 2003 to December, 2005
Funding: \$100,000
Principal Investigator:
Award: Grant
Awardee: Tenet Choices, Inc.
 200 West Esplanade Avenue
 Suite 600
 Kenner, LA 70065

Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)

Project No: 95-W-00129/05
Project Officer: Deborah VanHoven
Period: January, 2003 to December, 2005
Funding: \$100,000
Principal Investigator:
Award: Grant
Awardee: United Healthcare Insurance Company
 9900 Bren Road East
 Mail Route MN008-T500
 Minnetonka, MN 55343

Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)

Project No: 95-W-00113/07
Project Officer: Deborah VanHoven
Period: January, 2003 to December, 2005
Funding: \$100,000
Principal Investigator:
Award: Grant
Awardee: Coventry Health and Life Insurance Company
 111 Corporate Office Drive
 Suite 400
 Earth City, MO 63045

Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)

Project No: 95-W-00114/07
Project Officer: Deborah VanHoven
Period: January, 2003 to December, 2005
Funding: \$100,000
Principal Investigator:
Award: Grant
Awardee: Coventry Health and Life Insurance Company
 8320 Ward Parkway
 Kansas City, MO 64114

Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)

Project No: 95-W-00122/02
Project Officer: Deborah VanHoven
Period: January, 2003 to December, 2005
Funding: \$100,000
Principal Investigator:
Award: Grant
Awardee: Horizon Healthcare of New Jersey, Inc.
 3 Penn Plaza East
 Newark, NJ 07105-2200

Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)

Project No: 95-W-00127/09
Project Officer: Deborah VanHoven
Period: January, 2003 to December, 2005
Funding: \$100,000
Principal Investigator:
Award: Grant
Awardee: Pacificare of Nevada, Inc.
 700 East Warm Springs Road
 Las Vegas, NV 98119

Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)

Project No: 95-W-00117/02
Project Officer: Deborah VanHoven
Period: January, 2003 to December, 2005
Funding: \$100,000
Principal Investigator:
Award: Grant
Awardee: Group Health Inc.
 441 Ninth Avenue
 New York, NY 10001

Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)

Project No: 95-W-00120/02
Project Officer: Deborah VanHoven
Period: January, 2003 to December, 2005
Funding: \$100,000
Principal Investigator:
Award: Grant
Awardee: HealthNow New York, Inc.
 1901 Main Street
 Buffalo, NY 14208

Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)

Project No: 95-W-00121/04
Project Officer: Deborah VanHoven
Period: January, 2003 to December, 2005
Funding: \$100,000
Principal Investigator:
Award: Grant
Awardee: Health Spring Inc.
 44 Vantage Way, Suite 300
 Nashville, TN 37228

Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)

Project No: 95-W-00124/02
Project Officer: Deborah VanHoven
Period: January, 2003 to December, 2005
Funding: \$100,000
Principal Investigator:
Award: Grant
Awardee: Managed Health Inc.
 25 Broadway, 9th Floor
 New York, NY 10004

Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)

Project No: 95-W-00130/03
Project Officer: Deborah VanHoven
Period: January, 2003 to December, 2005
Funding: \$100,000
Principal Investigator:
Award: Grant
Awardee: University of Washington School of Nursing
 SC-72
 Seattle, WA 98195

Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)

Project No: W-95-00116/03
Project Officer: Deborah VanHoven
Period: January, 2003 to December, 2005
Funding: \$100,000
Principal Investigator:
Award: Grant
Awardee: Health Assurance Pennsylvania, Inc.
 3721 TecPort Drive
 PO Box 67103
 Harrisburg, PA 17106-7103

Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)

Project No: 95-W-00115/03
Project Officer: Deborah VanHoven
Period: January, 2003 to December, 2005
Funding: \$100,000
Principal Investigator:
Award: Grant
Awardee: Coventry Health and Life Insurance Company
 500 Virginia Street East
 PO Box 1711
 Charleston, WV 25326

Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)

Project No: 95-W-00112/04
Project Officer: Deborah VanHoven
Period: January, 2003 to December, 2005
Funding: \$100,000
Principal Investigator:
Award: Grant
Awardee: Cariten Insurance Company
 1420 Centerpoint Boulevard
 Knoxville, TN 37932

MEDICARE+CHOICE ALTERNATIVE PAYMENT (PHASE I) DEMONSTRATION

With enactment of the Balanced Budget Act of 1997 (BBA) came the expectation that the Medicare+Choice (M+C) program would continue to grow and offer additional choices to beneficiaries. Unfortunately, the number of plans and percentage of beneficiaries enrolled steadily declined from a high of 18 percent in 1999. This trend of plans exiting the market continued for 2002. The M+C Alternative Payment Demonstration was designed

to take immediate action to test whether alternatives to the current M+C payment systems, in particular various risk-sharing and reinsurance arrangements, could be used to encourage M+COs to remain in the M+C program. The demonstration was initially scheduled to last for 2 years (2002 and 2003) but was extended an additional year for 2004.

Six new M+C plans were effective under this demonstration on January 1, 2002. They included one PPO (Independence Blue Cross), one private fee-for-service plan (Humana in DuPage County, Illinois), and one employer group only program incorporating two health plans and three contracts sponsored by Wheeling-Pittsburgh Steel Corporation. In June 2002, a seventh plan sponsored by United Healthcare of Wisconsin was added to the demonstration. M-Care, which offered a plan in 2002 in Livingston and Washtenaw counties in Michigan, dropped out of the demonstration and terminated its M+C plan effective January 1, 2003. At the request of several plans, a decision was made in late 2003 to allow the remaining plans the option of extending the demonstration for an additional year in 2004. Humana, Pacificare, Independence Blue Cross, and the Wheeling-Pittsburgh plans will be extended. Anthem and United Healthcare of Wisconsin will terminate their demonstration plans but continue to offer a regular M+C plan in these counties. As of March 1, 2004, the remaining active plans had just fewer than 40,000 members.

Status: Currently active; demonstration will terminate 12/31/2004. ■

Medicare+Choice Alternative Payment (Phase I) Demonstration

Project No: 95-W-00104/09
Project Officer: Jody Blatt
Period: January, 2002 to December, 2004
Funding: \$0
Principal Investigator:
Award: Waiver-Only Project
Awardee: Pacificare Health Systems, Inc.
 3120 Lake Center Drive
 Santa Ana, CA 92704

Medicare+Choice Alternative Payment (Phase I) Demonstration

Project No: 95-W-00105/04
Project Officer: Jody Blatt
Period: January, 2002 to December, 2004
Funding: \$0
Principal Investigator:
Award: Douglas R. Carlisle
 Waiver-Only Project
Awardee: Employers Health Insurance
 Company
 500 West Main Street, 7th Floor
 Louisville, KY 40201

Medicare+Choice Alternative Payment (Phase I) Demonstration

Project No: 95-W-00107/03
Project Officer: Jody Blatt
Period: January, 2002 to December, 2004
Funding: \$0
Principal Investigator:
Award: Mary Xlinos
 Waiver-Only Project
Awardee: Coventry Health Care, Inc.
 6705 Rockledge Drive
 Bethesda, MD 20817

Actuarial Assessment of PACE Enrollment Characteristics in Developing Capitated Payments

Project No: 500-95-0061/09
Project Officer: Frederick Thomas
Period: September, 2000 to May, 2004
Funding: \$120,460
Principal Investigator:
Award: James Robinson
 Task Order
Awardee: University of Wisconsin, Madison
 750 University Avenue
 Madison, WI 53706

Description: The BBA (1997) requires the PACE program to be paid using the risk-adjustment method developed for Medicare+Choice programs, but adjusted for factors specific to the PACE program. PACE is expected to differ from M+C plans in a number of attributes: enrollment size, group bias, dual Medicaid capitation, and mortality rates. An actuarial assessment is needed to explore the risk characteristics related with these factors and to formulate options that use this information in a capitated payment system.

Status: A final report is being reviewed. ■

Evaluation of the Program of All-Inclusive Care for the Elderly (PACE) as a Permanent Program and of a For-Profit Demonstration

Project No: 500-00-0033/01
Project Officer: Frederick Thomas
Period: September, 2001 to September, 2006
Funding: \$819,772
Principal Investigator: Valerie Cheh
Award: Task Order
Awardee: Mathematica Policy Research (Princeton)
 600 Alexander Park
 PO Box 2393
 Princeton, NJ 08543-2393

Description: This is an evaluation of the Program for All-Inclusive Care for the Elderly (PACE) as a permanent Medicare program and as a State option under Medicaid. This project evaluates PACE in terms of site attributes, patient characteristics, and utilization data statistically analyzed across sample sites and compared to the prior demonstration data and other comparable populations. This project expands on the foundations laid in the previous evaluations of PACE by predicting costs beyond the first year of enrollment and assessing the impact of higher end-of-life costs and long-term nursing home care.

Status: The evaluation is ongoing. Fieldwork is expected to begin in fall 2004. ■

Program of All-Inclusive Care for the Elderly (PACE) Quality Assurance

Project No: 500-96-0004/02
Project Officer: Mary Wheeler
Period: September, 1990 to September, 2002
Funding: \$3,203,917
Principal Investigator: Peter Shaughnessy
Award: Task Order
Awardee: Center for Health Services Research, University of Colorado
 1355 South Colorado Boulevard
 Suite 706
 Denver, CO 80222

Description: The purpose of this project is to develop a core data set that is the foundation for an outcome-based quality improvement (OBQI) system for the Program of All-Inclusive Care for the Elderly (PACE) program. The OBQI system consists of two phases during which the PACE sites complete the data instrument that contains items for outcome measurement and risk adjustment

at specific time intervals. Using the data collected in the first phase, site-level reports can be produced summarizing the outcome measures. By comparing site-level case-mix adjusted outcome reports to other PACE site outcome reports and to the site's previous outcome reports from earlier time periods, the site, CMS, and the State Medicaid agencies are able to identify areas that require further examination due to inferior (or perhaps superior) outcomes. In the second phase, the sites take a closer look at why and how the specific outcomes are achieved and make recommendations for improvements in the case of poor (or perhaps superior) outcomes.

Status: Significant progress has been made in the development of outcome indicators for PACE. The OBQI contract was modified in October 1999, which expanded the period of performance and increased the level of effort to support the development of a Core Comprehensive Assessment (COCO) instrument for PACE providers. Although this change in the timeline will delay the OBQI component, the burden of data collection on the PACE sites will be decreased. ■

Promoting State Interest in Identifying PACE Markets

Project No: 500-03-0048
Project Officer: Frederick Thomas
Period: September, 2003 to September, 2004
Funding: \$199,970
Principal Investigator: Peter Fitzgerald
Award: Contract
Awardee: National PACE Association
 801 North Fairfax
 Alexandria, VA 22314

Description: Since the Balanced Budget Act of 1997 made the Program of All-Inclusive Care for the Elderly (PACE) a permanent Medicare Program, there has been little program expansion, and the number of PACE sites is still at the 1999 level. Since PACE is a joint Medicaid program, expansion requires support by State Medicaid programs. With State budgets strained, the basic work to assess the feasibility of implementing PACE programs has been overlooked by some States. This contract will fund up to four State-specific studies to determine PACE feasibility, as well as potential impediments to PACE expansion. The goal is to promote new state interest and identify potential providers interested in PACE program development.

Status: Work is progressing, with the process started to identify participating States and the feasibility study protocol being developed. ■

Pilot Test and Analysis of the Medicare Health Survey for Program for All-Inclusive Care for the Elderly (PACE) and EverCare (MHSPE)

Project No: 500-00-0030/03
Project Officer: Ronald Lambert
Period: September, 2001 to September, 2004
Funding: \$1,033,894
Principal Investigator: Edith Walsh
Award: Task Order
Awardee: Research Triangle Institute
 411 Waverley Oaks Road, Suite 330
 Waltham, MA 02452-8414

Description: The purpose of this project is to test and implement a variant of the Health Outcome Survey (HOS) for organizations that serve special populations. In Phase I, the feasibility of implementing this survey for the Program of All-Inclusive Care for the Elderly (PACE) was demonstrated. In Phase II, the PACE Health Survey was implemented for the PACE Program. The survey findings will support the implementation of frailty-adjusted Medicare capitation payments to PACE organizations.

Status: During 2003, the PACE Health Survey was administered to enrollees of 26 PACE organizations. The overall response rate was 77 percent, with plan response rates ranging from 62 percent to 92 percent. These response rates are significantly better than the previous HOS response rates for PACE. The functional impairment information collected by the PACE Health Survey was used to determine the frailty adjuster for each PACE organization for the purposes of Medicare payment in 2004. ■

Second-Generation Social Health Maintenance Organization Demonstration: Nevada

Project No: 95-W-90503/09
Project Officer: Thomas Theis
Period: November, 1996 to December, 2004
Funding: \$0
Principal Investigator: Bonnie Hillegass
Award: Waiver-Only Project
Awardee: Health Plan of Nevada, Inc.
 PO Box 15645
 Las Vegas, NV 89114-5645

Description: The purpose of this second-generation social health maintenance organization (S/HMO-II) demonstration is to refine the targeting and financing methodologies and the benefit design of the current S/HMO model. The S/HMO integrates health and social services under the direct financial management of the provider of services. All acute and long-term care services are provided by or through the S/HMO at a

fixed, annual, prepaid capitation sum. The S/HMO-II model provides an opportunity to test models of care focusing on geriatrics. The Health Plan of Nevada (HPN) is one of six organizations originally selected to participate in the project.

Status: The Balanced Budget Act of 1997 extended the demonstration period through December 31, 2000. The Balanced Budget Refinement Act of 1999 extended the demonstration until 18 months after the Secretary submits the S/HMO Transition Report to Congress. The Medicare, Medicaid, and SCHIP Benefits Improvement Protection Act of 2000 extended the demonstration until 30 months after the S/HMO Transition Report to Congress is submitted. This report addresses transitioning S/HMOs and similar plans to the Medicare+Choice program and appropriate payment levels for these organizations. The report was sent to Congress in February 2001 making the end date July 2003. CMS, using discretionary authority, extended the demonstration through December 31, 2004. Payment for the S/HMO demonstration in 2004 will be determined by the CMS-Hierarchical Condition Category risk adjustment model with a frailty adjuster employing a 90/10 percent blend. The blend will be 90 percent of the payment based on the methodology in prior use during the demonstration and 10 percent based on the new risk adjustment system with the additional frailty adjustment. HPN is the only S/HMO II model operational site in the demonstration. HPN began enrolling beneficiaries in the demonstration in November 1996. HPN enrollment at the end of 2004 was over 48,000 members.

The project's final Report to Congress was released to Congress by the Secretary of Health and Human Services in February 2003. The purpose of this report is to present an analysis of the S/HMO II model. ■

Social Health Maintenance Organization Project for Long-Term Care: Elderplan, Inc. (Formerly, Social Health Maintenance Organization Project for Long-Term Care)

Project No: 95-P-09101/02
Project Officer: Thomas Theis
Period: August, 1984 to December, 2004
Funding: \$0
Principal Investigator: Eli Feldman
Award: Waiver-Only Project
Awardee: Elderplan, Inc.
 6323 Seventh Avenue
 Brooklyn, NY 11220

Description: This project was developed to implement the concept of a social health maintenance organization (S/HMO) for acute and long-term care. An S/HMO integrates health and social services under

the direct financial management of the provider of services. All services are provided by or through the S/HMO at a fixed, annual, prepaid capitation sum. Four demonstration sites originally were selected to participate; of the four, two were health maintenance organizations that have added long-term care services to their existing service packages, and two were long-term care providers that have added acute-care service packages. Elderplan is one of the long-term care provider sites that developed and added an acute-care service component.

Status: Elderplan implemented its service delivery network in March 1985. Elderplan uses both Medicare and Medicaid waivers. The Balanced Budget Act of 1997 extended the demonstration period through December 31, 2000. The Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 1999 extended the demonstration until 18 months after the Secretary submits the S/HMO Transition Report to Congress. The Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 further extended the demonstration until 30 months after the S/HMO Transition Report to Congress is submitted. This report addresses transitioning S/HMOs and similar plans to the Medicare+Choice program and appropriate payment levels for these organizations. The report was sent to Congress in February 2001, making the end date July 2003.

CMS, using discretionary authority, extended the demonstration through December 31, 2004. Payment for the S/HMO demonstration in 2004 will be determined by the CMS-Hierarchical Condition Category risk-adjustment model with a frailty adjustor employing a 90/10 percent blend. The blend will be 90 percent of the payment based on the methodology in prior use during the demonstration and 10 percent based on the new risk-adjustment system with the additional frailty adjustment. ■

Social Health Maintenance Organization Project for Long-Term Care: Kaiser Permanente Center for Health Research

Project No: 95-P-09103/00
Project Officer: Thomas Theis
Period: August, 1984 to December, 2004
Funding: \$0
Principal Investigator: Lucy Nonnenkamp
Award: Waiver-Only Project
Awardee: Kaiser Permanente Center for Health Research
 2701 NW Vaughn Street, Suite 160
 Portland, OR 97210

Description: This project was developed to implement the concept of a social health maintenance organization (S/HMO) for acute and long-term care. An S/HMO

integrates health and social services under the direct financial management of the provider of services. All services were provided by or through the S/HMO at a fixed, annual, prepaid capitation sum. Four demonstration sites originally were selected to participate—two were health maintenance organizations (HMOs) that have added long-term care services to their existing service packages, and two were long-term care providers that have added acute-care service packages. Kaiser Permanente Center for Health Research (doing business as Senior Advantage II) is one of the HMO sites that developed and added a long-term care component to its service package.

Status: Senior Advantage II (formerly Medicare Plus II) implemented its service delivery network in March 1985. Senior Advantage II used Medicare waivers only. The Balanced Budget Act of 1997 extended the demonstration period through December 31, 2000. The Balanced Budget Refinement Act of 1999 extended the demonstration until 18 months after the Secretary submits the S/HMO Transition Report to Congress. The Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 further extended the demonstration until 30 months after the S/HMO Transition Report to Congress is submitted. This report addresses transitioning S/HMOs and similar plans to the Medicare+Choice program and appropriate payment levels for these organizations. The report was sent to Congress in February 2001, making the end date July 2003.

CMS, using discretionary authority, extended the demonstration through December 31, 2004. Payment for the S/HMO demonstration in 2004 will be determined by the CMS-Hierarchical Condition Category risk adjustment model, with a frailty adjustor employing a 90/10 percent blend. The blend will be 90 percent of the payment based on the methodology in prior use during the demonstration and 10 percent based on the new risk-adjustment system with the additional frailty adjustment. ■

Social Health Maintenance Organization Project for Long-Term Care: SCAN Health Plan

Project No: 95-P-09104/09
Project Officer: Thomas Theis
Period: August, 1984 to December, 2004
Funding: \$0
Principal Investigator: Timothy C. Schwab
Award: Waiver-Only Project
Awardee: SCAN Health Plan
 3800 Kilroy Airport Way, Suite 100
 PO Box 22616
 Long Beach, CA 90801-5616

Description: This project was developed to implement the concept of a social health maintenance organization (S/HMO) for acute and long-term care. An S/HMO

integrates health and social services under the direct financial management of the provider of services. All services are provided by or through the S/HMO at a fixed, annual, prepaid capitation sum. Four sites originally were selected to participate; of the four, two were health maintenance organizations that have added long-term care services to their existing service packages and two were long-term care providers that have added acute-care service packages. SCAN Health Plan is one of the long-term care provider sites that developed and added an acute-care service component.

Status: SCAN Health Plan implemented its service delivery network in March 1985. SCAN uses both Medicare and Medicaid waivers. The Balanced Budget Act of 1997 extended the demonstration period through December 31, 2000. The Balanced Budget Refinement Act of 1999 extended the demonstration until 18 months after the Secretary submits the S/HMO Transition Report to Congress. The Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 further extended the demonstration until 30 months after the S/HMO Transition Report to Congress is submitted. This report addresses transitioning S/HMOs and similar plans to the Medicare+Choice program and appropriate payment levels for these organizations. The report was sent to Congress in February 2001 making the end date July 2003. CMS, using discretionary authority, extended the demonstration through December 31, 2004. Payment for the S/HMO demonstration in 2004 will be determined by the CMS-Hierarchical Condition Category risk adjustment model with a frailty adjustor employing a 90/10 percent blend. The blend will be 90 percent of the payment based on the methodology in prior use during the demonstration and 10 percent based on the new risk adjustment system with the additional frailty adjustment. ■

End Stage Renal Disease (ESRD) Managed Care Demonstration: Health Options

Project No: 95-C-90692/04
Project Officer: Sid Mazumdar
Period: September, 1996 to December, 2005
Funding: \$0
Principal Investigator: Jeremy Ginder
Award: Cooperative Agreement
Awardee: Advanced Renal Options
 8400 NW 33rd Street, 4th Floor
 Miami, FL 33122

Description: The original demonstration program, Advanced Renal Options, tested whether open enrollment of End Stage Renal Disease (ESRD) patients in managed care was feasible with a capitation rate adjusted for age, treatment status, and cause of renal failure, and additional payment made for extra benefits.

Status: As of April 2004, there were 269 beneficiaries enrolled. Data collection for evaluation purposes ended May 31, 2001, at the conclusion of the mandated 3-year period. Waivers were renewed for the period June 1, 2001, through December 31, 2002, for residual demonstration enrollees to continue to receive the extra benefits, with CMS paying an unadjusted capitation rate based on the demonstration rate. Waivers were renewed again for the period January 1, 2003–December 31, 2005. ■

Data Collection for Second Generation S/HMO

Project No: 500-96-0005/02
Project Officers: Pauline Karikari-Martin and Thomas Theis
Period: November, 1996 to December, 2004
Funding: \$8,978,005
Principal Investigator: Lisa Maria Alecxih
Award: Task Order
Awardee: Lewin Group
 3130 Fairview Park Drive, Suite 800
 Falls Church, VA 22042

Description: This project consolidated the data collection needs of the Second Generation Social Health Maintenance Organization (S/HMO-II) Demonstration. The work was done by Mathematica Policy Research under a subcontract. The project conducted initial and annual follow-up surveys for each beneficiary enrolled in the S/HMO-II demonstration. The information gathered served three primary functions: baseline and follow-up data for the analyses, clinical information to the participating S/HMO-II sites for care planning, and data for risk-adjustment and payment. In addition, this project supports two congressionally mandated reports to Congress, an S/HMO Transition Report to Congress and a Final Report to Congress on the S/HMO II project. While multiple sites were originally planned for this demonstration, only one, the Health Plan of Nevada, actually implemented an S/HMO II plan. The evaluation was designed to assess the impact of the S/HMO II by comparing it with regular Medicare+Choice sites using measures of utilization, quality of care, and changes in participant health status over time.

Status: The reports to Congress have been prepared. The S/HMO Transition Report was released to Congress in February 2001. The second report to Congress, a Final Report to Congress on the S/HMO II Project, was released in February 2003. ■

Refinement of Risk Adjustment for Special Populations

Project No: 500-99-0038
Project Officer: Ronald Lambert
Period: August, 2002 to July, 2004
Funding: \$399,740
Principal Investigator: Gregory Pope
Award: Contract
Awardee: Research Triangle Institute
 411 Waverley Oaks Road, Suite 330
 Waltham, MA 02452-8414

Description: This project will review and evaluate potential risk adjusters and develop a preliminary payment approach for frail populations. One of the purposes of this contract modification is to refine and further develop frailty adjustment. In 2000, CMS implemented a risk adjustment methodology that uses hospital inpatient diagnoses and pays Medicare+Choice (M+C) organizations a blend of 10 percent of the risk adjustment amount and 90 percent of the previous demographic payment amount. The payment approaches under consideration involve the application of a frailty adjuster in conjunction with the inpatient and ambulatory model that will be used for M+C organizations in 2004.

Status: CMS is considering implementing frailty adjustment for demonstrations and PACE in 2004. Prior to implementation, CMS will be sharing information with the demonstrations, PACE, and other interested parties and pursuing clearance through the Office of Management and Budget and the Department of Health and Human Services. Refinements and further development will be necessary to reflect more recent research or changes in policy direction. This is a modification to existing contract with Health Economics Research (HER, # 500-99-0038). ■

Refinements to Medicare Diagnostic Cost Group (DCG) Risk-Adjustment Models

Project No: 500-00-0030/04
Project Officer: Melvin Ingber
Period: September, 2002 to September, 2004
Funding: \$568,038
Principal Investigator: Gregory Pope
Award: Task Order
Awardee: Research Triangle Institute
 411 Waverly Oaks Road, Suite 330
 Waltham, MA 02452-8414

Description: A set of models to provide risk adjuster measures for the purpose of determining payments to capitated managed care organizations was developed under contract with CMS (#500-92-0020 Task Order

6) and were then further improved (#500-95-0048 Task Order 3). This task order will test the model for use in special populations to develop satisfactory payment for plans that enroll beneficiaries selectively based on their medical, functional, or institutional condition. The DCG-based models are designed to use demographic and diagnostic information to project expenditures and to provide factors that could be used to multiply the ratebook amounts instead of the demographic factors currently used.

Further work is to be done on a concurrent model and on an institutional model using a larger sample. The ICD-9 tables will be updated to reflect coding changes to keep the model responsive to new codes.

Status: The early work has been completed and the latter projects are in process. ■

Evaluation of the Medical Savings Account Demonstration

Project No: 500-95-0057/06
Project Officer: Victor McVicker
Period: September, 1998 to September, 2004
Funding: \$404,640
Principal Investigator: Kenneth Cahill
Award: Task Order
Awardee: BearingPoint
 1676 International Drive
 McLean, VA 22102-4828

Description: This project evaluates the Medical Savings Account (MSA) Demonstration. It compares the experience of MSA enrollees with other Medicare beneficiaries.

Status: No insurers have elected to participate in the MSA demonstration. A report to Congress is being reviewed within CMS. ■

Modeling M+C Standardized Benefit Packages in Local Markets

Project No: 500-95-0057/06a
Project Officer: Victor McVicker
Period: January, 2002 to September, 2003
Funding: \$184,688
Principal Investigator: Mary Laschober
Award: Contract
Awardee: BearingPoint
 1676 International Drive
 McLean, VA 22102-4828

Description: The purpose of this project is to explore the feasibility of developing M+C standardized core benefit package and standardized add-on benefit options

that plans can choose when designing benefit packages to offer in their service area. The design of the proposed packages is based on the current range of plan offerings in local Medicare markets and on the experiences of other Federal, State, and private organizations with developing defined benefit packages. Information on the M+C benefit package was supplemented by key informant interviews and a focused literature review. The proposed packages could be used in a competitive model for Medicare (similar to FEHBP) that increases choices available to beneficiaries.

Status: BearingPoint has submitted a draft final report for CMS review. This report proposes for Medicare three model core benefit packages and four riders (with two options each) resulting in 240 combinations of core and riders that health plans could make available to beneficiaries. For each of the core benefit packages, this report provides the estimated annual cost for plan benefits and the amount paid by the beneficiary as out-of-pocket expenditures, as well as the total paid by the plan and the beneficiary. The report also discusses the advantages and disadvantages of standardization and the alternatives to full standardization. ■

Theme 4: Developing FFS Payment and Service Delivery Systems

Summary: All the new prospective payment systems (PPSs), e.g., skilled nursing facilities (SNFs), home health, inpatient rehabilitation, and outpatient and long-term care hospitals, are being evaluated as they proceed through the successive stages of implementation. Refinement efforts to existing PPS systems are also under way. We are also working to implement demonstrations that align hospital and physician incentives, including all-inclusive payments for hospital and physician services for specific inpatient episodes of care. In addition, we are working to implement numerous payment and service delivery demonstrations mandated by the Medicare Modernization Act.

Direct and Indirect Effects of the Changes in Home Health Policy and an Analysis of the Skill Mix of Medicare Home Health Services Before and After the Balanced Budget Act of 1997

Project No: HCFA-00-0108
Project Officer: Ann Meadow
Period: March, 2000 to December, 2003
Funding: \$24,298
Principal Investigator: Nelda McCall
Award: Simplified Acquisition
Awardee: Laguna Research Associates
 455 Market Street, Suite 1190
 San Francisco, CA 94105

Description: This project provides partial support for a project primarily funded by the Robert Wood Johnson Foundation (RWJ). As part of this larger project, CMS supplies needed data and receives the results of a special study. The RWJ project examines three areas where impacts of the Balanced Budget Act of 1997 (BBA) might fall: the Medicare beneficiary, home health care agencies, and the overall medical and long-term care system. The special study for CMS looks at beneficiary access, as measured by patterns of Medicare home health use before and soon after the implementation of the BBA. The focus is on assessing whether changes occurred in the skill mix of types of visits received by home health users. The analysis also seeks information on possible differential effects for different categories of home health users and in different geographic areas.

Status: This project has been completed. A partial list of reports and publications follows:

- N. McCall et al., “Medicare Home Health Before and After the BBA,” *Health Affairs* (May/June 2001): 189–198.
- H. Komisar, “Rolling Back Medicare Home Health,” *Health Care Financing Review* (Winter 2002): 33–56.
- N. McCall et al., “Constraining Medicare Home Health Reimbursement: What Are the Outcomes?” *Health Care Financing Review* (Winter 2002): 57–76.
- N. McCall et al., “Utilization of Home Health Services Before and After the Balanced Budget Act of 1997: What Were the Initial Effects?” *Health Services Research* (February 2003): 85–106.
- N. McCall et al., “Decreased Home Health Use: Does It Decrease Satisfaction?” *Medical Care Research and Review* (forthcoming).
- N. McCall et al., “Reforming Medicare Payment: Early Effects of the 1997 Balanced Budget Act on Postacute Care,” *Milbank Quarterly* 81, no. 2 (2003): 277–303.
- V. Cheh and W. Black, “Striking a Balance in Home Health Payment Reforms,” Mathematica Policy Research, Inc. (June 2003).
- C. Murtaugh et al., “Trends in Medicare Home Health Care Use: 1997–2001,” *Health Affairs* 22, no. 5 (Sept./Oct. 2003): 146–156.
- S. Rogers and H. Komisar, “Effects of the Balanced Budget Act on Medicare Home Health Agencies, Services and Clients: Findings from Interviews with Home Care Associations and Agencies” Final Report to the Robert Wood Johnson Foundation and the Centers for Medicare & Medicaid Services. Institute for Health Care Research and Policy, Georgetown University. Washington, DC, June 2002. ■

Studies in Home Health Case Mix

Project No: 500-00-0032/03
Project Officer: Ann Meadow
Period: September, 2001 to
 December, 2005
Funding: \$739,713
Principal Investigator: Marian Wrobel, Ph.D.
Award: Task Order
Awardee: Abt Associates, Inc.
 55 Wheeler Street
 Cambridge, MA 02138

Description: The main purpose of this project is to further develop the case mix model used for the home health prospective payment system (PPS) implemented in October 2000 and to explore new approaches to case mix adjuster development. Some of the results may have near- or medium-term application to CMS rulemaking for Medicare home health payment because they are essentially extensions of the current model. Other results are not necessarily extensions of the current model and therefore might find application in the long-term future. Additional tasks in this project involve maintenance of the home health PPS grouper and other types of technical assistance. All work will be conducted using existing administrative databases.

Status: Analyses have been conducted on a 20-percent sample of claims from the first six quarters of PPS, sometimes making use of simulated episodes from earlier periods for comparison. Analyses have been directed at such issues as performance of the existing adjuster for long-stay patients, feasibility of an adjuster for supplies costs, prediction of therapy costs and other approaches addressing the therapy visit threshold, performance of additional diagnosis groups, miscellaneous refinements of existing diagnosis groups, and time trends in Outcome and Assessment Information Set item coding. Further work will include retesting interim results on more recent data. ■

Medicare Post-Acute Care: Evaluation of BBA Payment Policies and Related Changes

Project No: 500-96-0006/04
Project Officer: Philip Cotterill
Period: September, 2000 to
 September, 2004
Funding: \$636,557
Principal Investigator: Brian Burwell
Award: Task Order
Awardee: Medstat Group (DC)
 600 Maryland Avenue, SW,
 Suite 550
 Washington, DC 20024-2512

Description: The purpose of this project is to study the impact of BBA and other policy changes on Medicare utilization and delivery patterns of post-acute care. Post-acute care is generally defined to include the Medicare covered services provided by skilled nursing facilities (SNFs), home health agencies, rehabilitation hospitals and distinct part units, long-term care hospitals, and outpatient rehabilitation providers. The changes in post-acute care payment policy enacted in the late 1990s (mostly in the 1997 Balanced Budget Act (BBA) with some subsequent modifications) were made one-by-one to most types of post-acute care. However, a beneficiary's post-acute care needs can often be met in alternative provider settings. Therefore, policy changes for one post-acute care modality may have ramifications for other post-acute and acute care services. Understanding the interrelationships among post-acute care delivery systems is critical to the development of policies that encourage appropriate and cost-effective use of the entire range of care settings. The results of this work may be useful in refining policies for individual types of post-acute care, as well as in developing a more coordinated approach across all settings. This initial project will compare changes between the pre-BBA period of the 1990s and the post-BBA year, 1999. The study will include a variety of beneficiary, provider, and market area analyses. Since the impacts of policy changes not yet implemented will continue to be of interest for many years, the analyses developed under this contract are expected to use and refine methods that can be applied in future evaluation research.

Status: A final report containing descriptive and multivariate analyses of post-acute episodes of care during the period 1996–2002 is expected by September 2004. ■

Assessment, Refinement, and Analysis of the Existing Prospective Payment System for Skilled Nursing Facilities

Project No: 500-00-0025/02
Project Officer: Jeanette Kranacs
Period: July, 2001 to July, 2005
Funding: \$6,383,566
Principal Investigator: Korbin Liu
Award: Task Order
Awardee: Urban Institute
 2100 M Street, NW
 Washington, DC 20037

Description: This project supports CMS in (1) the assessment of the feasibility of refining the current Medicare payment system for skilled nursing facilities, and if feasible, produce analyses that support these refinements, and (2) our exploration of different systems for categorizing patients and their resource allocation. It will analyze data and prepare a report containing recommendations for possible revisions to the classification of patients in a manner that accounts for the relative resource use of different patient types.

Status: Phase I focused on the design and creation of a database. Phase II analyses support annual refinements to the payment system and analysis, testing, simulations, and making recommendations regarding potential options for modifying, restructuring, or reconfiguring the existing patient classification and payment system for skilled nursing facilities. ■

Evaluation of Issues Related to Prospective Payment System under Consolidated Bidding for Skilled Nursing Facilities and Home Health Agencies

Project No: 500-96-0026/14
Project Officer: Cindy Murphy
Period: August, 1999 to June, 2003
Funding: \$938,370
Principal Investigator: Sam McNeill, George Kowalczyk, and Frank Spruill
Award: Task Order
Awardee: Jing Xing Technologies
 1312 Vincent Place
 P.O. Box 6655
 McLean, VA 22106-6655

Description: This project provides analytical support for CMS on operating issues (claims processing, medical review (MR), and data processing) for providers and contractors (intermediaries, carriers, and durable medical equipment regional carriers) related to implementation of the skilled nursing facility (SNF) Part A prospective payment system, consolidated billing under Parts A

and B, and implementation of the new SNF Part B fee schedule. Operating issues include.

- Intermediary medical review processes
- Avoiding duplicate payments
- Implementing the SNF Part B fee schedule
- Editing criteria and processing rules for SNF claims
- Training materials
- Consolidating billing for home health issues

Status: A report submitted with recommendations is available. The remaining activities include:

- Complete development of automation for fiscal intermediary MR
- Complete development of enhanced coverage edits for FY 2001 resource utilization groups
- Complete development of specifications for focused MR for FY 2001 resource utilization groups
- Complete development of query file for SNFs to ascertain Part A and Part B
- Status of specific CMS Common Procedure Coding System codes
- Complete development of paid claims data analysis related to potential duplicate payment of SNF claims
- Miscellaneous other data analysis reports. ■

Mercy Medical Skilled Nursing Home Payment Demonstration

Project No: 95-W-00083/04
Project Officer: J. Donald Sherwood
Period: January, 2002 to December, 2004
Funding: \$0
Principal Investigator: Kathryn Parks
Award: Waiver-Only Project
Awardee: Mercy Medical
 101 Villa Drive
 P.O. Box 1090
 Daphne, AL 36526-1090

Description: This pilot study is viewed as a period of evaluation for the purpose of working toward crafting an alternative approach to financing post-acute care that features greater integration of services and episodic payment. During the demonstration period, Mercy Medical is being paid according to the payment methodology that was used during the 2-year period authorized by the Balanced Budget Refinement Act of 1999 (BBRA), i.e., a per diem payment based on historical cost.

Status: Mercy Medical is developing a proposal for a 5-year demonstration to test an alternative approach to financing post-acute care that features increased integration of services and a bundled payment for select diagnoses. The post-acute services include inpatient rehabilitation hospital, SNF, and home health. For qualifying Medicare patients in the diagnostic categories of cerebrovascular accident (CVA)/stroke, cardiopulmonary, and orthopedic, Mercy Medical would be paid a single bundled payment for a defined 100-day episode of care. For Medicare patients not in the select diagnosis groups, Mercy Medical will continue to receive the inpatient rehab prospective payment system (PPS), home health agency PPS, and the waived SNF payment as defined in BBRA. ■

Design, Development, Implementation, Monitoring, and Refinement of a Prospective Payment System for Inpatient Rehabilitation

Project No: 500-95-0056/08
Project Officer: Jeanette Kranacs
Period: July, 1999 to September, 2004
Funding: \$5,908,651
Principal Investigators: Grace Carter and Melinda Beeuwkes Buntin
Award: Task Order
Awardee: RAND Corporation
 1700 Main Street
 P.O. Box 2138
 Santa Monica, CA 90407-2138

Description: The purpose of this project is to support the design, development, implementation, monitoring, and refinement of a case-based prospective payment system (PPS) for rehabilitation facilities providing services to Medicare beneficiaries. Phase I of this project has been completed. This research has supported the development of a PPS for inpatient rehabilitation. This included the assessment and development of a classification system based upon both UDSmr and MEDIRISK data and focused on the Medicare population. The project will assess the feasibility of including or considering additional MDS PAC variables and assess the potential impact of the FIM-FRG classification system and subsequent payment system.

Phase II of this contract will be creating a national database merging the Inpatient Rehabilitation Facility Patient Assessment Instrument with CMS administrative data to analyze the case mix groups and the facility adjustments for refinements to the payment systems, as well as analysis of special cases, i.e., day and cost outliers, short stays, deaths, transfers, and interrupted stays. Phase II will advise and assist CMS in developing a monitoring system to assess the impact of the inpatient PPS and analyze the results of the staff time measurement

study to assess compression. Additional tasks that will be addressed in the second phase of this contract include the impact of specific departments within the facilities or exempt units, assessing the impact of technological innovations on functional groups of the payment system, analysis of the activities of daily living (ADLs) to predict disability status and payment, and continued analysis of the impact of motor and cognitive variables on predicting disability status and payment. This phase will continue to analyze the impact of impairment groups, with and without comorbidities, and analyze the impact of comorbidities and their relationship to RICs and complexities.

Status: A work plan and interim report on “Inpatient Rehabilitation Facility Prospective Payment System” for Phase I is available. Additional reports and the work plan for Phase II are also available. ■

Psychiatric Inpatient Routine Cost Analysis

Project No: 500-95-0058/13
Project Officer: Frederick Thomas
Period: September, 2000 to December, 2004
Funding: \$2,432,014
Principal Investigator: Jerry Cromwell
Award: Task Order
Awardee: Research Triangle Institute
 411 Waverley Oaks Road, Suite 330
 Waltham, MA 02452-8414

Description: The Balanced Budget Refinement Act of 1999 (BBRA) (1999) requires the Secretary to report on a per diem-based PPS with an adequate patient classification system for psychiatric hospitals and distinct part units by October 1, 2001. Previous research on inpatient psychiatric cost variation focused on explaining per-case cost differences, primarily using diagnosis-related groups (DRGs). However, little, if any, research has been done on psychiatric per diem cost variation. Three inpatient cost components are recorded in the Medicare cost report: ancillary, overhead, and general routine care (adults and pediatrics). The largest of these components, general routine care, represents about two-thirds of the total cost of delivering inpatient services in exempted psychiatric facilities. Unfortunately the cost report does not detail the services that are provided in this cost category. In order to understand the dynamics of psychiatric per diem cost variation, and in particular, the variation in per diem routine costs, basic data collection and analytical work will be conducted under this project. In order to understand the dynamics of psychiatric per diem cost variation, and in particular, the variation in per diem routine costs, basic data collection and analytical work will be conducted under this project. These data will be used to construct a typology of routine inpatient

psychiatric services. The variations in these services will then be analyzed at the patient level to answer the following questions:

- Do routine services vary across facility types?
- Do routine services differ between homogeneous patient categories holding facility groups constant?
- How do different staffing models influence routine cost variation?
- How do patient types influence resource usage?
- How does resource intensity vary within a patient stay?
- What patient level factors affect resource usage?

Facility and patient level data will be gathered at over 40 sites by the end of the contract period. Data are collected for a 1-week period during each of 3 shifts (24/7).

Status: The final project report is being reviewed. ■

Practice Expense Methodology

Project No: 500-95-0059/06
Project Officer: Ken Marsalek
Period: May, 1999 to May, 2004
Funding: \$655,710
Principal Investigator: Allen Dobson
Award: Task Order
Awardee: Lewin Group
 3130 Fairview Park Drive, Suite 800
 Falls Church, VA 22042

Description: This project provided technical assistance to evaluate various aspects of the practice expense methodology for the Medicare Physician Fee Schedule. Until January 1992, Medicare paid for physicians' services based on a reasonable charge system. This system led to payment variations among types of services, physician specialties, and geographic areas. In 1989 Congress established a fee schedule for the payment of physicians' services. Under the formula set forth in the law, the payment amount for each service is the product of three factors:

1. A nationally uniform relative value
2. A geographic adjustment factor for each physician fee schedule area
3. A nationally uniform conversion factor that converts the relative value units (RVUs) into payment amounts for services

The RVUs for each service reflect the resources involved in furnishing the three components of a physician's service:

1. Physician work (i.e., a physician's own time and effort)
2. Practice expenses net of malpractice expenses
3. Malpractice insurance expenses

The original practice expense RVUs were derived from 1991 historical allowed charges. A common criticism was that for many items these RVUs were not resource-based because they were not directly based on the physicians' resource inputs. CMS was required to implement a system of resource-based practice expense relative value units (PERVUs) for all physicians' services by 1998. The Balanced Budget Act of 1997 (BBA) made a number of changes to the system for determining PERVUs, including delay of initial implementation until 1999 and provision for a 4-year transition. To obtain practice expense data at the procedure code level, CMS convened Clinical Practice Expert Panels (CPEPs). The CPEPs provided the direct inputs of physician services, i.e., the amount of clinical and administrative staff time associated with a specific procedure and medical equipment and medical supplies associated with a specific procedure. In June 1997, we published a proposed rule for implementing resource-based practice expense payments. The methodology incorporated elements of the CPEP process to develop the direct expense portion of the PERVU. The indirect expense portion of the PERVU was based on an allocation formula. In addition to delaying the implementation of resource-based practice expense payments until January 1, 1999, the BBA phased in the new payments over a 4-year transition period. In developing new practice expense RVUs, we were required to:

- Utilize, to the maximum extent practicable, generally accepted cost accounting principles that recognize all staff, equipment, supplies, and expenses, not just those that can be linked to specific procedures
- Use actual data on equipment utilization and other key assumptions
- Consult with organizations representing physicians regarding methodology and data to be used
- Develop a refinement process to be used during each of the 4 years of the transition period

In June 1998, we proposed a methodology for computing resource-based practice expense RVUs that uses the two significant sources of actual practice expense data we have available: CPEP data and the American Medical Association's (AMA) Socioeconomic Monitoring System (SMS) data. This methodology is based on an assumption that current aggregate specialty practice costs are a reasonable way to establish initial estimates of the relative resource costs of physicians' services across specialties. It then allocates these aggregate specialty practice costs to specific procedures and,

thus, can be seen as a “top-down” approach. We used actual practice expense data by specialty to create six cost pools: administrative labor, clinical labor, medical supplies, medical equipment, office supplies, and all other expenses. There were three steps in the creation of the cost pools:

1. We used the AMA’s SMS survey of actual cost data to determine practice expenses per hour by cost category.
2. We determined the total number of physician hours, by specialty, spent treating Medicare patients.
3. We then calculated the practice expense pools by specialty and by cost category by multiplying the practice expenses per hour for each category by the total physician hours.

For each specialty, we separated the six practice expense pools into two groups and used a different allocation basis for each group. For group one, which includes clinical labor, medical supplies, and medical equipment, we used the CPEP data as the allocation basis. The CPEP data for clinical labor, medical supplies, and medical equipment were used to allocate the clinical labor, medical supplies, and medical equipment cost pools, respectively. For group two, which includes administrative labor, office expenses, and all other expenses, a combination of the group one cost allocations and the physician fee schedule work RVUs were used to allocate the cost pools. For procedures performed by more than one specialty, the final procedure code allocation was a weighted average of allocations for the specialties that perform the procedure, with the weights being the frequency with which each specialty performs the procedure on Medicare patients. The BBA also requires the Secretary to develop a refinement process to be used during each of the 4 years of the period. In the 1998 notice, we finalized the proposed methodology but stated that the PERVUs would be interim throughout the transition period. Additionally, we envisioned a two-part refinement process.

Status: The project staff were concerned with the data involved in the project. They met with CMS and the AMA to discuss our future use of the AMA’s existing SMS survey and to discuss the design and structure of its new practice-level survey. The AMA plans to conduct its survey of practices in alternating years with the SMS survey. The project staff completed an evaluation of the 1998 SMS questionnaire and an initial review of the methodology of the practice expense per hour values derived from the SMS data. They developed recommendations regarding the practice survey design and methodology and considered how the practice-level survey could be used and how the information could be cross-walked to the SMS survey. In addition, they met with medical specialty organizations to review and make recommendations on data that might be of use and to hear concerns about the AMA SMS survey.

- The AMA has proposed the establishment of an RVU Practice Expense Advisory Committee to review detailed, Current Procedural Terminology code level input data.
- CMS will request contractual support for assistance on methodology issues. This project provides that contractual support. ■

5 Year Review of Malpractice Relative Value Units

Project No: 500-00-0017/01
Project Officer: Rick Ensor
Period: September, 2003 to March, 2005
Funding: \$269,111
Principal Investigator: Jim Moser
Award: Task Order
Awardee: BearingPoint
 1676 International Drive
 McLean, VA 22102-4828

Description: The purpose of this procurement is to update the MPRVUs associated with Part B Medicare Physician Fee Schedule services. MPRVUs are one component of a fee schedule payment that by law must be updated no less than every 5 years.

Over the past year there has been substantial media coverage associated with escalating malpractice premiums for physicians. Many physician specialties are experiencing inordinate increases as compared to other physician specialties. The development of revised MPRVUs will incorporate more current specialty specific malpractice premium data that will make the MPRVU component of the physician fee schedule payment amount for an individual service, a more accurate depiction of the resources cost associated with physicians purchasing malpractice insurance coverage.

The methodology that will be used to incorporate the malpractice premiums of the 20 largest Medicare specialties (as measured by total Medicare utilization provided by CMS) into the final MPRVUs will be identical to the methodology that was utilized by KPMG, under contract to CMS, in the October 2000 Technical Addendum to the 4/7/99 Report on Resource-Based Malpractice RVUs (Task Order 0038). CMS will provide this Technical Addendum to the winner of the contract.

Status: BearingPoint is currently working on various technical issues that will need to be addressed in order to complete this contract. BearingPoint has been on time with all deliverables and the contract is on schedule. ■

Environmental Scan for Selective Contracting Practices With Efficient (Qualified) Physicians and Physician Group Practices, Profiling Techniques, Incentive Payments, and Barriers to Selective Contracting

Project No: 500-00-0030/01
Project Officer: Benson Dutton
Period: September, 2001 to March, 2003
Funding: \$303,803
Principal Investigator: Gregory Pope
Award: Task Order
Awardee: Research Triangle Institute
 411 Waverley Oaks Road, Suite 330
 Waltham, MA 02452-8414

Description: This project undertakes an environmental scan of physician service payers/employers to identify (1) recent fee-for-service payer and managed care plan selective contracting arrangements with efficient/high-quality physicians and physician-group practices; (2) best practice profiling methodology/criteria used in selective contracting including financial profiling; (3) barriers to selective contracting such as “any-willing-provider” or “freedom-of-choice” laws; and (4) bonus arrangements being paid to high-quality physicians. Descriptive and qualitative analyses based on this environmental scan should lead to a recommendation of best practice profiling criteria that identify efficient and qualified physicians and group practices. Quantitative analyses estimate current Medicare (Part B) physician expenditures and simulate possible program savings (losses) from alternative selective contracting policies based on best industry practice found in the environmental scan. The use of physician profiling (quality and economic) by payers and employers in evaluating physicians for the purposes of staff appointment, reappointment, and/or selective contracting has been suggested as an accepted industry practice that would modernize Medicare payment practices. In addition, the use of bonus payments to efficient and high-quality physicians to keep Medicare program costs down and quality of service up is cited as another industry practice appropriate for modernization of Medicare.

Status: The contractor completed Phase I of the project, and a final report was delivered December 31, 2003. ■

Implementation Support for the Medicare Participating Centers of Excellence Demonstration

Project No: 500-00-0037/02
Project Officer: Raymond Wedgeworth
Period: September, 2001 to March, 2005
Funding: \$379,991
Principal Investigator: Kenneth Cahill
Award: Task Order
Awardee: BearingPoint
 1676 International Drive
 McLean, VA 22102-4828

Description: The purpose of this project is to assist CMS in the implementation of the Quality Partnerships Demonstration Project. Under this demonstration, CMS selects premier cardiovascular and orthopedic programs and gives a bundled Part A and Part B payment (global payment) for all inpatient facility and physician services related to specific diagnosis-related groups. Implementation support includes: (1) calculating the appropriate payment rates (both initial and annual updates); (2) developing the Office of Management and Budget waiver cost estimate; (3) educating demonstration sites regarding payment calculations; (4) planning and implementing a predemonstration implementation conference; and (5) providing general technical support to CMS in carrying out the demonstration.

Status: The project is under way. ■

Quality Monitoring for the Medicare Participating Centers of Excellence Demonstration

Project No: 500-00-0032/01
Project Officer: Jody Blatt
Period: September, 2001 to December, 2005
Funding: \$735,160
Principal Investigator: Oren Grad
Award: Task Order
Awardee: Abt Associates, Inc.
 55 Wheeler Street
 Cambridge, MA 02138

Description: The purpose of the quality monitoring project is to develop a quality monitoring process that meets the general goals of various global payment demonstrations, including the Medicare Partnerships for Quality Cardiovascular Services and Medicare Partnerships for Quality Total Joint Replacement Services (referred to as Quality Partnerships for short and formerly referred to as the Medicare Participating Centers of Excellence Demonstration) and, subsequently, to coordinate and implement that process. The process

incorporates the identification and technical definition of appropriate performance measures, collection of data in a centralized database, the development and distribution of reports to provide meaningful information back to demonstration participants and CMS, and coordination of the quality consortia meetings and conferences. The Quality Partnerships Demonstration involves bundled Part A and Part B payments to premier cardiovascular and orthopedic facilities for selected procedures. The selected cardiovascular and orthopedic procedures include coronary artery bypass surgery, cardiac valve procedures, angioplasty, and knee and hip replacements. We expect that the use of global payments will align the incentives for efficiency between the hospitals and the physicians, thereby enhancing not only the efficiency but the clinical quality of services. All of the selected demonstration sites are invited to participate in a specialty-specific quality consortia that develops quality criteria and quantitative measures for monitoring performance during the demonstration.

Status: Implementation activities for the Medicare Quality Partnerships Demonstration (originally referred to as the Medicare Participating Centers of Excellence Demonstration) were suspended in late 2002. No sites were operational as of that date. No further implementation activity on this demonstration is currently planned. However, the contract did complete the required literature reviews on the status of quality measures for cardiovascular surgery, total hip and knee replacements, and general inpatient services.

Further work under this contract will be used to support other global payment demonstration quality initiatives. ■

Evaluation of the New Jersey Hospital Association Demonstration of Performance Based Incentives: Part 2.

Project No: 500-00-0024/15
Project Officer: Benson Dutton
Period: September, 2003 to September, 2005
Funding: \$148,349
Principal Investigator: Jerry Cromwell
Award: Task Order
Awardee: Research Triangle Institute (NC)
 3040 Cornwallis Road
 P.O. Box 12194
 Research Triangle Park, NC
 27709-2194

Description: The goal of the demonstration is to test the feasibility and cost-effectiveness of incentive payments

to physicians for inpatient procedure episodes. The demonstration hospitals will be permitted to set savings goals and make incentive payments to physicians when the goals are achieved. The evaluation of the demonstration will assess the overall performance of these hospitals over the course of the demonstration period. The evaluation of the demonstration is intended to explore the overall potential of this alternative payment approach as a means to provide health care at reduced prices by providing the opportunity for a lower cost but more coordinated service delivery through more flexible use of resources and streamlining administrative procedures without compromising quality or sacrificing patient satisfaction. This demonstration and its evaluation should provide additional operational information about this payment method for both the public and private sector.

The demonstration has currently been extended to a second state, Virginia, where it will examine heart surgery under the rubric Virginia Cardiac Surgery Initiative. The evaluator will be the same as for the New Jersey demonstration. Proposed funding for the Virginia part of the evaluation is \$313,675 for 2 years.

Status: The Centers for Medicare & Medicaid Services (CMS) has begun to implement the demonstration both in New Jersey and in Virginia. ■

Integrated Payment Option Support Contract

Project No: 500-00-0024/06
Project Officer: Raymond Wedgeworth
Period: September, 2002 to September, 2006
Funding: \$496,279
Principal Investigator: Gregory Pope
Award: Task Order
Awardee: Research Triangle Institute (DC)
 1615 M Street, NW, Suite 740
 Washington, DC 20036-3209

Description: This demonstration utilizes the capabilities of integrated delivery systems by offering them a financial incentive to manage care and integrate services for beneficiaries across an entire defined episode of care. One example of an episode of care is inpatient treatment and post-acute care for stroke where the patient would benefit from improved coordination of the range of services required for this diagnosis. A single episode payment would cover Part A (all benefits available to the covered population) and Part B (physician and possibly other services covered under Part B). This demonstration will compare alternate methods for calculating payment

rates using different assumptions such as co-morbid conditions, stage of diagnosis, and mix of services.

Status: CMS plans to implement the Integrated Payment Option demonstration in January 2005. CMS will select premier integrated delivery systems and give a bundled Part A and Part B payment (global payment) for all inpatient facility, post-acute, and physician services related to three to five specific diagnosis-related groups. Six to eight sites will be selected. ■

Evaluation of Competitive Bidding Demonstration for DME and POS

Project No: 500-95-0061/03
Project Officer: Ann Meadow
Period: September, 1998 to June, 2004
Funding: \$2,315,249
Principal Investigator: Thomas J. Hoerger, Ph.D. and Sarita Karon, Ph.D.
Award: Task Order
Awardee: University of Wisconsin – Madison
 750 University Avenue
 Madison, WI 53706

Description: In 1999 the agency mounted a demonstration to test the feasibility and effectiveness of establishing Medicare fees for durable medical equipment (DME) and prosthetics, prosthetic devices, orthotics, and supplies (POS) through a competitive bidding process. The fundamental objective of competitive bidding is to use marketplace competition to establish market-based prices and to select DME suppliers. The Balanced Budget Act of 1997 (BBA) authorized competitive bidding demonstrations for Part B services (except physician services), and the project was conducted under that authority. The initial site of the demonstration was Polk County, Florida. A second site, San Antonio, Texas, was added in 2000. Competitively bid product categories in Polk were oxygen supplies and equipment, hospital beds, enteral nutrition, surgical dressings, and urological supplies. Product categories in Texas were oxygen supplies and equipment, hospital beds, manual wheelchairs, nebulizer drugs, and noncustomized orthotics. Medicare contracts with winning suppliers in Polk County commenced in October 1999, and San Antonio contracts were scheduled to commence in February 2001.

Section 4319 of the BBA specifically mandated evaluation studies addressing competitive bidding impacts on expenditures, quality, access, and diversity of product selection. This task order studies these and other outcomes of the demonstration. The evaluation uses several types of research designs, such as multiple time series analysis and pre-test/post-test comparisons. The

results of the evaluation will help the Agency decide how to conduct any future competitive bidding activities.

Status: The Second Annual Report to Congress was released in 2002. It provided the following interim findings: after the second round of bidding in Florida and the single round of bidding in San Antonio, the evaluation team estimated savings of approximately 20 percent in Medicare allowed charges for the goods and services involved. The before/after beneficiary survey in Polk County revealed little impact of the demonstration unfavorable for access or quality. For example, respondents rated their suppliers equally well at both time points. However, one survey indicator suggested there was a decline in the use of portable oxygen, which could have quality-of-life implications. It is not clear whether this was due to cost-saving behavior among the suppliers. Results from the second round of bidding in Polk County and information from suppliers there suggested that the market remained reasonably competitive.

In San Antonio, the bidding competition attracted 79 firms. Despite the larger scale of operations in San Antonio, public education, supplier preparation, and bid evaluation proceeded smoothly in most respects. Anecdotal information on access and quality impacts in San Antonio was partly mixed, with some problems in wheelchair services reported early in the operations.

The interim results suggested that Medicare's policy objectives in terms of savings, access, quality, competition, and administrative feasibility may be adequately served under competitive bidding. These tentative findings are supplemented with survey data from beneficiaries and suppliers, as well as detailed claims analyses, in the third and final Report to Congress, which is awaiting clearance and release. ■

Municipal Health Services Programs

This project supports the Municipal Health Services Program (MHSP), originally established through a collaborative effort of the U.S. Conference of Mayors, the American Medical Association, the Robert Wood Johnson Foundation (RWJF), and CMS. CMS provides Medicare waivers to test the effects of increased utilization of municipal health centers by eliminating coinsurance and deductibles, expanding the range of covered services, and paying the cities the full cost of delivering services at the clinics. The intent of the waivers is to shift fragmented utilization from costly hospital emergency rooms and outpatient departments toward lower cost MHSP clinics that would provide beneficiaries with comprehensive primary and preventive health care. Waivers and grants were awarded to Baltimore, Cincinnati, Milwaukee, and San Jose in June 1978.

Status: Congress has extended the demonstration several times. More recently, the Balanced Budget Act of 1997 extended the demonstration until December 31, 2000; the Balanced Budget Reconciliation Act of 1999 extended the demonstration until December 31, 2002; and the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 extended it until December 2004. The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 extended the demonstration until December 21, 2006. The demonstration does not accept new participants and is restricted to those who were in the program as of 1997. An earlier evaluation of the cost effectiveness of the demonstration indicated that a large proportion of the increase in program costs was caused by the rise in the utilization of high-cost ancillary services, e.g., prescription drugs, dental care, and vision care. These were not offset by decreases in emergency and hospital usage. ■

Municipal Health Services Programs: Baltimore

Project No: 95-P-51000/03
Project Officer: Ronald Deacon
Period: June, 1978 to December, 2006
Funding: \$0
Principal Investigator: Sherry Adeyemi
Award: Service Agreement
Awardee: City of Baltimore
 111 North Calvert Street
 Baltimore, MD 21020

Municipal Health Services Program: Cincinnati

Project No: 95-P-51000/05a
Project Officer: Ronald Deacon
Period: June, 1978 to December, 2006
Funding: \$0
Principal Investigator: Daryl Cammerer
Award: Service Agreement
Awardee: City of Cincinnati
 3101 Burnet Avenue
 Cincinnati, OH 45229

Municipal Health Services Program: Milwaukee

Project No: 95-P-51000/05
Project Officer: Ronald Deacon
Period: June, 1978 to December, 2006
Funding: \$0
Principal Investigator: Samuel Akpan
Award: Service Agreement
Awardee: City of Milwaukee
 841 North Broadway
 Milwaukee, WI 53202

Municipal Health Services Program: San Jose

Project No: 95-P-51000/09
Project Officer: Ronald Deacon
Period: June, 1978 to December, 2004
Funding: \$0
Principal Investigator: Laura Talavera
Award: Service Agreement
Awardee: City of San Jose
 151 West Mission Street
 San Jose, CA 95110

NEW YORK GRADUATE MEDICAL EDUCATION (GME) DEMONSTRATIONS

This is a participant in a major demonstration that provided incentives for New York State teaching hospitals to reduce their graduate medical residencies by 20 to 25 percent over a 5-year period. Medicare's annual GME spending reached \$7 billion, of which nearly 20 percent was for New York teaching hospitals. The project was expected to reduce the number of residents and thus reduce the costs of the program. Concerns were that such a reduction would impact access and service delivery as well as having economic and workforce effects.

**New York Graduate Medical Education (GME)
Demonstration: North Central Bronx Hospital
Joint Project**

Project No: 95-W-00030/02
Project Officer: Sid Mazumdar
Period: February, 1997 to June, 2003
Funding: \$0
Principal Investigator:
Award: Waiver-Only Project
Awardee: North Central Bronx Hospital
 1400 Pelham South
 Suite 159 Jacobi
 Bronx, NY 10461

Status: North Central Bronx Hospital has remained in the demonstration for the duration of the period of performance. ■

**New York Graduate Medical Education (GME)
Demonstration: Lincoln Medical and Mental
Health Center**

Project No: 95-W-00033/02
Project Officer: Sid Mazumdar
Period: February, 1997 to June, 2003
Funding: \$0
Principal Investigator:
Award: Waiver-Only Project
Awardee: Lincoln Medical and Mental Health
 Center
 234 East 149th Street
 Bronx, NY 10451

Status: Lincoln Medical and Mental Health Center has remained in the demonstration for the duration of the period of performance. ■

**New York Graduate Medical Education (GME)
Demonstration: Metropolitan Hospital Center**

Project No: 95-W-00036/02
Project Officer: Sid Mazumdar
Period: February, 1997 to June, 2003
Funding: \$0
Principal Investigator:
Award: Waiver-Only Project
Awardee: Metropolitan Hospital Center
 1901 First Street
 New York City, NY 10029

Status: Metropolitan Hospital Center has remained in the demonstration for the duration of the period of performance. ■

**New York Graduate Medical Education (GME)
Demonstration: Brooklyn Hospital Center**

Project No: 95-W-00042/02
Project Officer: Sid Mazumdar
Period: February, 1997 to June, 2003
Funding: \$0
Principal Investigator:
Award: Waiver-Only Project
Awardee: Brooklyn Hospital Center
 270 Flatbush Avenue Extension
 Brooklyn, NY 11201

Status: The consortium members are Bellevue Hospital Center, Brooklyn Hospital Center, Hospital for Joint Diseases, Lenox Hill Hospital, New York University Downtown Hospital, and New York University Medical Center. The consortium has remained in the demonstration for the duration of the period of performance. ■

**New York Graduate Medical Education
Demonstration (GME): Interfaith Medical Center**

Project No: 95-W-00035/02
Project Officer: Sid Mazumdar
Period: February, 1997 to June, 2003
Funding: \$0
Principal Investigator:
Award: Waiver-Only Project
Awardee: Interfaith Medical Center
 1545 Atlantic Avenue
 Brooklyn, NY 11213

Status: Interfaith Medical Center has remained in the demonstration for the duration of the period of performance. ■

**New York Graduate Medical Education
Demonstration: Harlem Hospital Center**

Project No: 95-W-00029/02
Project Officer: Sid Mazumdar
Period: February, 1997 to June, 2003
Funding: \$0
Principal Investigator:
Award: Waiver-Only Project
Awardee: Harlem Hospital Center
 506 Lenox Avenue
 New York, NY 10037-1802

Status: Harlem Hospital Center remains in the demonstration. ■

New York Graduate Medical Education Demonstration: Mount Sinai Consortium

Project No: 95-W-00038/02
Project Officer: Sid Mazumdar
Period: February, 1997 to June, 2003
Funding: \$0
Principal Investigator:
Award: Waiver-Only Project
Awardee: Brooklyn Hospital Center
 207 Flatbush Avenue Extension
 Brooklyn, NY 11201

Status: The Consortium members are Cabrini Medical Center, Elmhurst Hospital Center, Mount Sinai Medical Center, and Queens Hospital Center. The consortium has remained in the demonstration for the duration of the period of performance. ■

Evaluation of the New York Medicare Graduate Medical Education Payment Demonstration and Related Provisions

Project No: 500-95-0058/10
Project Officer: William Buczko
Period: September, 1999 to September, 2004
Funding: \$1,692,751
Principal Investigator: Jerry Cromwell
Award: Task Order
Awardee: Research Triangle Institute
 411 Waverly Oaks Road, Suite 330
 Waltham, MA 02452-8414

Description: This is a coordinated evaluation of a major demonstration that provided incentives for New York State teaching hospitals to reduce their residencies by 20 to 25 percent over a 5-year period and several provisions of the Balanced Budget Act of 1997 (BBA), which were also aimed at reducing Medicare graduate medical education (GME) spending. Medicare annual GME spending reached \$7 billion, of which nearly 20 percent was for New York teaching hospitals. The evaluation assesses the impacts of residency reduction on access and service delivery as well as effects on hospital fiscal status and physician workforce size and composition.

Status: “Recommended Design and Strategy for NY GME Demonstration and National BBA GME Provisions” is available from the National Technical Information Service, accession number PB99-175063. There are a series of reports available, including a summary report on the New York GME demonstration during the period from July 1, 1997, through December 31, 2003. ■

Rationalize Graduate Medical Education Funding

Project No: 18-C-91117/08
Project Officer: Sid Mazumdar
Period: February, 2000 to June, 2007
Funding: \$839,875
Principal Investigator: Gar Elison
Award: Cooperative Agreement
Awardee: Medical Education Council
 288 North 1460 West
 P.O. Box 144101
 Salt Lake City, UT 84114-4101

Description: Since 1997, CMS has been working with the State of Utah on a project that will pay Medicare direct and indirect graduate medical education funds ordinarily received by the State’s hospitals to the State of Utah Medical Education Council. GME funds will be distributed to training sites and programs according to the Council’s research on workforce needs.

Status: The Utah Medical Education Council is currently participating in the demonstration with CMS. ■

Theme 5: Improving Quality of Care and Performance Under CMS Programs

Summary: Quality is a key theme in future health systems change. In recent years, there has been a growing public awareness of medical errors and issues with quality of care. Studies have pointed out that, although our health system provides some of the most advanced, high-quality medical treatments, there are variations in quality of care and areas for improvement. Health care providers have played a major role in initiating quality improvement efforts. Over the years, some purchasers have collaborated with providers to promote quality improvement, especially by distributing information to providers and health plans regarding performance. CMS's research program continues to pursue efforts to develop better information about health care quality for patients, caregivers, and providers; develop new measures of quality; and create incentives for providers to improve quality.

Development and Production of the Medicare Quality Monitoring System

Project No: 500-95-0058/16
Project Officer: Benedicta Abel-Steinberg
Period: September, 2000 to July, 2003
Funding: \$1,173,065
Principal Investigator: Nancy McCall
Award: Task Order
Awardee: Research Triangle Institute
 411 Waverley Oaks Road, Suite 330
 Waltham, MA 02452-8414

Description: The CMS Medicare Quality Monitoring System (MQMS) tracks various aspects of the health status and health care of the Medicare beneficiaries using a combination of survey and administrative data. The primary goal of the MQMS is to collect, analyze, and interpret national and/or State-specific health data (both surveys and administrative data) on service utilization, health status, and outcomes on morbidity and mortality relevant to CMS's Health Care Quality Improvement Project (HCQIP). The secondary goal is to disseminate the health and quality-of-care data/information to support quality-of-care improvement efforts and to promote HCQIP-related studies. Specifically, this effort produces two sets of data and information. One exhibits the trends, patterns, and variations of service utilization and health status of Medicare beneficiaries, while the other exhibits the trends, patterns, and variations of specific health outcomes relevant to HCQIP. HCQIP initially focused on acute myocardial infarction (AMI), however, CMS expanded its national quality improvement activities and

is focusing on six clinical priority areas: AMI, breast cancer, diabetes, heart failure, pneumonia, and stroke. The objective of the national quality improvement activity is to reduce health disparities within the Medicare population.

The MQMS will provide the information essential for CMS to account for the effectiveness of the HCQIP efforts in changing the patterns of service utilization and in improving the health, morbidity, and mortality of the Medicare beneficiaries. The MQMS is designed to fully address issues of disease-specific health status and outcomes of care at the State level, and is relevant to program improvement and accountability of the HCQIP.

Status: The MQMS project team has presented the project to the Information Technology Project Review and Coordination Panel and an Integrated Project Team has been assigned by the panel to support the project throughout the system development life cycle. The MQMS project team has assembled an Internal Technical Workgroup to assist the development and production of the MQMS. Measures for service utilization, process, and outcomes of care are finalized, and data specifications for the measures are under development. The conceptual framework for health status is drafted. The contractor has obtained access to the HCFA mainframe and has initiated the task of extracting claims data (Parts A and B) and enrollment data (denominator files) of calendar years 1992–1999 through the Decision Support Access Facility. An expert panel on the contents and presentations of the MQMS reports is assembled, and a meeting with the expert panel is scheduled. ■

Design and Implementation of Medicare Home Health Quality Assurance Demonstration

Project No: 500-94-0054
Project Officer: Armen Thoumaian
Period: September, 1994 to December, 2003
Funding: \$5,185,699
Principal Investigator: Peter Shaughnessy
Award: Contract
Awardee: Center for Health Services Research
 University of Colorado
 1355 South Colorado Boulevard
 Suite 706
 Denver, CO 80222

Description: The Medicare Home Health Quality Assurance Demonstration has developed and tested an approach to develop outcome-oriented quality assurance techniques and promote continuous quality improvement in home health agencies (HHA). The goal of the demonstration was to determine the feasibility of a methodology for a national approach for outcome-based quality improvement (OBQI). Outcome measures were computed using the Outcomes and Assessment Information Set (OASIS). Under the demonstration, staff of 54 regionally dispersed HHAs completed the OASIS data collection instrument for each patient at the start of care and at 60-day intervals (up to and including discharge). The Center for Health Services Research then conducted three rounds of data analysis and outcome report generation, each based on 12 months of data. Risk-adjusted reports are produced for 41 specific patient quality outcomes for all adult patients. These reports are provided to the participating HHAs and are used to determine which outcomes need improvement, thereby providing a focus for agency staff to target problematic care. The demonstration resulted in significant improvement in 80 percent of agency-specific outcome targets, with a yearly improvement in re-hospitalization rates across all agencies.

Status: Fifty-four agencies in twenty-six States were phased into the demonstration beginning in January 1996. Beginning in January 1997, the demonstration agencies received their first outcome reports and developed plans of action to improve care for two patient outcomes during 1997. Agencies received their second annual reports in May 1998, which contained baseline comparisons from 1997, and received their third and final reports in May 1999. A final report has been completed and is available. Funding was increased to a total of \$5,185,000 and the project was extended 3 years to 12/31/03. Following completion of the demonstration project, the contract was modified to provide technical and data analysis and consultative support to CMS to implement nationwide OASIS through the Center for

Medicaid and State Operations, to develop the OBQI system for subsequent national implementation through the Quality Improvement Organization program of the Office of Clinical Standards and Quality, perform research on new risk adjustment methodologies, develop the OASIS/OBQI Change and Evolution Program, and provide OASIS/OBQI-related technical analysis and consultation support to CMS and its components. This contract ends December 31, 2003. Many of the activities begun under this contract will be continued under the OASIS Technical Analysis and Support Contract. ■

Development of Quality Indicators for Inpatient Rehabilitation Facilities

Project No: 500-00-0024/04
Project Officers: Pauline Karikari-Martin and Rita Shapiro
Period: September, 2001 to September, 2004
Funding: \$1,420,000
Principal Investigator: Shulamit Bernard
Award: Task Order
Awardee: Research Triangle Institute (NC)
 3040 Cornwallis Road
 PO Box 12194
 Research Triangle Park, NC
 27709-2194

Description: The purpose of this project is to support developing and defining measures to monitor the quality of care and services provided to Medicare beneficiaries receiving care in inpatient rehabilitation facilities. It will identify the elements integral to assessing quality of care in rehabilitative services and developing a set of measures for use by States.

Status: This project is in its deliverable stages. A second technical evaluation panel occurred in November 2003. ■

Premier Hospital Quality Incentive Demonstration

Project No: 95-W-00103/04
Project Officer: Katharine Pirotte
Period: October, 2003 to October, 2006
Funding: \$32,000,000
Principal Investigator: Gretta Hill
Award: Contract
Awardee: Premier Healthcare Informatics
 2320 Cascade Pointe Boulevard
 Suite 100
 Charlotte, NC 28266-8800

Description: The purpose of the demonstration is to determine the effectiveness of economic incentives

targeted toward improving the quality of inpatient care for Medicare beneficiaries by giving financial incentives to hospitals for high quality and by reporting quality data on the CMS Web site.

Status: The demonstration began on 10/1/03. Premier, Inc., is a very large association of nonprofit hospitals. It operates a quality measurement organization for about 500 hospitals. The demonstration project includes about 287 of the 500 Premier hospitals. ■

Evaluation of Group-Specific Volume Performance Standards Demonstration

Project No: 500-95-0048/04
Project Officer: John Pilotte
Period: September, 1996 to September, 2002
Funding: \$2,220,440
Principal Investigator: Janet Mitchell
Award: Task Order
Awardee: Research Triangle Institute
 411 Waverley Oaks Road, Suite 330
 Waltham, MA 02452-8414

Description: The purpose of this task order is to comprehensively evaluate the Group-Specific Volume Performance Standards Demonstration. Additionally, there is a group of tasks to provide technical support for setting sites' targets and measuring their actual performance. The goal of the demonstration is to test the feasibility of this partial-risk-bearing payment arrangement between CMS and qualifying physician-based organizations in the fee-for-service (FFS) market, whereby FFS rules apply within the context of a performance target, beneficiaries are not enrolled, and physician-sponsored organizations develop structures and processes to manage the services and cost of care received by FFS patients.

Status: In developing the final design parameters of the GVPS demonstration, simulations were conducted to analyze low and high expenditure outliers, eligibility mix changes, components of growth rates by type of service, and effects of case-mix adjustments. These analyses reveal sources of variability in growth rates and support development of options for setting targets and calculating updates and bonus payments. The evaluator is awaiting the initiation of the demonstration. ■

Evaluation of Physician Group Practice Demonstration

Project No: 500-00-0024/12
Project Officer: John Pilotte
Period: September, 2003 to May, 2004
Funding: \$2,900,000
Principal Investigator: Gregory Pope
Award: Task Order
Awardee: Research Triangle Institute (NC)
 3040 Cornwallis Road
 PO Box 12194
 Research Triangle Park, NC
 27709-2194

Description: Physicians influence, either directly or indirectly, almost all areas of Medicare spending. For example, physicians deliver services, admit beneficiaries to hospitals, and authorize home health visits. The Physician Group Practice (PGP) demonstration will enable us to test physician groups' response to financial incentives for improving care coordination, delivery processes, and patient outcomes, and the effect on access, cost, and quality of care to Medicare beneficiaries.

The PGP Demonstration seeks to align incentives for physician groups to manage the overall care of its patients. The demonstration encourages health care groups to attract, retain, and coordinate care to beneficiaries; gives physicians incentives to provide services efficiently to their patients; provides a framework in which we can collaborate with providers to the advantage of Medicare beneficiaries; and promotes active use of utilization and clinical data for the purpose of improving efficiency and outcomes.

Status: This project is in the start-up phase. ■

Implementation of Quality Improvement Organization Sixth Scope of Work Pneumococcal Pneumonia and Influenza Immunization Remeasurement Survey

Project No: 500-95-0062/11
Project Officer: Susan Arday
Period: September, 2000 to September, 2003
Funding: \$1,542,230
Principal Investigators: Pamela Giambo and Skip Camp
Award: Task Order
Awardee: Abt Associates, Inc.
 55 Wheeler Street
 Cambridge, MA 02138

Description: The goal of this project is to assess the utilization of influenza and pneumococcal vaccines among Medicare beneficiaries and to evaluate the vaccine promotion work performed by Peer Review Organizations (PROs) under their Medicare Sixth Scope of Work. The PROs are charged to decrease morbidity and mortality in six national clinical priority areas, one of which is pneumonia and influenza. This project specifically implements the Pneumococcal Pneumonia and Influenza Immunization Remeasurement Survey. The survey is administered to a sample of Medicare beneficiaries randomly selected from each of 50 States, plus the District of Columbia and Puerto Rico. It will also produce the attendant State-specific rates. Baseline rates for outpatient elderly Medicare beneficiaries' influenza and pneumococcal pneumonia immunizations have been obtained from the Centers for Disease Control and Prevention's (CDC) 1999 administration of the Behavioral Risk Factor Surveillance System (BRFSS). However, the BRFSS cannot be used by the PROs for remeasurement because of mismatches between the PROs' timetable for evaluation and that of subsequent BRFSS survey administrations and data release from those administrations.

Status: The project is completed. ■

care, physician adherence to recommended clinical care guidelines, patient adherence with prescribed therapy, social support, and patient acceptance and satisfaction. Patients initially randomized to this technology will be re-randomized to either an additional 6 months of monitoring or to standard heart failure medical care with discontinuation of the Alere telemonitoring to assess the persistence of the intervention's effectiveness. Third, analysis will explore the impact of the extended 6 months of this monitoring system on re-hospitalization rates for heart failure, utilization of Medicare services, Medicare costs, patient adherence to the prescribed medical regimen, and functional status. Thus, the demonstration will assess the impact of this technology on a range of clinically and policy relevant heart failure outcomes. Four hundred-forty Medicare beneficiaries recently hospitalized for management of new onset heart failure or for an acute exacerbation of previously existing heart failure will be enrolled at three geographical sites of different character: "rural"—Billings, Montana; "small Metropolitan Statistical Area"—Louisville, Kentucky; and "major Metropolitan Statistical Area"—Philadelphia, Pennsylvania.

Status: The site began enrollment in 2001 and has enrolled more than 300 patients. ■

Clinical and Economic Effectiveness of a Technology-Driven Heart Failure Monitoring System

Project No: 18-C-91172/03
Project Officer: John Pilotte
Period: September, 2000 to September, 2004
Funding: \$3,000,000
Principal Investigator: Mariell Jessup, M.D.
Award: Cooperative Agreement
Awardee: University of Pennsylvania Heart Failure and Cardiac Transplant Program
 6 Penn Tower
 3400 Spruce Street
 Philadelphia, PA 19104

Description: This demonstration project assesses the impact of the Alere DayLink Heart Failure Monitoring System on the clinical outcome and economic effect among Medicare beneficiaries recently hospitalized for heart failure or acute exacerbation of previously existing heart failure. The project first looks at the addition of the Alere DayLink Heart Failure Monitoring System to standard management of heart failure medical care impact on re-hospitalizations for heart failure over 6 months. Second, the project will analyze the impact of the monitoring system on utilization of other Medicare services, Medicare costs, functional status, processes of

Develop, Conduct, and Analyze Surveys of Providers That Work With Quality Improvement Organizations (QIO)

Project No: 500-01-0020/01
Project Officer: Mei Wang
Period: September, 2002 to March, 2005
Funding: \$782,194
Principal Investigator: William Taylor, M.D.
Award: Task Order
Awardee: Westat Corporation
 1650 Research Boulevard
 Rockville, MD 20850

Description: The purpose of this project is to collect information on the satisfaction of health care providers with the performance of the Quality Improvement Organizations (QIOs). The survey results will be combined with performance measures to evaluate the results of the QIOs in the seventh scope of work. To gain a broad view of the quality of the QIOs' interactions, we sampled providers from nursing homes, home health agencies, hospitals, physician offices, and managed care organizations. The sample size is 20,000 providers, to ensure an adequate sample to make comparisons across provider settings and the States. The questionnaire was developed to measure satisfaction across several domains, and a composite measure was designed for the evaluation. The survey is a mailed questionnaire with an option of using the Web to enter responses. Telephone

interviews will be conducted for those who do not respond. The final report from these surveys will be completed by March 2005.

Status: The surveys are beginning and will require 9 months of field work to complete because of the staggered contract starting dates. The final report will be completed by March 2005. ■

Developing and Evaluating the Use of a Quality Indicator Format in the End Stage Renal Disease Survey Process

Project No: 500-96-0005/04
Project Officer: Judith Kari
Period: September, 1999 to June, 2003
Funding: \$466,231
Principal Investigator: Robert Rubin
Award: Task Order
Awardee: Lewin Group
 3130 Fairview Park Drive, Suite 800
 Falls Church, VA 22042

Description: The purpose of this project is to develop, test, and describe improved processes and formats for enhancing the survey process for End Stage Renal Disease (ESRD) facilities. An improved survey process would include effectively using quality indicators in the survey process, developing more consistent and accurate survey results, and developing more efficient and objective ways to record survey results. The Balanced Budget Act of 1997 (BBA) directs the Secretary of Health and Human Services to develop and implement a method to measure and report quality of renal dialysis services provided under the Medicare program under Title XVIII of the Social Security Act. CMS has been assigned the responsibility for the development and implementation of this area of the BBA.

As the ability to measure quality of care and patient outcomes in ESRD has improved, we are interested in translating this knowledge base into facility-specific indicators that inform and support the current survey and certification process. One of the areas that we are interested in enhancing is the ability to use quality indicators in the survey process. We also are interested in developing more consistent and accurate survey results and enhancing the efficiency and objectivity of recording data and information collected during the survey process. As a response to the BBA, CMS emphasized its support for a data-driven ESRD survey system. In an effort to provide a data-driven survey system, CMS felt that it was necessary to develop and utilize facility-specific data reports for the survey process. In 1998, we used a

professional review organization (PRO) to facilitate the development of a facility-specific data report for State surveyors. As a part of this project, the PRO produced a format of a facility-specific data report for CMS at the end of 1999. The data report will be pilot tested with nine States during the first quarter of 2000. After receiving feedback from the pilot test States, the report will be modified with the most current year's data. In September 2000, the PRO will provide training to State surveyors from all 50 States and release the report to the States. It is anticipated that the availability of the facility-specific data reports will change the ESRD survey process. The data reports will provide quality indicators for focusing the survey process and descriptive elements for informing the process.

In addition to having these facility-specific reports available for the survey process, we would like to enhance the consistency and accuracy of the survey process. Specifically, we would like to find more efficient and objective ways to record and report survey results.

Status: The progress on this project has been suspended since February 2000. ■

Evaluating the Use of Quality Indicators in the Long-Term Care Survey Process

Project No: 500-96-0010/03
Project Officer: Karen Schoeneman
Period: September, 1998 to February, 2004
Funding: \$3,934,228
Principal Investigator: Angela Greene
Award: Task Order
Awardee: Research Triangle Institute (NC)
 3040 Cornwallis Road
 PO Box 12194
 Research Triangle Park, NC
 27709-2194

Description: This project will evaluate how to integrate quality indicators into the regulatory process. Quality indicators could be used for monitoring and assessing facility performance in numerous domains and supporting appropriate corrective and enforcement actions. This task order will develop and test various options for using a variety of quality indicators to improve the effectiveness and efficiency of CMS's monitoring of facility performance.

Status: Development and incorporation of successful beta testing of the completed system continued through 2003. ■

Evaluation of Independent Informal Dispute Resolution (IDR) Process

Project No: 500-97-0440/18
Project Officer: Elaine Lew
Period: September, 2000 to September, 2003
Funding: \$973,052
Principal Investigator: Barbara Holt
Award: Task Order
Awardee: Kathpal Technologies
 2230 Gallows Road, Suite 380
 PO Box 705
 Dunn Loring, VA 22027

Description: The project evaluates the effectiveness of the current and independent informal dispute resolution (IDR) process in order to ascertain whether revisions should be made to the nursing home certification program. The current process gives a nursing home the opportunity to informally dispute survey findings to the State Survey Agency following the receipt of the Statement of Deficiencies. However, since the individuals who approve of the survey findings are sometimes the same ones who review IDR cases, the process is often viewed as not objective. This project responds to a recommendation in a Congressional Appropriations Committee Report (FY 2000) for CMS to initiate a pilot study using an independent entity to conduct the nursing home IDR process.

Status: Two States (Iowa and Texas) have participated in CMS's independent IDR pilot study. For the duration of the study, these States replaced their current IDR process with an IDR process conducted by an entity outside of the State Survey Agency. The contractor has collected information from the two pilot States to establish baseline data from which to compare and have met with staff from the State Survey Agencies, as well as the State provider organizations and advocates, to capture their perceptions of the current IDR process. ■

Improving Nursing Home Enforcement

Project No: 500-00-0035/02
Project Officer: Elaine Lew
Period: September, 2001 to September, 2004
Funding: \$763,580
Principal Investigator: Linda Clark-Helms and Steven Garfinkel
Award: Task Order
Awardee: C.N.A. Corporation
 4401 Ford Avenue
 PO Box 16268
 Alexandria, VA 22302-8268

Description: This purpose of this project is to assess the effectiveness of enforcement as the primary public policy for ensuring nursing home quality and protecting residents. This study will assess the overall effectiveness of the survey and certification regulatory system and identify specific policy issues and options for improvement.

Status: Case studies are being conducted in two States to examine whether the delivery of care in nursing homes is affected by survey and enforcement actions. Also, through separate prospective case studies, this project is examining whether the informal dispute resolution process is meeting the intent of the 1995 survey and enforcement regulations. ■

Improving Nursing Home Enforcement—Phase 2

Project No: 500-00-0026/03
Project Officer: Marvin Feuerberg
Period: September, 2003 to September, 2005
Funding: \$693,963
Principal Investigator: David West
Award: Task Order
Awardee: University of Colorado Health Sciences Center
 1355 South Colorado Boulevard
 Suite 706
 Denver, CO 80222

Description: The basic purpose of this contract is to assess the effectiveness of the current system of enforcement. Some aspects of this system of survey and certification have been the subject of GAO and OIG investigations (e.g., CMS oversight of State Survey Agencies) or other related CMS projects. These areas will not be addressed in this contract, although the relevant findings will be incorporated into a comprehensive final report required of this project. There are, however, other specific enforcement processes that have not been the subject of investigation. In addition, there are fundamental assumptions of the enforcement system that have never been subject to empirical testing. Hence, the purpose of this contract is to do the following:

- Conduct a study on these previously unstudied aspects of enforcement
- Evaluate the overall effectiveness of the system
- Identify policy issues and options for improvement

This contract assesses the overall effectiveness of the current system quantitatively through a retrospective analysis of the impact of enforcement on resident outcomes. Overall effectiveness is also assessed qualitatively through prospective case studies on the

impact of enforcement on provider care processes. In addition, a number of issues related to survey agencies' response to complaints are examined with the objective of generating a more standardized system across States. Finally, all of the diverse empirical findings from this contract as well as other relevant investigations will be synthesized in order to identify policy issues and options for improvement.

Status: The contract was awarded in September 2003. As of January 2004, workplans and some study designs for various tasks have been generated. ■

Improving the Accuracy and Consistency of the Nursing Home Survey Project

Project No: 500-00-0032/07
Project Officer: Marvin Feuerberg
Period: September, 2003 to September, 2004
Funding: \$244,298
Principal Investigator: David Kidder
Award: Task Order
Awardee: Abt Associates, Inc.
 55 Wheeler Street
 Cambridge, MA 02138

Description: The purpose of this project is to assess the problem of inaccuracy and inconsistency in the survey process and systematically link that assessment to specific policy and programmatic options for improvement. Specifically, the project will have four major components:

1. Empirical Assessment of Variability and Consistency of Survey Process

This analysis will distinguish variability that is appropriate—due to real quality variations among nursing homes—from variability that is inappropriate or undesirable due to surveyor/survey agency inconsistency. Inherent in this analysis is the requirement to independently assess the real quality of care among a sample of nursing homes in order to identify inconsistent quality assessments by different survey teams/agencies. In other words, it is necessary to hold quality constant. Although the self-reported minimum data set data may have some role in this analysis, this task will require a major field work effort to collect primary data.

2. Identification of Those Aspects of Inaccuracy and Inconsistency That Are Most Troublesome

Some degree of inconsistency is to be expected of any regulatory system. Furthermore, there are many different potential sources of inconsistency. Inconsistency may be found in failure to identify real quality problems, misidentification of problems, identification of trivial as opposed to root problems, the application of scope and severity designations to identified problems, and the invoking of sanctions in response to scope and severity determinations. Furthermore, those aspects of inconsistency that are the most troublesome will reflect the interest of key stakeholders, particularly consumer advocates, providers, and survey agencies.

This analysis will survey/interview key stakeholders to determine those aspects of inaccuracy/inconsistency that are perceived as most troublesome in order to ensure that they are addressed in the project.

3. Empirical Assessment of the Most Important Causes of Inaccuracy/Inconsistency

This analysis will probably be conducted in conjunction with the first analysis listed above. Among potential causes to be examined include CMS definitions and unclear guidance; policies of individual CMS regional offices that are imposed on State survey agencies (SA); variations in SAs' interpretation of CMS policy directives, guidance, and expectations; competency/training and composition of SA teams; too many regulatory standards; political influence from State governors; the resources (e.g., cost per standard survey) directed to the survey, etc.

4. Policy and Programmatic Options for Improvement

This is at once the most difficult and most important component of the project. Not every potentially important cause can be feasibly addressed within the regulatory authority of CMS. For example, political influence from the industry through the State governor may be an important cause of inconsistency but not a factor within the purview of CMS. In contrast, survey definitions or the training of survey teams fall within CMS's current authority.

Status: The contract to Abt Associates was awarded in September 2003. As of January 2004, workplans have been generated and work is under way. ■

Improving Protocols for Home Health Agency Assessment in the Survey Process

Project No: 500-00-0026/01
Project Officers: Mavis Connolly and Tracey Mummert
Period: September, 2001 to June, 2005
Funding: \$1,046,756
Principal Investigator: Kathryn Crisler
Award: Task Order
Awardee: Center for Health Services Research
 University of Colorado
 1355 South Colorado Boulevard
 Suite 706
 Denver, CO 80222

Description: The purpose of this project is to assess the existing home health agency (HHA) survey process and make recommendations for improvements. Improvements include patient-focused, outcome-oriented, data-driven approaches that are effective and efficient in assessing, monitoring, and evaluating the quality of care delivered by an HHA. The project will also evaluate the effectiveness of current survey forms, develop new survey forms as applicable, and make recommendations for prioritizing onsite survey time. The assessment will focus on the Outcome and Assessment Information Set, designed for the purpose of enabling the rigorous and systematic measurement of patient home health care outcomes, with appropriate adjustment for patient risk factors affecting those outcomes; and the Online Survey Certification and Reporting System.

Status: The period of performance was extended to June 30, 2005. ■

Outcome and Assessment Information Set (OASIS) Technical Analysis and Support Contract

Project No: 500-00-0026/02
Project Officer: Pamela Cheetham
Period: September, 2002 to September, 2006
Funding: \$1,099,982
Principal Investigator: Robert Schlenker
Award: Task Order
Awardee: Center for Health Services Research
 University of Colorado
 1355 South Colorado Boulevard
 Suite 306
 Denver, CO 80222

Description: The purpose of this contract is to provide technical analysis and consultation to CMS and its

components on home health related projects using the Outcome and Assessment Information Set (OASIS) and/or the Outcome Based Quality Improvement (OBQI) technique of quality improvement. The objective is to assist CMS to provide information that can be used to improve home health quality of care and also to design and implement a data analysis system to provide outcome data used for the public reporting of home health outcomes. Home health outcome information is derived from the analysis of data obtained from the collection and reporting by home health agencies of patient assessment information using OASIS.

Status: The public reporting data support system was completed in January 2003 to provide data for the Home Health Compare Web site. The contract was modified to provide continued support for the CMS public reporting effort, to provide additional technical and consultative support for the maintenance of the OASIS national reporting system and data repository and training in the collection of OASIS data, and to develop a Web-based training program for OBQI. ■

Development and Validation of MDS 3.0

Project No: 500-00-0027/02
Project Officer: Robert Connolly
Period: April, 2003 to December, 2006
Funding: \$2,919,000
Principal Investigator: Debra Saliba
Award: Task Order
Awardee: RAND Corporation
 1700 Main Street
 PO Box 2138
 Santa Monica, CA 90407-2138

Description: The purpose of this procurement is to refine and validate Version 3.0 of the MDS. The goal of the refinement is to produce a valid instrument that reduces user burden, represents the best “fit” for users (e.g., is more intuitive to the user); includes better use of standard assessment scales, use of common language from health information, and HIPAA standards; assesses resident quality of life; and where possible, is more resident centered.

Over the past year, CMS has convened a number of clinical meetings with industry experts to identify existing scales, indices, and measurement tools that are relevant to the nursing home setting. CMS has also identified a set of areas of priority within the MDS tool for further refinement. Information obtained by the clinical meetings will be shared with the offeror to help create a revised MDS tool.

Guidelines for each item must be developed that clarify the intent, definition, and process for collecting

and coding for each data item. This material must be suitable for software with wizards (or other online help features) and other intuitive data accumulation methods. Providers and stakeholders must be involved throughout the refinement and validation process. Crosswalks shall be developed that walk data items from 3.0 to 2.0 and from 2.0 to 3.0. In addition, for each data item considered for the MDS 3.0, the specific uses of the element must be identified (RUG item, quality measure, quality indicator, resident assessment protocols [RAP], etc.) as well as specifying implications of any revised item to the RAPs, the Prospective Payment Systems (PPS), and State-specific case mix systems. Special attention should also be paid to how the instrument can be modified to suit a quarterly assessment form and how the final instrument fits with the Medicare Payment Assessment Form (MPAF).

Payment items considered for revision cannot be changed unless a direct crosswalk between the revised item and the old payment item is available and must be validated in the field testing of the instrument. The offeror will take this information into consideration when redesigning the tool.

The offeror will also be responsible for developing a decision tree format within the instrument so that certain assessment items that do not apply to specific resident populations, for example, the pediatrics population, can be avoided while other items that are pertinent to that resident are retained for assessment. The goal is to create an instrument that is fluid and can adapt to various resident populations without being redundant or burdensome to facilities specializing in specific populations.

The offeror has proposed to CMS a selection of technical experts (i.e., providers, stakeholders, developers) to provide consultation to help inform the revision process and help the offeror sort through the feedback, tools, measures, and information shared with CMS by various interest groups and stakeholders. This consultation must include MDS designers, MDS experts, MDS users, and trainers to assure that the instrument builds on past knowledge and also is practical and user friendly. The offeror has also recommended to CMS the best consultative model: individual input from consultants, panels of experts working together on sections of the instrument or one formal technical expert panel (TEP). The offeror will be responsible for recommending MDS experts and, after input from the CMS project officer, will recruit MDS 3.0 technical experts and convene the individual and group meetings to inform the revision process.

The offeror will be required to convene and attend town hall meetings at CMS to seek feedback from various stakeholders on the current strengths as well as limitations of the MDS instrument and where revisions

are critical in designing the MDS 3.0. This town hall meeting will be open to all interested parties and the feedback received must be taken into consideration and presented to the TEP.

Once a revised version has been created, the offeror will be responsible for conducting both an alpha and a natural field test validation of the instrument in multiple States and nursing home facilities, taking into consideration the utility of the measures, burden on providers, validity of the information collected relative to the information collected using the old instrument, and time required to complete the instrument relative to time burden for the 2.0.

CMS has established an agreement with the Department of Veterans Affairs (VA) to conduct the alpha test and natural field test of the instrument in a sample of their long-term care facilities. Nursing homes outside the VA system will also be recruited to ensure identification of a cross-sectional representation of providers. Representation from urban and rural, hospital-based and freestanding, chain and non-affiliated homes is expected. In addition, a subset of the homes specializing in the treatment of specific populations such as post-acute care, non-elderly adults (e.g., 18- to 65-year-olds), hospice patients, and Alzheimer's units must be identified in the validation sample.

This task will include recruiting facilities, providing assistance in helping them learn how to use the new instrument, coordinating feedback, and incorporating this feedback into a finalized tool.

Finally, the offeror will be responsible for developing and delivering training material that can be used by CMS to allow a seamless transition from MDS 2.0 to MDS 3.0. This may include video, documents, written manual instructions, and answers to potential frequently asked questions.

In designing the analytic plan and implementing the validation study, it is recommended that the contractor work with an organization knowledgeable about the MDS instrument, its history, and current uses. Further, it is recommended that the contractor work with an organization experienced in the provision of clinical consultation services, particularly in the long-term care setting. Under a previous study where a national validation study was required, the contractor worked with the State Quality Improvement Organizations to recruit nurses within each State to conduct the onsite validation and information collection. This approach was particularly effective in minimizing travel expenditures and expediting the onsite data collection. CMS recognizes that this is only one approach and is just discussed as one possible option in conducting the validation. Other options are also welcome but should be described in detail as part of the work plan.

Status: On April 23, 2003, a competitive RADSTO award was made to RAND under the leadership of Deb Saliba, M.D. (from RAND and UCLA) and Joan Buchanan (from Harvard University Medical School). In April 2004, a contract modification was made to RAND to extend the period of performance through December 31, 2006 to expand the number of States and size of the Natural MDS 3.0 Validation Sample. ■

Evaluation of the Use of Bedside Technology To Improve Quality of Care in Nursing Facilities

Project No: 500-00-0024/10
Project Officer: Renee Mentnech
Period: January, 2003 to January, 2005
Funding: \$820,388
Principal Investigator: Leslie Greenwald
Award: Task Order
Awardee: Research Triangle Institute (NC)
 3040 Cornwallis Road
 PO Box 12194
 Research Triangle Park, NC
 27709-2194

Description: CMS has awarded a contract to Research Triangle Institute, the University of Missouri Sinclair School of Nursing, and OneTouch Technologies to evaluate the use of hand-held technology in nursing homes. This project will examine the use of bedside technology to collect daily measures of resident care and outcomes in nursing facilities (NFs). The application of this new technology could be useful for improving the efficiency and effectiveness of care in these facilities.

The specific objectives of the project include evaluating whether—

1. The use of bedside data collection with portable computer devices, automated processes, and electronic medical records technology improves collection of daily measures of resident care in NFs
2. The use of this technology improves outcomes of care in NFs
3. Patient outcomes are enhanced by coupling the use of bedside technology with on-site clinical consultation by expert nurses.

Status: Recruitment of nursing homes and data collection are ongoing. ■

Shared Integrated Management Information System

Project No: 18-P-91723/05-02
Project Officer: Kathy Headen
Period: August, 2003 to July, 2004
Funding: \$347,725
Principal Investigator: Bruce Johnson
Award: Grant
Awardee: Illinois Primary Health Care Association
 225 South College Street, Suite 200
 Springfield, IL 62704-1815

Description: The Illinois Primary Health Care Association is designing and will maintain a single, shared integrated management information system for all community health centers in Illinois. The project will consist of three phases, which they anticipate will take approximately 5 years to complete. The system will store information on patient scheduling, billing, accounts receivable, and patient outcomes tracking. The CMS funding is an addition to a grant from the Health Resources and Services Administration and other private entities.

Status: The first phase of the grant included software development and refinement, as well as connectivity of seven health care entities, including six Section 330 grantees and one provider of care to low-income women and children in Chicago. In phase II, a central server, a Wide Area Network infrastructure, and a mobile training center have been established. They have executed contracts with 14 community health centers. CMS FY 04 budget funds have been earmarked to continue the project after July 2004. ■

Construction of Analytic Files for Study of the Cardiac Rehabilitation Benefit Among Medicare Beneficiaries

Project No: 500-02-0006/01
Project Officer: William Clark
Period: September, 2002 to March, 2003
Funding: \$39,997
Principal Investigator: Celia H. Dahlman
Award: Task Order
Awardee: CHD Research Associates
 5515 Twin Knolls Road #322
 Columbia, MD 21045

Description: The purpose of this task order is to provide programming support for the development of

analytic files that will be used to determine whether use of cardiac rehabilitation has a health benefit on Medicare beneficiaries as evidenced by a reduction in adverse outcomes, including hospitalizations, use of home health or long-term health services, or death. The study requires longitudinal files based on a cohort of Medicare beneficiaries who were candidates for cardiac rehabilitation from January 1995 through December 1996. All medical treatment received by this cohort will then be followed up for a period of up to 5 years subsequent to entry into the cohort.

Status: The project has been completed. ■

Improving Medication Safety in Outpatients Through Improved Packaging

Project No: 18-C-91678/05
Project Officer: Dennis Nugent
Period: September, 2001 to July, 2004
Funding: \$691,000
Principal Investigator: Philip Schneider
Award: Cooperative Agreement
Awardee: Ohio State University Research Foundation
 1960 Kenny Road
 Columbus, OH 43210

Description: The purpose of this study is to determine if compliance packaging can increase adherence to a prescribed medication regimen and, concomitantly, improve treatment outcomes for elderly individuals who have a chronic disease. It was developed to reduce the frequency of drug errors by patients whose compliance with prescription instructions is critical. The project focuses on the impact of a packaging/distribution system and consumer education. Compliance packaging used in the study is a blister package with each dose of the medication identified by day of the week. Information regarding proper use and dosage is printed on the package. In order to participate in the project, an individual must have a diagnosis of hypertension and have a new or existing prescription for lisinopril. Hypertension was selected because it is a condition in which drug therapy plays a significant role in treatment outcome. Participants are randomly assigned to a study or comparison group. The study group's medication is distributed in "unit of use" packaging with special instructions; the control group receives standard prescription containers with the usual labeling. Compliance, treatment outcomes, and medical utilization of the two groups are being compared. Compliance is measured by interview, pill counts, refill regularity,

and blood pressure. Morbidity (angina, myocardial infarction, stroke, and renal impairment) and mortality rates are also quantified. In addition, medical service utilization is assessed by tabulating emergency room visits and hospitalizations. Each participant is followed for a period of 12 months.

Status: Preliminary results indicate some emerging differences between the study and comparison groups. ■

Northern New England Vascular Surgery Quality Improvement Initiative

Project No: 18-C-91674/01-02
Project Officer: Jackie Kennedy-Sullivan
Period: September, 2001 to September, 2004
Funding: \$650,000
Principal Investigator: Jack Cronenwett
Award: Cooperative Agreement
Awardee: Dartmouth University
 HB 7850, 500 East Borwell
 Research Building Dartmouth
 Hitchcock Medical Center
 Hanover, NH 03756

Description: The Vascular Study Group of Northern New England (VSG-NNE) is a voluntary, cooperative group of clinicians, hospital administrators, and research personnel organized to improve the care of patients with vascular disease. By collecting and exchanging information, the group strives to improve the quality, safety, effectiveness, and cost of caring for patients with vascular disease in Maine, New Hampshire, and Vermont.

Status: A cooperative clinical data registry was developed among the nine major hospitals in NNE that perform 80 percent of all vascular surgery in the region. Data including indications, comorbidities, operative details, and outcomes will be collected for carotid endarterectomy, abdominal aortic aneurysm repair, and lower extremity bypass surgery.

The developed shared data registry prospectively collects data on vascular procedures. Data include indications, comorbidities, selected procedural details, and short-term outcomes and analyze patterns of care and outcomes of hospitals and surgeons. The variations in procedure rates and risk-adjusted outcomes will be added to account for the differences in case mix to improve outcomes and reduce geographic variation in procedure rates by using benchmarking and visits by clinical teams from each

center for comparative process analysis and continuous quality improvement. ■

Survey of Renal Dialysis Centers

Project No: 500-00-0028/01
Project Officer: Mary Stojak
Period: September, 2002 to February, 2003
Funding: \$145,844
Principal Investigator: Trina Pifer
Award: Task Order
Awardee: University Renal Research and Education Association
 315 West Huron, Suite 260
 Ann Arbor, MI 48103

Description: This is a sole source. The purpose of the task order is to measure the amount and quality of nutrition therapy that is currently being provided to beneficiaries receiving dialysis.

Status: It has been completed. ■

The Impact of Alternative Low Vision Intervention on Quality

Project No: 18-P-91372/03
Project Officer: Joel Greer
Period: August, 2001 to August, 2004
Funding: \$1,000,000
Principal Investigator: J.Vernon Odom
Award: Grant
Awardee: West Virginia Research Corporation
 West Virginia University
 PO Box 6845
 Morgantown, WV 26506-6845

Description: The General Provisions of the FY 2001 Appropriations legislation mandated an award "... to the West Virginia University School of Medicine's Eye Center to test interventions and improve the quality of life for individuals with low vision, with a particular focus on the elderly." The West Virginia University Research Corporation (WVURC) created and operates a regional center for vision rehabilitation services, the Appalachian Center for Visual Rehabilitation. The center serves the low vision needs of rural communities in West Virginia. WVURC collected data and performed an evaluation showing the effectiveness of its programs. It held a 2-day conference in the spring of 2003 to disseminate the lessons learned from the

project to other rural areas across the country. No final report is expected.

Status: The project ended 8/5/2003. ■

Assessment of State Database Capacity and Development of Prototype Performance Monitoring System

Project No: 18-C-91507/00
Project Officer: Joseph Razes
Period: September, 2001 to March, 2003
Funding: \$296,037
Principal Investigator: Pamela Hanes
Award: Cooperative Agreement
Awardee: Oregon Health and Science University
 3181 SW Sam Jackson Park Road
 DB669
 Portland, OR 97201-3098

Description: This project collects, analyzes, and interprets data regarding States' Medicaid health systems development activities for individuals with disabilities and will develop a performance monitoring tool. This tool would be used by States in evaluating the success of their buy-in programs. Recent legislation has offered States unprecedented opportunities to use Medicaid as a vehicle for supporting the competitive employment of people with disabilities. The Balanced Budget Act of 1997 and the Ticket to Work and Work Incentives Improvement Act of 1999 have permitted States to implement a Medicaid buy-in that extends Medicaid coverage to working people with disabilities (who, because of earnings, would not otherwise qualify for Medicaid coverage under other statutory provisions). The new Medicaid buy-in offers new incentives to people with disabilities to work and increase earnings without risking the potential loss of health care coverage. The goal of this project is to lay the groundwork for—

1. Development of a national database that will integrate relevant Medicaid buy-in administrative data sets for future analysis
2. Identification and reporting of performance measures and benchmarks for use in evaluating the effectiveness of Medicaid buy-in programs

The rules and guidelines for implementing a State buy-in program are complex. While States have a tremendous amount of flexibility in how they design a Medicaid buy-in program, they also spend much time examining issues of health care access and barriers to employment for people with disabilities. The data and design

characteristics considered in their planning process ultimately influence the program that is developed and possible outcomes. The options available to States coupled with the array of rules to be followed can be confusing. Realizing the technical nature of the Medicaid buy-in programs and the fact that State staff often do not have the expertise, we have encouraged the development of two technical assistance partnerships. The primary purpose of these partnerships is to exchange information and ideas that will encourage States to take advantage of the Medicaid buy-in opportunities. As more States implement Medicaid buy-in programs nationally, increased technical assistance is needed. Part of this is help with data collection and development of analytical tools to assess the results and impact of the Medicaid buy-in.

Status: This project has ended. ■

QUALITY ASSURANCE AND QUALITY IMPROVEMENT IN HOME AND COMMUNITY-BASED SERVICES

The Quality Assurance and Quality Improvement in Home and Community-Based Services Grants, part of the Real Choice Systems Change Grants for Community Living, will assist States to (1) fulfill their commitment to ensuring the health and welfare of individuals who participate in the States' home and community-based waivers under § 1915(c) of the Social Security Act, (2) develop effective and systematic methods to meet statutory and CMS requirements by the use of ongoing quality improvement strategies, and (3) develop improved methods that enlist the individual and community members in active roles in the quality assurance and quality improvement systems.

Status: This project is in its start-up phase. ■

Quality Assurance and Quality Improvement in Home and Community-Based Services

Project No: 11-P-92009/09-01
Project Officer: Adrienne Delozier
Period: September, 2003 to September, 2006
Funding: \$499,844
Principal Investigator: Julie Jackson
Award: Grant
Awardee: State of California Department of Development Services
 1600 Ninth Street
 Room 340 MS 3-24
 Sacramento, CA 95814

Quality Assurance and Quality Improvement in Home and Community-Based Services

Project No: 11-P-92092/08-01
Project Officer: Maria Reed
Period: September, 2003 to September, 2006
Funding: \$499,851
Principal Investigator: Kerry O. Stern
Award: Grant
Awardee: Colorado Department of Human Services
 Division for Developmental Disabilities
 3824 West Princeton Circle
 Denver, CO 80236

Quality Assurance and Quality Improvement in Home and Community-Based Services

Project No: 11-P-92080/01-01
Project Officer: Mark Reed
Period: September, 2003 to September, 2006
Funding: \$499,000
Principal Investigator: Elizabeth McArthur
Award: Grant
Awardee: Connecticut Department of Mental Retardation
 460 Capitol Avenue
 Hartford, CT 06016

Quality Assurance and Quality Improvement in Home and Community-Based Services

Project No: 11-P-92048/03-01
Project Officer: Maria Reed
Period: September, 2003 to September, 2006
Funding: \$351,702
Principal Investigator: Joseph B. Keyes
Award: Grant
Awardee: Delaware Health and Social Services
 Division Development Disabilities Services
 Jesse Cooper Building, Box 637
 Dover, DE 19903

Quality Assurance and Quality Improvement in Home and Community-Based Services

Project No: 11-P-92024/01-01
Project Officer: Anita Yuskas
Period: September, 2003 to September, 2006
Funding: \$500,000
Principal Investigator: Jim Moser
Award: Grant
Awardee: Maine Department of Human Services
 Bureau of Medical Services
 State House Station #11
 Kennebec County
 Augusta, ME 04333-0011

Quality Assurance and Quality Improvement in Home and Community-Based Services

Project No: 11-P-92111/04-01
Project Officer: Mark Reed
Period: September, 2003 to September, 2006
Funding: \$475,000
Principal Investigator: Patricia Clifford
Award: Grant
Awardee: Georgia Department of Human Resources
 Division of MHDDAD
 Two Peachtree Street, NW, 22.224
 Atlanta, GA 30303

Quality Assurance and Quality Improvement in Home and Community-Based Services

Project No: 11-P-92083/05-01
Project Officer: Anita Yuskas
Period: September, 2003 to September, 2006
Funding: \$499,880
Principal Investigator: Jolene Kohn
Award: Grant
Awardee: Minnesota Department of Human Services
 Medicaid Office
 444 Lafayette Road
 St Paul, MN 55155

Quality Assurance and Quality Improvement in Home and Community-Based Services

Project No: 11-P-92095/05-01
Project Officer: Adrienne Delozier
Period: September, 2003 to September, 2006
Funding: \$500,000
Principal Investigator: Ellen McClimans
Award: Grant
Awardee: Indiana Family and Social Services Administration
 402 West Washington Street
 Room W-451
 PO Box 7083
 Indianapolis, IN 46207-7083

Quality Assurance and Quality Improvement in Home and Community-Based Services

Project No: 11-P-92006/07-01
Project Officer: Mark Reed
Period: September, 2003 to September, 2006
Funding: \$500,000
Principal Investigator: Vicki Keller
Award: Grant
Awardee: Missouri Department of Health and Senior Services/DSS&R
 920 Wildwood Drive
 PO Box 570
 Jefferson City, MI 65102

Quality Assurance and Quality Improvement in Home and Community-Based Services

Project No: 11-P-92136/02-01
Project Officer: Adrienne Delozier
Period: September, 2003 to September, 2006
Funding: \$495,811
Principal Investigator: Kathryn Kuhmerker
Award: Grant
Awardee: New York State Department of Health
 One Commerce Tower, Room 724
 Albany, NY 12260

Quality Assurance and Quality Improvement in Home and Community-Based Services

Project No: 11-P-92078/04-01
Project Officer: Maria Reed
Period: September, 2003 to September, 2006
Funding: \$475,100
Principal Investigator: Steven E. Hairston
Award: Grant
Awardee: North Carolina DHHS/Division of Mental Health DD/
 Substance Abuse Services
 2001 Mail Service Center
 Raleigh, NC 27699-2001

Quality Assurance and Quality Improvement in Home and Community-Based Services

Project No: 11-P-92057/05-01
Project Officer: Mark Reed
Period: September, 2003 to September, 2006
Funding: \$499,740
Principal Investigator: Donald Bashaw
Award: Grant
Awardee: Ohio Department of Mental Retardation/Development Disability
 35 East Chestnut Street, 5th Floor
 Columbia, OH 43215-2541

Quality Assurance and Quality Improvement in Home and Community-Based Services

Project No: 11-P-92122/00-01
Project Officer: Mark Reed
Period: September, 2003 to September, 2006
Funding: \$455,113
Principal Investigator: DeAnna Hartwig
Award: Grant
Awardee: Oregon Department of Human Services—Seniors and People with Disabilities
 500 Summer Street, NE, E-02
 Salem, OR 97301-1073

Quality Assurance and Quality Improvement in Home and Community-Based Services

Project No: 11-P-92120/03-01
Project Officer: Mark Reed
Period: September, 2003 to September, 2006
Funding: \$498,650
Principal Investigator: Gregory Howe
Award: Grant
Awardee: Pennsylvania Department of Public Welfare
 Commonwealth of Pennsylvania
 Harrisburg, PA 17120

Quality Assurance and Quality Improvement in Home and Community-Based Services

Project No: 11-P-92050/04-01
Project Officer: Mark Reed
Period: September, 2003 to September, 2006
Funding: \$500,000
Principal Investigator: Kathi K. Lacy
Award: Grant
Awardee: South Carolina Department of Disabilities and Special Needs
 3440 Harden Street Extension
 Richland County, SC 29203

Quality Assurance and Quality Improvement in Home and Community-Based Services

Project No: 11-P-92036/4-01
Project Officer: Anita Yuskauskas
Period: September, 2003 to September, 2006
Funding: \$452,636
Principal Investigator: Tami Wilson
Award: Grant
Awardee: Tennessee Department of Finance and Administration
 DMR, 500 Deaderick Street
 Andrew Jackson Building
 15th Floor
 Nashville, TN 37243

Quality Assurance and Quality Improvement in Home and Community-Based Services

Project No: 11-P92114/03-01
Project Officer: Mark Reed
Period: September, 2003 to September, 2006
Funding: \$499,995
Principal Investigator: Nancy Atkins
Award: Grant
Awardee: West Virginia DHHR/
 Bureau of Medical Services/
 Office of the Secretary
 Capitol Complex Building 3
 Room 206
 Charleston, WV 25305

Quality Assurance and Quality Improvement in Home and Community-Based Services

Project No: 11-P-92027/06-01
Project Officer: Maria Reed
Period: September, 2003 to September, 2006
Funding: \$500,000
Principal Investigator: Teresa Richard
Award: Grant
Awardee: Texas Department of Mental Health and Mental Retardation
 909 West 45th Street
 PO Box 12668
 Austin, TX 78751

Quality Assurance and Quality Improvement in Home and Community-Based Services

Project No: 11-P-92085/005-01
Project Officer: Anita Yuskauskas
Period: September, 2003 to September, 2006
Funding: \$500,000
Principal Investigator: Judith E. Frye
Award: Grant
Awardee: Wisconsin DHFS/Division of Disability and Elder Services
 One West Wilson Street
 PO Box 7850
 Madison, WI 53707-7850

Quality Assurance and Quality Improvement in Home and Community-Based Services

Project No: 11-P-92114/03-01
Project Officer: Mark Reed
Period: September, 2003 to September, 2006
Funding: \$499,995
Principal Investigator: Nancy Atkins
Award: Grant
Awardee: West Virginia DHHR/
 Bureau of Medical Services/
 Office of the Secretary
 Capitol Complex Building 3
 Room 206
 Charleston, WV 25305

Theme 6: Improving the Health of Our Beneficiary Population

Summary: CMS's programs provide health care financing for some of the Nation's most vulnerable populations. Six percent of Medicare beneficiaries account for 50 percent of Medicare spending. Two groups of beneficiaries with extensive health care needs—those over age 85 and those with end stage renal disease (ESRD)—are the two fastest growing segments of the Medicare population. As medical advances provide more effective treatments for devastating illnesses, many people will live longer, healthier lives, and will be at risk of acquiring other diseases or long-term chronic conditions. Health care purchasers and providers will be challenged to develop innovative ways to provide high-quality, cost-effective care for people with long-term chronic conditions.

Integrated Chronic Disease Quality Performance Measurement at the Physician Level

Project No: 500-00-0035/01
Project Officer: Pauline Karikari-Martin
Period: September, 2001 to March, 2005
Funding: \$452,896
Principal Investigator: Linda Clarke-Helms
Award: Task Order
Awardee: C.N.A. Corporation
 4401 Ford Avenue
 PO Box 16268
 Alexandria, VA 22302-8268

Description: This project is to assist CMS in exploration of the issues important to physician-level quality of care scoring in chronic disease and prevention. The project will help to define quality of care for chronic disease and prevention using existing clinical performance measures and survey tools to abstract data that will be used to model these concepts. Performance measurement supports CMS program management and policy development purposes such as quality improvement in the Quality Improvement Organizations program, demonstration of accountability, and value-based purchasing. Several of our projects have attempted to integrate broader chronic disease-based thinking into their measurement structure (i.e., the Diabetes Quality Improvement Project [DQIP], the Study of Clinically Relevant Indicators of Pharmacologic Therapy [SCRIPT], and the Ambulatory Care Quality Improvement Program [ACQIP]). The primary vehicle for this initial work is applying knowledge gained using the existing clinical performance measures and survey tools at the physician office level to develop a framework for measuring quality of care in the ambulatory care setting.

Status: The project is under way. ■

Healthy Aging/Smoking Cessation

Project No: 500-98-0281
Project Officer: James Coan
Period: October, 1998 to September, 2004
Funding: \$200,000
Principal Investigator: Laurence Rubenstein
Award: Contract
Awardee: RAND Corporation
 1700 Main Street
 PO Box 2138
 Santa Monica, CA 90407-2138

Description: This demonstration is testing the effect of Medicare reimbursement for smoking cessation interventions among Medicare beneficiaries who smoke in seven States. Based on an evidence report by RAND, the demonstration is evaluating the effectiveness and cost-effectiveness of reimbursement for three interventions for smoking cessation compared to "usual care." The interventions are reimbursement for provider cessation counseling alone, reimbursement for provider cessation counseling plus the use of bupropion (Zyban) or nicotine patches, and demonstration supported telephone-based cessation counseling with and without nicotine patches. Usual care includes written material only. The demonstration sites include Alabama, Florida, Ohio, Missouri, Oklahoma, Nebraska, and Wyoming.

Status: RAND is currently evaluating the responses from 7,354 participants to a 6-month questionnaire against baseline information collected at the time of enrollment. Responses to a 12-month questionnaire are being collected and will be compared to previously collected data. Response rates appear to be high, and a final report is expected in June 2005. ■

Healthy Aging: Senior Risk Reduction Demonstration

Project No: 500-00-0034/01
Project Officer: Pauline Lapin
Period: September, 2002 to September, 2004
Funding: \$1,993,755
Principal Investigator: Ron Goetzel
Award: Task Order
Awardee: Medstat Group (DC)
 4301 Connecticut Avenue, NW
 Suite 330
 Washington, DC 20008

Description: The Senior Risk Reduction Demonstration (SRRD) will test whether private sector approaches to health management and risk reduction, which have been shown to be effective for reducing risk factors and health care costs, can be translated to the Medicare program. The intervention to be tested in the SRRD consists of a health risk appraisal followed by tailored ongoing interventions delivered either by mail, telephone, or Internet.

Status: Medstat intends to complete the design of the demonstration by January 2004. ■

Mauli Ola (Spirit of Life) Project

Project No: 18-P-91142/09
Project Officer: Mary Kapp
Period: September, 2000 to September, 2005
Funding: \$2,198,158
Principal Investigator: Charman Akina
Award: Grant
Awardee: Waimanalo Health Center
 41-1347 Kalaniana'ole Highway
 Waimanalo, HI 96795

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), consisting largely of Native Hawaiians and other American Asian/Pacific Islanders, located in a rural agricultural area of southeast Oahu, Hawaii.

Status: During the first 3 years of this 5-year project, 2,383 people have been screened for diabetes, cholesterol, and other risk factors for cardiovascular disease, including 297 who have received followup screening. Screenings have identified 126 participants newly diagnosed with diabetes, 577 with total cholesterol >200 mg/dl, 842 with blood pressure >140/90, and 1,276 with body mass index > 27. The health education program, which focuses on healthy lifestyles and includes meal preparation demonstrations, began in the summer of 2003. As of September 2003, 68 families completed the week-long program. ■

Study on Medicare Coverage of Routine Thyroid Screening

Project No: 500-01-0055
Project Officer: Katharine Pirotte
Period: September, 2001 to March, 2003
Funding: \$450,000
Principal Investigator: Janet Corrigan
Award: Contract
Awardee: Institute of Medicine
 National Academy of Sciences
 2101 Constitution Avenue, NW
 Washington, DC 20418

Description: This is a study on the addition of coverage of routine thyroid screening using a thyroid-stimulating hormone test as a preventive benefit under Medicare. This is a mandated study (section 123 of the Benefits Improvement and Protection Act of 2000). The mandate also requires that this involves the Academy’s United States Preventive Services Task Force. The study is to consider the short-term and long-term benefits, and the cost to the Medicare program of such an additional benefit.

Status: This study has ended and we received the final published copy of the study from IOM in spring 2003. ■

Airway Clearance for Prevention of Chronic Obstructive Pulmonary Disease (COPD) Exacerbations

Project No: 18-P-91858/03-01
Project Officer: Carl Taylor
Period: September, 2003 to September, 2004
Funding: \$99,350
Principal Investigator: Gregory Diette
Award: Grant
Awardee: Johns Hopkins University School of Medicine
 720 Rutland Avenue
 Baltimore, MD 21205

Description: Approximately 60 to 70 percent of patients with minor to severe COPD have chronic cough and phlegm, and recent evidence shows that chronic mucus hypersecretion is associated with greater decline in lung function, increased airway reactivity, more frequent respiratory infections and exacerbations, and increased mortality. We hypothesize that mechanical airway clearance techniques will diminish exacerbations of COPD, thereby improving respiratory health status. The specific aim of this proposal is to conduct a pilot study that is a randomized, masked clinical trial of one form of mechanical airway clearance, high frequency chest wall oscillation (HFCWO) with a pneumatic vest to determine if we can reduce the rate of COPD exacerbations. The information gained from this pilot is essential for planning a larger, national multicenter trial that will provide the definitive evidence of the efficacy of HFCWO to prevent COPD exacerbations. This study will randomly assign 50 subjects to 1 of 2 groups. The active treatment group will use a conventional vest (HFCWO) for 12 weeks, and the control group will be assigned to use a sham (deactivated) version of the vest. The primary study outcome will be reduction in COPD exacerbations. The secondary outcomes include quality of life, functional capacity, lung function, and health care use. The study will be completed in a 12-month period.

Status: The grant was awarded. ■

COORDINATED CARE TO IMPROVE QUALITY OF CARE FOR CHRONICALLY ILL MEDICARE BENEFICIARIES

This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions, and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population but account for a major proportion of Medicare expenditures. It is one of 15 sites selected as a part of the Medicare Coordinated Care Demonstration

project to provide case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

Coordinated Care To Improve Quality of Care for Chronically Ill Medicare Beneficiaries—Arizona

Project No: 95-C-91318/09
Project Officer: Kathy Headen
Period: August, 2002 to June, 2006
Funding: \$0
Principal Investigator: Beth Hale
Award: Cooperative Agreement
Awardee: Hospice of the Valley
 3238 North 16th Street
 Phoenix, AZ 85016

Status: Hospice of the Valley is a hospice that is offering an urban case management program to Medicare beneficiaries in Maricopa County, Arizona, with significant chronic illness. Targeting beneficiaries with various chronic conditions, the program focuses on providing and coordinating palliative care. The site began enrolling beneficiaries and providing coordinated care services in August 2002. ■

Coordinated Care To Improve Quality of Care for Chronically Ill Medicare Beneficiaries—Baltimore, Maryland

Project No: 95-C-91348/03
Project Officer: Kathy Headen
Period: April, 2002 to March, 2006
Funding: \$45,100
Principal Investigator: Nancy Fisher
Award: Cooperative Agreement
Awardee: Erickson Retirement Communities, Inc.
 701 Maiden Choice Lane
 Baltimore, MD 21228

Status: Erickson Retirement Communities, Incorporated, has implemented an urban case management program targeting beneficiaries with congestive heart failure, chronic obstructive pulmonary disease, coronary artery disease, hypertension, or diabetes living at Charlestown and Oak Crest Village Retirement Communities located in Baltimore County,

Maryland, and at Riderwood Village in Silver Spring, Maryland. The site began enrolling beneficiaries and providing coordinated care services in April 2002. ■

Coordinated Care To Improve Quality of Care for Chronically Ill Medicare Beneficiaries—Florida

Project No: 95-C-91325/03
Project Officer: Kathy Headen
Period: September, 2002 to June, 2006
Funding: \$63,000
Principal Investigator: Michael Wall
Award: Cooperative Agreement
Awardee: Quality Oncology, Inc.
 1430 Spring Hill Road, Suite 106
 McLean, VA 22102

Status: Quality Oncology, Incorporated, of McLean, Virginia, has implemented an urban disease management program focusing on beneficiaries with cancer in Broward County, Florida. The site began enrolling beneficiaries and providing coordinated care services in September 2002. ■

Coordinated Care To Improve Quality of Care for Chronically Ill Medicare Beneficiaries—Houston, Texas

Project No: 95-C-91351/05
Project Officer: John Pilotte
Period: June, 2002 to May, 2006
Funding: \$82,350
Principal Investigator: James O'Leary
Award: Cooperative Agreement
Awardee: CorSolutions Medical, Inc.
 9500 West Bryn Mawr Avenue
 Rosemont, IL 60018

Status: CorSolutions Medical, Inc., of Buffalo Grove, Illinois, has implemented an urban disease management program targeting beneficiaries in Texas with high-risk congestive heart failure. The site began enrolling beneficiaries and providing coordinated care services in June 2002. ■

Coordinated Care To Improve Quality of Care for Chronically Ill Medicare Beneficiaries—Iowa

Project No: 95-C-91340/07
Project Officer: Sid Mazumdar
Period: April, 2002 to March, 2006
Funding: \$50,000
Principal Investigator: Nancy Halford
Award: Cooperative Agreement
Awardee: Mercy Medical Center—North Iowa
 1000 North Fourth Street, NW
 Mason City, IA 50401

Status: Mercy Medical Center of Mason City, Iowa, has implemented a rural case management program targeting beneficiaries in northern Iowa with various chronic conditions. The site began enrolling beneficiaries and providing coordinated care services in April 2002. ■

Coordinated Care To Improve Quality of Care for Chronically Ill Medicare Beneficiaries—Mahomet, Illinois

Project No: 95-C-91315/05
Project Officer: Dennis Nugent
Period: April, 2002 to March, 2006
Funding: \$149,943
Principal Investigator: Cheryl Schraeder
Award: Cooperative Agreement
Awardee: Carle Foundation Hospital
 307 East Oak, #3
 PO Box 718
 Mahomet, IL 61853

Status: The Carle Foundation Hospital of Mahomet, Illinois, has implemented a rural case management program targeting beneficiaries with various chronic conditions in eastern Illinois. The site began enrolling beneficiaries and providing coordinated care services in April 2002. ■

Coordinated Care To Improve Quality of Care for Chronically Ill Medicare Beneficiaries—Maine

Project No: 95-C-91314/01
Project Officer: Sid Mazumdar
Period: April, 2002 to March, 2006
Funding: \$138,720
Principal Investigator: John LaCasse
Award: Cooperative Agreement
Awardee: Medical Care Development
 11 Packwood Drive
 Augusta, ME 04330

Status: Medical Care Development of Augusta, Maine, has implemented a rural disease management program targeting beneficiaries in Maine with congestive heart failure or post-acute myocardial infarction. The site began enrolling beneficiaries and providing coordinated care services in April 2002. ■

Coordinated Care To Improve Quality of Care for Chronically Ill Medicare Beneficiaries—Missouri

Project No: 95-C-91345/01
Project Officer: Kathy Headen
Period: August, 2002 to June, 2006
Funding: \$150,000
Principal Investigator: John Lynch
Award: Cooperative Agreement
Awardee: Washington University Physician Network
 7425 Forsyth Boulevard, Suite 307
 St. Louis, MO 63105

Status: Washington University of St. Louis, Missouri, with American Healthways of Nashville, Tennessee, has implemented an urban case management program targeting beneficiaries in St. Louis with various chronic conditions. The site began enrolling beneficiaries and providing coordinated care services in August 2002. ■

Coordinated Care To Improve Quality of Care for Chronically Ill Medicare Beneficiaries—New York, NY

Project No: 95-C-91357/02
Project Officer: Dennis Nugent
Period: June, 2002 to May, 2006
Funding: \$150,000
Principal Investigator: Nancy Mintz
Award: Cooperative Agreement
Awardee: The Jewish Home and Hospital for the Aged
 120 West 106th Street
 New York, NY 10025

Status: The Jewish Home and Hospital for the Aged has implemented an urban case management program targeting beneficiaries with various chronic conditions in New York City. The site began enrolling beneficiaries and providing coordinated care services in June 2002. ■

Coordinated Care To Improve Quality of Care for Chronically Ill Medicare Beneficiaries—Northern California

Project No: 95-C-91352/02
Project Officer: John Pilotte
Period: July, 2002 to June, 2006
Funding: \$150,000
Principal Investigator: Michael Cox
Award: Cooperative Agreement
Awardee: QMED, Inc.
 25 Christopher Way
 Eaton, NJ 07724

A and Part B and requires that the projects' payment methodology be budget neutral.

Status: QMED, Inc., of Laurence Harbor, New Jersey, has implemented an urban disease management program targeting beneficiaries in northern California with coronary artery disease. The site began enrolling beneficiaries and providing coordinated care services in July 2002. ■

Coordinated Care To Improve Quality of Care for Chronically Ill Medicare Beneficiaries—Pennsylvania

Project No: 95-C-91360/03
Project Officer: Cynthia Mason
Period: April, 2002 to March, 2006
Funding: \$0
Principal Investigator: Kenneth Coburn
Award: Cooperative Agreement
Awardee: Health Quality Partners
 875 North Easton Road
 Doylestown, PA 18901

Status: Health Quality Partners of Plumsteadville, Pennsylvania, has implemented an urban and rural disease management program targeting beneficiaries in eastern Pennsylvania with various chronic conditions. The site began enrolling beneficiaries and providing coordinated care services in April 2002. ■

Coordinated Care To Improve Quality of Care for Chronically Ill Medicare Beneficiaries—Richmond, Virginia

Project No: 95-C-91319/03
Project Officer: Cynthia Mason
Period: April, 2002 to March, 2006
Funding: \$75,448
Principal Investigator: Michael Matthews
Award: Cooperative Agreement
Awardee: CenVaNet, Inc.
 2201 West Broad Street, Suite 202
 Richmond, VA 23220

Status: CenVaNet, Incorporated, of Richmond, Virginia, has implemented an urban case management program targeting beneficiaries with various chronic conditions in the metropolitan Richmond area. The site began enrolling beneficiaries and providing coordinated care services in April 2002. ■

Coordinated Care To Improve Quality of Care for Chronically Ill Medicare Beneficiaries—South Dakota

Project No: 95-C-91362/08
Project Officer: Sid Mazumdar
Period: June, 2002 to May, 2006
Funding: \$0
Principal Investigator: David Kuper
Award: Cooperative Agreement
Awardee: Avera McKennan Hospital
 800 East 21st Street
 Sioux Falls, SD 57105

Status: Avera McKennan Hospital of Sioux Falls, South Dakota, has implemented a rural disease management program targeting beneficiaries in South Dakota, Iowa, and Minnesota. The site began enrolling beneficiaries and providing coordinated care services in June 2002. ■

Coordinated Care To Improve Quality of Care for Chronically Ill Medicare Beneficiaries—University of Maryland

Project No: 95-C-91349/03
Project Officer: Dennis Nugent
Period: June, 2002 to May, 2006
Funding: \$0
Principal Investigator: Stephen Gottlieb
Award: Cooperative Agreement
Awardee: University of Maryland School of Medicine
 22 South Greene Street
 Baltimore, MD 21201-1595

Status: The University of Maryland School of Medicine has implemented an urban disease management program targeting beneficiaries with congestive heart failure in Baltimore, Maryland. The site began enrolling beneficiaries and providing coordinated care services in June 2002. ■

Coordinated Care To Improve Quality of Care for Chronically Ill Medicare Beneficiaries—Washington, DC

Project No: 95-C-91367/03
Project Officer: John Pilotte
Period: June, 2002 to May, 2006
Funding: \$0
Principal Investigator: James Welsh
Award: Cooperative Agreement
Awardee: Georgetown University
 1707 L Street, NW, Suite 900
 Washington, DC 20036

Status: Georgetown University Medical Center in Washington, DC, has implemented a program providing disease management services for Medicare FFS beneficiaries with congestive heart failure residing in the District of Columbia and suburban Maryland. The site began enrolling beneficiaries and providing coordinated care services in June 2002. ■

Implementation Support for the Medicare Coordinated Care Demonstration

Project No: HCFA-00-1223
Project Officer: Cynthia Mason
Period: September, 2000 to March, 2005
Funding: \$1,768,000
Principal Investigators: Denise Marshall and Bradley Smith
Award: GSA Order
Awardee: BearingPoint
 1676 International Drive
 McLean, VA 22102-4828

Description: This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions, and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population but account for a major proportion of Medicare expenditures. Fifteen sites were selected to participate in this 4-year demonstration project to provide case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project is allowing CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

Status: The project sites began implementing the project in April 2002. By September 2002, all 15 sites

had initiated enrollment. The first Report to Congress is scheduled to be released in the spring of 2004. ■

Evaluation of Disease Management Demonstration

Project No: 500-00-0033/03
Project Officer: Lorraine Johnson
Period: September, 2003 to September, 2004
Funding: \$321,277
Principal Investigator: Robert Schmitz
Award: Task Order
Awardee: Mathematica Policy Research (Princeton)
 600 Alexander Park
 PO Box 2393
 Princeton, NJ 08543-2393

Description: The purpose of this project is to evaluate the effectiveness of Medicare Capitated Disease Management Demonstration for beneficiaries with chronic medical conditions such as stroke, congestive heart failure, and diabetes; people who receive both Medicare and Medicaid (dual eligibles); or frail elderly patients who would benefit from a greater coordination of services. This demonstration uses disease management interventions and payment for services based on full capitation with risk sharing options to (1) improve the quality of services furnished to specific eligible beneficiaries, including the dual eligible and frail elderly; (2) manage expenditures under Part A and Part B of the Medicare program; and (3) encourage the formation of specialty plans that market directly to Medicare's sickest beneficiaries.

Status: Project is on track and proceeding as planned. ■

Payment Development, Implementation, and Monitoring Support for the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act (BIPA) Disease Management Demonstrations

Project No: 500-00-0036/01
Project Officer: J. Donald Sherwood
Period: September, 2002 to September, 2007
Funding: \$435,557
Principal Investigator: C. William Wrightson
Award: Task Order
Awardee: Actuarial Research Corporation
 5513 Twin Knolls Road, Suite 213
 Columbia, MD 21045

Description: The purpose of this task is to support CMS in implementing a demonstration project in three

or more sites to provide disease management services to Medicare beneficiaries with advanced stages of congestive heart failure, coronary heart disease, and/or diabetes. Specifically, this project (1) provides general technical support in the analysis of rate proposals and assistance in calculating the appropriate payment rates (both initial and annual updates) for the selected projects; (2) educates demonstration sites regarding payment calculations, billing processes and requirements, and budget neutrality requirements; (3) monitors payments and Medicare expenditures to assure budget neutrality, including designing data collection processes for use in collecting and warehousing necessary data elements from sites and CMS administrative records for assessing performance; and (4) performs financial analysis to assist in the financial settlement and reconciliation.

Status: This project is in the second year. ■

Evaluation of End Stage Renal Disease (ESRD) Disease Management (DM)

Project No: 500-00-0028/02
Project Officer: Joel Greer
Period: September, 2003 to September, 2004
Funding: \$2,192,652
Principal Investigator: Frederich Port, M.D.
Award: Task Order
Awardee: University Renal Research and Education Association
 315 West Huron, Suite 260
 Ann Arbor, MI 48103

Description: This task order is for an independent evaluation of the ESRD DM Demonstration (DMD) that will examine case-mix, patient satisfaction, outcomes, quality of care, and costs and payments. The Request for Proposals for providers to participate in the DMD was published in the Federal Register on June 4, 2003. The DMD will enroll Medicare beneficiaries with ESRD into fully or partially capitated ESRD disease management organizations. It is anticipated that the awards for the DM sites will be made in the third quarter of FY 2004. The evaluation contractor will work with the DM sites to collect and analyze data to measure clinical, quality-of-life, and economic outcomes. The evaluation is currently funded for 1 year (until 9/27/04) with up to four additional 1-year phases to be awarded. When the DM sites are selected, the evaluation team will work with them to design and implement data collection instruments and mechanisms.

Status: The evaluator is waiting for the DM sites to begin operation. ■

Evaluation of Programs of Coordinated Care and Disease Management

Project No: 500-95-0047/09
Project Officer: Carol Magee
Period: September, 2000 to September, 2005
Funding: \$3,018,839
Principal Investigator: Randall S. Brown, Ph.D.
Award: Task Order
Awardee: Mathematica Policy Research (DC)
 600 Maryland Avenue, SW
 Suite 550
 Washington, DC 20024-2512

Description: This 5-year evaluation project will describe and assess, individually and summarily, 16 congressionally mandated Medicare Coordinated Care Demonstration Programs, each providing a particular set of coordinated care interventions to fee-for-service (FFS) Medicare beneficiaries with one or more selected chronic illnesses (e.g., diabetes, chronic obstructive pulmonary disease, asthma, hypertension, hyperlipidemia, stroke, renal or hepatic disease, coronary artery disease, cancer). Demonstration of the effectiveness of programs of care coordination or management has historically been complicated not only by wide variations in program staff, funding mechanisms, interventions, and stated goals, but by the evaluators' definition(s) of effectiveness. The Balanced Budget Act of 1997 mandated demonstrations in separate program sites to implement approaches to coordinated care of chronic illnesses, along with an independent evaluation, for the Centers for Medicare & Medicaid Services (CMS) to investigate the potential of care coordination and/or case management to improve care quality and control costs in the Medicare FFS Program. An evaluation of best practices in coordinated care and a study of demonstration design options were conducted. The 16 CMS-funded demonstration programs being studied as a part of this evaluation vary widely with respect to the demographics, medical and social situations of the target population, intensity of services offered, interventions under study, type(s) of health care professionals delivering the interventions, and other factors. Each demonstration program has a randomized design, with a treatment arm and a "usual care" arm. The evaluation can thus test each unique program's effects upon patient outcome(s)/well-being, patient satisfaction, provider behavior and satisfaction, and Medicare claims—attributable to particular methods of managing care in the FFS Medicare environment and as compared to the respective "usual care," nonintervention patient group.

The overall goals of this evaluation are to identify those characteristics of the programs of coordinated care under study that have the greatest impact on health care quality and cost and to identify the target populations

most likely to benefit from such programs. In addition to analysis plans specific to each program/site, the evaluation contractor will conduct a process analysis to describe the interventions in detail, with a key goal of assessing what factors account for program success or failure. The study will include successive case studies of each of the 16 sites, interim and final site-specific reports, two interim summary reports, two Reports to Congress (based upon the interim summary reports), and a final summary report.

Status: Subsequent to receiving the Office of Management and Budget approval, the evaluation contractor has been holding initial conference calls and then visiting the majority of the 16 Demonstration sites over the past 2 years to amass data concerning their programs as actually implemented at 3 months into the demonstrations and their status as of 12 months post startup. A number of these individual site reports have been completed and are available from the evaluation project officer. The (confidential) First Interim Summary report and the Draft of the First Report to Congress have just been completed. There is wide disparity, as expected, in the enrollment success of the various sites, and locating and convincing patients to enroll has been harder overall than anticipated. The first of two waves of patient satisfaction and status telephone CATI interviews (n=3,315) has been completed in October for patients 7 to 12 months following their respective enrollment. Similarly, the first of two waves of physician provider interviews (n=350) was completed in October. ■

Evaluation of Programs of Disease Management (Phase I and Phase II)

Project No: 500-00-0033/02
Project Officer: Lorraine Johnson
Period: September, 2002 to September, 2007
Funding: \$1,908,308
Principal Investigator: Randall S. Brown, Ph.D.
Award: Task Order
Awardee: Mathematica Policy Research (DC)
 600 Maryland Avenue, SW
 Suite 550
 Washington, DC 20024-2512

Description: The objective of the evaluation is to assess the effectiveness of disease management programs for serious chronic medical conditions such as advanced stage diabetes and congestive heart failure. Although the participating demonstration sites may also vary by classification of disease severity, the availability of a pharmacy benefit, population targeted, scope of patient

care covered, type of comparison group and other factors, they will have the common goal of improving quality and reducing cost of health care received by chronically ill Medicare beneficiaries through specific services targeted to the management of a particular medical condition. The evaluation will study the independent effects of both the disease management program and a drug benefit, as well as any interaction between the two.

Status: The project is under way. ■

Innovations in Health Care

Project No: 18-C-91677/04
Project Officer: Dennis Nugent
Period: September, 2001 to September, 2002
Funding: \$775,833
Principal Investigator: Gary Stiles
Award: Cooperative Agreement
Awardee: Duke University Health System
 DUMC 3681
 Durham, NC 27710

Description: This is a three-phase study. First, it will develop policy case studies in strategic health planning designed to highlight the importance of integrative disease management and strategic health planning for patients with three complex and chronic diseases (congestive heart failure, diabetes, and depression). A policy case study on the management of obstetric care at the time of delivery will also be conducted. The second will summarize the evidences and develop an evidence-based approach to patient-specific strategic health planning that serves to link risks and behaviors to action items unique for each patient independent of any particular disease. The plans will incorporate a broad-based integrative approach including strategies regarding nutrition, exercise, stress management, and social support. The project will then implement strategic health planning in a defined patient cohort. Finally, the project will be a cost and policy analysis of secondary prevention for patients with coronary artery disease. The objectives here will be to maximize the appropriate use of secondary prevention for this disease in Medicare patients, measure the financial impact on hospitals, providers, and patients of improving secondary prevention, and examine the effectiveness of strategies to improve adherence of physicians and patients to secondary prevention.

Status: The project is under way. ■

Evaluation of the Informatics, Telemedicine, and Education Demonstration

Project No: 500-95-0055/05
Project Officer: Carol Magee
Period: September, 2000 to July, 2004
Funding: \$1,419,493
Principal Investigators: David West and Judith Wooldridge
Award: Task Order
Awardees: Mathematica Policy Research (Princeton)
 600 Alexander Park
 PO Box 2393
 Princeton, NJ 08543-2393

Urban Institute
 2100 M Street, NW
 Washington, DC 20037

Description: The Balanced Budget Act of 1997 mandates a single, 4-year demonstration project using an eligible health care provider telemedicine network. The demonstration involves the application of high-capacity computing and advanced telemedicine networks to the task of improvement of primary care and prevention of health complications in Medicare beneficiaries with diabetes mellitus. This project evaluates the impact of using telemedicine and medical informatics on improving access of Medicare beneficiaries to health care services, on reducing the costs of such services, and on improving the quality of life of beneficiaries. The Informatics, Telemedicine, and Education Demonstration project uses specially modified home computers, or home telemedicine units (HTU) linked to a Clinical Information System, and studies beneficiaries residing in medically underserved rural or medically underserved inner-city areas. The HTUs in patients' homes allow video conferencing, access to health information and medical data, in both Spanish and English. The demonstration project is being conducted as a randomized, controlled clinical trial. Impact of the telemedicine intervention on health outcomes will be evaluated by comparing health outcome measures of the intervention group to a control group.

Status: The project is under way. ■

Informatics for Diabetes Education and Telemedicine (IDEATel) Demonstration

Project No: 95-C-90998/02
Project Officer: Patricia Brocato-Simons
Period: February, 2000 to February, 2008
Funding: \$60,000,000
Principal Investigator: Steven Shea
Award: Cooperative Agreement
Awardee: Columbia University
 630 West 168th Street
 PH 9 East, Room 105
 New York, NY 10706

Description: The project focuses on Medicare beneficiaries with diabetes because of the high prevalence, cost, and complexity of this condition. It also focuses on beneficiaries living in federally designated, medically underserved areas in order to demonstrate that obstacles to bridging the "digital divide" in health care are not intrinsic to the targeted population. The project involves a consortium of health care delivery organizations in New York City (urban component) and upstate New York (rural component), industry partners who are providing hardware, software, technology, and communication services, and the American Diabetes Association, which is providing the educational Web site for the project. The consortium is led by Columbia University. Intervention participants receive a home telemedicine unit that facilitates uploading of clinical data, interaction with a nurse case manager, and patient education.

Status: The first 9 months of the project were devoted to technical implementation, field testing, personnel training, and development of the evaluation instruments and procedures. Subject enrollment began in the latter part of 2000. As of September 2002, recruitment was completed and approximately 1,665 beneficiaries were enrolled and randomized overall acceptability of the home telemedicine unit among participants was positive. The experience to date indicates that large-scale home telemedicine as a strategy for disease management is technically feasible, can be performed in a fashion that meets current requirements for health care data security and the Health Insurance Portability and Accountability Act, and is highly acceptable to those who agree to participate. Regardless, this does not preclude the extent of training and reinforcement often necessary under these circumstances to elevate enrollees to an active and participatory level. Evidence does indicate that some Medicare beneficiaries living in federally designated medically underserved areas, for reasons such as language barriers, lack of education, and various other socioeconomic indications, are unable or unwilling to use computers or the World Wide Web to obtain health care information and health care services. ■

Heart Failure Home Care

Project No: 18-C-91509/03
Project Officer: John Pilotte
Period: September, 2001 to September, 2004
Funding: \$2,900,000
Principal Investigator: Ozlem Soran, M.D. and Arthur Feldman, M.D.
Award: Cooperative Agreement
Awardee: University of Pittsburgh Office of Research
 350 Thackeray Hall
 Pittsburgh, PA 15260

Description: This project seeks to use integrated nursing services and technology to implement daily monitoring of congestive heart failure patients in underserved populations in accordance with established clinical guidelines. The demonstration tests the clinical and economic effectiveness of the Alere Day Link Home Monitoring Device in Medicare beneficiaries from underserved population groups receiving care in community-based practices who are diagnosed with congestive heart failure and who have had a hospitalization within the last 6 months. The primary hypothesis is that the addition of this device to standard management of heart failure will reduce 6-month heart failure hospitalization rates, cardiovascular death, and length of hospital stay for heart failure.

Status: The site began enrollment in 2003 and has enrolled over 200 patients. ■

Heart Failure Home Care

Project No: 18-C-91509/03-02
Project Officer: John Pilotte
Period: September, 2001 to September, 2005
Funding: \$1,847,941
Principal Investigator: Arthur Feldman, M.D. and Ozlem Soran, M.D.
Award: Cooperative Agreement
Awardee: University of Pittsburgh Office of Research
 350 Thackeray Hall
 Pittsburgh, PA 15260

Description: This project seeks to use integrated nursing services and technology to implement daily monitoring of congestive heart failure patients in underserved populations in accordance with established clinical guidelines. The demonstration tests the clinical and economic effectiveness of the Alere Day Link Home Monitoring Device in Medicare beneficiaries from underserved population groups receiving care in community-based practices who are diagnosed with congestive heart failure and who have had a hospitalization within the last 6 months. The primary hypothesis is that the addition of this device to standard management of heart failure will reduce 6-month heart failure hospitalization rates, cardiovascular death, and length of hospital stay for heart failure.

Status: The project is ongoing. ■

Medicare Case Management Demonstration for Congestive Heart Failure (CHF) and Diabetes Mellitus (DM)

Project No: 95-W-00078/06
Project Officer: Kathy Headen
Period: November, 2001 to November, 2004
Funding: \$0
Principal Investigator: Diane Fields
Award: Cooperative Agreement
Awardee: Lovelace Health Systems
 2309 Renard Place, SE
 Albuquerque, NM 87106

Description: This demonstration tests whether a case management program can improve medical treatment plans, reduce avoidable hospital admissions, and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population, but account for a major proportion of Medicare expenditures. The demonstration site provides case management services to high-cost, high-risk Medicare FFS beneficiaries with CHF and DM. The project targets chronically ill Medicare beneficiaries who are eligible for both Medicare Parts A and B and requires that the project's payment methodology be budget neutral.

Status: The site began enrolling beneficiaries and providing case management services in November 2001. ■

Improving Diabetes Outcomes Using the Care Model in an Urban Network

Project No: 18-P-91850/05-01
Project Officer: David Greenberg
Period: September, 2003 to September, 2004
Funding: \$74,428
Principal Investigator: Leon Fogelfeld
Award: Grant
Awardee: Cook County Bureau of Health Services
 1900 West Polk Street
 Chicago, IL 60612

Description: This initiative will use the Care Model to improve the well-being of diabetic patients enrolled with the Cook County Bureau of Health Services by reducing complications from type 2 diabetes as well as preventing the onset of type 2 diabetes in pregnant women with gestational diabetes. Populations with the highest prevalence of the disease and significant barriers to self-management will be targeted, including underserved African Americans and Latinos with limited English proficiency. This project will provide an opportunity for the leadership team and local site-based teams to gain collective experience with the Care Model. Upon completion of the project, the Bureau will have a more highly developed, sustainable structure to support local primary care teams in overcoming barriers to adherence to clinical practice guidelines.

Status: The awardee has accepted all terms and conditions and recently selected a clinical director for this project. ■

The Impact of Advanced Illness Coordinated Care (AICC) Nurse Practitioner

Project No: 18-P-91853/03-01
Project Officer: Pamela Kelly
Period: September, 2003 to March, 2005
Funding: \$298,050
Principal Investigator: Joseph R. McClellan
Award: Grant
Awardee: Hamot Medical Center
 3330 Peach Street, Suite 211
 Erie, PA 16508

Description: The Advanced Illness Coordinated Care (AICC) demonstration project, utilizing Advanced Illness Nurse Practitioners (AIP), will implement the AICC program for patients diagnosed with advanced cancer, congestive heart failure, and chronic obstructive pulmonary disease at Hamot Medical Center. The primary

objectives for the project are to increase documentation of advance directives, decrease intensive care utilization and mortalities, and decrease total health care costs for these patients with end-stage, advanced diagnoses.

Status: The project began in September 2003. As of January 2004, they have completed all hiring, as well as program processes, data collection forms, and database development for the project. They have begun screening patients and have identified over 100 patients who potentially qualify for the project. They have contacted about 60 of those and have enrolled over 10 patients. They have recruited far more heart failure enrollees than oncology but hope to equalize that in the near future. They have had 20 patients express interest in participating but want to wait until spring because of the weather in Pennsylvania. ■

MEDICARE LIFESTYLE MODIFICATION PROGRAM DEMONSTRATION—PREVENTIVE MEDICINE RESEARCH INSTITUTE

The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999, to evaluate the feasibility and cost-effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1,800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

Status: On November 28, 2000, the enrollment criteria were amended to include patients with less severe cardiovascular disease. In accordance with Public Law 106-554, the Consolidated Appropriations Act of 2001, the Cardiac Wellness lifestyle program of the Mind/Body Medical Institute (M/BMI) was incorporated into the overall demonstration. The same law provided a mandate for a 4-year treatment period beginning November 13, 2000. On May 3, 2002, enrollment criteria were again amended to include patients with moderate cardiovascular disease and the demonstration enrollment period was extended to February 28, 2005, with treatment under the demonstration ending in 2006. There are currently 17 sites offering the Dr. Dean Ornish Program and 8 sites offering the Cardiac Wellness Expanded Program. ■

**Medicare Lifestyle Modification Program
Demonstration—Preventive Medicine Research
Institute**

Project No: 95-W-00131/03
Project Officer: Armen Thoumaian
Period: May, 2002 to February, 2006
Funding: \$0
Principal Investigator: David Seigneur
Award: Waiver-Only Project
Awardee: Allegheny General Hospital
 320 North Avenue
 Pittsburgh, PA 15212

**Medicare Lifestyle Modification Program
Demonstration—Preventive Medicine Research
Institute**

Project No: 95-W-00134/03
Project Officer: Armen Thoumaian
Period: October, 2002 to February, 2006
Funding: \$0
Principal Investigator: Sean O'Dowd
Award: Waiver-Only Project
Awardee: Windber Medical Center
 600 Somerset Avenue
 Windber, PA 15963

**Medicare Lifestyle Modification Program
Demonstration—Preventive Medicine Research
Institute**

Project No: 95-W-00132/03
Project Officer: Armen Thoumaian
Period: July, 2003 to February, 2006
Funding: \$0
Principal Investigator: Michelle Dyer
Award: Waiver-Only Project
Awardee: DuBois Regional Medical Center
 100 Hospital Avenue
 DuBois, PA 15801

**Medicare Lifestyle Modification Program
Demonstration—Preventive Medicine Research
Institute**

Project No: 95-W-00135/03
Project Officer: Armen Thoumaian
Period: June, 2002 to February, 2006
Funding: \$0
Principal Investigator: Joe Slavic
Award: Waiver-Only Project
Awardee: Howard Long Wellness Center at
 Wheeling Hospital
 800 Medical Park
 Wheeling, WV 26003

**Medicare Lifestyle Modification Program
Demonstration—Preventive Medicine Research
Institute**

Project No: 95-W-00133/03
Project Officer: Armen Thoumaian
Period: May, 2003 to February, 2006
Funding: \$0
Principal Investigator: Randall Komacko, MPT
Award: Waiver-Only Project
Awardee: Monongahela Valley Hospital
 1163 Country Club Road
 Monongahela, PA 15063

**Medicare Lifestyle Modification Program
Demonstration—Preventive Medicine Research
Institute**

Project No: 95-W-00136/07
Project Officer: Armen Thoumaian
Period: June, 2002 to February, 2006
Funding: \$0
Principal Investigator: Sandy Barta, MS, RN
Award: Waiver-Only Project
Awardee: Alegent Bergan Mercy Medical
 Center
 7710 Mercy Road, BMPC, LL
 Omaha, NE 68122

**Medicare Lifestyle Modification Program
Demonstration—Preventive Medicine Research
Institute**

Project No: 95-W-00137/03
Project Officer: Armen Thoumaian
Period: May, 2002 to February, 2006
Funding: \$0
Principal Investigator: Ed Haver
Award: Waiver-Only Project
Awardee: Charleston Area Medical Center
 3200 MacCorkle Avenue, SE
 Charleston, WV 25304

**Medicare Lifestyle Modification Program
Demonstration—Preventive Medicine Research
Institute**

Project No: 95-W-00140/03
Project Officer: Armen Thoumaian
Period: November, 2002 to February, 2006
Funding: \$0
Principal Investigator: Mona Wilson
Award: Waiver-Only Project
Awardee: St. Mary's Medical Center
 2900 1st Avenue
 Huntington, WV 25702

**Medicare Lifestyle Modification Program
Demonstration—Preventive Medicine Research
Institute**

Project No: 95-W-00138/03
Project Officer: Armen Thoumaian
Period: April, 2002 to February, 2006
Funding: \$0
Principal Investigator: Dana DeJarnett
Award: Waiver-Only Project
Awardee: Wellness Center at City Hospital
 2000 Foundation Way, Suite 1200
 Martinsburg, WV 25401

**Medicare Lifestyle Modification Program
Demonstration—Preventive Medicine Research
Institute**

Project No: 95-W-00141/03
Project Officer: Armen Thoumaian
Period: November, 2002 to February, 2006
Funding: \$0
Principal Investigator: Cindy Gillaspie
Award: Waiver-Only Project
Awardee: Princeton Community Hospital
 PO Box 1369
 Princeton, WV 24740-1369

**Medicare Lifestyle Modification Program
Demonstration—Preventive Medicine Research
Institute**

Project No: 95-W-00139/03
Project Officer: Armen Thoumaian
Period: March, 2002 to February, 2006
Funding: \$0
Principal Investigator: Toni Marascio
Award: Waiver-Only Project
Awardee: United Hospital Center
 #3 Hospital Plaza
 Clarksburg, WV 26301

**Medicare Lifestyle Modification Program
Demonstration—Preventive Medicine Research
Institute**

Project No: 95-W-00142/03
Project Officer: Armen Thoumaian
Period: June, 2003 to February, 2006
Funding: \$0
Principal Investigator: Joyan L. Urda
Award: Waiver-Only Project
Awardee: Jameson Health System
 1211 Wilmington Avenue, Room 430
 New Castle, PA 16105

**Medicare Lifestyle Modification Program
Demonstration—Preventive Medicine Research
Institute**

Project No: 95-W-00143/07
Project Officer: Armen Thoumaian
Period: May, 2001 to February, 2006
Funding: \$0
Principal Investigator: Thomas McLeod
Award: Waiver-Only Project
Awardee: Good Samaritan Health Systems
 10 East 31st Street
 PO Box 1990
 Kearney, NE 68848-1990

**Medicare Lifestyle Modification Program
Demonstration—Preventive Medicine Research
Institute**

Project No: 95-W-00144/03
Project Officer: Armen Thoumaian
Period: May, 2002 to February, 2006
Funding: \$0
Principal Investigator: David Harshbarger
Award: Waiver-Only Project
Awardee: West Virginia University Hospital
 Medical Center Drive
 Morgantown, WV 26506-8120

**Medicare Lifestyle Modification Program
Demonstration—Preventive Medicine Research
Institute**

Project No: 95-W-00145/05
Project Officer: Armen Thoumaian
Period: April, 2000 to February, 2006
Funding: \$0
Principal Investigator: Jennifer Tucek
Award: Waiver-Only Project
Awardee: Swedish American Heart and
 Vascular Center
 209 Ninth Street
 Rockford, IL 61104

**Medicare Lifestyle Modification Program
Demonstration—Mind/Body Medical Institute**

Project No: 95-W-00146/01
Project Officer: Armen Thoumaian
Period: September, 2001 to February, 2006
Funding: \$0
Principal Investigator: Barbara Haydon
Award: Waiver-Only Project
Awardee: Care New England Wellness Center
 2191 Post Road
 Warwick, RI 02886

**Medicare Lifestyle Modification Program
Demonstration—Mind/Body Medical Institute**

Project No: 95-W-00147/03
Project Officer: Armen Thoumaian
Period: October, 2002 to February, 2006
Funding: \$0
Principal Investigator: Simin A. Mohit
Award: Waiver-Only Project
Awardee: Bon Secours—St. Mary's Hospital
 150 Kingsley Lane
 Norfolk, VA 23501

**Medicare Lifestyle Modification Program
Demonstration—Mind/Body Medical Institute**

Project No: 95-W-00148/03
Project Officer: Armen Thoumaian
Period: January, 2002 to February, 2006
Funding: \$0
Principal Investigator: Brenda Alexander
Award: Waiver-Only Project
Awardee: Bon Secours—Maryview Hospital
 3636 High Street
 Portsmouth, VA 23707

**Medicare Lifestyle Modification Program
Demonstration—Mind/Body Medical Institute**

Project No: 95-W-00149/10
Project Officer: Armen Thoumaian
Period: March, 2003 to February, 2006
Funding: \$0
Principal Investigator: Dr. Mary Dean
Award: Waiver-Only Project
Awardee: MultiCare Health System
 Cardiac Wellness Program
 Tacoma, WA 98405

**Medicare Lifestyle Modification Program
Demonstration—Mind/Body Medical Institute**

Project No: 95-W-00150/01
Project Officer: Armen Thoumaian
Period: June, 2001 to February, 2006
Funding: \$0
Principal Investigator: Aggie Casey
Award: Waiver-Only Project
Awardee: Mind/Body Medical Institute
 824 Boylston Street
 Chestnut Hill, MA 02467

**Medicare Lifestyle Modification Program
Demonstration—Preventive Medicine Research
Institute**

Project No: 95-W-00151/03
Project Officer: Armen Thoumaian
Period: August, 2003 to February, 2006
Funding: \$0
Principal Investigator: Walter Horner
Award: Waiver-Only Project
Awardee: Hamot Medical Center
 3330 Peach Street, Suite 211
 Erie, PA 16508

**Medicare Lifestyle Modification Program
Demonstration—Continuous Quality Monitoring**

Project No: 500-99-MD02/SS05
Project Officer: Armen Thoumaian
Period: July, 1999 to March, 2006
Funding: \$1,559,912
Principal Investigator: Thomas Schaefer
Award: PRO Contract Special Study
Awardee: Delmarva Foundation for Medical
 Care
 9240 Centreville Road
 Easton, MD 21601-7098

Description: The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999, to evaluate the feasibility and cost-effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to provide one of two nationally known treatment models: the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage and the Preventive Medicine Research Institute, or the Cardiac Wellness Expanded Program of Dr. Herbert Benson licensed by the Mind/Body Medical Institute. Sites offering either model will be able to enroll up to 1,800 Medicare Part B eligible beneficiaries who meet the

clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS. This project provides continuous quality monitoring of the demonstration sites to assure the health and safety of participating Medicare patients.

Status: On November 28, 2000, the enrollment criteria were amended to include patients with less severe cardiovascular disease. In accordance with Public Law 106-554, the Consolidated Appropriations Act of 2001, the Cardiac Wellness lifestyle program of the Mind/Body Medical Institute was incorporated into the overall demonstration. The same law provided a mandate for a 4-year treatment period beginning November 13, 2000. On May 3, 2002, enrollment criteria were again amended to include patients with moderate cardiovascular disease and the demonstration enrollment period was extended to February 28, 2005, with treatment under the demonstration ending in 2006. There are currently 17 sites offering the Dr. Dean Ornish Program and 8 sites offering the Cardiac Wellness Expanded Program. The Quality Monitoring and Review contract began in July 1999. In September 2002, the contract was extended with additional funds to July 2006 commensurate with the extension of the demonstration treatment period. ■

**Medicare Lifestyle Modification Program
Demonstration Evaluation**

Project No: 500-95-0060/02
Project Officer: Armen Thoumaian
Period: September, 2000 to May, 2007
Funding: \$3,795,076
Principal Investigators: Donald Shepard and
 William B. Stanton
Award: Task Order
Awardee: Institute for Health Policy
 Heller Graduate School
 Brandeis University
 415 South Street
 PO Box 9110
 Waltham, MA 02254-9110

Description: This project evaluates the health outcomes and cost-effectiveness of the Medicare Lifestyle Modification Program Demonstration for Medicare beneficiaries with coronary artery disease (CAD). The demonstration tests the feasibility and cost-effectiveness of providing payment for cardiovascular lifestyle modification program services to Medicare beneficiaries. The goal of the evaluation is to provide an

assessment of the health benefit and cost-effectiveness of treatment for Medicare beneficiaries with CAD who enroll in the 12-month cardiovascular lifestyle modification programs at the demonstration sites. The evaluation of the demonstration assesses the overall performance of the demonstration sites, including the quality of health care delivery over the course of the demonstration period. The evaluation also assesses the use of systems for administration, claims processing and payment, and the routine monitoring of quality of care. The evaluation consists, in part, of a pre/post quasi-experimental, matched pairs design with a 1-year followup of a maximum of 3,600 treatment enrollees and 3,600 comparison group subjects. Data collection is expected to include diagnostic and clinical outcome information from treatment and control patient physicians and the treatment program, supplemented by medical record review, patient surveys, program case studies, and Medicare claims data. Allowances are made to provide additional payments to the patients' physicians for information reporting.

Status: In September 2001, the evaluation was expanded to include a longer followup period of treatment and control patients, and to include a critical review of literature of all lifestyle modification programs worldwide. In September 2003, following the implementation of new enrollment criteria, the contract was expanded to include another matched control group of beneficiaries who have had cardiac rehabilitation as part of traditional treatment. In addition, the evaluation was expanded to include a study of the Medicare cardiac rehabilitation benefit. ■

Medicare Lifestyle Modification Program Demonstration—Continuous Quality Monitoring and Review

Project No: 500-99-IA41
Project Officer: Armen Thoumaian
Period: July, 1999 to February, 2006
Funding: \$1,559,912
Principal Investigator
Award: PRO Contract Special Study
Awardee: Delmarva Foundation for Medical Care
 9240 Centreville Road
 Easton, MD 21601-7098

Description: The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999, to evaluate the feasibility and cost-effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to provide one of two nationally known treatment models: the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage and the

Preventive Medicine Research Institute, or the Cardiac Wellness Expanded Program of Dr. Herbert Benson licensed by the Mind/Body Medical Institute. Sites offering either model will be able to enroll up to 1,800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS. This project provides continuous quality monitoring of the demonstration sites to assure the health and safety of participating Medicare patients.

Status: On November 28, 2000, the enrollment criteria were amended to include patients with less severe cardiovascular disease. In accordance with Public Law 106-554, the Consolidated Appropriations Act of 2001, the Cardiac Wellness lifestyle program of the Mind/Body Medical Institute (M/BMI) was incorporated into the overall demonstration. The same law provided a mandate for a 4-year treatment period beginning November 13, 2000. On May 3, 2002, enrollment criteria were again amended to include patients with moderate cardiovascular disease and the demonstration enrollment period was extended to February 28, 2005, with treatment under the demonstration ending in 2006. There are currently 17 sites offering the Dr. Dean Ornish Program and 8 sites offering the Cardiac Wellness Expanded Program. The Quality Monitoring and Review contract began in July 1999. In September 2002, the contract was extended with additional funds to July 2006 commensurate with the extension of the demonstration treatment period. ■

A Comprehensive Model of Practical and Emotional Support Service

Project No: 18-P-91860/09-01
Project Officer: Shannon Metzler
Period: September, 2003 to September, 2004
Funding: \$322,888
Principal Investigator: Hywel Sims
Award: Grant
Awardee: The Breast Cancer Fund
 2107 O'Farrell Street
 San Francisco, CA 94115

Description: The Breast Cancer Fund (TBCF) and Shanti, a San Francisco-based nonprofit organization, have joined together with a consortium of breast cancer and HIV/AIDS service providers to create Lifelines. The goal of this program is to increase the quality of

life for underserved women living with breast cancer by addressing barriers that impact their ability to access care and treatment. The goal of this grant is to increase capacity to reach additional women in the Bay Area, where breast cancer rates are significantly higher than the rest of the country. The additional resources will enable Lifelines to expand into a national model that raises the standard of health care for poor and uninsured women with breast cancer nationwide, building on the service delivery systems that are already in place in each community.

Status: The budget period of the project is scheduled for 9/01/03–8/31/04, with a financial status report due to CMS no later than 90 days after the end of the budget period. A written progress report is due to CMS no later than 30 days after the end of the budget period. The CMS project officer spoke with the grantee regarding financial issues and referred him to the CMS grants officer for any questions regarding funding. ■

CONSUMER DIRECTED DURABLE MEDICAL EQUIPMENT DEMONSTRATION PROJECT

This demonstration supports the U.S. Department of Education Center for Independent Living projects. A Center for Independent Living is a local consumer-led organization devoted to helping people with disabilities live and work within their communities. This CMS demonstration helps Medicare beneficiaries with disabilities exercise greater choice and control in meeting their personal needs for wheelchairs and other durable medical equipment (DME). Goals of the projects include treating individuals with disabilities with dignity, providing the necessary tools to live and work more independently, and assisting people with disabilities to be successfully employed. CMS and the Department of Education will share any innovations and best practices identified under the demonstration project.

Status: The project is under way. ■

Consumer Directed Durable Medical Equipment Demonstration Project

Project No: 95-C-90917/01
Project Officer: Paul Mendelsohn
Period: September, 2000 to August, 2004
Funding: \$150,000
Principal Investigator: Kathryn Goodwin
Award: Cooperative Agreement
Awardee: Alpha One Center for Independent Living
 127 Main Street
 South Portland, ME 04106

Consumer Directed Durable Medical Equipment Demonstration Project

Project No: 95-C-90921/01
Project Officer: Paul Mendelsohn
Period: September, 2000 to August, 2004
Funding: \$150,000
Principal Investigator: Robert Bailey
Award: Cooperative Agreement
Awardee: Center for Living and Working
 484 Main Street, Suite 345
 Worcester, MA 01668

Consumer Directed Durable Medical Equipment Demonstration Project

Project No: 95-C-90922/06
Project Officer: Michael Henesch
Period: September, 2000 to August, 2004
Funding: \$150,000
Principal Investigator: Carla Lawson
Award: Cooperative Agreement
Awardee: Ability Resources Inc.
 823 South Detroit, Suite 110
 Tulsa, OK 74120

Consumer Directed Durable Medical Equipment Demonstration Project

Project No: 95-C-90916/03
Project Officer: Paul Mendelsohn
Period: September, 2000 to August, 2004
Funding: \$150,000
Principal Investigator: Amy VanDyke
Award: Cooperative Agreement
Awardee: Center for Independent Living of Southwest Pennsylvania
 7110 Penn Avenue
 Pittsburgh, PA 15208-2434

Evaluation of Wheel Chair Purchasing in the Consumer-Directed Durable Medical Equipment (CD-DME) Demonstration and Other Fee-for-Service and Managed Care Settings

Project No: 500-00-0032/06
Project Officer: William Clark
Period: September, 2002 to September, 2004
Funding: \$294,852
Principal Investigator: Debra Frankel
Award: Task Order
Awardee: Abt Associates, Inc.
 55 Wheeler Street
 Cambridge, MA 02138

Description: The purpose of this task order is to conduct a preliminary case-study evaluation of a four-site initiative. The descriptive evaluation will compare and contrast the purchasing of wheelchair equipment in these sites with those utilized in fee-for-service and in managed care models that serve people with disabilities. The study will propose further evaluation design options for CMS consideration and related feasibility studies of other DME. This initiative tests, at a local level, an important collaboration between the Department of Health and Human Services and the Department of Education intended to improve beneficiary access and satisfaction with the purchase and maintenance of wheelchair equipment.

Status: A case study report on the first year of project implementation has been accepted. Evaluators are conducting site visits at demonstration sites and managed care demonstration sites for people with disabilities who often purchase wheelchair equipment. ■

Increasing Access to Health Care for Bucks County Residents

Project No: 18-P-91506/03-01
Project Officer: Carol Magee
Period: September, 2001 to September, 2004
Funding: \$1,843,000
Principal Investigator: Sally Fabian
Award: Grant
Awardee: Bucks County Health Improvement Project, Inc.
 1201 Langhorne-Newton Road
 Langhorne, PA 19047

Description: The project is entirely directed toward increasing access to health care for targeted vulnerable populations. Five of the Bucks County Health Improvement Project programs are already operating and will expand services to include patients in need of dental network, medication assistance, State Children's Health Insurance Program (CHIP) outreach, adolescent mental health counseling, and influenza vaccination. A sixth program will be a new service facility consisting 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 under way. ■

Increasing Access to Health Care for Bucks County Residents

Project No: 18-C-91506/03-02
Project Officer: Carol Magee
Period: September, 2002 to September, 2004
Funding: \$2,339,750
Principal Investigator: Sally Fabian
Award: Grant
Awardee: Bucks County Health Improvement Project, Inc.
 1201 Langhorne-Newton Road
 Langhorne, PA 19047

Description: Refer to Project 18-P-91506/03-01 for all information regarding the 3-year Bucks County grant plus the supplemental funding (18-C-91506/3-02) awarded in the last 2 years.

Status: Refer to Project 18-P-91506/03-01 for all information regarding the 3-year Bucks County grant plus the supplemental funding (18-C-91506/3-02) awarded in the last 2 years. ■

Aging in Place: A New Model for Long-Term Care

Project No: 18-C-91036/07
Project Officer: Melvin Ingber
Period: June, 1999 to June, 2004
Funding: \$2,000,000
Principal Investigator: Karen Dorman Marek
Award: Cooperative Agreement
Awardee: Curators of the University of Missouri, Office of Sponsored Program Administration
 University of Missouri—Columbia
 Sinclair School of Nursing
 310 Jesse Hall
 Columbia, MO 65211

Description: The goal of the Aging in Place model of care for frail elderly is to allow elders to remain in their homes as they age, rather than requiring frequent moves to allow for more intensive care if and when it becomes necessary. Although a planned element of the program is a new senior housing development, the program currently targets elderly residents of existing congregate housing.

Status: As a result of changes to the study plan, the applicant requested an increase in the first-year award with a corresponding reduction in the Years 2–4 awards and no change in the total budget. This change was approved. ■

A Public-Private Partnership To Promote Reverse Mortgages for Long-Term Care

Project No: 18-P-91844/03-01
Project Officer: Tom Kornfield
Period: September, 2003 to May, 2004
Funding: \$295,000
Principal Investigator: James P. Firman and Barbara Stucki
Award: Grant
Awardee: The National Council on the Aging
 300 D Street, SW
 Washington, DC 20024

Description: This project combines research, consumer surveys, and discussions with experts to identify cost-effective government interventions and other incentives that can facilitate the use of reverse mortgages by the elderly to finance long-term care through the purchase of long-term care insurance or long-term care services. Reverse mortgages are a special type of loan that allows people age 62 or over to convert equity in their home into cash.

Status: An expert panel consisting of members of government, industry, and nonprofit organizations met in October 2003 and identified a list of barriers to the adoption of reverse mortgages. The project team, based on additional discussions with expert panel members, is narrowing this list to identify the 5 or 10 barriers that

are estimated to have the greatest impact on the use of reverse mortgages. The team will then evaluate these barriers and identify potential solutions and will conduct a survey to determine how consumers might respond to these solutions. The final report will contain an analysis of the reverse mortgage market, including the size of potential market segments, the results of the consumer survey, a discussion of key barriers to the adoption of reverse mortgages and potential solutions, and an assessment of the impact of alternative reverse mortgage solutions on future Medicare and Medicaid enrollment and expenditures. ■

American Indian/Alaska Native (AI/AN) Eligibility and Enrollment in Medicaid, the State Children's Health Insurance (SCHIP), and Medicare

Project No: 500-00-0037/05
Project Officers: Linda Greenberg and Arthur Meltzer
Period: September, 2001 to November, 2003
Funding: \$898,353
Principal Investigator: Mary Laschober and Kathryn Langwell
Award: Task Order
Awardee: BearingPoint
 1676 International Drive
 McLean, VA 22102-4828

Description: The primary objectives of this project—conducted jointly by Project HOPE Center for Health Affairs, BearingPoint Consulting, and Social and Scientific Systems, with assistance from six AI/AN consultants and a nine-member Technical Expert Panel—were to (1) estimate eligibility of AI/ANs for enrollment in Medicaid, SCHIP, and Medicare; (2) develop estimates of the number of AI/ANs in Medicaid, SCHIP, and Medicare; (3) estimate the gap between eligibility and enrollment for AI/ANs, by State and substate areas; and (4) conduct in-depth case studies in 15 States to identify barriers to enrollment and effective strategies for increasing enrollment in these programs.

The project focused on eligibility and enrollment issues in 15 States: AK, AZ, CA, MI, MN, MT, ND, NM, NY, OK, OR, SD, UT, WA, and WI. Eligibility and enrollment estimates were made at the State and county levels using a variety of data sources including the 2000 U.S. Census and data from Indian Health Service (IHS) and CMS. Due to various methodological issues, meaningful estimates of eligibility and enrollment could not be generated. Site visits were conducted in 10 States to examine enrollment barriers so that CMS may develop new education and outreach initiatives to increase enrollment of AI/ANs in Medicaid, SCHIP, and Medicare. The case studies involved interviews

with Tribal leaders, Tribal Health Directors, IHS Area Medical Directors, State Medicaid officials, Urban Health Center Directors, community health representatives, and eligibility and outreach workers, among others. The site visit portion of the project was successful in identifying self-reported barriers to enrollment in Medicaid, SCHIP, and Medicare, as well as in highlighting strategies to further outreach and assistance to help people enroll in these programs.

Status: The project has been completed. Four reports have been generated and are available through the CMS Web site: data report, individual site visit report, summary site visit report, and final data-site visit report. ■

Cancer Prevention and Treatment Demonstration for Ethnic and Racial Minorities Project

Project No: 500-00-0031/01
Project Officer: Diane Merriman
Period: September, 2001 to February, 2004
Funding: \$835,533
Principal Investigator: Sarita Bhalotra and John Capitman
Award: Task Order
Awardee: Institute for Health Policy
 Heller Graduate School
 Brandeis University
 415 South Street
 PO Box 9110
 Waltham, MA 02254-9110

Description: Congress enacted Section 122 of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 legislation, entitled Cancer Prevention and Treatment Demonstration for Ethnic and Racial Minorities, which requires the Secretary of Health and Human Services to evaluate best practices and design, implement, and evaluate demonstration projects for targeted ethnic and racial minorities. The purpose of these demonstration projects is to reduce disparities in cancer prevention and treatment for African American, Latino, Asian American/Pacific Islander, and American Indian/Alaskan Native beneficiary populations living in both urban and rural communities. These demonstration projects will be designed around new and innovative intervention models that improve health, clinical outcomes, satisfaction, quality of life, and appropriate use of Medicare-covered services.

Status: The Centers for Medicare & Medicaid Services (CMS) is responsible for conducting these demonstrations, which is being done in two phases. In the first phase, CMS contracted with Brandeis University to conduct a review of the published literature on racial and ethnic disparities related to cancer prevention and treatment and an environmental scan of emerging models

and innovative programs. Phase 1 results from the review of evidence and models are currently available on the CMS Web site at www.cms.gov/healthyaging/EvidReports.asp and suggest that a combination of interventions holds the greatest promise for reducing cancer disparities. These interventions include the use of health care facilitation services and information and decisionmaking support systems that focus on cancer prevention, detection, and followup treatment. CMS is currently working on Phase 2, which involves the solicitation of sites to participate in a randomized controlled trial testing promising models and approaches for delivering cancer prevention, screening, and treatment services to the targeted racial and ethnic populations. The results of Phase 2 will be reported to Congress 2 years after the implementation of these demonstrations. ■

Diabetes Care Across the Life Span for Medicaid Beneficiaries: Gender and Racial Differences

Project No: 500-00-0046/01
Project Officer: M. Beth Benedict
Period: August, 2001 to July, 2004
Funding: \$214,592
Principal Investigator: Anupa Bir
Award: Task Order
Awardee: Research Triangle Institute
 411 Waverly Oaks Road, Suite 330
 Waltham, MA 02452-8414

Description: This project assists CMS in understanding the magnitude and patterns of utilization of health care services for beneficiaries with diabetes between the ages of 10 and 64 years in four States (Florida, Georgia, Michigan, and New Jersey) from 1996–1998. Chronic diseases contribute significantly to the morbidity and mortality of Americans. Diabetes is a chronic disease of both childhood and adulthood. It is the seventh leading cause of death in this country. However, because diabetes frequently goes undiagnosed, the true burden of this disease is actually not known. The Centers for Disease Control and Prevention (CDC) estimate that the number of persons with undiagnosed diabetes is over 5 million. At the present time, it has been estimated that 10.3 million people have been diagnosed with diabetes in the United States. Although diabetes is more prevalent in the aged, current research has shown that the risk of developing type 2 diabetes for children and young adults is increasing. The rising incidence and prevalence of type 2 diabetes in the younger ages is believed to be related to several factors such as the onset of puberty, overweight and obesity, and lack of physical activity. It has been proposed that future diabetes research be directed toward elucidating the genetic and behavioral aspects of obesity. With more and more young people suffering from this chronic disease, one can expect an increased burden in the future

as these individuals grow older. Identifying potential racial disparities and working toward eliminating these disparities is a key focus for CMS. Although some of the risk factors for diabetes cannot be modified (age, race, gender, etc.), there are risk factors that can be modified, such as level of physical activity, diet, and weight. However, the research has shown that certain cultures or racial/ethnic groups view weight gain and body image in different ways. Therefore, culturally relevant interventions must be developed to change these behaviors. To improve the health care delivered to our beneficiaries, CMS needs to better understand the racial/ethnic composition of its Medicaid beneficiaries. Further, as CMS strives to make inroads in developing cultural competency in the way it administers its programs, having more detailed information on the racial/ethnic composition of its beneficiaries is imperative. The current project will complement the research that we are conducting on diabetes care in the Medicare population. It will provide information on diabetes in children, youth, and/or nonelderly adults who are Medicaid beneficiaries. Thus, findings from this analytic study will assist in setting new directions for future studies and program activities related to diabetes education, prevention, and treatment to improve access and health outcomes for our beneficiaries in the Medicaid program.

Status: This project is in the final stages. ■

Health Disparities: Longitudinal Study of Ischemic Heart Disease Among Aged Medicare Beneficiaries

Project No: 500-95-0058/12
Project Officer: Linda Greenberg
Period: September, 2000 to March, 2003
Funding: \$282,157
Principal Investigator: Jerry Cromwell
Award: Task Order
Awardee: Research Triangle Institute
 411 Waverley Oaks Road, Suite 330
 Waltham, MA 02452-8414

Description: The purpose of this project is to assess the use of Medicare-covered services among Medicare beneficiaries with ischemic heart disease (IHD) based on sociodemographic characteristics (e.g., race/ethnicity, sex, age, socioeconomic status). This is being done using a longitudinal database consisting of 1997–1999 data that link Medicare enrollment and claims data with small-area geographic data on income (e.g., U.S. Census data or other private data sources). The advantage of a longitudinal database is that it provides data at multiple time points during a person's life. Information is being used to compare the incidence of disease and the outcomes of diagnostic and surgical procedures for IHD across racial/ethnic groups, socioeconomic status, and

geographic areas. The unique aspect of this contract is that it examines cardiovascular care among whites, blacks, Hispanics, Asians, and American Indians/Alaska Natives. This project addresses an HHS initiative to eliminate health disparities, which is one of the goals of *Healthy People 2010*.

Status: The project is completed and the final report has been submitted. ■

Health Disparities: Measuring Health Care Use and Access for Racial/Ethnic Populations

Project No: 500-00-0024/08
Project Officers: Arthur Meltzer and Linda Greenberg
Period: September, 2002 to June, 2004
Funding: \$284,870
Principal Investigator: Arthur Bonito
Award: Task Order
Awardee: Research Triangle Institute
 3040 Cornwallis Road
 PO Box 12194
 Research Triangle Park, NC
 27709-2194

Description: The purpose of this task order contract is to analyze health care access trends among minority beneficiaries. Detailed data tables and narrative descriptions will be prepared that highlight major trends in health care access and utilization for whites, African Americans, Hispanics, Asians, Pacific Islanders, and American Indians/Alaska Natives. This contract also will focus on examining the accuracy and completeness of race/ethnicity data in the Medicare enrollment database. Results of this contract will provide a better understanding of access to care and utilization of health care services among racial/ethnic populations.

Status: The project is ongoing. ■

Implementation of the READII Survey

Project No: 500-00-0032/05
Project Officer: Susan Arday
Period: September, 2002 to September, 2004
Funding: \$350,000
Principal Investigators: Pascale Wortley, Katherine Ballard-LeFauve, and Pamela Giambo
Award: Task Order
Awardee: Abt Associates, Inc.
 55 Wheeler Street
 Cambridge, MA 02138

Description: CMS and the Centers for Disease Control and Prevention (CDC) are working with five demonstration sites to improve influenza and pneumococcal vaccination rates in African American and/or Hispanic communities. This contract will implement the READII Survey to a sample of Medicare beneficiaries randomly selected from each of the five demonstration sites. Information will be collected via a telephone survey to evaluate the impact of the Racial and Ethnic Adult Disparities in Immunization Initiative (READII). The demonstration sites use a coalition of public health professionals and medical providers to develop a community-based plan that will identify African American and Hispanic individuals in Medicare who are 65 years of age or over in need of influenza and pneumococcal vaccinations and offer these immunization services to them. The five demonstration sites are Chicago, IL; Bexar County, TX; Milwaukee, WI; Monroe County, NY; and selected counties in rural Mississippi. Specific activities include, but are not limited to (1) drawing a random sample of cases from the Medicare Enrollment Database, (2) obtaining telephone numbers for those cases using telephone-address match vendors and Directory Assistance, (3) sending out advance (prenotification) letters with postage-paid return postcards, (4) conducting telephone interviews over an 8–12 week period, (5) conducting interviews in English and Spanish, (6) obtaining at least 400 completed interviews per subgroup (white and African American and/or Hispanic) at each demonstration site, and (7) targeting a response rate of 60 percent or higher (after excluding those for whom a telephone number could not be obtained).

Status: Demonstration project activities began in September 2002 and will continue for a 2-year period. Evaluation measures include outcome (proportion immunized) and process (change in knowledge). The intra-agency agreement (IAA) initially covered a 12-month period from 9/12/2002 through 9/14/2003, during which time the first round of the READII Survey was conducted, and data were collected from February through May 2003. At the discretion of both CMS and CDC, a second round of READII Survey activities is taking place over the 12-month period starting on 9/15/2003 and running until 9/29/2004. The second round of the READII Survey will be conducted, and data will be collected from February through May 2004. ■

Racial Disparities in Health Services Among Medicaid Pregnant Women, (Multistate) Analysis

Project No: 500-96-0018/02
Project Officer: M. Beth Benedict
Period: September, 2000 to January, 2005
Funding: \$430,779
Principal Investigator: Norma Gavin
Award: Task Order
Awardee: Research Triangle Institute
 3040 Cornwallis Road
 PO Box 12194
 Research Triangle Park, NC
 27709-2194

Description: The study examines pregnancy and delivery-related health care service use among Medicaid pregnant women in four racially diverse States during the mid 1990s to determine how successful the States' efforts were in eliminating racial barriers to care within Medicaid. The first paper investigates racial differences in demographic, Medicaid enrollment, and medical risk factors associated with disparities in health service use and whether race/ethnicity had an independent effect on use after controlling for these factors. Another aspect of the study was to examine differences across race/ethnicity in geographic dimensions of provider supply and the effects of these differences on prenatal care utilization. Also included was an investigation of racial disparities in two maternal outcomes—cesarean section delivery and hospital readmissions in the first 3 months following delivery. Most race/ethnicity research reports disparities among black and white pregnant women. Few studies provide information on both prenatal and postnatal care, comorbidities, and complications and also show results for Hispanic and Asian American women. This study looked at all of these areas. The study populations were women who had a live birth in 1995 in Florida, Georgia, and New Jersey; and in 1997 in Texas.

Status: The project results have been delivered to CMS. Manuscripts have been submitted to peer review journals. ■

Daycare, Respite Care, Emergency Services, and Social Services to HIV-Infected Children

Project No: 18-P-91854/04-01
Project Officer: Jean Close
Period: September, 2003 to September, 2004
Funding: \$99,350
Principal Investigator: Elizabeth Dupont
Award: Grant
Awardee: Hope House Daycare
 23 South Idlewild
 Memphis, TN 38174-1437

Description: Hope House Day Care offers day care services for children age 6 weeks to 5 years of age with HIV/AIDS. The objectives of the Hope House Project include (1) providing therapeutic day care and drop-in respite care; (2) providing material support, transportation, and emotional support to children and their families; (3) coordinating services for families; and (4) preparing preschool children for entry into kindergarten.

Status: This is a new project. ■

- To provide direct observation therapy during residency until the patient demonstrates the knowledge and ability to self-administer doses appropriately

The purpose of the project was to demonstrate how compliance with the complicated medication regimen for people living with HIV and AIDS, who are at high risk of noncompliance, can be increased by a short-term residential treatment program.

Status: The project has been continued. ■

START Program: Success Through Anti-Retroviral Therapy —III

Project No: 15-P-91118/09
Project Officer: Jean Close
Period: March, 2000 to March, 2003
Funding: \$3,700,000
Principal Investigator: Michael Weinstein
Award: Grant
Awardee: AIDS Healthcare Foundation
 6255 West Sunset Boulevard
 16th Floor
 Los Angeles, CA 90028

Description: The START Program is a 4- to 6-week residential program designed to increase adherence to human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) medication regimens of individuals at high risk for nonadherence or with a history of nonadherence.

The objectives of the START program follow:

- To provide a supervised residential environment for initiation and continuation of the latest HIV medication therapies
- To implement a structured educational program to meet the needs of the patient receiving complicated HIV treatment regimens
- To provide psychosocial support to the patient and his or her family

Theme 7: Prescription Drugs

Summary: CMS is conducting various evaluation studies to implement and evaluate the new drug card and drug benefits. Our planned areas of research include best practices in the successful enrollment of low-income beneficiaries, the drug card program, prescription drug coverage estimates, and per capita spending for covered Part D drugs. We are also implementing a demonstration project, mandated by section 641 of the Medicare Modernization Act, that will pay for certain drugs or biologicals prescribed as replacements for drugs or biologicals that are now covered by Medicare.

Development and Cognitive Testing of Questions Relating to Prescription Drug Discount Cards

Project No: 500-00-0024/02b
Project Officer: Noemi Rudolph
Period: May, 2001 to August, 2005
Funding: \$191,127
Principal Investigator: Lauren McCormack
Award: Task Order
Awardee: Research Triangle Institute (NC)
 3040 Cornwallis Road
 PO Box 12194
 Research Triangle Park, NC
 27709-2194

Description: The purpose of this project is (1) to develop and (2) to test the cognitive reliability and content validity of a set of Medicare beneficiary knowledge questions relating to prescription drug discount cards. The tasks are to achieve consensus on measurement goals, develop and review questions with subject experts, field test the questions (cognitive testing), and organize the questions for a stand-alone survey. Among the topics for question development are self-reported knowledge and awareness of prescription drug discount cards, information needs and sources, specific features of prescription drug discount cards, pricing and cost knowledge and experience, and satisfaction with prescription drug discount cards. The development and testing of these questions will inform CMS education and outreach efforts on prescription drug cards.

Status: The questions and cognitive testing reports have been submitted to CMS. CMS plans to field selected questions in the spring 2004 round of the Medicare Current Beneficiary Survey. ■

The Impact of Prescription Drug Coverage on Medicare Program Expenditures: A Case Study of the Evaluation of the United Mine Workers (UMW) Demonstration

Project No: 500-00-0032/04
Project Officer: Jennifer Shapiro
Period: September, 2002 to January, 2004
Funding: \$181,763
Principal Investigator: Bruce Stuart and Marian Wrobel, Ph.D.
Award: Task Order
Awardee: Abt Associates, Inc.
 55 Wheeler Street
 Cambridge, MA 02138

Description: This project addresses the issue of how prescription coverage influences the use of medical care as drug therapy substitutes for or complements other medical services. The research has three specific aims: (1) to assess the impact of prescription coverage of Medicare beneficiaries on program expenditures for Part A and Part B services, (2) to use the results of the analysis under Aim 1 to develop a method for evaluating the UMW waiver demonstration, and (3) to model per capita drug expenditures as a function of demographic characteristics and health status. The sole data source for the study is the 1995–2000 Medicare Current Beneficiary Survey.

Status: The study on the impact of drug coverage on Medicare Part A and Part B expenditures (Final Report received September 16, 2003) showed that higher spending on drugs among those with coverage appears to have little aggregate impact on spending for Medicare-covered services. However, results suggest that drug coverage may potentially produce cost offsets for persons with particular medication-sensitive conditions, but the level of savings may also change over time. Draft findings on developing a method for evaluating the UMW demonstration (draft report received November 26, 2003) showed that there are significant

limitations with several tested approaches to developing a control group for this unique population, and thus, it will be difficult to find a credible control group for the evaluation. The key finding from the study on predicting drug expenditures (Final Report received June 24, 2003) was that health conditions were, in fact, key predictors of drug expenditures. The predictable component of drug expenditures was driven primarily by conditions that persisted from year to year. The project Final Report, to include the reports from all three research studies, is expected shortly. ■

National Drug Data File—III

Project No: CMS-02-00137
Project Officer: Dave Barbato
Period: May, 2002 to May, 2003
Funding: \$54,000
Principal Investigator: Peter Cernack
Award: Simplified Acquisition
Awardee: First Data Bank
 1111 Bayhill Road
 San Bruno, CA 94066

Description: This is a license agreement to use the database on drug prices and drug therapeutic classes. This database is called the “National Drug Data File.” The license covers up to 11 projects using the data. Options are included to purchase use of the data on further projects.

Status: This is an ongoing project; the license is purchased each year. The data are delivered quarterly in electronic format. ■

Master Drug Data Base—III

Project No: CMS-02-00126
Project Officer: Dave Barbato
Period: May, 2002 to May, 2003
Funding: \$18,000
Principal Investigator: Tina Moon
Award: Simplified Acquisition
Awardee: Facts & Comparisons
 8425 Woodfield Crossing, Suite 490
 Indianapolis, IN 46240

Description: This is a license to use the database. It contains drug pricing information and therapeutic class. It is called the “Master Drug Data Base.” The license covers use on Medicaid research. Options/prices are included for uses on further research projects.

Status: This is an ongoing project. The license is purchased each year. The data are delivered quarterly in electronic format. ■

Evaluation of the Illinois and Wisconsin State Pharmacy Assistance Programs

Project No: 500-00-0031/02
Project Officer: William Clark
Period: September, 2002 to September, 2005
Funding: \$1,199,885
Principal Investigator: Donald Shepard
Award: Task Order
Awardee: Institute for Health Policy
 Heller Graduate School
 Brandeis University
 415 South Street
 PO Box 9110
 Waltham, MA 02254-9110

Description: This evaluation examines two State pharmacy programs that have expanded Medicaid pharmacy coverage to low income residents otherwise not Medicaid eligible. The goals of this project are to understand administrative issues regarding State-sponsored prescription drug benefit program and to estimate the cost-effectiveness of providing prescription drug coverage to elderly beneficiaries. Specifically, the project will conduct a descriptive evaluation, a cost-effectiveness analysis, and other analyses of specific aspects of the Illinois and Wisconsin pharmacy plus waiver demonstrations. The evaluation also provides an opportunity to assess pharmacy coverage for large numbers of Medicare beneficiaries as a precursor to Medicare prescription drug coverage and to assess changes in State programs that are made in adjusting to the new Medicare role.

Status: Case studies on the first year of operations are in final stages of CMS review. The study survey is being fielded. ■

Programming Support for Data To Study Drug Utilization of Medicare-Aged Merged Information From Medicare and Federal BC/BS Retirees

Project No: 500-02-0006/02
Project Officer: Jesse Levy
Period: July, 2003 to April, 2004
Funding: \$99,950
Principal Investigator: Celia H. Dahlman
Award: Task Order
Awardee: CHD Research Associates
 5515 Twin Knolls Road, #322
 Columbia, MD 21045

Description: The project starts with claims and enrollee data for retirees from the Federal Employee Blue Cross/Blue Shield (BC/BS) claims and enrollee data for the years 1999 through 2002. These files, in

conjunction with CMS claims data for these enrollees, will be analyzed to derive a drug benefit risk-adjustment model. For each retiree in the data set, the contractor will compile all the diagnoses in both the BC/BS and CMS data systems, drug spending, Medicare spending, and demographic information. The resulting files will be turned over to CMS for analysis.

Status: The project is ongoing. ■

Medicaid and Medicare Drug Pricing— Development and Implementation of Strategy To Determine Market Prices

Project No: 500-00-0049/01
Project Officer: Deirdre Duzor
Period: September, 2003 to July, 2004
Funding: \$159,284
Principal Investigator: Marian Wroble
Award: Task Order
Awardee: Abt Associates, Inc.
 55 Wheeler Street
 Cambridge, MA 02138

Description: Under the Medicaid program, States have the option to cover outpatient drugs. All States have chosen to exercise this option. In 2002, Medicaid spending on drugs topped \$23 billion. This is an increase of 18 percent over 2001. From Federal fiscal year (FY) 1997 to 2000, Medicaid expenditures on outpatient drugs grew more than twice as fast as total Medicaid spending, accounting for more than 16 percent of total spending growth over that period. The President's proposed budget for FY 2004 projects Medicaid outpatient drug costs to continue to rise at an average rate of 12 percent over the 5-year period.

The Medicare program offers a more limited drug benefit than is available in Medicaid. Under Part B of Medicare, drugs (including biologicals) covered are those that cannot be self-administered or are provided in conjunction with durable medical equipment. In addition, Medicare covers certain self-administered drugs used to treat cancer and for immunosuppressive therapy. The law sets payment for these drugs at 95 percent of average wholesale price (AWP). In 2002, Medicare spent \$8 billion on these drugs. Spending is projected to increase at 25 percent annually.

In light of the rapid growth in drug costs, CMS and States are interested in developing strategies to reduce costs. One clear means to reduce costs is to lower the amount paid for drugs.

Status: The contract has been extended until July 30, 2004. The final report on phase I will be delivered shortly. ■

Prescription Drug Benefit Questionnaire Item Development and Cognitive Testing

Project No: 500-00-0024/02c
Project Officer: Noemi Rudolph
Period: May, 2001 to August, 2005
Funding: \$257,000
Principal Investigator: Lauren McCormack
Award: Task Order
Awardee: Research Triangle Institute (NC)
 3040 Cornwallis Road
 PO Box 12194
 Research Triangle Park, NC
 27709-2194

Description: The purpose of this project is (1) to develop and cognitively test the reliability and content validity of a set of questions for the Medicare Current Beneficiary Survey (MCBS) that gather information on the generosity of beneficiary prescription drug coverage, (2) to develop and cognitively test questions for a stand-alone survey that measure the type, depth, and adequacy of beneficiary prescription drug coverage, and (3) analyze data using selected MCBS questions on prescription drug coverage, including those developed in item 1 to determine (a) beneficiary cost-sharing measures currently used by existing health plans that provide prescription drug benefits, (b) any differing characteristics of beneficiaries with and without current drug coverage, and (c) the impact of beneficiary cost sharing on the use of prescription drug medications among the elderly. The questions and analysis will inform CMS implementation, monitoring, and evaluation of the future prescription drug benefit.

Status: The development and testing of questions relating to the generosity of coverage have been completed and will be fielded in the winter 2004 round of the MCBS. The analysis and report are expected by spring 2005. Questions on the type, depth, and adequacy of prescription drug coverage are being developed and will be cognitively tested in early 2004. ■

Prescription Drug Utilization in Medicaid: Using Medicaid Claims Data To Develop Prescription Drug Monitoring and Analysis

Project No: 500-00-0047/02
Project Officer: William Clark
Period: September, 2002 to June, 2004
Funding: \$394,890
Principal Investigator: Jennifer Schore
Award: Task Order
Awardee: Mathematica Policy Research (Princeton)
 600 Alexander Park
 PO Box 2393
 Princeton, NJ 08543-2393

Description: The period of performance is an 18-month base plus one 6-month option. There are two primary goals of this project. The first goal is to build a baseline capability to easily access information contained in Medicaid claims files for 1999. This activity includes creating summary tables, descriptive statistics, and graphics of utilization and expenditures of prescription drugs. The second goal is to conduct a timely and incisive analysis of drug utilization and expenditures in the context of State policies regarding use of generics, formularies, and restrictions on numbers of prescriptions.

Status: A set of Medicaid prescription drug tables for all States and DC, using MAX 1999 data, is now in final production. A study of prescription drug utilization related to congestive heart failure is under way. ■

Studies of Use and Expenditure Patterns in Medicaid by Therapeutic Class of Drug for Selected Eligibility Groups

Project No: ORDI-IM-109
Project Officers: Steven Blackwell and David Baugh
Period: August, 2000 to December, 2004
Funding: \$0
Principal Investigator:
Award: Intramural
Awardee:

Description: This project uses Medicaid prescription drug data files to group drugs by therapeutic class for the years 1994 through 2000. A series of intramural studies is planned. Research questions to be addressed include: (1) What types of drugs does the Medicaid eligibility group use? (2) What are the program payments for drugs by Medicaid program and enrollee characteristics? (3) What are the characteristics of settings where drugs are prescribed and how are they changing? (4) What are the utilization and program payments for high cost drugs? (5) What are the causes for Medicaid drug payment increases? (6) What can we learn about drug utilization

patterns in fee-for-service to identify any access and underutilization problems after the implementation of prepaid plans? (7) What are the trends in drug utilization, by therapeutic category of drugs? (8) What are the levels of utilization and program payment for off-labeled use(s) of drugs? (9) What are the benefits-versus-cost tradeoffs of prescribing later-generation as opposed to earlier-generation drugs?

Status: During fiscal year 2001, the researchers added therapeutic classification data to each Medicaid prescription drug record. These data were acquired via a license from the data holder, First Data Bank of San Bruno, CA. During 2003, the research team has prepared three manuscripts using these data. These manuscripts have been submitted for publication and should appear early in 2004. Additional research is under way. ■

Iowa Prescription Drug Cooperative

Project No: 18-C-91369/07-02
Project Officer: Pamela Kelly
Period: March, 2001 to September, 2004
Funding: \$1,500,000
Principal Investigator: Ann Kinzel
Award: Grant
Awardee: Iowa Department of Public Health
 Lucas State Office Building
 Des Moines, IA 50319

Description: CMS awarded funds to the Iowa Department of Public Health to establish a not-for-profit corporation, with directors from the public and private sectors, to operate a buying cooperative designed to reduce the burden of high prescription cost on Iowa seniors. Congress appropriated \$1 million in the FY 2001 research budget for the demonstration. CMS approved an additional amount of \$500,000 from its research budget to enable Iowa to lower the seniors' annual fee. Reducing expenditures on medications occurs in two ways: by negotiating discounts/rebates with pharmaceutical companies so seniors can purchase medications at a discount without the entire burden being shifted to the pharmacy; and by having seniors, on the recommendation of their physicians and/or pharmacists, choosing to substitute a medication that costs less but is equally therapeutically effective and safe.

The program targets approximately 470,000 Medicare beneficiaries who do not have an insured drug benefit or are eligible for Medicaid. Members of the cooperative pay an annual fee of \$20 and receive an initial drug therapy assessment to provide the baseline for ongoing assessment to ensure safety and effectiveness of drug therapies. Each time the member fills a prescription, the medication is checked for safety and effectiveness through a prospective drug utilization review process. In

addition, members are encouraged to use less expensive brand name drugs and generic drugs through consultation with the physician, pharmacist, and patient. Prescription drugs are discounted approximately 10 percent. The program also includes an education and communication component directed at physicians and pharmacists so that they can help seniors to be cost conscious.

Status: The co-op continues to enroll new members each month. The project is scheduled to end on September 8, 2004. The current membership is 9,400. Iowa also plans to evaluate the demonstration's impact on the cost and utilization of prescription drug and Medicare services. HCFA will participate in the design of the evaluation. ■

Data From National Rx Audit Databases—II

Project No: HCFA-01-0176
Project Officer: Jean Stiller
Period: September, 2001 to
September, 2002
Funding: \$25,000
Principal Investigator: Sandra Sue
Award: Purchase Order
Awardee: IMS America
1001 G Street, NW, Suite 300 East
Washington, DC 20001

Description: This contract purchased data from the contractor's National Prescription Audit: total prescription counts, number of new prescriptions, number of refill prescriptions, pharmaceutical acquisition dollars, and total retail dollars.

Status: Data were received on time. ■

Theme 8: Building Research Capacity

Summary: The research budget supports a range of activities to build and improve our health services research capacity, both internally and externally to CMS. The intent of these efforts is to increase the efficiency of our research and demonstration program and meet the broad research needs of CMS and the wider health research community. These activities support two objectives: (1) to sponsor programs to improve the infrastructure of the U.S. health services research system, and (2) to provide tools to facilitate health services research and to support CMS's effective and efficient research program. The programs to improve the infrastructure are directed at developing or enhancing the expertise of researchers outside the Government, and they often also support broader Federal government initiatives. The tools to facilitate health services research are carried out to support CMS's own research operations as well as to provide information that benefits external health care research related to CMS's programs.

Research Data Assistance Center (ResDAC)—II

Project No: 500-01-0043
Project Officer: Spike Duzor
Period: September, 2001 to September, 2006
Funding: \$632,412
Principal Investigator: Marshall McBean
Award: Contract
Awardee: Division of Health Services Research and Policy
 School of Public Health
 University of Minnesota
 Mail Code Number 99
 420 Delaware Street, SE
 D 355 Mayo Building
 Minneapolis, MN 55455

Description: This project assists researchers who are not familiar with the data available at CMS. It describes the data and helps them with the process of gaining an approved Data Use Agreement. It also conducts training classes for these new-to-CMS researchers. This project also designs and implements programs that improve beneficiary health status, promote continuous quality improvement (at the State and provider level), and oversee provider-based services (including public reporting). This project will provide technical on-site analytic support and training in accessing administrative and claims databases, linking databases, and creating analytic databases; training modules for data access and use by external organizations/researchers; and consultative and data support functions for governmental and non-governmental research.

Status: This is a follow-on award from a competitive procurement to the incumbent contractor. It will be incrementally funded over its life. Thus, this award continues the work begun under contract 500-96-0023. ■

Understanding the Role of Culture in the Access and Utilization of Telemedicine Health Services Among Hispanic, Native Americans, and White Non-Hispanic Populations

Project No: 25-P-91143/09
Project Officer: Richard Bragg
Period: September, 2000 to March, 2003
Funding: \$249,283
Principal Investigator: Ana Maria Lopez
Award: Grant
Awardee: University of Arizona Cancer Center
 1515 North Campbell Avenue
 Tucson, AZ 85724-5024

Description: The objectives of the study are to (1) identify if telemedicine increases or decreases the number of clinic encounters between patient and clinician at the same rate for Mexican American, Navajo, and non-Hispanic white populations; (2) examine if telemedicine alters the type or complexity of the clinical encounter at the same level for these populations; (3) assess if telemedicine affects the cost of providing clinical services for the management of chronic and/or rehabilitative conditions at the same amount for these populations; (4) examine if telemedicine affects patient compliance (e.g., taking medications as prescribed, doing exercise as instructed) at the same level for these populations; (5) assess if minority patients perceive that cultural competency is an important factor in the delivery of telemedicine services such that it may affect utilization of these services; and (6) examine how telemedicine affects the quality of life for this population.

Status: The project was awarded under CMS's Hispanic Health Services Research Grant Program. The project is completed. ■

Identification of Risk Factors, Barriers, and Severity for Emergency Room Asthma in Puerto Rico

Project No: 25-P-91151/02
Project Officer: Richard Bragg
Period: September, 2000 to March, 2003
Funding: \$245,134
Principal Investigator: Frederico Montealegre
Award: Grant
Awardee: Ponce School of Medicine
 PO Box 7004
 Ponce, PR 00732

Description: The goal of this project is to improve intervention strategies and treatment outcomes for severe asthmatics in Puerto Rico. The project will define the prevalence of moderate and severe asthma, study the demographic characteristics, investigate the seasonal trends of Emergency Room use, study the quality of life, and identify potential educational and intervention programs. The study will include chart review to determine whether the patient had an actual diagnosis of asthma, and to document prescribed treatment, age, sex, peak flow, asthma history, duration of attack, treatment with beta-antagonist nebulizers or steroids, referrals, and followup appointment.

Status: This project was awarded under CMS's grant program for Hispanic Health Services Research and completed. ■

The Effectiveness of Insuring Uninsured Latino Children Using Community-Based Case Managers: A Randomized Trial

Project No: 25-P-91458/01
Project Officer: Richard Bragg
Period: September, 2001 to June, 2004
Funding: \$250,000
Principal Investigator: Glenn Flores
Award: Grant
Awardee: Boston Medical Center Corporation
 One Boston Medical Center Place
 Boston, MA 02118

Description: The specific aim of this research is to conduct a randomized trial to evaluate whether community-based case managers are more effective than traditional methods in insuring uninsured children. Based on this aim, the project will examine or test four

hypotheses: (1) a significantly higher proportion of uninsured children randomized to a community-based case manager will obtain health insurance; (2) the mean duration of time in obtaining health insurance coverage will be significantly shorter for uninsured children with a community-based case manager compared with those obtaining insurance through traditional methods; (3) a significantly greater proportion of uninsured children who obtain health insurance through community-based case managers will continuously be insured over a 1-year period compared with uninsured children who obtain insurance through traditional methods; (4) parental satisfaction (or patient satisfaction, in the case of adolescents living in shelters/group homes) with the process of obtaining health insurance will be significantly higher among uninsured children randomized to community-based case managers compared with those randomized to traditional methods of obtaining insurance.

Status: This project was awarded under CMS's Hispanic Health Services Research Grant Program and is in progress. ■

Medication Analysis in Mexican American Aged

Project No: 25-P-91467/06
Project Officer: Richard Bragg
Period: September, 2001 to June, 2004
Funding: \$216,250
Principal Investigator: David Espino
Award: Grant
Awardee: University of Texas Health Science Center at San Antonio
 7703 Floyd Curl Drive
 San Antonio, TX 78284

Description: The project's primary aim is to understand the extent of suboptimal medication use in elderly Mexican Americans. The objectives are to (1) estimate baseline prevalence and 2-year incidence of suboptimal prescription use, (2) identify baseline characteristics of subjects who report suboptimal prescribed medication use, (3) assess the association between suboptimal medication use and morbidity and mortality 2 and 4 years after the baseline survey, and (4) assess the association between suboptimal prescription drug use and use of health services 2 and 4 years after the baseline survey.

Status: The project was awarded under CMS's Hispanic Health Services Research Grant Program and is in progress. ■

Studying Migrant and Seasonal Farm Workers

Project No: 25-P-91468/05
Project Officer: Richard Bragg
Period: September, 2001 to June, 2004
Funding: \$246,400
Principal Investigator: Rene Perez Rosenbaum
Award: Grant
Awardee: Michigan State University
 112 Paolucci Building
 East Lansing, MI 48824-1110

Description: This 2-year cross-sectional pilot study among migrant and seasonal farm workers will provide data and information on sociodemographics, housing conditions, work conditions, self-reported and doctor-reported health conditions, health services needs, and utilization. This research study will utilize a needs assessment strategy (500 subjects) to (1) produce a comprehensive profile of the medical health needs of migrant and seasonal farm workers in northern Michigan, (2) identify the types of services required and general practice among migrant and seasonal farm workers in northern Michigan, and (3) determine the association between the health needs of farm workers, types of services required, and health services utilization rates in the population.

Status: The project was awarded under CMS's Hispanic Health Services Research Grant Program and is in progress. ■

Navigating the U.S. Health Care System

Project No: 250-P-91910/04-01
Project Officer: Richard Bragg
Period: September, 2003 to September, 2005
Funding: \$124,770
Principal Investigator: DeAnne Karen Hilfinger Messias
Award: Grant
Awardee: College of Nursing
 University of South Carolina
 Research Foundation
 Columbia, SC 29208

Description: Access to health care that is culturally and linguistically acceptable is a key health issue for Hispanic Americans. There are a number of deterrents for Hispanics to enroll in health insurance programs and access health care in their communities, including fear

or distrust of governmental programs and the language barrier. The three main objectives of this project are to (1) develop and implement a culturally appropriate English as a second language-based (ESL-based) educational intervention to improve access and utilization of the health care system by limited English proficiency (LEP) immigrants; (2) assess the short- and long-term impact of an ESL-based educational intervention on levels of knowledge, perceived self-efficacy of language and communication skills, and satisfaction with and utilization of the health care system; and (3) monitor patterns of primary care and emergency department utilization and SCHIP enrollment by Hispanic children for a period of 12 months prior to and 6 months after the intervention.

Status: This is a new project under the Hispanic Health Services Research Grant Program. ■

Latino Health Care Collaborative (LHCC)

Project No: 25-P-91914/03-01
Project Officer: Richard Bragg
Period: September, 2003 to September, 2005
Funding: \$125,000
Principal Investigator: Heather McClure
Award: Grant
Awardee: Council of Latino Agencies
 2437 15th Street, NW
 Washington, DC 20009

Description: The Council of Latino Agencies (CLA) in collaboration with three community-based health clinics (La Clinica del Pueblo, Mary's Center for Maternal and Child Care, and Andromeda) is implementing this project. The study has three objectives: (1) obtain reliable baseline data on health status and health disparities experienced by the Hispanic community in Washington, DC; (2) design and conduct an education intervention to improve health-related attitudes, knowledge, and practices toward self and family among Hispanic residents; and (3) evaluate the impact of this project in the Hispanic community. LHCC will focus on assessing the health of a representative sample of the 45,000 to 55,000 Hispanic residents in the District of Columbia by collecting baseline data about health disparities among Hispanic residents.

Status: This is a new project under the Hispanic Health Services Research Grant Program. ■

Implementing Culturally and Linguistically Competent Assessment

Project No: 25-P-91772/08-01
Project Officer: Richard Bragg
Period: September, 2002 to September, 2004
Funding: \$208,129
Principal Investigator: Rosario C. DeBaca
Award: Grant
Awardee: Latin American Research and Service Agency
 309 West First Avenue
 Denver, CO 80223

Description: The purpose of the project is to assess and develop the capacity of health care providers at two Denver metropolitan area health maintenance organizations (HMOs) to deliver culturally and linguistically competent care to Latino patients. The study is forming Latino provider networks to develop culturally and linguistically competent resources to build this capacity. The aim of the project addresses the mission of CMS for providing culturally and linguistically competent care to Latino patients using Medicare, Medicaid, and SCHIP. Two major objectives of the study are to (1) identify the cultural and linguistic knowledge, attitudes, and practices of 100 providers using a provider self-assessment survey; and (2) establish a network of Latino case providers representative of their organizations providing consultation in the development of cultural and linguistic competency training resources.

Status: This project was awarded under the Hispanic Health Services Research Grant Program and is in progress. ■

Cancer Prevention for Post-Reproductive Age Hispanic Women Along the U.S.-Mexico Border

Project No: 25-P-91768/09-01
Project Officer: Richard Bragg
Period: September, 2002 to September, 2004
Funding: \$244,371
Principal Investigator: Francisco A.R. Garcia
Award: Grant
Awardee: Arizona Board of Regents
 University of Arizona
 888 North Euclid, A510
 Tucson, AZ 85721

Description: The applicant is developing and assessing the effectiveness of an educational intervention on the utilization of cancer screening services and cancer awareness among older poor Hispanic women. The aims of the study are to (1) assess the effectiveness of a group

education community health worker intervention with regard to increased awareness and knowledge of breast and cervical cancer, as well as utilization of breast and cervical cancer screening services; (2) determine the proportion of women who comply with annual followup screening recommendations for breast and cervical cancer based on self-report and review of medical records; (3) describe the determinants of regular cancer screening behavior, including monthly self-breast examination and annual clinical breast examination, mammography, and cervical cytology (pap smears); (4) determine the prevalence of premalignant cervical disease (e.g., HPV infection and abnormal cytology) and breast abnormalities at followup of initial screening examination.

Status: The project was awarded under CMS's Hispanic Health Services Research Grant Program and is currently in progress. ■

Increasing Mammography Screening Among African American Females in Rural Areas: An Educational Intervention Program

Project No: 20-P-91423/04
Project Officer: Richard Bragg
Period: September, 2001 to September, 2003
Funding: \$120,282
Principal Investigator: Mary Edith Powell
Award: Grant
Awardee: College of Veterinary Medicine
 Nursing and Allied Health Kresge Center
 Tuskegee University
 Tuskegee, AL 36088

Description: The goal of the project is to increase mammography screening among African American females. The objectives are to (1) evaluate the effectiveness of breast cancer screening education program on mammography rates among African American females aged 40 and over living in rural communities, (2) increase breast self-examination and mammography rates among African American females aged 40 and over living in rural areas of Alabama, (3) evaluate whether the project has more or less of an impact among women who have a family history of breast cancer, and (4) compare the results of a rural education intervention project with the same project previously delivered in an urban setting. The project is being implemented in two counties in the Tuskegee, Alabama area: Macon and Greene. The population of these counties is predominantly African American—86 percent and 81 percent, respectively. The educational level is low, with approximately 50 percent having earned a high school diploma. In addition, the only hospital is the Veterans Medical Center and residents

must travel up to 30 miles to receive secondary care. Poverty levels are high, there is a significant vulnerable population, and many residents are uninsured and receiving public assistance. ■

Status: Collaborations have been formed with the Ministerial Alliance of Black Churches, which will host the project; the Office of Minority Health in the Alabama State Department of Health; and the Cancer Prevention Program to provide free mammograms. Tuskegee University National Center for Bioethics and Research in Health Care will provide administrative support and guidance. ■

Strategies To Improve Prostate Cancer Screening Rates Among African American Men in the Baltimore Metro Area

Project No: 20-P-91448/03
Project Officer: Richard Bragg
Period: September, 2001 to March, 2004
Funding: \$239,085
Principal Investigator: Ivis Forrester-Anderson
Award: Grant
Awardee: Morgan State University
 1700 East Coldspring Lane
 Baltimore, MD 21251-0001

Description: The overall goal of the project is to increase the number of African American men, 40 years of age or over, who participate in routine screening for prostate cancer each year. The objectives are (1) to determine, through focus groups, barriers and enablers to routing screening for prostate cancer among African American men in the Baltimore metropolitan area; (2) to increase the knowledge of African American men about prostate health and prostate cancer, through a health education program, as measured by a pre- and post-test; and (3) to change the behavior of African American men relative to routine screening for prostate cancer by increasing the number who participate in regular screening. The project will be conducted in two phases in three counties in the Baltimore metropolitan area. In phase I, qualitative data will be collected on barriers and enablers to prostate cancer screening from participants in 10 focus groups conducted in three targeted counties. In phase II, the planning and implementation of an education intervention program will utilize the “train-the-trainer” model.

Status: This HBCU Health Services Research Grant Program is in progress. ■

Diabetes: Factors Influencing Self-Care Among African Americans in Rural and Urban Populations

Project No: 20-P-91430/03
Project Officer: Richard Bragg
Period: September, 2001 to May, 2004
Funding: \$241,640
Principal Investigator: Connie Webster
Award: Grant
Awardee: University of the District of Columbia
 4200 Connecticut Avenue, NW
 Washington, DC 20008

Description: The purpose of this project is to identify, assess, and evaluate knowledge about diabetes prevention, self-care (compliance), and focus of control behaviors among a population of urban and rural African Americans, age 45 or over, living in Baltimore, Maryland, the District of Columbia, and Petersburg, Virginia. Individuals will be recruited from free clinics, practitioners, senior citizen centers, and faith-based organizations. The multiphase project will identify at-risk diabetics (diabetics with self-care deficits) and initiate specific sensitive interventions to decrease risk factors associated with diabetes complications and to improve self-care. The aim of the project is to identify high-risk type 2 diabetics, develop intervention strategies that are culturally sensitive, and provide an educational curriculum (regarding diabetes and self-care behavior) that recognized the impact of culture in disease management. These interventions will target three areas: health promotion, outreach, and diabetes care.

Status: Four historically black colleges and universities collaborate on this project: University of the District of Columbia, Morgan State University, Coppin State College, and Virginia State University. This HBCU Health Services Research Grant Program is in progress. ■

Promoting Health in the African American Community (PHAAC): Implementing Relaxation Techniques To Reduce Cardiovascular Risk Factors

Project No: 20-P-91884/04-01
Project Officer: Richard Bragg
Period: September, 2003 to September, 2005
Funding: \$124,898
Principal Investigator: Lorna Harris
Award: Grant
Awardee: North Carolina Agricultural and Technical State University
 1601 East Market Street
 Greensboro, NC 27411

Description: The purpose of this collaborative study is to document how the health of African Americans can improve by using relaxation techniques to reduce stress, which in turn may reduce coronary heart disease risk, to determine the effectiveness of the parish nurse education component. Three important objectives are to (1) develop a training program for parish nurses that will enable them to provide an educational intervention program using relaxation and stress management techniques to reduce cardiovascular disease risk for African American church members in Guilford County, (2) implement a 12-week relaxation and stress management program for members of three churches located in the low-income urban communities of Guilford County, and (3) identify the health characteristics of African American church members who are more likely to participate in a church-based relaxation and stress management program.

Status: This HBCU Health Services Research Grant Program is a new project. ■

A Church-Based Educational Intervention Program on Prostate Cancer Screening for African American Males

Project No: 20-P-91879/04-01
Project Officer: Richard Bragg
Period: September, 2003 to September, 2005
Funding: \$124,991
Principal Investigator: Baqar Husaini
Award: Grant
Awardee: Tennessee State University
 3500 John Merritt Boulevard
 Nashville, TN 37209-1561

Description: This project proposes to develop and test the effectiveness of a church-based prostate cancer education program for 400 African American men randomly selected from 40 African American churches in Nashville, Tennessee. The project addresses two issues: (1) the racial disparities in the prevalence and mortality rates of prostate cancer, and (2) the lack of prostate cancer intervention programs for African American men who are at higher risk for this disease. The purpose of the intervention is to increase cancer knowledge and screenings among African American males and to determine barriers to screening.

Status: This HBCU Health Services Research Grant Program is a new project. ■

An HIV Prevention Intervention for Homeless Mentally Ill African American Adult Males

Project No: 20-P-91751/04-01
Project Officer: Richard Bragg
Period: September, 2002 to September, 2004
Funding: \$205,809
Principal Investigator: J. Gary Linn
Award: Grant
Awardee: Tennessee State University School of Nursing
 3500 John Merritt Boulevard
 Nashville, TN 37209-1561

Description: The purpose of this collaborative project is to test an intervention to reduce sexual risk behavior in an impaired population (i.e., homeless African American men with mental illness) from middle Tennessee with a high prevalence of HIV infection. The main aim is to assess the effectiveness of an intervention protocol, SEXG (which involves a method proven to be effective in New York City involving “sex,” games, and videotapes), in changing the sexual practices of sexually active African American men with a mental illness. These men are more likely to be at risk for sexual contraction or transmission of HIV.

Status: This HBCU Health Services Research Grant Program is in progress. ■

Violence Prevention as a Public Health Strategy To Reducing Health Care Costs Associated With Medicaid

Project No: 20-P-91761/03-01
Project Officer: Richard Bragg
Period: September, 2002 to September, 2004
Funding: \$238,536
Principal Investigator: Michael Mbanaso
Award: Grant
Awardee: Howard University Office of Research Administration
 2400 6th Street, NW
 Washington, DC 20059

Description: The purpose of this study is to ascertain the potential benefit of applying violence prevention as a public health strategy toward reducing health care costs associated with Medicaid expenditures for gun violence-related injuries. Specifically, the researcher will investigate the effects of violence prevention measures on health outcomes among African Americans in urban centers. Four major objectives are to (1) analyze gun-related violence and trends in three urban study sites—Washington, DC; Baltimore, Maryland; and New York City; (2) analyze rates of gun-related violence (fatal and non-fatal) among African American youths within the selected study sites; (3) analyze health care and Medicaid costs associated with those gun-related injuries; and (4) develop a model program intervention strategy for violence prevention.

Status: HBCU Health Services Research Grant Program and is in progress. ■

Effects of State Medicaid Policies on Elderly Persons—Savings Patterns and Long-Term Care

Project No: 30-P-91716/04-01
Project Officer: Al Deal
Period: February, 2002 to January, 2003
Funding: \$20,659
Principal Investigator: Lara Bryant
Award: Grant
Awardee: Office of Research Services for Department of Health Policy and Administration
 University of North Carolina at Chapel Hill
 CB#4100, 300 Bynum Hall
 Chapel Hill, NC 27599-4100

Description: The objective of this study is to investigate the influence of health and variations in State Medicaid policies on the savings patterns and long-term care

(LTC) decisions of elderly persons who anticipate the need for LTC. This study will use a dynamic, stochastic model to examine the effect of variations in these rules across States on the decumulation or accumulation of savings and on the LTC decisions of the elderly. Specific questions are (1) What is the extent to which the elderly must impoverish themselves in order to obtain Medicaid eligibility? (2) Are the middle class elderly transferring, sheltering, or under-reporting assets in order to qualify for Medicaid coverage or are they accumulating wealth to avoid the need for Medicaid coverage because of welfare aversion? (3) What are the effects of Medicaid on the probability of entering a nursing home and on the amounts of formal care, and informal care provided to elderly persons in the community? and (4) What is the price sensitivity of the demand for formal care and the demand for institutional care other than the respective price of care?

Status: This project is completed. ■

Medicare Health Maintenance Organizations Withdrawals and Modifications

Project No: 30-P-91703/05-01
Project Officer: Al Deal
Period: February, 2002 to January, 2005
Funding: \$32,400
Principal Investigator: Rachel Halpern
Award: Grant
Awardee: University of Minnesota School of Public Health
 420 Delaware Street, SE
 Minneapolis, MN 55455-0392

Description: The objective of the proposed research study is to model the decision processes of health maintenance organizations (HMOs) that offer Medicare+Choice (M+C) plans and to identify the factors associated with the HMOs' decisions regarding their M+C plans for the following contract year. Specifically, the purpose of this study is to identify the factors associated with the following HMO decisions: (1) whether or not to renew the M+C contract in a geographic area; (2) whether or not to reduce the number of counties defined by the M+C contract; (3) whether or not to change the level of supplemental benefits, change the premium, or both; and (4) whether or not to change the configuration of M+C plans offered. HMO decisions will be modeled for 1999–2000 and 2000–2001. The analysis will use secondary data from CMS, Interstudy, the Area Resource File, and from the Bureau of Labor Statistics. The study design is a two-stage analysis, and the unit of analysis is a county.

Status: A copy of the dissertation is expected in 2006. ■

Using Risk Sharing and Risk Adjustment Strategies for Dealing With the Tradeoff Between Selection and Efficiency

Project No: 30-P-91713/01-01
Project Officer: Al Deal
Period: February, 2002 to January, 2003
Funding: \$30,055
Principal Investigator: Manual Garcia
Award: Grant
Awardee: Department of Economics
 Graduate School of Arts and Sciences
 Boston University
 881 Commonwealth Avenue
 Boston, MA 02215

Description: This study will develop a model of optimal payment policy to health plans in which regulators choose risk adjustment, risk sharing, and outlier threshold parameters in order to optimize an objective function, which reflects a tradeoff between efficiency and access measures. Data from the Medicare 5 percent Standard Analytical File (1996–1997) will be used to empirically evaluate the effectiveness of these risk adjustment and risk sharing strategies, and compare the results with other empirical studies. The Medicare Current Beneficiary Survey (1996–1999) will be used to empirically examine the relationship between cost information and taste variables. The goal is to better understand the factors driving health plan choice, especially the correlation between taste variables and cost variables that drive selection, and whether there are any changes over time. The study will also explore whether Medicare+Choice health maintenance organizations differentially select aged versus disabled enrollees in response to payment incentives. Analysis will use county-level data available from CMS and the Area Resource File.

Status: A copy of the dissertation/final report has been received. ■

Relationships Between Nursing Staff and Resident Quality of Care and Quality of Life

Project No: 30-P-91706/05-01
Project Officer: Al Deal
Period: February, 2002 to January, 2003
Funding: \$32,400
Principal Investigator: Jiexin Liu
Award: Grant
Awardee: University of Minnesota School of Public Health
 420 Delaware Street, SE
 Minneapolis, MN 55455-0392

Description: This study investigates how nurse staffing affects quality of life (QOL) and quality of care for nursing home residents. The independent variables are (1) nursing staff-to-resident ratios, (2) turnover/stability rates, and (3) extent of nursing pool use (as opposed to payroll). The staff ratios are calculated separately for registered nurses, licensed practical nurses, and certified nursing assistants (CNA). Turnover and pool use are calculated separately for licensed personnel and CNAs. Facility-level control variables are ownership, percentage of Medicaid residents, stability of administrator tenure, and (for QOL) activity personnel to resident ratios. QOL is defined as nine selected quality indicators (e.g., bedsores, falls, and urinary tract infections), which will be risk adjusted for. The study uses four sources of data: (1) a CMS national survey using personal interviews with nursing home residents; (2) Minimum Data Set data for the same nursing home residents, 1 year prior to interview; (3) the On-Line Survey and Certification Assessment Review nursing home staffing data; and (4) an administrative survey developed specifically for this dissertation.

Status: This grant is completed. ■

Evaluating Health System Performance: Access and Quality of Care for Acute Cardiac Events in the Rural Medicare Population

Project No: 30-P-91715/05-01
Project Officer: Al Deal
Period: February, 2002 to June, 2004
Funding: \$30,240
Principal Investigator: Cathy Jaynes
Award: Grant
Awardee: Ohio State University Research Foundation
 1960 Kenny Road
 Columbus, OH 43210

Description: This descriptive cross-sectional study will utilize data from the Medicare Current Beneficiary Survey to examine current practice of treating the rural elderly diagnosed with acute myocardial infarction (AMI). The study will compare the characteristics of those who receive their treatment for AMI at a hospital that performs a high volume of interventional cardiac procedures with those who receive treatment in low-volume hospitals. Claims data will be used to construct a chain of events surrounding a critical cardiac diagnosis. Data for the Provider of Services database will describe the volume of cardiac interventions accomplished at treating hospitals. The Behavioral Model of Healthcare Utilization provides the structure for the study, namely, an examination of present practices to determine the extent to which perceived or evaluated need rather than predisposing characteristics of enabling resources determines access to health care services.

Status: The project period end date has been extended to June 30, 2004. ■

Caregiving From the Care Recipient Perspective: Influence of Caregiving on Health and Use of Health Services

Project No: 30-P-91709/03-01
Project Officer: Al Deal
Period: February, 2002 to January, 2003
Funding: \$31,536
Principal Investigator: Jennifer Wolff
Award: Grant
Awardee: Johns Hopkins University
 615 North Wolf Street
 Baltimore, MD 21205

Description: The goal of this research is to investigate the influence of informal care arrangements on health and health services use among a group of elderly, moderately to severely disabled women. The proposed study will address the following specific aims: (1) to evaluate the association between intensity of assistance, diversity of caregiver resources, and promotion of care recipient independence with perceived adequacy of the care arrangement (at baseline); (2) to identify care arrangement characteristics at baseline that are longitudinally associated with stability or improvement in care recipient task functioning and mental health and lower risk of mortality; and (3) to evaluate the longitudinal impact of baseline care arrangement characteristics on health services utilization outcomes. The study draws on data from the Women's Health and Aging Study, the Women's Health and Aging Caregiving Survey, and administrative data from the Medicare Program.

Status: A copy of the dissertation/final report has been received. ■

A Longitudinal Study of Health Coverage Transitions Between the Years of 59 and 67; The Risk of Being Uninsured and Underinsured

Project No: 30-P-91700/02-01
Project Officer: Al Deal
Period: February, 2002 to August, 2003
Funding: \$26,055
Principal Investigator: Christine Caffrey
Award: Grant
Awardee: Syracuse University
 113 Browne Hall
 Syracuse, NY 13244

Description: This longitudinal study will look at the risk of being uninsured or lacking sufficient coverage

between the years of 59 and 67. Using the Health and Retirement Survey, the analysis will include descriptive models of the health insurance coverage of people aged 59 to 67 years, regression models of the determinants of health insurance coverage over the 6-year period, and hazard models of the risk of losing coverage before Medicare eligibility and not having sufficient coverage after Medicare eligibility. The project will focus on the insurance coverage of subgroups, such as women and minorities, and on insurance coverage changes after certain life events, like early retirement, losing a spouse, or Medicare eligibility.

Status: A copy of the dissertation/final report has been received. ■

Actuarial Research Contract—Part II (Special Modeling Activity)

Project No: 500-03-0021
Project Officer: Christopher Molling
Period: September, 2003 to September, 2004
Funding: \$467,500
Principal Investigator: David McKusic
Award: Contract
Awardee: Actuarial Research Corporation
 5513 Twin Knolls Road
 Suite 213
 Columbia, MD 21045

Description: Continues the development and updating of the micro-simulation model used to support health policy analysis. This model is used by CMS to analyze impacts of changes in U.S. health care and for requirements of HIPAA.

Status: This is current and ongoing. ■

Development of a Software Program To Support CMS's Consumer Experience Survey (CES)—Home Care Survey

Project No: 500-00-0050/01
Project Officer: Suzanne Bosstick
Period: September, 2002 to November, 2003
Funding: \$149,933
Principal Investigator: Beth Jackson
Award: Task Order
Awardee: Medstat Group (DC)
 600 Maryland Avenue, SW
 Suite 550
 Washington, DC 20024-2512

Description: The purpose of this contract is the development of a computer software program to support and facilitate the use of CMS's Consumer Experience Survey (CES). The software program will facilitate the electronic collection and analysis of person-specific survey information, thus reducing the burden of conducting and analyzing the survey information. The potential users of both the CES and the software program include the State Medicaid agencies, other State agencies that provide Medicaid home and community-based services and supports to persons with chronic illness and disability, and provider organizations that likewise serve Medicaid beneficiaries.

Status: The contractor is near completion of the software program. The task order contract was extended, at no additional cost, to April 30, 2004, to allow the contractor additional time to finalize the software. CMS expects to disseminate the final product at the Systems Change Conference in March 2004. ■

Econometric Forecasting and Economic Services—II

Project No: 500-01-0010
Project Officer: Shannon Martin
Period: April, 2001 to April, 2006
Funding: \$422,000
Principal Investigator: Laura Hodges
Award: Contract
Awardee: Global Insight Incorporated
 1850 M Street, NW
 Suite 1100
 Washington, DC 20036

Description: This project is a multiyear project and provides econometric forecasting and other economic services to CMS. It also provides for forecasts and maintenance of CMS input price indexes for use in updating payments in the various prospective payment systems. The project also allows for various other economic studies and analyses concerning health care-related and input price index issues including health sector compensation trends and analysis of malpractice liability premium growth.

Status: This contract continues year to year since it provides basic support for our actuarial estimates used in operating the Medicare program. For FY 2003, the contractor completed an update of actual malpractice premium growth for 2002 and 2003. The contractor also has constructed forecasts of CMS's input price indexes on a quarterly basis and has provided assistance with OACT work on the President's Budget and Trustees Report. Also in FY 2003, the contractor assisted OACT staff with the development of an input price index for End Stage Renal Disease and in rebasing the Medicare

Economic Index for incorporation into the 2004 Physician Fee Schedule update. ■

Expansion of Special Policy Analysis Model (SPAM)—II

Project No: 500-97-0003
Project Officer: Sally Burner
Period: September, 1997 to September, 2002
Funding: \$1,919,199
Principal Investigator: David McKusick
Award: Contract
Awardee: Actuarial Research Corporation
 5513 Twin Knolls Road
 Suite 213
 Columbia, MD 21045

Description: This project continues the development of the microsimulation model used to support health policy analyses begun under contract 500-92-0042 "Expansion of Special Policy Analysis Model." The model is used by CMS to analyze the impacts of changes in the U.S. health care financing and delivery system and to provide support for the expanded requirements resulting from the Health Insurance Portability and Accountability Act of 1996.

Status: This is a long-term support project for CMS's Office of the Actuary. The microsimulation model is being continually updated. It is a working tool that is used on an ongoing basis. ■

Hospital Cost Monitoring

Project No: 500-97-0001
Project Officer: Benson Dutton
Period: April, 1997 to January, 2003
Funding: \$692,330
Principal Investigator: Carmela Coyle
Award: Contract
Awardee: American Hospital Association
 840 North Lake Shore Drive
 Chicago, IL 60611

Description: This project replaced the data collected by the American Hospital Association (AHA) through the National Monthly Hospital Panel Survey (NMHPS) with the National Hospital Indicators Survey (NHIS). The data will be used for research, actuarial studies, and policy development efforts that involve cost, expenditure, service, and utilization analyses. The AHA collects the NMHPS and NHIS data annually.

In the past, the NMHPS collected information on hospital beds and bassinets; inpatient and outpatient utilization; revenue, expenses, and current assets and liabilities;

personnel; and utilization for inpatients aged 65 years and older. The quarterly hospital survey summary statistics (national by Census division and by AHA bed size) contain information on items such as hospital beds, inpatient and outpatient utilization, revenue and expenses, and utilization for inpatients aged 65 years of age or older.

Status: This is the fourth in a series commencing in 1980 (contract numbers: 500-80-0066, 500-87-0039 and 500-92-0003). Data from the survey of hospital are delivered annually. ■

Implementing the HEDIS Medicare Health Outcomes Survey

Project No: 500-00-0055
Project Officer: Chris Haffer
Period: September, 2003 to September, 2004
Funding: \$750,000
Principal Investigator: Jessica Briefer-French, Barbara Gandek, Lewis Kazis, Russell Mardon, and Nancy McCall
Award: Contract
Awardee: National Committee for Quality Assurance
 2000 L Street, NW, Suite 500
 Washington, DC 20036

Description: The Medicare Health Outcomes Survey (HOS) is the first patient-based outcomes measure and largest survey of managed care beneficiaries used by CMS. It was implemented in 1998. The survey is fielded nationally as a Health Plan Employer Data Set (HEDIS) measure. It is a longitudinal, self-administered survey which utilizes the SF-36 (assesses physical and mental functioning) and additional case mix adjustment variables. Each year, survey data are collected for a new sample (cohort) of Medicare managed care beneficiaries. Members who respond to the baseline survey are resurveyed 2 years later in a followup. The goals of the Medicare HOS are (1) to help beneficiaries make informed health care choices, and (2) to promote quality improvement based on competition. This project manages the collection and transmittal of the data to CMS and supports the technical development of the Medicare HOS measure. The survey is actually administered through a group of certified vendors.

Status: The HOS is an ongoing annual survey. The HOS program has achieved national and international recognition as the largest collection of robust health status measurements from the patients' perspective in the world. Results have been presented at various national and international professional meetings and published extensively in peer-reviewed journals. ■

International Comparative Data and Analysis of Health Care Financing and Delivery Systems—II

Project No: 500-00-0010
Project Officer: David Skellan
Period: August, 2000 to August, 2005
Funding: \$1,953,392
Principal Investigator: Manfred Hauber
Award: Contract
Awardee: Organization for Economic Cooperation and Development
 2 Rue Andre Pascal
 75775 Paris Cedex 16, France

Description: The Organization for Economic Cooperation and Development (OECD) has developed a unique database that contains information on health care financing and use in industrialized Western nations. This project obtains these data on an ongoing basis, updates and expands them, and provides a series of papers that analyze the trends in Western-developed nations and their policy relevance to the United States. These data are the source of statistics comparing health spending (usually expressed as a percentage of gross domestic product or in U.S. dollars per capita) in the United States and other Western developed nations.

Status: The annual publication, OECD Health Data 2003, a comparative analysis of 30 countries, was released in June 2003. Core indicators, such as health expenditures, are now available up to 2001. OECD will provide the updated database on an annual basis, in addition to the analytical papers, as approved under the contract budget. ■

Market Area Selection Criteria and Data Development for Medicare Fee-for-Service Reform

Project No: 500-00-0022/01
Project Officer: David Skellan
Period: September, 2001 to September, 2002
Funding: \$233,887
Principal Investigator: Thomas Hoerger, Ph.D.
Award: Task Order
Awardee: Research Triangle Institute (NC)
 3040 Cornwallis Road
 PO Box 12194
 Research Triangle Park, NC
 27709-2194

Description: In order for the traditional Medicare program to be "modernized" to incorporate innovations that could benefit the program, CMS is exploring how to test and potentially adopt strategies already used by other payers that might improve Medicare's efficiency and/or

enhance quality of care. Changes in the health care system include dramatic changes in medical technology, service delivery, the setting of care, the financing of care, the organization of the health care delivery system, and private insurance coverage mechanisms. This project will provide a foundation for a centralized system of collecting and maintaining market area characteristics and information that is needed to better understand market conditions that are crucial in targeting these new initiatives to ultimately ensure that Medicare beneficiaries and the program as a whole will benefit. Potential new payment and service delivery models identified include coordinated care, disease management, Centers of Excellence, better collaboration with providers and physicians, and competitive acquisition.

Status: The report contains detailed work plans, personnel assignments and schedules, and an outline and proposed content for the interim and final reports. ■

Preparation of Analytic Data for National, State, and Age Accounts Data Analysis

Project No: CMS-03-01070
Project Officer: Anne Martin
Period: July, 2003 to July, 2004
Funding: \$199,999
Principal Investigator
Award: GSA Order
Awardee: Fu Associates
 2300 Clarendon Boulevard
 Suite 1400
 Arlington, VA 22201

Description: This project continues the tabulations of data by State, age, and National Health Account type of service for use in the National, State, and Age Health Account estimation.

Status: This is a continuation of work performed under contract 01-01137. ■

Preparation of Analytic Data for the National, State, and Age Health Accounts Data Analysis

Project No: CMS-01-01137
Project Officer: Anne Martin
Period: August, 2001 to October, 2003
Funding: \$160,000
Principal Investigator: Teri Deutsch
Award: GSA Order
Awardee: Fu Associates
 2300 Clarendon Boulevard
 Suite 1400
 Arlington, VA 22201

Description: The National Health Statistics Group in CMS's Office of the Actuary is responsible for maintaining the National Health Accounts (NHA) that form the structure for health care expenditure information for the United States. The accounts contain estimates by type of service (hospital care, physician services, prescription drugs, nursing homes, etc.) and by sources of funding (out-of-pocket, private health insurance, public programs, etc.). Similar estimates by type of services and for selected sources of funding are periodically produced by geographic area (State) and by age cohort. This contract will supply tabulations from the National Claims History files for the National Health Accounts type of services by state (for National and State Health Account estimation) and by age and sex (for Age Account estimation). The contract will also supply tabulations from the Medicaid SMURF files by age and sex and by NHA type of service (for Age Account estimation). In addition, this contract will supply tabulations from the Adjusted Community Rating (ACR) files by State and by NHA type of service (for National and State Health Account estimation). Furthermore, this contract develops estimates of the migration factors that are used to convert State health care expenditures by type of service from a location-of-provider basis to a location-of-beneficiaries'-residence basis. The contract will supply tabulations from the National Claims History files by State and by NHA type of service. This contract also includes the development of service mix adjustments for hospital and physician spending by State for use in the State Health Account estimation.

Status: This is a followup award and expansion of work performed under contract 98-247. ■

Programming Support for Development of the SEER-Medicare Database

Project No: 500-96-0516/09
Project Officer: Gerald Riley
Period: June, 1999 to September, 2004
Funding: \$357,242
Principal Investigator: Celia H. Dahlman
Award: Task Order
Awardee: CHD Research Associates
 5515 Twin Knolls Road, #322
 Columbia, MD 21045

Description: This project provides programming support for the Surveillance, Epidemiology, and End Results (SEER)-Medicare database. The SEER-Medicare database has been in existence since 1991 and is the collaborative effort of the National Cancer Institute, the SEER registries, and CMS to create a large population-based source of information for cancer-related epidemiologic and health services research. The creation of the linked files requires matching persons

reported to the SEER registries with a master file of Medicare enrollment to determine which persons appearing in the SEER data are entitled to Medicare. For persons found to be Medicare enrollees, their Medicare utilization claims are appended to their SEER record. The instant programming services are for the update and maintenance of the SEER-Medicare data, analyses related to the SEER-Medicare data, and analyses related to other Medicare program studies.

Status: The contractor has extracted Medicare claims data for 1999 and has obtained various Medicare files for a cancer-free control group. Plans are being formulated to update the SEER-Medicare link. ■

Programming Support for the Development of the SEER-Medicare Database To Examine the Hospice Benefit Among Aged Medicare Beneficiaries

Project No: 500-96-0516/10
Project Officer: Linda Greenberg
Period: September, 1999 to September, 2004
Funding: \$49,998
Principal Investigator: Celia H. Dahlman
Award: Task Order
Awardee: CHD Research Associates
 5515 Twin Knolls Road, #322
 Columbia, MD 21045

Description: This project provides programming services for the development of an analytic file of hospice services using the updated Surveillance, Epidemiology, and End Results (SEER)-Medicare database. The SEER-Medicare database has been in existence since 1991 and is the collaborative effort of the National Cancer Institute, the SEER registries, and CMS to create a large population-based source of information for cancer-related epidemiologic and health services research. The creation of the linked files requires matching persons reported to the SEER registries with a master file of Medicare enrollment to determine which persons appearing in the SEER data are entitled to Medicare. Preliminary analyses of the use of hospice services among elderly beneficiaries diagnosed with cancer suggest some differences by age, race, income, and HMO status. This project expands preliminary analyses beyond colorectal and lung cancer cases diagnosed in 1992 and 1993 to include more cases from the updated Medicare-SEER

database. We will examine the sociodemographic determinants of hospice use among all decedent cancer patients, aged 65 and older, and expenditure patterns of users and nonusers of hospice care. Additionally, analyses will focus on differences among cancer patients enrolled in health maintenance organizations (HMOs) and fee for service (FFS).

Status: The project is on schedule for completion. ■

Survey Result From the Retail Method of Payment Database—II

Project No: HCFA-01-0142
Project Officer: Jean Stiller
Period: September, 2001 to September, 2002
Funding: \$20,000
Principal Investigator: Sandra Sue
Award: Purchase Order
Awardee: IMS America
 1001 G Street NW
 Suite 300 East
 Washington, DC 20001

Description: This contract purchased data—retail sales of prescription drugs by State and by method of payment.

Status: Data were received. ■

Analysis of Medicare Current Beneficiary Survey (MCBS) Data: Phase III

Project No: 500-00-0024/03
Project Officer: Brigid Goody
Period: May, 2001 to May, 2003
Funding: \$217,132
Principal Investigator: Nancy Berkman
Award: Task Order
Awardee: Research Triangle Institute (NC)
 3040 Cornwallis Road
 PO Box 12194
 Research Triangle Park, NC
 27709-2194

Description: This project evaluates CMS's success in providing information to each Medicare beneficiary about the Medicare program and promoting the beneficiaries informed choice. Information provided covers benefits,

beneficiary liability, premiums, supplemental benefits, a list of plans in the service area and comparison of plan options, quality and performance. This task order analyzes Medicare beneficiary baseline knowledge data that have been most recently collected through the Medicare Current Beneficiary Survey (MCBS). Analysis of the MCBS baseline data supports monitoring, reporting, accountability, and evaluation activities necessary to determine whether the new CMS programs are working as intended.

Status: These analyses continue and build on the prior analyses of the CY 1995–1999 MCBS data including Round 23 (knowledge supplement) and Round 24 (beneficiary need supplement) under previous task order 500-95-0061/04. ■

Medicare Current Beneficiary Survey—III

Project No: 500-99-0001
Project Officer: Frank Eppig
Period: March, 1999 to February, 2004
Funding: \$12,256,629
Principal Investigator: Richard Apodaca
Award: Contract
Awardee: Westat Corporation
 1650 Research Boulevard
 Rockville, MD 20850

Description: The Medicare Current Beneficiary Survey (MCBS) is a continuous, multipurpose survey of a representative sample of the Medicare population designed to aid CMS's administration, monitoring, and evaluation of the Medicare program. The survey is focused on health care use, cost, and sources of payment. Data from the MCBS will enable CMS to—

- Determine sources of payment for all medical services used by Medicare beneficiaries, including copayments, deductibles, and noncovered services.
- Develop reliable and current information on the use and cost of services not covered by Medicare (e.g., prescription drugs and long-term care).
- Ascertain all types of health insurance coverage and relate coverage to sources of payment.
- Monitor the financial effects of changes in the Medicare program.

Additionally, MCBS is the only source of multidimensional person-based information about the characteristics of the Medicare population and its access to and satisfaction with Medicare services.

Status: MCBS has been in the field continuously since the fall of 1991. It is currently in its 38th round of interviewing. To date, public use data files are available for 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, and 2002. ■

ADP Services Supporting Research and Demonstration Activities—Jing Xing

Project No: 500-96-0026
Project Officer: William Long
Period: September, 1996 to February, 2004
Funding: \$40,217
Principal Investigator: Cliff Bailey
Award: Contract
Awardee: Jing Xing Technologies
 1312 Vincent Place
 PO Box 6655
 McLean, VA 22106-6655

Description: To provide statistical support for Medicare Current Beneficiary Survey and other Information and Methods Group activities.

Status: The project is active. ■

ADP Services Supporting Research, Analysis, and Demonstration Activities—Base Contract

Project No: 500-02-0006
Project Officer: Dave Barbato
Period: September, 2002 to September, 2007
Funding: \$0
Principal Investigator: Celia H. Dahlman
Award: Task Order Contract, Base
Awardee: CHD Research Associates
 5515 Twin Knolls Road, #322
 Columbia, MD 21045

Description: CMS's research, analytic, and demonstration projects require computer and related support services to access, manipulate, process, and

develop data and files. The data files include those derived from the Medicare and Medicaid programs, as well as those from CMS contracts and grants or from other sources. Current and anticipated internal resources are insufficient to handle the range and quantity of requirements that arise from these projects and from projects that will occur in the future.

Status: Awarded 9/30/02. There are two task orders under this contract. ■

ANALYSIS OF LARGE DATA SETS TASK ORDER CONTRACT

This is the base contract under which task orders can be awarded for a wide range of general analysis of data activities. These projects will relate to Medicare, Medicaid, Managed Care, Long-Term Care, children's health insurance, low income, and uninsured programs; financing and delivery of health services or quality and appropriateness of health services; and various other associated topics. The contractor can be required to perform tasks involving the analysis of data to assist health care financing research studies or projects. The contractor must have, or must be able to acquire, the resources and expertise to perform these functions on an almost-immediate basis. Examples of functions required to be performed under this task order contract are acquiring and analyzing data; assisting in providing technical assistance or training; pilot testing; framing and designing a project; convening technical expert groups or panels; developing options or issue papers with interim and final reports; conducting actuarial, statistical, and other analyses; preparing administrative clearance packages; meeting with government and non-government groups; abstracting records and other claims/forms; making presentations when necessary; preparing papers and articles; disseminating findings; preparing literature reviews; etc.

Status: This is the base contract on which subsequent task orders are awarded. It remains active as long as any single task is under way. ■

Analysis of Large Data Sets Task Order Contract—Acumen

Project No: 500-01-0031
Project Officer: Dave Barbato
Period: September, 2001 to September, 2002
Funding: \$1,000
Principal Investigator: Thomas MaCurdy
Award: Task Order Contract, Base
Awardee: Acumen, LLC
 1415 Rollins Road
 Burlingame, CA 94010

Analysis of Large Data Sets Task Order Contract—ANASYS

Project No: 500-01-0037
Project Officer: Dave Barbato
Period: September, 2001 to September, 2004
Funding: \$1,000
Principal Investigator: Joshua Park
Award: Task Order Contract, Base
Awardee: ANASYS
 10450 Shaker Drive, Suite 113
 Columbia, MD 21046

Analysis of Large Data Sets Task Order Contract—ARC

Project No: 500-01-0033
Project Officer: Dave Barbato
Period: September, 2001 to September, 2004
Funding: \$1,000
Principal Investigator: C. William Wrightson
Award: Task Order Contract, Base
Awardee: Actuarial Research Corporation
 5513 Twin Knolls Road, Suite 213
 Columbia, MD 21045

Analysis of Large Data Sets Task Order Contract—Econometrica

Project No: 500-01-0039
Project Officer: Dave Barbato
Period: September, 2001 to September, 2004
Funding: \$1,000
Principal Investigator: Cyrus Baghelai
Award: Task Order Contract, Base
Awardee: Econometrica, Inc.
 4401 East-West Highway, Suite 303
 Bethesda, MD 20814

Analysis of Large Data Sets Task Order Contract—JEN

Project No: 500-01-0035
Project Officer: Dave Barbato
Period: September, 2001 to September, 2004
Funding: \$1,000
Principal Investigator: Dan Gildea
Award: Task Order Contract, Base
Awardee: JEN Associates, Inc.
 PO Box 39020
 Cambridge, MA 02139

Analysis of Large Data Sets Task Order Contract—Jing Xing

Project No: 500-01-0040
Project Officer: Dave Barbato
Period: September, 2001 to September, 2004
Funding: \$1,000
Principal Investigator: Steward Wong
Award: Task Order Contract, Base
Awardee: Jing Xing Technologies
 1312 Vincent Place
 PO Box 6655
 McLean, VA 22106-6655

Analysis of Large Data Sets Task Order Contract—Klemm

Project No: 500-01-0038
Project Officer: Dave Barbato
Period: September, 2001 to September, 2004
Funding: \$1,000
Principal Investigator: Rebecca Klemm
Award: Task Order Contract, Base
Awardee: Klemm Analysis Group, Inc.
 1725 Massachusetts Avenue, NW
 Suite 501
 Washington, DC 20036-2104

Analysis of Large Data Sets Task Order Contract—McDonald

Project No: 500-01-0034
Project Officer: Dave Barbato
Period: September, 2001 to September, 2004
Funding: \$1,000
Principal Investigator: Walter McDonald
Award: Task Order Contract, Base
Awardee: Walter R. McDonald & Associates, Inc.
 7311 Greenhaven Drive, Suite 273
 Sacramento, CA 95831

Analysis of Large Data Sets Task Order Contract—QRS

Project No: 500-01-0036
Project Officer: Dave Barbato
Period: September, 2001 to September, 2004
Funding: \$1,000
Principal Investigator: Alfred Meltzer
Award: Task Order Contract, Base
Awardee: Quality Resources Systems
 11350 Random Hills Road
 Suite 100
 Fairfax, VA 22030-6044

DESIGN AND CONDUCT OF SURVEY TASK ORDER CONTRACTS

This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this specialty area contract, CMS may award task orders for projects that involve general survey design and planning; data collection and methodological research; designing and pilot testing of questionnaires and other kinds of data collection instruments; and conducting general population survey(s) of all kinds including surveys of subsets of the general population, such as the elderly, Medicare and Medicaid recipients (dual eligible beneficiaries), uninsured, and low income families with small children. The base award was for 1 year with a maximum of 4 option years.

Status: This is the base task order contract (IDIQ contract) awarded in September 2001. There are no tasks awarded to date. ■

Design and Conduct of Survey Task Order Contracts—Abt

Project No: 500-01-0021
Project Officer: Dave Barbato
Period: September, 2001 to September, 2004
Funding: \$1,000
Principal Investigator: David Kidder
Award: Task Order Contract, Base
Awardee: Abt Associates, Inc.
 55 Wheeler Street
 Cambridge, MA 02138

Design and Conduct of Survey Task Order Contracts—AIR

Project No: 500-01-0023
Project Officer: Dave Barbato
Period: September, 2001 to September, 2004
Funding: \$1,000
Principal Investigator: Diane Pelavin
Award: Task Order Contract, Base
Awardee: American Institute for Research
 3333 K Street, NW
 Washington, DC 20007-3541

Design and Conduct of Survey Task Order Contracts—Analytical Science

Project No: 500-01-0029
Project Officer: Dave Barbato
Period: September, 2001 to September, 2004
Funding: \$1,000
Principal Investigator: Donald Holzworth
Award: Task Order Contract, Base
Awardee: Analytical Science
 2605 Meridan Parkway, Suite 200
 Durham, NC 27713

Design and Conduct of Survey Task Order Contracts—ANASYS

Project No: 500-01-0026
Project Officer: Dave Barbato
Period: September, 2001 to September, 2004
Funding: \$1,000
Principal Investigator: Joshua Park
Award: Task Order Contract, Base
Awardee: ANASYS
 10450 Shaker Drive, Suite 113
 Columbia, MD 21046

Design and Conduct of Survey Task Order Contracts—Gallup

Project No: 500-01-0022
Project Officer: Dave Barbato
Period: September, 2001 to September, 2004
Funding: \$1,000
Principal Investigator: Max Larsen
Award: Task Order Contract, Base
Awardee: The Gallup Organization
 Government Division
 901 F Street, NW
 Washington, DC 20004

Design and Conduct of Survey Task Order Contracts—Hope

Project No: 500-01-0017
Project Officer: Dave Barbato
Period: September, 2001 to September, 2004
Funding: \$1,000
Principal Investigator: Marc Berk
Award: Task Order Contract, Base
Awardee: Project Hope, Center for Health Affairs
 7500 Old Georgetown Road
 Suite 600
 Bethesda, MD 20814

Design and Conduct of Survey Task Order Contracts—Jing Xing

Project No: 500-01-0028
Project Officer: Dave Barbato
Period: September, 2001 to September, 2004
Funding: \$1,000
Principal Investigator: Steward Wong
Award: Task Order Contract, Base
Awardee: Jing Xing Technologies
 1312 Vincent Place
 PO Box 6655
 McLean, VA 22106-6655

Design and Conduct of Survey Task Order Contracts—MPR

Project No: 500-01-0025
Project Officer: Dave Barbato
Period: September, 2001 to September, 2004
Funding: \$1,000
Principal Investigator: Joseph Garrett
Award: Task Order Contract, Base
Awardee: Mathematica Policy Research (DC)
 600 Maryland Avenue, SW
 Suite 550
 Washington, DC 20024-2512

Design and Conduct of Survey Task Order Contracts—NORC

Project No: 500-01-0019
Project Officer: Dave Barbato
Period: September, 2001 to September, 2004
Funding: \$1,000
Principal Investigator: Steven Knable
Award: Task Order Contract, Base
Awardee: NORC
 1155 East 60th Street
 Chicago, IL 60637

Design and Conduct of Survey Task Order Contracts—RAND

Project No: 500-01-0024
Project Officer: Dave Barbato
Period: September, 2001 to September, 2004
Funding: \$1,000
Principal Investigator: Donna Farley
Award: Task Order Contract, Base
Awardee: RAND Corporation
 1700 Main Street
 PO Box 2138
 Santa Monica, CA 90407-2138

Design and Conduct of Survey Task Order Contracts—RTI

Project No: 500-01-0018
Project Officer: Dave Barbato
Period: September, 2001 to September, 2004
Funding: \$1,000
Principal Investigator: David Faucette
Award: Task Order Contract, Base
Awardee: Research Triangle Institute (NC)
 3040 Cornwallis Road
 PO Box 12194
 Research Triangle Park, NC
 27709-2194

Design and Conduct of Survey Task Order Contracts—Westat

Project No: 500-01-0020
Project Officer: Dave Barbato
Period: September, 2001 to September, 2004
Funding: \$1,000
Principal Investigator: W. Sherman Edwards
Award: Task Order Contract, Base
Awardee: Westat Corporation
 1650 Research Boulevard
 Rockville, MD 20850

Programming, Analytical and Data Presentation Support for Future of Medicare Related Issues

Project No: 500-96-0516/06
Project Officer: Sharman Stephens
Period: September, 1998 to March, 2004
Funding: \$117,424
Principal Investigator: Celia H. Dahlman
Award: Task Order
Awardee: CHD Research Associates
 5515 Twin Knolls Road, #322
 Columbia, MD 21045

Description: This task order is to provide programming, analysis, and data presentation services to support HCFA's work related to analysis of issues on the future of Medicare. This work included responding to requests of the National Bipartisan Commission on the Future of Medicare, as well as continuing analyses relevant to the Future of Medicare. In conducting this work, there is a need to access, prepare, and analyze Medicare Current Beneficiary Data and other HCFA data. This activity also involves documenting the findings as well as the preparation of presentation materials.

Status: The project has been completed. ■

RESEARCH, ANALYSIS, DEMONSTRATION, AND SURVEY TASK ORDER CONTRACT—MEDICAID RESEARCH AND DEMONSTRATIONS (R&D)

This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this Medicaid R&D specialty area contract, CMS may award

task orders for projects that involve a range of research and demonstration activities. These projects will relate to the Medicare, Medicaid, and Child Health programs; the financing and delivery of health services; or the quality and appropriateness of health services and associated topics. The tasks can involve the development, analysis, implementation, and/or evaluation of health care financing research and demonstration studies/projects.

Research, Analysis, Demonstration, and Survey Task Order Contract—Medicaid Research and Demonstrations (R&D)—Abt

Project No: 500-00-0049
Project Officer: Dave Barbato
Period: September, 2000 to September, 2004
Funding: \$1,000
Principal Investigator: David Kidder
Award: Task Order Contract, Base
Awardee: Abt Associates, Inc.
 55 Wheeler Street
 Cambridge, MA 02138

Status: This is the base task order contract (IDIQ contract) awarded in September 2000. There is one task awarded to date. The base award was for 1 year with a maximum of 4 option years. ■

Research, Analysis, Demonstration, and Survey Task Order Contract—Medicare Research and Demonstrations (R&D)—ARC

Project No: 500-00-0036
Project Officer: Dave Barbato
Period: September, 2000 to September, 2004
Funding: \$1,000
Principal Investigator: Gordon Trapnell
Award: Task Order Contract, Base
Awardee: Actuarial Research Corporation
 5513 Twin Knolls Road, Suite 213
 Columbia, MD 21045

Status: This is the base task order contract (IDIQ contract) awarded in September 2000. There is one task order awarded to date. The base award was for 1 year with a maximum of 4 option years. ■

Research, Analysis, Demonstration, and Survey Task Order Contract—Medicare Research and Demonstrations (R&D)—BearingPoint

Project No: 500-00-0037
Project Officer: Dave Barbato
Period: September, 2000 to September, 2004
Funding: \$1,000
Principal Investigator: Kenneth Cahill
Award: Task Order Contract, Base
Awardee: BearingPoint
 1676 International Drive
 McLean, VA 22102-4828

Status: This is the base task order contract (IDIQ) awarded in September 2000. Tasks awarded to date are (TO #1) Report to Congress: State Licensure and Certification Standards, and Respiratory Therapy Competency Examinations; (TO #2) Implementation Support for the Medicare Participating Centers of Excellence Demonstration; (TO #3) Assessment of Medicare and You Education Program; (TO #4) Impact of Medicare Plus Choice Lock-In Provision; (TO #5) American Indian/Alaska Native Eligibility and Enrollment in Medicaid, SCHIP, and Medicare. Individual tasks are described separately. The base award was for 1 year with a maximum of 4 option years. ■

Research, Analysis, Demonstration, and Survey Task Order Contract—Medicare Research and Demonstrations—Brandeis

Project No: 500-00-0031
Project Officer: Dave Barbato
Period: September, 2000 to September, 2004
Funding: \$1,000
Principal Investigator: Christopher Tompkins
Award: Task Order Contract, Base
Awardee: Institute for Health Policy
 Heller Graduate School
 Brandeis University
 415 South Street
 PO Box 9110
 Waltham, MA 02254-9110

Status: This is the base task order contract awarded in September 2000. Task awarded to date is (TO #1) Cancer Prevention and Treatment Demonstration for Ethnic and Racial Minorities Project. Individual tasks are described separately. The base award was for 1 year with a maximum of 4 option years. ■

Research, Analysis, Demonstration, and Survey Task Order Contract—Medicaid Research and Demonstrations (R&D)—CHSR

Project No: 500-00-0052
Project Officer: Dave Barbato
Period: September, 2000 to September, 2004
Funding: \$1,000
Principal Investigator: Robert Schlenker
Award: Task Order Contract, Base
Awardee: Center for Health Services
 Research
 University of Colorado
 1355 South Colorado Boulevard
 Suite 706
 Denver, CO 80222

Status: This is the base task order contract (IDIQ) awarded in September 2000. There are no tasks awarded to date. The base award was for 1 year, with a maximum of 4 option years. ■

Research, Analysis, Demonstration, and Survey Task Order Contract—Medicare Research and Demonstrations (R&D)—CHSR

Project No: 500-00-0026
Project Officer: Dave Barbato
Period: September, 2000 to September, 2004
Funding: \$1,000
Principal Investigator: Robert Schlenker
Award: Task Order Contract, Base
Awardee: Center for Health Services
 Research
 University of Colorado
 1355 South Colorado Boulevard
 Suite 706
 Denver, CO 80222

Status: This is the base task order contract (IDIQ contract) awarded in September 2000. Task awarded to date is (TO #1) Improving Protocols for Home Health Agency Assessment in the Survey Process. Individual tasks are described separately. There are three task orders awarded to date. The base award was for 1 year with a maximum of 4 option years. ■

Research, Analysis, Demonstration, and Survey Task Order Contract—Medicaid Research and Demonstrations (R&D)—C.N.A.

Project No: 500-00-0053
Project Officer: Dave Barbato
Period: September, 2000 to September, 2004
Funding: \$1,000
Principal Investigator: Robert Murray
Award: Task Order Contract, Base
Awardee: C.N.A. Corporation
 4401 Ford Avenue
 PO Box 16268
 Alexandria, VA 22302-8268

Status: This is the base task order contract (IDIQ contract) awarded in September 2000. There are two task orders awarded to date. The base award was for 1 year with a maximum of 4 option years. ■

Research, Analysis, Demonstration, and Survey Task Order Contract—Medicare Research and Demonstrations—C.N.A.

Project No: 500-00-0035
Project Officer: Dave Barbato
Period: September, 2000 to September, 2004
Funding: \$1,000
Principal Investigator: Robert Murray
Award: Task Order Contract, Base
Awardee: C.N.A. Corporation
 4401 Ford Avenue
 PO Box 16268
 Alexandria, VA 22302-8268

Status: This is the base task order contract (IDIQ contract) awarded in September 2000. Tasks awarded to date are (TO#1) Integrated Chronic Disease Quality Performance Measurement at the Physician Level, and (TO#2) Improving Nursing Home Enforcement. Individual tasks are described separately. The base award was for 1 year with a maximum of 4 option years. ■

Research, Analysis, Demonstration, and Survey Task Order Contract—Medicaid Research and Demonstrations (R&D)—Lewin

Project No: 500-00-0051
Project Officer: Dave Barbato
Period: September, 2000 to September, 2004
Funding: \$1,000
Principal Investigator: Michael Fischman
Award: Task Order Contract, Base
Awardee: Lewin Group
 3130 Fairview Park Drive, Suite 800
 Falls Church, VA 22042

Status: This is the base task order contract (IDIQ contract) awarded in September 2000. Task awarded to date is (TO #1) Medicaid Payment Accuracy Review Systems. There are currently three task orders awarded. Individual tasks are described separately. The base award was for 1 year with a maximum of 4 option years. ■

Research, Analysis, Demonstration, and Survey Task Order Contract—Medicare Research and Demonstrations—Medstat

Project No: 500-00-0034
Project Officer: Dave Barbato
Period: September, 2000 to September, 2004
Funding: \$1,000
Principal Investigator: Claude Bowen
Award: Task Order Contract, Base
Awardee: Medstat Group (DC)
 600 Maryland Avenue, SW
 Suite 550
 Washington, DC 20024-2512

Status: This is the base task order contract (IDIQ contract) awarded in September 2000. There are no tasks awarded to date. The base award was for 1 year with a maximum of 4 option years. ■

Research, Analysis, Demonstration, and Survey Task Order Contract—Medicaid Research and Demonstrations (R&D)—Medstat

Project No: 500-00-0050
Project Officer: Dave Barbato
Period: September, 2000 to September, 2004
Funding: \$1,000
Principal Investigator: Claude Bowen
Award: Task Order Contract, Base
Awardee: Medstat Group (DC)
 600 Maryland Avenue, SW
 Suite 550
 Washington, DC 20024-2512

Status: This is the base task order contract (IDIQ contract) awarded in September 2000. Task awarded to date is 01 “Next Generation Medicare Managed Care Payment System.” Individual tasks are described separately. The base award was for 1 year, but the contract includes four 1-year options to extend for a total potential of 5 years. ■

Research, Analysis, Demonstration, and Survey Task Order Contract—Medicaid Research and Demonstrations (R&D)—MPR

Project No: 500-00-0047
Project Officer: Dave Barbato
Period: September, 2000 to September, 2004
Funding: \$0
Principal Investigator: Embry Howell
Award: Task Order Contract, Base
Awardee: Mathematica Policy Research (DC)
 600 Maryland Avenue, SW
 Suite 550
 Washington, DC 20024-2512

Status: This is the base task order contract (IDIQ contract) awarded in September 2000. Task awarded to date is (TO# 01) Disabled and Special Needs Populations: Examining Enrollment, Utilization, and Expenditures. There are currently four task orders awarded. Individual tasks are described separately. The base award was for 1 year with a maximum of 4 option years. ■

Research, Analysis, Demonstration, and Survey Task Order Contract—Medicare Research and Demonstrations (R&D)—MPR

Project No: 500-00-0033
Project Officer: Dave Barbato
Period: September, 2000 to September, 2004
Funding: \$1,000
Principal Investigator: Randall S. Brown, Ph.D.
Award: Task Order Contract, Base
Awardee: Mathematica Policy Research (Princeton)
 600 Alexander Park
 PO Box 2393
 Princeton, NJ 08543-2393

Status: This is the base task order contract awarded in September 2000. Task order awarded to date is (TO #1) Evaluation of PACE as a Permanent Program and a For-Profit Demonstration. Individual tasks are described separately. There are three task orders awarded. The base award was for 1 year with a maximum of 4 option years. ■

Research, Analysis, Demonstration, and Survey Task Order Contract—Medicaid Research and Demonstrations (R&D)—RAND

Project No: 500-00-0048
Project Officer: Dave Barbato
Period: September, 2000 to September, 2004
Funding: \$1,000
Principal Investigator: Richard Wright
Award: Task Order Contract, Base
Awardee: RAND Corporation
 1700 Main Street
 PO Box 2138
 Santa Monica, CA 90407-2138

Status: This is the base task order contract (IDIQ contract) awarded in September 2000. There are no tasks awarded to date. The base award was for 1 year with a maximum of 4 option years. ■

Research, Analysis, Demonstration, and Survey Task Order Contract—Medicaid Research and Demonstrations—RTI

Project No: 500-00-0046
Project Officer: Dave Barbato
Period: September, 2000 to September, 2004
Funding: \$1,000
Principal Investigator: Janet Mitchell
Award: Task Order Contract, Base
Awardee: Research Triangle Institute
 411 Waverley Oaks Road, Suite 330
 Waltham, MA 02452-8414

Status: This is the base task order contract (IDIQ contract) awarded in September 2000. Tasks awarded to date are (TO #1) Diabetes Care Across the Life Span for Medicaid Beneficiaries: Gender and Racial Differences, and (TO #2) Evaluation of the Demonstration To Maintain Independence and Employment and the Maine Section 1115 HIV/AIDS Waiver (TWWIA). Individual tasks are described separately. The base award was for 1 year with a maximum of 4 option years. ■

Research, Analysis, Demonstration, and Survey Task Order Contract—Medicaid Research and Demonstrations—RTI

Project No: 500-00-0044
Project Officer: Dave Barbato
Period: September, 2000 to September, 2004
Funding: \$0
Principal Investigator: Don Enichen
Award: Task Order Contract, Base
Awardee: Research Triangle Institute (NC)
 3040 Cornwallis Road
 PO Box 12194
 Research Triangle Park, NC
 27709-2194

Status: This is the base task order contract (IDIQ contract) awarded in September 2000. Tasks awarded to date are (TO# 1) Evaluation of the BadgerCare Medicaid Demonstration, and (TO# 2) Research on Systems Changes in Long-Term Care. Individual tasks are described separately. The base award was for 1 year with a maximum of 4 option years. ■

Research, Analysis, Demonstration, and Survey Task Order Contract—Medicare Research and Demonstrations (R&D)—RTI

Project No: 500-00-0024
Project Officer: Dave Barbato
Period: September, 2000 to September, 2004
Funding: \$0
Principal Investigator: Don Enichen
Award: Task Order Contract, Base
Awardee: Research Triangle Institute (NC)
 3040 Cornwallis Road
 PO Box 12194
 Research Triangle Park, NC
 27709-2194

Status: This is the base task order contract (IDIQ contract) awarded in September 2000. Tasks awarded to date are (TO#1) Assessment of Medicare Prescription Drugs and Coverage Policies, (TO#2) Questionnaire Development and Cognitive Testing Using Item Response Theory, (TO#3) Analysis of Medicare Beneficiary Baseline Knowledge Data Using the Medicare Current Beneficiary Survey—Phase 3, and (TO#4) Development of Quality Indicators for Inpatient Rehabilitation. There are currently 14 task orders awarded. Individual tasks are described separately. The base award was for 1 year with a maximum of 4 option years. ■

Research, Analysis, Demonstration, and Survey Task Order Contract—Medicaid Research and Demonstrations (R&D)—UI

Project No: 500-00-0045
Project Officer: Dave Barbato
Period: September, 2000 to September, 2004
Funding: \$1,000
Principal Investigator: Erica Franklin
Award: Task Order Contract, Base
Awardee: Urban Institute
 2100 M Street, NW
 Washington, DC 20037

Status: This is the base task order contract (IDIQ contract) awarded in September 2000. There are two task orders awarded to date. The base award was for 1 year with a maximum of 4 option years. ■

Research, Analysis, Demonstration, and Survey Task Order Contract—Medicare Research and Demonstrations (R&D)—UI

Project No: 500-00-0025
Project Officer: Dave Barbato
Period: September, 2000 to September, 2004
Funding: \$0
Principal Investigator: Steven Zuckerman
Award: Task Order Contract, Base
Awardee: Urban Institute
 2100 M Street, NW
 Washington, DC 20037

Status: This is the base task order contract (IDIQ contract) awarded in September 2000. Tasks awarded to date are (TO#1) Assessment of Medicare Prescription Drugs and Coverage Policies, (TO#2) Questionnaire Development and Cognitive Testing Using Item Response Theory, (TO#3) Analysis of Medicare Beneficiary Baseline Knowledge Data Using the Medicare Current Beneficiary Survey – Phase 3, and (TO#4) Development of Quality Indicators for Inpatient Rehabilitation. There are currently 14 task orders awarded. Individual tasks are described separately. The base award was for 1 year with a maximum of 4 option years. ■

Research, Analysis, Demonstration, and Survey Task Order Contract—Medicare Research and Demonstrations—URREA

Project No: 500-00-0028
Project Officer: Dave Barbato
Period: September, 2000 to September, 2004
Funding: \$1,000
Principal Investigator: Philip Held
Award: Task Order Contract, Base
Awardee: University Renal Research and Education Association
 315 West Huron, Suite 260
 Ann Arbor, MI 48103

Status: This is the base task order contract (IDIQ contract) awarded in September 2000. There are no tasks awarded to date. The base award was for 1 year with a maximum of 4 option years. ■

Research, Analysis, Demonstration, and Survey Task Order Contract—Medicare Research and Demonstrations (R&D)—Wisconsin

Project No: 500-00-0029
Project Officer: Dave Barbato
Period: September, 2000 to September, 2004
Funding: \$1,000
Principal Investigator: Sarita Karon, Ph.D.
Award: Task Order Contract, Base
Awardee: University of Wisconsin, Madison
 750 University Avenue
 Madison, WI 53706

Status: This is the base task order contract (IDIQ contract) awarded in September 2000. There are no tasks awarded to date. The base award was for 1 year with a maximum of 4 option years. ■

RESEARCH, ANALYSIS, DEMONSTRATION, AND SURVEY TASK ORDER CONTRACT—POLICY ANALYSIS

This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this policy analysis specialty area contract, CMS may award task orders for projects that involve the analysis of policy questions, often within short timeframes, to provide the Government with information and options to guide decisions related to important or urgent policy issues. The base award was for 1 year with a maximum of 4 option years.

Research, Analysis, Demonstration, and Survey Task Order Contract—Policy Analysis—Abt

Project No: 500-00-0015
Project Officer: Dave Barbato
Period: September, 2000 to September, 2004
Funding: \$1,000
Principal Investigator: David Kidder
Award: Task Order Contract, Base
Awardee: Abt Associates, Inc.
 55 Wheeler Street
 Cambridge, MA 02138

Status: This is the base task order contract (IDIQ contract) awarded in September 2000. Task awarded to date is (TO#1) Medicare Behavioral Health Cost and Use Study. Individual tasks are described separately. ■

**Research, Analysis, Demonstration, and Survey
Task Order Contract—Policy Analysis—ARC**

Project No: 500-00-0016
Project Officer: Dave Barbato
Period: September, 2000 to
September, 2004
Funding: \$0
Principal Investigator: Gordon Trapnell
Award: Task Order Contract, Base
Awardee: Actuarial Research Corporation
5513 Twin Knolls Road, Suite 213
Columbia, MD 21045

Status: This is the base task order contract (IDIQ contract) awarded in September 2000. Task awarded to date: (TO# 1) Data Collection to Support Policy Analysis of Choices Offered to Medicare+Choice Enrollees and Choices Made by Enrollees. Individual tasks are described separately. ■

**Research, Analysis, Demonstration, and Survey
Task Order Contract—Policy Analysis—
BearingPoint**

Project No: 500-00-0017
Project Officer: Dave Barbato
Period: September, 2000 to
September, 2004
Funding: \$1,000
Principal Investigator: Kenneth Cahill
Award: Task Order Contract, Base
Awardee: BearingPoint
1676 International Drive
McLean, VA 22102-4828

Status: This is the base task order contract (IDIQ contract) awarded in September 2000. There are no tasks awarded to date. ■

**Research, Analysis, Demonstration, and Survey
Task Order Contract—Policy Analysis—Brandeis**

Project No: 500-00-0018
Project Officer: Dave Barbato
Period: September, 2000 to
September, 2004
Funding: \$1,000
Principal Investigator: Christopher Tompkins
Award: Task Order Contract, Base
Awardee: Institute for Health Policy
Heller Graduate School
Brandeis University
415 South Street
PO Box 9110
Waltham, MA 02254-9110

Status: This is the base task order contract (IDIQ contract) awarded in September 2000. There are no tasks awarded to date. ■

**Research, Analysis, Demonstration, and Survey
Task Order Contract—Policy Analysis—C.N.A.**

Project No: 500-00-0019
Project Officer: Dave Barbato
Period: September, 2000 to
September, 2004
Funding: \$1,000
Principal Investigator: Robert Murray
Award: Task Order Contract, Base
Awardee: C.N.A. Corporation
4401 Ford Avenue
PO Box 16268
Alexandria, VA 22302-8268

Status: This is the base task order contract (IDIQ contract) awarded in September 2000. There are no tasks awarded to date. ■

**Research, Analysis, Demonstration, and Survey
Task Order Contract—Policy Analysis—Medstat**

Project No: 500-00-0021
Project Officer: Dave Barbato
Period: September, 2000 to
September, 2004
Funding: \$1,000
Principal Investigator: Claude Bowen
Award: Task Order Contract, Base
Awardee: Medstat Group (DC)
600 Maryland Avenue, SW
Suite 550
Washington, DC 20024-2512

Status: This is the base task order contract (IDIQ contract) awarded in September 2000. There are no tasks awarded to date. ■

**Research, Analysis, Demonstration, and Survey
Task Order Contract—Policy Analysis—MPR**

Project No: 500-00-0020
Project Officer: Dave Barbato
Period: September, 2000 to
September, 2004
Funding: \$1,000
Principal Investigator: Sue Felt-Lisk
Award: Task Order Contract, Base
Awardee: Mathematica Policy Research
(Princeton)
600 Alexander Park
PO Box 2393
Princeton, NJ 08543-2393

Status: This is the base task order contract (IDIQ contract) awarded in September 2000. There are no tasks awarded to date. ■

**Research, Analysis, Demonstration, and Survey
Task Order Contract—Policy Analysis—RTI**

Project No: 500-00-0022
Project Officer: Dave Barbato
Period: September, 2000 to
September, 2004
Funding: \$1,000
Principal Investigator: Don Enichen
Award: Task Order Contract, Base
Awardee: Research Triangle Institute (NC)
3040 Cornwallis Road
PO Box 12194
Research Triangle Park, NC
27709-2194

Status: This is the base task order contract (IDIQ contract) awarded in September 2000. Task awarded to date is (TO# 1) Market Area Selection and Data Development for Medicare Fee-for-Service Reform. Individual tasks are described separately. ■

**Research, Analysis, Demonstration, and Survey
Task Order Contract—Policy Analysis—UI**

Project No: 500-00-0023
Project Officer: Dave Barbato
Period: September, 2000 to September,
2004
Funding: \$1,000
Principal Investigator: Steven Zuckerman
Award: Task Order Contract, Base
Awardee: Urban Institute
2100 M Street, NW
Washington, DC 20037

Status: This is the base task order contract (IDIQ contract) awarded in September 2000. There are no tasks awarded to date. ■

**Support for Research and Analytic Activities—
IQ Solutions**

Project No: 500-00-0059
Project Officer: Dave Barbato
Period: September, 2000 to September,
2004
Funding: \$0
Principal Investigator: Ileana Quintas
Award: Task Order Contract, Base
Awardee: IQ Solutions, Inc.
11300 Rockville Pike, Suite 901
Rockville, MD 20852

Description: This project provides support for CMS's research and analytic program. Specifically, it will support project design and operation, dissemination and distribution of results, and data-related activities. The base award was for 1 year with a maximum of 4 option years.

Status: This is the base task order contract (IDIQ contract) awarded in September 2000. Tasks awarded to date are (TO#1) Support for Research and Analytic Activities; (TO#2) Active Projects Report: Reconsideration, Revision, and Production Improvements; and (TO#3) Research and Demonstration Projects Searchable Database; Stage Two Improvement, Enhancements, and Implementation. Individual tasks are described separately. ■

Project Planning Templates and Development of XML Data Files

Project No: CMS-03-00330
Project Officer: James Beyer
Period: September, 2003 to September, 2004
Funding: \$40,000
Principal Investigator: Ed Ziv
Award: Simplified Acquisition
Awardee: Ventera Corp
 1600 International Drive, Suite 100
 McLean, VA 03756

Description: The Office of Research, Development, and Information (ORDI) at CMS is a diverse group that includes an assembly of researchers, analysts, and other administrative personnel whose main purpose is to compose and disseminate health-related data in layman's terms to the general public. Every year, ORDI compiles at least five major publications, e.g., *Health Care Financing Review* and the *CMS Data Compendium*. These publications contain articles, statistics, graphs, and tables that describe a wide variety of health-related data. These publications are in the process of migrating to an .xml format for Web posting and eventually for production and publication. Managing this migration while maintaining timely publication is a serious challenge in any case, and particularly so at static staffing levels.

One item of particular importance in this migration process involves a review of current and upcoming publication formats to identify new ways of presenting and disseminating the data themselves and their implications for the health services research community. This goal involves analyzing the post-production archives of the *Statistical Supplement* and related publications to identify opportunities for document conversion hubs, interactive data tools, Internet-based availability of both raw data and analyzed files, and graphic representation of technical data for nontechnical audiences.

Another item of great importance is reviewing the production process itself to identify ways to improve data collection and presentation. Current processes for gathering data from legacy systems and into more up-to-date programs may not be keeping up with current opportunities in information technology. Identifying opportunities for greater efficiency and accuracy, including areas where human review is needed for quality assurance, is essential for keeping these publication schedules on-target as legacy-based programmers retire and are not replaced.

Status: The project is close to completion. ■

Convert CMS Research Results to Consistent Standardized Architecture To Support Web-Based Dissemination (With Two Options)

Project No: 500-00-0059/04
Project Officer: James Beyer
Period: September, 2002 to September, 2004
Funding: \$50,839
Principal Investigator: Kenitra Smith
Award: Task Order
Awardee: IQ Solutions, Inc.
 11300 Rockville Pike, Suite 901
 Rockville, MD 20852

Description: This project provides review, assessment, and planning activities that support CMS in building a Web-based capacity to disseminate the findings of our research and information. Some preparatory work that makes this possible has already been done for some of our products, e.g., *Health Care Financing Review* and moving the database on research and demonstration projects to a Web-based application.

Status: Conversion of statistical publications in .xml format and then into electronic publishing is in planning stages (December 2003). ■

Impact of Nonresponse of MCBS Estimates

Project No: 500-01-0027/01
Project Officer: Gerald Adler
Period: September, 2001 to July, 2003
Funding: \$220,233
Principal Investigator: Gregory Pope
Award: Task Order
Awardee: Research Triangle Institute
 411 Waverley Oaks Road, Suite 330
 Waltham, MA 02452-8414

Description: This task is to conduct methodological studies on data from the Medicare Current Beneficiary Survey (MCBS) in order to: (1) inform project management of improvements that may be made in the design of the study, and (2) inform users of data characteristics that may be important to their analyses. The goal of this activity is to make available the highest quality MCBS data, and to facilitate the highest quality analyses. All surveys are subject to several forms of nonresponse, defined generally as the failure to obtain complete measurements on the survey sample including unit nonresponse, in which a sample member fails to be interviewed, and item nonresponse, in which certain answers are missing in an otherwise completed questionnaire. In addition, in longitudinal surveys there

is the potential for respondents to respond partially, participating in some rounds of the survey and not in others. This project is intended to produce a thorough documentation and analysis of the degree of nonresponse bias experienced by the MCBS, reasons for and demographic correlates of nonresponse, consequences of nonresponse rates for analyses of MCBS data, and ways in which the impact of nonresponse may be reduced or mitigated.

Status: The project is completed. ■

Annual Production

Project No: 500-00-0059/02
Project Officer: James Beyer
Period: June, 2002 to September, 2005
Funding: \$29,000
Principal Investigator: Kenitra Smith
Award: Task Order
Awardee: IQ Solutions, Inc.
 11300 Rockville Pike, Suite 901
 Rockville, MD 20852

Description: The *Active Projects Report* is an annual publication listing research and demonstration projects funded by the Centers for Medicare & Medicaid Services. Until the 2001 edition, this was done by intramural staff at substantial expense (measured in staff hours). As of the 2002 edition, the first draft now generates directly from the database that holds research and demonstration project information. This copy needs to be edited and readied for printing. This project has two purposes for future editions: (1) to produce the book, including a template to convert the database file to print-ready copy, and (2) to do so more efficiently than through the use of intramural staff.

Status: This is an annual publication. ■

Research and Demonstrations Projects

Searchable Database: Stage Two, Improvement, Enhancements, and Implementation

Project No: 500-00-0059/03
Project Officer: James Beyer
Period: September, 2001 to November, 2002
Funding: \$128,816
Principal Investigator: Ileana Quintas
Award: Task Order
Awardee: IQ Solutions, Inc.
 11300 Rockville Pike, Suite 901
 Rockville, MD 20852

Description: This task order continues the work of earlier efforts toward modernizing the results of CMS research efforts. A previous task helped to automate and simplify the publication of a directory of all active research projects at CMS; this task turns that information into a searchable, Web-friendly database.

These efforts involve a careful beta test of the revised database, revision as dictated by this test, retesting, and secondary revision, preparation for access through public Web pages, and the addition of documents and references as appropriate.

Status: The first version of the revised database structure was completed in mid-November 2002 and a second, more functional version delivered in late December for testing. The second version was developed based on comments from use of the initial/first version and was displayed to a larger group of CMS staff in late December. This second version was placed in an internal environment for staff testing. Due to functional issues and other technical difficulties with the initial deliverable, the software has been returned to the contractor for further refinements. ■

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Facts About the Centers for Medicare & Medicaid Services

The Centers for Medicare & Medicaid Services (CMS) administers the Medicare program and works in partnership with the States to administer Medicaid, the State Children's Health Insurance Program (SCHIP), and health insurance portability standards. In addition to these programs, CMS has other responsibilities, including the administrative simplification standards from the Health Insurance Portability and Accountability Act of 1996 (HIPAA), quality standards in health care facilities through its survey and certification activity, and clinical laboratory quality standards.

About 83 million beneficiaries, or more than 1 in 4 Americans, receive health care coverage through Medicare, Medicaid, and SCHIP. Medicare covers almost 42 million people, and about 43 million are covered by Medicaid (including approximately 6 million who are dually eligible for Medicare and Medicaid). Additionally, more than 6 million children are covered by SCHIP through separate programs or Medicaid-based expansions.

CMS spends 20 percent of the Federal Government's dollars. In FY 2005, CMS will spend about \$519 billion: 63 percent for Medicare, 35 percent for Medicaid and Medicaid administration, 1 percent for SCHIP, and 1 percent for other administrative costs. Including State spending, these programs spend about 45 percent of the Nation's health care dollars.

THE MEDICARE PROGRAM

Medicare is a social insurance program enacted in 1965 that is financed by a combination of payroll taxes from workers and their employers, beneficiary premium payments, and general Federal revenues. The program provides health insurance to people age 65 and over, those who have permanent kidney failure requiring dialysis or transplant, and certain individuals under 65 with disabilities.

THE MEDICARE MODERNIZATION ACT OF 2003

The recently enacted Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) made the most significant changes to the program since 1965. The law provides more choices in health care coverage and better health care benefits. MMA creates a discount drug card until a new Part D outpatient prescription drug benefit begins operation in 2006, allows for competition among health plans to foster innovation and flexibility in coverage, covers new preventive benefits, and makes numerous other changes. (For a more complete discussion, see the MMA page on the CMS Web site.)

In 2006, the new voluntary Part D outpatient prescription drug benefit will be available to beneficiaries from private drug plans as well as Medicare Advantage (mainly managed care) plans. Employers who provide retiree drug coverage will be eligible for a Federal subsidy. Beneficiaries with incomes less than 150 percent of the Federal poverty limit will be eligible for Medicare subsidies—a first for the program.

ORIGINAL MEDICARE

The fee-for-service Medicare program has two parts: Hospital Insurance (Part A) and Medical Insurance (Part B). Medicare Part A helps pay for inpatient hospital services, skilled nursing facility services, certain home health services, and hospice care. Medicare Part B helps pay for doctor services, outpatient hospital services, certain home health services, medical equipment and supplies, and other health services and supplies.

Since its inception, Medicare has contracted with insurance companies to administer the program. A Fiscal Intermediary is a private company that Medicare contracts with to pay hospitals, skilled nursing facilities, and home health agencies for their Part A and some Part B bills. A Carrier is a private company that Medicare contracts with to

pay physicians and other suppliers for their Part B bills. Under the contracting reform provisions of MMA, CMS will begin to contract for these services on a competitive basis.

Original Medicare is a fee-for-service payment model and is available everywhere in the United States. Beneficiaries are free to go to any doctor, specialist, or hospital that accepts Medicare, and most providers participate in Medicare. Beneficiaries and Medicare share the bill. More than 36 million beneficiaries are in original Medicare.

MEDICARE ADVANTAGE

MMA replaces the Medicare+Choice program with the Medicare Advantage program under Part C of Medicare. Under Medicare Advantage, beneficiaries can choose from an array of private health plan options, including HMOs, PPOs, and private fee-for-service plans (availability varies geographically). MMA changes how private plans will be paid in 2004 and thereafter. Private plans can use the enhanced payments provided under MMA to offer beneficiaries more generous coverage and to provide additional benefits that original Medicare may not.

In 2006, the following changes will be made to Medicare Advantage: new regional PPOs will be available to beneficiaries to increase private plan choices; Medicare and beneficiary payments to plans will be based on a new system of competitive bidding; and beneficiaries may choose to receive the new Part D prescription drug benefit from their Medicare Advantage plan. Nearly 5 million beneficiaries are enrolled in Medicare Advantage health plans.

THE MEDICAID PROGRAM

Medicaid eligibility is limited to individuals who fall into specified categories. The Federal statute identifies over 25 different eligibility categories for which Federal funds are available. These categories can be classified into broad coverage groups: pregnant women, children and teenagers, and individuals who are aged, blind, or disabled. The rules for counting income and resources vary from State to State and from group to group. For instance, there are special rules for those who live in nursing homes and for disabled children living at home. Generally, individuals who are poor, but who have no dependent children and are not disabled, may not qualify for Medicaid coverage no matter how low their income. Exceptions to this rule are some expansion populations in certain States with section 1115 waivers, which are meant to demonstrate a new or innovative approach for additions or improvements to the Medicaid program.

Medicaid was originally enacted in 1965 as a jointly funded program in which the Federal Government matches State spending to provide medical and health-related services. Although there are broad Federal requirements for Medicaid concerning eligibility, benefits, and provider payments, States have a wide degree of flexibility in designing their programs. The portion of the Medicaid program that is paid by the Federal Government is known as the Federal Medical Assistance Percentage. It is determined annually for each State by a formula that compares the State's average per capita income level with the national average (the Federal Government matches at least half of State spending).

States have the authority to establish eligibility standards, set the rate of payment for services, and determine the type, amount, duration, and scope of services. Because States have this flexibility, there are considerable variations from State to State.

The option to have a "medically needy" program allows States to extend Medicaid eligibility to additional qualified persons who may have too much income to qualify under the mandatory or optional categorically needy groups. This option allows them to spend down to Medicaid eligibility by incurring medical and/or remedial care expenses to offset their higher income. Many elderly in nursing homes eventually become eligible for Medicaid through this program.

States have sought waivers of Federal rules to expand health care coverage to low-income, uninsured populations and to test innovative approaches in health care service delivery. Although these demonstrations vary greatly, most employ a common overall approach: expanding the use of managed care for the Medicaid population. Nearly half of the States have comprehensive health care reform demonstrations.

MEDICAID-MEDICARE RELATIONSHIP

Medicare beneficiaries who have low income and limited resources may receive help paying for their Medicare premiums and out-of-pocket medical expenses through Medicaid. Various benefits are available to “dual eligibles,” the more than 6 million Medicare beneficiaries eligible for some type of Medicaid benefit.

For persons who are eligible for full Medicaid coverage, the Medicaid program supplements Medicare coverage by providing services and supplies that are available under their State’s Medicaid program. For services that are covered by both programs, Medicare pays first, and Medicaid pays for the beneficiary’s cost sharing (up to the State’s payment limit). Medicaid also covers additional services. For Medicare beneficiaries with incomes just above the Medicaid eligibility levels, limited Medicaid benefits are available to pay for out-of-pocket Medicare cost-sharing expenses and Medicare Part B premium for certain other Medicare beneficiaries.

THE STATE CHILDREN’S HEALTH INSURANCE PROGRAM

The Balanced Budget Act of 1997 created the State Children’s Health Insurance Program (SCHIP), financed jointly by the Federal Government and the States. States may initiate and/or expand health insurance to uninsured, low-income children by designing a new children’s health insurance program, expanding current Medicaid programs, or using a combination of both strategies. The program is the most significant improvement in access to health care for children since the creation of Medicaid; SCHIP covers more than 5 million children.

SCHIP is a capped entitlement for States. Congress appropriated \$40 billion from FY 1998 through FY 2007 to help States expand health insurance to children whose families earn too much to qualify for Medicaid, yet not enough to afford private insurance. All States are participating in the program. CMS has worked in concert with many partners in the public and private sectors to encourage eligible families to sign up their children for coverage.

QUALITY IMPROVEMENT

In addition to providing health insurance through our programs, CMS performs a number of quality-focused activities that benefit all Americans. These activities include minimum quality standards through the survey and certification of health care facilities. State surveyors visit a certain number of facilities each year to determine compliance with CMS quality standards and investigate complaints from the public. CMS also regulates all laboratory testing (whether provided to beneficiaries of the programs or to others) under the Clinical Laboratory Improvement Amendments.

Under the Quality Improvement Organization program, CMS contracts with independent medical organizations to ensure that medical care paid under the Medicare program is reasonable and medically necessary, meets professionally recognized standards of health care, and is provided in the most economical setting. CMS is further working to improve the quality of health care by measuring and improving outcomes of care, educating health care providers about quality improvement opportunities, and educating beneficiaries to make good health care choices. CMS provides comparative quality information about nursing homes and home health agencies on our Web site. Comparative quality information for hospitals is under development.

THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

Insurance Reform

The Department of Health and Human Services, the Department of Labor, and the Department of Treasury have roles in implementing the insurance reform provisions of HIPAA. CMS works with States to comply with the small group and individual market provisions of HIPAA. This part of the law is designed to protect health insurance coverage for workers and their families when they change or lose their jobs. For the first time, the Act applies the same rules governing portability of health insurance coverage across the large group, small group, and individual insurance

markets. It limits the application of preexisting condition clauses and imposes requirements concerning mental health parity.

Administrative Simplification

HIPAA also contains administrative simplification provisions, which are designed to create national standards for electronic health information transactions. CMS implements these provisions.

Program Integrity

The Health Care Fraud and Abuse Control Program was established by HIPAA to reduce the amount of fraud and abuse in CMS programs. In addition to CMS, the Office of the Inspector General in HHS and the Federal Bureau of Investigation receive funds to combat health care fraud and abuse.

CMS—FACTS ABOUT THE AGENCY

CMS's national headquarters is located in Baltimore, Maryland. The 10 regional offices work with the contractors who administer the Medicare program and work with the States to administer Medicaid, SCHIP, HIPAA, and survey and certification of health care providers. CMS works closely with the Social Security Administration (SSA) to provide information about Medicare to beneficiaries applying for, or currently receiving, retirement or disability benefits at local SSA district offices.

Research Information on the CMS Web Site

The Researchers page on the CMS Web site, www.cms.hhs.gov/researchers, contains links to information you may find useful, including Medicare, Medicaid, and State Children's Health Insurance Program data and statistics.

A list of CMS-sponsored research reports may be viewed on our Web site; some reports also are available for downloading. These reports can be accessed from the Researchers page, or you can go directly to www.cms.hhs.gov/researchers/projects/default.asp#Reporting_On_Results.

A searchable database of this Active Projects Report is available at www.cms.hhs.gov/researchers/projects/apr/search. The *Active Projects Report* itself also is available online at www.cms.hhs.gov/researchers/projects/apr.

Other Sources for CMS-Sponsored Project Reports and Results

As extramural research projects are completed, CMS places the final reports with the National Technical Information Service (NTIS) for public access. For these reports, the NTIS accession number is included in the project write-up within this book. Further information may be obtained from the National Technical Information Service, Document Sales, 5285 Port Royal Road, Springfield, VA 22161, (703) 605-6000. Information about NTIS reports is available on the Internet at www.ntis.gov.

A few reports are published directly by CMS. These reports are available for purchase from the U.S. Government Printing Office (GPO). Reports must be ordered directly from GPO. Again, the stock number of a published report is included in the project write-up. These reports may be ordered by contacting GPO at (202) 512-1800 ext. 1. Information about GPO published reports is also available on the Internet at bookstore.gpo.gov.

Health Care Financing Review

Both current and archived issues of the *Health Care Financing Review*, CMS's research journal, are available at www.cms.hhs.gov/review.

Wallet Card of CMS Facts and Figures

CMS produces an annual summary of key facts and figures about CMS programs. The Agency's senior staff receives a laminated card with this information each year. The following 2004 version can be cut and folded to a similar format.

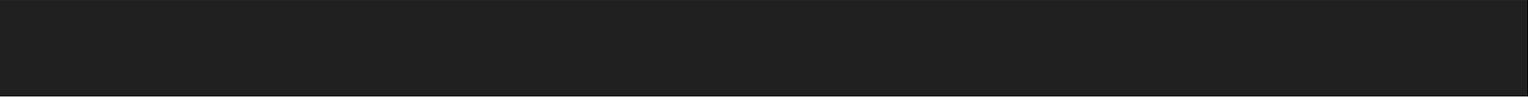
CMS PROGRAM DATA		1982-90	1991-04	1992-90	1991-04	1992-90	1991-04	2002 ¹	2003 ¹	2004 ¹
Medicare Deductibles	Part A	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00
Medicare Deductibles	Part B	\$76.00	\$76.00	\$76.00	\$76.00	\$76.00	\$76.00	\$76.00	\$76.00	\$76.00
Medicare Premiums	Part A	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00
Medicare Premiums	Part B	\$17.00	\$17.00	\$17.00	\$17.00	\$17.00	\$17.00	\$17.00	\$17.00	\$17.00
Cons/LTR Day		420.00	438.00	420.00	438.00	420.00	438.00	420.00	438.00	420.00
Cons/SNF Day		109.50	109.50	109.50	109.50	109.50	109.50	109.50	109.50	109.50
Populations (mil.)	1975									
Medicare (average monthly)		34.1	40.4	40.9	41.6	41.6	41.6	41.6	41.6	41.6
HI and/or SMI		30.8	34.6	34.9	35.3	35.3	35.3	35.3	35.3	35.3
Disabled		3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.3
Age		22.9	39.9	41.9	42.9	42.9	42.9	42.9	42.9	42.9
Total (including Other)		3.1	4.2	4.3	4.4	4.4	4.4	4.4	4.4	4.4
Blind/Disabled		3.8	7.5	7.8	8.0	8.0	8.0	8.0	8.0	8.0
Children		10.7	18.4	19.3	19.7	19.7	19.7	19.7	19.7	19.7
Adults		9.1	10.7	10.8	10.8	10.8	10.8	10.8	10.8	10.8
SCHIP (person years)		3.8	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9
SCHIP (ever enrolled)		3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5
Medicare Expenditures CY 02		\$1,553.0	\$1,553.0	\$1,553.0	\$1,553.0	\$1,553.0	\$1,553.0	\$1,553.0	\$1,553.0	\$1,553.0
Total (Total \$504.7, Medicare \$267.1, Medicaid-SCHIP \$150.5, Other \$87.1)		\$5,440	\$5,440	\$5,440	\$5,440	\$5,440	\$5,440	\$5,440	\$5,440	\$5,440
% of GDP		14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%
per capita		\$839.6	\$839.6	\$839.6	\$839.6	\$839.6	\$839.6	\$839.6	\$839.6	\$839.6
Total Private (bil.)		\$839.6	\$839.6	\$839.6	\$839.6	\$839.6	\$839.6	\$839.6	\$839.6	\$839.6
Medicare Providers/Plans	01/04	6,065	6,065	6,065	6,065	6,065	6,065	6,065	6,065	6,065
Short-Term Stay (as of 09/02)		7,205	7,205	7,205	7,205	7,205	7,205	7,205	7,205	7,205
Total Hospitals (as of 09/02)		14,943	14,943	14,943	14,943	14,943	14,943	14,943	14,943	14,943
Physicians		4,464	4,464	4,464	4,464	4,464	4,464	4,464	4,464	4,464
Non-Phys. Practitioners		183,690	183,690	183,690	183,690	183,690	183,690	183,690	183,690	183,690
Total Managed Care Plans		2,970	2,970	2,970	2,970	2,970	2,970	2,970	2,970	2,970
M+C Plans (CCP+PFFS)		3,404	3,404	3,404	3,404	3,404	3,404	3,404	3,404	3,404
HC		2,544	2,544	2,544	2,544	2,544	2,544	2,544	2,544	2,544
Hospice		2,438	2,438	2,438	2,438	2,438	2,438	2,438	2,438	2,438
ASCs		3,890	3,890	3,890	3,890	3,890	3,890	3,890	3,890	3,890
CCRFs		85	85	85	85	85	85	85	85	85
Claims Processing: No. in millions		2002	2003	2004 ¹	2002	2003	2004 ¹	2002	2003	2004 ¹
Intermediaries		166.8	170.6	175.7	166.8	170.6	175.7	166.8	170.6	175.7
Carriers		836.7	861.9	931.3	836.7	861.9	931.3	836.7	861.9	931.3
Est. "May not add due to rounding." As of total 4.6 million enrollees.										
Sources: OFM/CMAC/OTM/CMB/CBC/CMSSO										May 2004

CMS FINANCIAL DATA			
	FY 2001	FY 2002	FY 2003
Federal Entitlement Spending			
Medicare benefits (excl. admin. and QIO) ²	\$236.6	\$252.3	\$272.7
Total Medicaid (includes State admin.)	129.4	147.5	160.7
(Medicaid benefit payments--non-additive)	(124.4)	(140.4)	(152.8)
State Children's Health Ins. Prog.	3.7	3.7	4.4
Total Federal Entitlement Spending	\$369.7	\$403.5	\$437.8
Program Mgt. (enacted, non-comparable)			
Medicare Operations	\$1,356.4	\$1,532.0	\$1,666.7
Federal Administration	504.7	530.5	571.8
State Survey and Certification	242.1	253.1	252.7
Research, Demonstration & Evaluation	138.3	117.2	73.7
Revitalization Plan	0.0	0.0	0.0
Total, Program Mgt. Appropriation	\$2,241.6	\$2,432.8	\$2,564.9
Current Law User Fees	62.1	62.1	61.2
Total Program Level	\$2,303.7	\$2,494.9	\$2,626.1
MMA (P.L. 108-173)	0.0	0.0	0.0
Total, CMS Discretionary Funds	\$2,303.7	\$2,494.9	\$2,626.1
Health Care Fraud and Abuse Control			
Medicare Integrity Program	\$680.0	\$699.6	\$719.7
FBI	88.0	101.0	114.0
OTG & Wedge	181.9	209.2	239.0
Total HCFA Funding	\$949.9	\$1,009.8	\$1,072.8
FTE Employment	4,583	4,497	4,641

¹Estimated. ²Includes the SMI transfer to Medicaid in all fiscal years. ³Estimated FY 2004 FTE ceiling, at the time the Congressional Justification of the FY 2005 President's Budget was prepared. Does not reflect MMA staffing. NOTE: Parts may not add to totals due to rounding.

Source: OFM

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