

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
Office of Research, Development, and Information
7500 Security Boulevard
Baltimore, Maryland 21244-1850



2006 Edition

Active Projects Report

Research and Demonstrations in Health Care Financing

Theme 2

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



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, 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 December 19, 2003, extending the term of the demonstration to December 31, 2006. ■

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.

ADA and Quality Initiatives

Project No: 500-00-0021/01
Project Officer: Adrienne Delozier
Period: September 2003 to March 2006
Funding: \$4,005,562
Principal Investigator: Brian Burwell
Award: Task Order (RADSTO)
Awardee: MEDSTAT Group (DC - Conn.Ave.)
 4301 Connecticut Ave., NW, Suite 330
 Washington, DC 20008

Description: On June 22, 1999, the U.S. Supreme Court, in *Olmstead versus 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:

1. 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.
2. Resource Network for ADA/*Olmstead* - Supports the website HCBS.org which facilitates communication between states and consumers, provides seminal research and summaries on HCBS programs or initiatives, and provides important HCBS data.
3. *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.

4. Executive Order Administrative Costs - Will support the logistical planning and convening of two New Freedom Initiative Policy Summits.

5. 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 underway. ■

Better Chance Welfare Reform Project, A

Project No: 11-WV-00056/03
Project Officer: Mike Winton
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 on 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. ■

Arizona Health Care Cost Containment System

Project No: 11-W-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 701 East Jefferson, MD 7000 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 one million persons are currently enrolled in the program.

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

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, HCFA (now 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 (50/50) between CMS and UMWA once a 2-percent bracket is exceeded around the target. UMWA gains and losses are capped between 88-112 percent of the target. 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 a fee-for-service 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 which is currently provided by Advance PCS, a pharmacy benefits manager.

In 2001, CMS began paying a percentage of UMWA's prescription benefit drug cost (up to 27 percent of the UMWA's total costs). This percentage was increased to greater than 65 percent in 2004, as per the 2005 Presidential budget. CMS obtains information on the management of the prescription benefit, including using a pharmacy benefit manager, mandatory generic substitution, use of preferred pharmacy products, utilization review, and other techniques.

Status: The 2004-2005 contract with UMWA continues the demonstration and drug payments through September 2005, as per the 2005 Presidential Budget. CMS is

currently considering an extension of the existing demonstration until September 30, 2007. ■

Vermont Health Access Plan (VHAP)

Project No: 11-WV-00051/01
Project Officer: Angela Garner
Period: January 1996 to December 2006
Funding: \$0
Principal Investigator: John Michael Hall
Award: Waiver-Only Project
Awardee: Vermont, Agency of Human Services 103 S. Main St 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. ■

Wisconsin Partnership Program

Project No: 11-WV-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 One West Wilson Street, PO Box 7850 Madison, WI 53701

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 website 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). ■

Ticket to Work and Work Incentives Improvement Grant - Wisconsin

Project No: 11-P-91227/05
Project Officer: Carey Appold
Period: October 2000 to December 2004
Funding: \$2,663,935
Principal Investigator: John Reiser
Award: Grant
Awardee: Wisconsin Department of Health and Family Services
 One West Wilson Street, PO Box 7850
 Madison, WI 53701

Description: 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 website at www.cms.hhs.gov/twwiia.

Status: This award was made to allow the State to develop the infrastructure that will support the development of demonstration(s). The project is now completed. ■

Ticket to Work and Work Incentives Improvement Grant - Wyoming

Project No: 11-P-91492/08-01
Project Officer: Carey Appold
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

Description: 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 website 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). The project is complete. ■

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: Jason Petroski
Period: January 1990 to September 2005
Funding: \$0
Principal Investigator: Joel Kavet
Award: Grant
Awardee: United Mine Workers of America Health and Retirement Funds
 2121 K Street, NW
 Washington, DC 20037

Arkansas 1115

Project No: 11-W-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 for 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 and 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. 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 977. ■

Arkansas TEFRA-like Demonstration

Project No: 11-W-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 to provide match for demonstration-related expenditures, subject to a budget neutrality ceiling.

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

ARKids First B

Project No: 11-W-00115/06
Project Officer: Courtney Turner
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 Insurance Program. Arkansas's pre-existing section 1915(b) waiver program, ConnectCare, continues to operate as a separate program, enrolling applicants who meet current Medicaid eligibility requirements. ARKids B operates as a fee-for-service, primary care case management model. It employs the ConnectCare provider network currently in place for the section 1915(b) program.

Status: As of December 2004, there are more than 66,300 enrollees. ■

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 February 2005
Funding: \$132,352
Principal Investigator: Karen Linkins
 Sharon Zeruld
Award: Task Order (RADSTO)
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 FY1999-FY2001 under SAMHSA contract number 282-98-0016, Task Order number 19, which evaluated the implementation of evidence-based ACT programs in States and the use of Medicaid in financing such programs. The contract was modified in FY2001 to gain a better understanding of current barriers and facilitators to using the Medicaid Rehabilitation Option and the Targeted Case Management Option, as well as to test the utility and

efficacy of the Budget Simulation Model developed during the earlier phase of the project. ■

Background Check Pilot Program

Project No: 500-00-0019/01
Project Officer: Kathryn Linstromberg
Period: September 2004 to September 2007
Funding: \$2,306,007
Principal Investigator: Linda Clark-Helms
Award: Task Order (RADSTO)
Awardee: C.N.A. Corporation
 4825 Mark Center Drive
 Alexandria, VA 22311-1850

Description: This request for proposal is to assist states and CMS by providing direct technical assistance to the states that are selected to participate in a statutorily mandated 3-year Background Check Pilot Program. The States selected will be responsible for implementing and administering State programs that require the conducting of comprehensive background checks of prospective employees of long-term care facilities and providers.

Status: The project is underway. ■

BadgerCare Demonstration

Project No: 11-W-00125/05
Project Officer: Wanda Pigatt-Canty
Period: January 1999 to March 2007
Funding: \$0
Principal Investigator: Mark Moody
Award: 1115 Demonstration
Awardee: Wisconsin Department of Health and Family Services
 One West Wilson Street, PO Box 7850
 Madison, WI 53701

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

Ticket to Work and Work Incentives Improvement Grant - Virginia

Project No: 11-P-91478/03
Project Officer: Carey Appold
Period: January 2002 to December 2005
Funding: \$2,000,000
Principal Investigator: Kathryn Kotula
Award: Grant
Awardee: Virginia, Department of Medical Assistance Services
 600 East Broad St, Suite 1300
 Richmond, VA 23219

Description: 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 website at www.cms.hhs.gov/twviia.

Status: This award is made to allow the State to develop the infrastructure that will support employment. ■

Ticket to Work and Work Incentives Improvement Grant - Washington

Project No: 11-P-91232/00-04
Project Officer: John Young
Period: October 2000 to December 2004
Funding: \$2,125,000
Principal Investigator: Steven Wish
Award: Grant

Awardee: Washington, Department of Social and Health Services
 P.O. Box 455354
 Olympia, WA 98504-5858

Description: 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 website at www.cms.hhs.gov/twviia.

Status: This award is made to allow the State to develop the infrastructure that will support the development of demonstration(s). The project is complete. ■

Ticket to Work and Work Incentives Improvement Grant - West Virginia

Project No: 11-P-91215/03
Project Officer: Jeannine Eberly
Period: January 2001 to December 2005
Funding: \$2,124,994
Principal Investigator: Brenda King
Award: Grant
Awardee: West Virginia, Division of Rehabilitation Services
 F. Ray Power Bldg, PO Box 1004
 Institute, WV 25112

Description: 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

Ticket to Work and Work Incentives Improvement 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
 P.O. Box 13247
 Austin, TX 78711-3247

Description: 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 website 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). ■

Ticket to Work and Work Incentives Improvement Grant - Utah

Project No: 11-P-91217/08-04
Project Officer: John Young
Period: October 2000 to December 2004
Funding: \$2,125,000
Principal Investigator: Catherine Chambless
Award: Grant
Awardee: Utah, Department of Health
 288 N. 1460 West, 3rd Floor, P.O. Box 143108
 Salt Lake City, UT 84114-3108

Description: 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 website 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). The project is complete. ■

Ticket to Work and Work Incentives Improvement Grant - Vermont

Project No: 11-P-91237/01
Project Officer: Phillip Otto
Period: October 2000 to December 2004
Funding: \$1,125,000
Principal Investigator: Tim Tremblay
Award: Grant
Awardee: Vermont Division of Vocational Rehabilitation
 103 South Main Street
 Waterbury, VT 05671

Description: 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 website at www.cms.hhs.gov/twwiia.

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: Intramural
Award: Centers for Medicare & Medicaid Services
Awardee: 7500 Security Boulevard
 Baltimore, MD 21244-1850

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 data base will be used to compare costs of care for children receiving the recommended battery of well-child visits versus those that 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 underway. ■

Demonstration of HHA Settlement for Dual Eligibles for the State of Connecticut.

Project No: 95-W-00086/01
Project Officer: J. Donald Sherwood
Period: January 2001 to December 2006
Funding: \$0
Principal Investigator: Kristine Ragaglia
Award: Waiver-Only Project
Awardee: Connecticut Department of Social Services
 25 Sigourney Street
 Hartford, CT 06106

Description: The State of Wisconsin initially received approval to use funding from the State Children's Health Insurance Program (SCHIP) to expand Medicaid coverage under their State Plan for children ages 15 through 18 who are in families with incomes below 100 percent of the Federal Poverty Level (FPL). This approval was given on May 29, 1998 and implemented on April 1, 1999.

Under an SCHIP amendment and through the Department's Section 1115 demonstration authority for a Title XIX expansion, a second Medicaid expansion was implemented to include all remaining children not currently covered by Medicaid and their parents with family income up to 185 percent of the FPL. The parents are covered at the regular Federal Medical Assistance Percentage (FMAP) under a Title XIX expansion. The children are covered at the Title XXI (SCHIP)-enhanced FMAP. The State also receives the Title XXI FMAP for both the parents and the children if cost-effectiveness for family coverage through employer-sponsored insurance (ESI) can be demonstrated under Title XXI criteria.

Once a family is enrolled, eligibility is retained in the program until the family income reaches above 200 percent FPL. Children living with a caretaker relative are also covered if they are not otherwise covered by Medicaid under the State Plan, but the caretaker relative for these children is not covered under this expansion.

There is a regular Medicaid buy-in program for families who do not meet Title XXI cost-effectiveness criteria for ESI. However, the enhanced match is only for the children, while the parents are covered under the regular Title XIX FMAP rate. The Title XXI (SCHIP) enhanced FMAP is only available for the entire family if cost-effectiveness is met under Title XXI criteria.

Status: On January 18, 2001 the State received approval to obtain enhanced match for parents with incomes between 100 and 185 percent of FPL, who were currently covered under the existing demonstration. The waiver was approved for renewal on March 31, 2004. The current waiver will expire on March 31, 2007. As of December 2004 approximately 93,000 beneficiaries are enrolled in the BadgerCare demonstration. ■

Description: 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 will consist 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 for which the State believes may have potential to also be covered by Medicare.

Status: Initial reviews have been conducted on the FY 2001 and FY 2003 claims for Connecticut and initial payments have been made for these years. A three level series of appeals has been developed for this project. The first level is a reconsideration review by the demonstration RHHI, Associated Hospital Service. If the State is dissatisfied with a reconsideration determination, a State official will submit the sample claim(s) in question for review along with a rationale to a CMS official. If such CMS official cannot resolve the matter with the State, CMS shall submit the case to an outside arbitrator. Arbitration will be the final step in resolving the cases. ■

Demonstration of HHA Settlement for Dual Eligibles for the State of Massachusetts

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

Description: 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 will consist 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 for which the State believes may have potential to also be covered by Medicare.

Status: Initial reviews have been conducted on the FY 2000 and FY2001 claims for Massachusetts and initial payments have been made for these years. A three level series of appeals has been developed for this project. The first level is a reconsideration review by the demonstration RHHI, Associated Hospital Service. If the State is dissatisfied with a reconsideration determination, a State official will submit the sample claim(s) in question for review along with a rationale to a CMS official. If such CMS official cannot resolve the matter with the State, CMS shall submit the case to an outside arbitrator. Arbitration will be the final step in resolving the cases. ■

Demonstration of HHA Settlement for Dual Eligibles for the State of New York

Project No: 95-W-00084/02
Project Officer: J. Donald Sherwood
Period: January 2002 to December 2006
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

Description: 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 website at www.cms.hhs.gov/twviia.

Status: This award is made to allow the State to develop the infrastructure that will support employment. ■

Ticket to Work and Work Incentives Improvement Grant - Rhode Island

Project No: 11-P-91229/01
Project Officer: Carey Appold
Period: October 2000 to December 2004
Funding: \$2,125,000
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

Description: 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 website at www.cms.hhs.gov/twviia.

Status: This award is made to allow the State to develop the infrastructure that will support employment. ■

Ticket to Work and Work Incentives Improvement Grant - South Dakota

Project No: 11-P-91485/08
Project Officer: Carey Appold
Period: January 2002 to December 2005
Funding: \$2,000,000
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

Description: 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 website at www.cms.hhs.gov/twviia.

Status: This award is made to allow the State to develop the infrastructure that will support employment. ■

Status: This award is made to allow the State to develop the infrastructure that will support employment. ■

Ticket to Work and Work Incentives Improvement Grant - Oklahoma

Project No: I1-P-91477/06
Project Officer: Phillip Otto
 Carey Appold
 Melissa Hulbert
Period: January 2002 to
 December 2005
Funding: \$1,124,283
Principal Investigator: Kelly Shropshire
Award: Grant
Awardee: Oklahoma, Health Care Authority
 4545 N. Lincoln Blvd., Suite 124
 Oklahoma City, OK 73105

Description: 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 website 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). ■

Ticket to Work and Work Incentives Improvement Grant - Oregon

Project No: I1-P-91219/00
Project Officer: Jeannine Eberly
Period: October 2000 to
 December 2004
Funding: \$2,125,000
Principal Investigator: Doug Stone
Award: Grant
Awardee: Oregon, Department of Human
 Services
 500 Summer St, NE - E10 Salem,
 OR 97301-1076

Description: 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 website 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). ■

Ticket to Work and Work Incentives Improvement Grant - Pennsylvania

Project No: I1-P-91483/03
Project Officer: Carey Appold
Period: January 2002 to
 December 2005
Funding: \$2,000,000
Principal Investigator: Charles Tyrell
Award: Grant
Awardee: Pennsylvania, Department of Public
 Welfare
 P. O. Box 2675
 Harrisburg, PA 17105-2675

Description: 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 (RHII) from reviewing every case.

The demonstration will consist 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 for which the State believes may have a potential to also be covered by Medicare.

Status: Initial reviews have been conducted on the FY 2000 and FY 2001 claims for New York and initial payments have been made for these years. A three-level series of appeals has been developed for this project. The first level is a reconsideration review by the demonstration RHII, Associated Hospital Service. If the State is dissatisfied with a reconsideration determination, a State official will submit the sample claim(s) in question for review along with a rationale to a CMS official. If such CMS official cannot resolve the matter with the State, CMS shall submit the case to an outside arbitrator. Arbitration will be the final step in resolving the cases. Initial reviews have been conducted on the FY 2001 claims for Connecticut and Massachusetts and payments have been made to these states. The demonstration RHII, Associated Hospital Service, I 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 to Improve the Direct Service Community Workforce

Project No: I1-P-92247/05-01
Project Officer: Kathryn King
Period: May 2004 to
 May 2007
Funding: \$1,403,000
Principal Investigator: Kris Prohl
Award: Grant

Awardee: BRIDGES, Inc.
 2650 West 35th Avenue
 Gary, IN 46408

Description: This grantee will recruit and retain DSWs by providing access to cafeteria benefits, an in-house career ladder, and a travel allowance. The grantee will also develop and promote a mentorship program and bonus pay incentives.

Status: The grantee is implementing its interventions. ■

Development and Evaluation of Medical Intervention for Early Childhood Caries

Project No: I1-P-91251/04-03
Project Officer: Christopher Howe
Period: September 2000 to
 September 2003
Funding: \$440,000
Principal Investigator: Betty King-Sutton
Award: Grant
Awardee: North Carolina Department of
 Health & Human Services
 2001 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: This project is now completed. 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. ■

Diamond State Health Plan - 1115 Demonstration

Project No: 11-WV-00036/03
Project Officer: Gary Jackson
Period: January 1996 to December 2006
Funding: \$1,637,885,922
Principal Investigator:
Award: 1115 Demonstration
Awardee: Delaware Health and Social Services (Dover) Div. Development Disabilities Srvc., Jesse Cooper Bldg., Box 637 Dover, DE 19903

Description: Delaware implemented the Diamond State Health Plan (DSHP), a Medicaid managed care program, on January 1, 1996. Using savings achieved under managed care, Delaware expanded Medicaid health coverage to additional low-income adults in the State.

Through the DSHP, the State seeks to: (1) improve and expand access to health care to more adults and children throughout the State; (2) create a managed care delivery system emphasizing primary care; and (3) control the growth of health care expenditures for the Medicaid population.

Status: Since July 1, 2002, Delaware has contracted with one managed care plan, and has offered a special fee-for-service program called Diamond State Partners as an alternative to the managed care contractor. Delaware Physicians Care Inc., a subsidiary of Schaller Anderson, became the State's managed care contractor on July 1, 2004. The 1115 demonstration is now in its second 3-year extension that will expire on December 31, 2006. ■

Disproportionate Share Hospital (DSH) Funds Under Section 1115 Demos

Project No: 500-00-0044/04
Project Officer: Paul Youket
Period: September 2003 to June 2005
Funding: \$223,405
Principal Investigator: Susan Haber
Award: Task Order (RADSTO)
Awardee: Research Triangle Institute, (NC) PO Box 12194, 3040 Cornwallis Road 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: Project has terminated. ■

Dual Eligible Research, Evaluation, and Demonstration Data Support and Analysis

Project No: 500-01-0035/01
Project Officer: Susan Radke
Period: September 2004 to September 2006
Funding: \$39,986
Principal Investigator: Dan Gilden
Award: Task Order (ADDSTO)
Awardee: JEN Associates, Inc. P.O. Box 39020 Cambridge, MA 02139

Description: CMS manages and provides Federal oversight to dually eligible demonstration programs that integrate Medicaid and Medicare financing and service delivery health care for dually eligible beneficiaries. CMS partners with State Medicaid agencies and Medicare managed care organizations to implement dually eligible waivers demonstration projects. CMS needs to use existing Medicare and Medicaid linked data sets to develop waiver cost estimates for the dually eligible demonstration waivers and to develop as well as implement, Medicaid and Medicare dually eligible research and evaluation studies. The contractor is approved by CMS to serve as custodian for various State data files that include linked Medicare and Medicaid data sets. JEN Associates, Inc. will:

(1) Continue Data Use Agreements (DUAs) for State data sets managed by the contractor and enable data re-use for CMS sponsored or approved intramural and extramural research. (2) Continue DUAs for Medicare data sets and enable data re-use for CMS sponsored or approved intramural and extramural research. (3) Collect most recent years of Medicare and Medicaid data from

Ticket to Work and Work Incentives Improvement Grant - New York

Project No: 11-P-91490/02-04
Project Officer: Carrie Smith
Period: January 2002 to December 2005
Funding: \$1,811,689
Principal Investigator: Linda LeClair
Award: Grant
Awardee: New York, Department of Health, The Riverview Center, 4th Floor, 150 Broadway Albany, NY 12204-2719

Description: 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 website 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). ■

Ticket to Work and Work Incentives Improvement Grant - North Dakota

Project No: 11-P-91493/08
Project Officer: Carey Appold
Period: January 2002 to December 2005
Funding: \$2,000,000
Principal Investigator: Mary Mercer
Award: Grant
Awardee: Minot State University 500 University Ave., West Minot, ND 58707

Description: 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 website at www.cms.hhs.gov/twwiia.

Status: This award is made to allow the State to develop the infrastructure that will support employment. ■

Ticket to Work and Work Incentives Improvement Grant - Ohio

Project No: 11-P-91476/05
Project Officer: Carey Appold
Period: January 2002 to December 2005
Funding: \$2,000,000
Principal Investigator: James Downie
Award: Grant
Awardee: Ohio, Department of Job and Family Services 50 W. Broad St, 9th Floor Columbus, OH 43215

Description: 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 website at www.cms.hhs.gov/twwiia.

Description: 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 website at www.cms.hhs.gov/twwiia.

Status: This award was made to allow the State to develop the infrastructure that will support the development of demonstration(s). The project is now completed. ■

Ticket to Work and Work Incentives Improvement Grant - New Jersey

Project No: 11-P-91218/02
Project Officer: Carey Appold
Period: October 2000 to December 2004
Funding: \$2,125,000
Principal Investigator: William Ditto
Award: Grant
Awardee: New Jersey, Department of Human Services
 222 South Warren St, PO Box 700
 Trenton, NJ 08625-0700

Description: 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 website at www.cms.hhs.gov/twwiia.

Status: This award is made to allow the State to develop the infrastructure that will support employment. ■

Ticket to Work and Work Incentives Improvement Grant - New Mexico

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

Description: 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 website 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). ■

CMS and a limited number of States to create additional dual eligible or pharmacy files as may be necessary for either program development or research and evaluation purposes. (4) Compile a national 5-percent Medicare/Medicaid linked file for dually eligible beneficiaries. (5) Assist in the preparation of one or more Medicare/Medicaid waiver cost estimates. (6) Present to CMS a demonstration of the JEN decision support methodology developed for application using State and other data sources.

Status: The project is underway and the contractor is updating current DUAs. The contractor is currently working on several workshops that will demonstrate the JEN decision support methodology developed for application using State and other data sources. ■

Evaluation and Support of System Change Grants

Project No: HHSM-500-2004-000161
Project Officer: MaryBeth Ribar
Period: September 2004 to March 2009
Funding: \$1,496,495
Principal Investigator: Janet O'Keefe
 Edith Walsh
 Contract
Award: Research Triangle Institute, (NC)
Awardee: PO Box 12194, 3040 Cornwallis Road
 Research Triangle Park, NC 27709-2194

Description: Purpose of this contract is to conduct formative and summative research and evaluation of 2004 Real Choice Systems Change Grants including Comprehensive Family to Family, Housing, Life Accounts, Mental Health System Transformation, Portals from EPDST to Adult Supports, Rebalancing, and Quality Assurance and Quality Improvement in Home and Community based services.

Status: A compendium of all RCSC Grants awarded from 2001-2004 has been completed. Review of semi-annual reports will be done in June. Topics for more in-depth analysis will be chosen and begin in 2006. ■

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 (RADSTO)
Awardee: Lewin Group
 3130 Fairview Park Drive, Suite 800
 Falls Church, VA 22042

Description: The purpose of this task order is to assist the 10 demonstration projects to develop a site-specific evaluation plan, develop a web-based reporting tool, develop an evaluation design for the National Demonstration Program, and develop a series of promising practices about the ability of the demos to improve the recruitment and retention of direct service workers. Information on this demonstration is available at www.cms.hhs.gov/newfreedom/default.asp.

Status: The Lewin Group developed five of the site-specific plans and is working with the 2004 grantees to develop their plans. They have developed the web-based reporting tool that allows the grantees to submit electronic quarterly reports to CMS, and designed the evaluation design for the National Demonstration Program. ■

Evaluation of Medicaid Family Planning Demonstrations

Project No: 500-00-0053/01
Project Officer: Julie Jones
Period: September 2002 to November 2003
Funding: \$245,931
Principal Investigator: Joanna Edwards
Award: Task Order (RADSTO)
Awardee: C.N.A. Corporation
 4825 Mark Center Drive
 Alexandria, VA 22311-1850

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. 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 conditions that may complicate pregnancy. States are also required to cover these services for 2 months post-partum.

Status: The project is completed, and the contractor has submitted a final report. ■

Evaluation of MMA Changes on Dual Eligible Beneficiaries in Demo and Other Managed Care and Fee-For-Service Arrangements, An

Project No: 500-00-0031/03
Project Officer: William Clark
Period: September 2004 to September 2006
Funding: \$284,730
Principal Investigator: Christine Bishop
Award: Task Order (RADSTO)
Awardee: Brandeis University, Heller Graduate School, Institute for Health Policy
 415 South Street, P.O. Box 9110
 Waltham, MA 02254-9110

Description: This project is an evaluation of the Medicare Modernization Act's changes on dual eligible beneficiaries in the demonstration and on other managed care and fee-for-service arrangements.

Status: The contractor is now conducting demonstration site visits. ■

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 (RADSTO)
Awardee: Research Triangle Institute, (NC)
 PO Box 12194, 3040 Cornwallis Road
 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: This task order has ended. A summary of findings and a copy of the Final Report can be obtained at <http://www.cms.hhs.gov/researchers/demos/Badgercare/default.asp>. ■

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 (RADSTO)
Awardee: Research Triangle Institute, (MA)
 411 Waverley 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, and 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

Ticket to Work and Work Incentives Improvement 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 S, 5th Floor, P.O. Box 95044
 Lincoln, NE 68509-5026

Description: 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 website at www.cms.hhs.gov/twwiia.

Status: This award is made to allow the State to develop the infrastructure that will support employment. ■

Ticket to Work and Work Incentives Improvement 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

Description: 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 website at www.cms.hhs.gov/twwiia.

Status: This award is made to allow the State to develop the infrastructure that will support employment. ■

Ticket to Work and Work Incentives Improvement Grant - New Hampshire

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

Description: 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 website 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). The project is complete. ■

Ticket to Work and Work Incentives Improvement Grant - Missouri

Project No: 11-P-91489/07-02
Project Officer: Joseph Razes
Period: January 2002 to December 2004
Funding: \$1,325,000
Principal Investigator: Sheri Taylor
Award: Grant
Awardee: Missouri, Department of Social Services
 615 Howerton Court, PO Box 6500
 Jefferson City, MO 65102-6500

Description: 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 website 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). The project is complete. ■

Ticket to Work and Work Incentives Improvement Grant - Nebraska

Project No: 11-P-91480/07
Project Officer: Carey Appold
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 S, 5th Floor, P.O. Box 95044
 Lincoln, NE 68509-5026

Description: 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 website at www.cms.hhs.gov/twwiia.

Status: This award is made to allow the State to develop the infrastructure that will support employment. The project is now complete. ■

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 400 persons. An evaluation involving analysis of claims data and focus groups, to address the issues described in the above paragraph, is being designed by the contractor. Enrollment in the DC 1115 program began a few months ago. Enrollment in the Mississippi Ticket to Work demonstration is below targeted levels and the evaluation has been scaled back. ■

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 March 2004
Funding: \$353,667
Principal Investigator: Task Order (RADSTO)
Award: Urban Institute
Awardee: 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 Childrens 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 website at www.cms.hhs.gov/medicaid/hifa/default.htm. ■

Evaluation of the Medicare Health Outcomes Survey Program, An

Project No: 500-99-MD02
Project Officer: Chris Haffer
Period: May 2003 to December 2004
Funding: \$450,000
Principal Investigator: Julie Tyler
 Marv Mandell
 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 measures 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 two 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 was 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 evaluation of the Medicare HOS Program concluded at the end of 2004. The results of the evaluation include a report on the historical context of HOS, and an assessment 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 Advantage Organizations, Quality Improvement Organizations, CMS and health services researchers. Key findings and recommendations from the evaluation are being used to modify the HOS questionnaire, sampling methodology, measurement protocol, and data dissemination strategy scheduled for implementation in 2006. ■

Evaluation of the Ohio Behavioral Health Program

Project No: 500-95-0048/05
Project Officer: Paul Boben
Period: March 1997 to September 2004
Funding: \$579,216
Principal Investigator: John Kautter
Award: Task Order
Awardee: Research Triangle Institute, (MA)
 411 Waverley 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 Ohio's Medicaid managed care program for general health care services, focusing on entry and exit of capitated managed care plans and determinants of consumer satisfaction.

Status: Two final reports were received in late 2004, both dealing with factors associated with Medicaid beneficiaries' satisfaction with the care they received from their capitated Medicaid managed care plans, and their general satisfaction with health plan services. The first report contained results from an analysis of Ohio's 2000 Consumer Satisfaction Survey (a CAHPS-based survey administered by the Ohio Department of Human Services). The second report compared survey responses of Ohio Medicaid managed care recipients in 2001 to commercial managed care plan members in Ohio, Medicaid managed care plan members in 10 other States and Ohio Medicaid managed care members at two other points in time (1998, 2000 and 2001), using data from the National CAHPS Benchmarking Database. Copies of these reports are available upon request. ■

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: This contract has ended. Copies of the Final Report, as well as a wide variety of topical reports, are available upon request. ■

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.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website 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). ■

Ticket to Work and Work Incentives Improvement Grant - Maine

Project No: 11-P-91223/01-04
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

Description: 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 website 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). The project is complete. ■

Ticket to Work and Work Incentives Improvement Grant - Massachusetts

Project No: 11-P-91918/01
Project Officer: Carey Appold
Period: January 2004 to December 2007
Funding: \$2,956,368
Principal Investigator: Jay Himmelstein
Award: Grant
Awardee: University of Massachusetts Medical School, Office of the Chancellor
 55 Lake Avenue North
 Worcester, MA 01655

Description: 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 website at www.cms.hhs.gov/twwiia.

Status: The 11-year program is currently in the fourth year of funding. The program runs in 4-year continuous funding cycles. ■

Ticket to Work and Work Incentives Improvement Grant - Mississippi

Project No: 11-P-91782/04-01
Project Officer: Joseph Razes
Period: January 2003 to December 2003
Funding: \$500,000
Principal Investigator: Kenny Howard
Award: Grant
Awardee: Mississippi, Office of Governor,
 Division of Medicaid
 Robert E. Lee Building, 239 N.
 Lamar St., Suite 801, Hinds County
 Jackson, MS 39201

Ticket to Work and Work Incentives Improvement Grant - Iowa

Project No: 11-P-91491/07-03
Project Officer: Joseph Razes
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 Fl, 1305 E. Walnut St.
 Des Moines, IA 50319-0114

Description: 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 website 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). The project is complete. ■

Ticket to Work and Work Incentives Improvement Grant - Kansas

Project No: 11-P-91226/07
Project Officer: Jeannine Eberly
Period: October 2000 to December 2004
Funding: \$2,029,117
Principal Investigator: Sharon Johnson
Award: Grant
Awardee: Kansas, Department of Social and Rehabilitation Services
 915 Harrison St. 6th Floor North
 Topeka, KS 66612-1570

Description: 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 website 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). ■

Ticket to Work and Work Incentives Improvement Grant - Louisiana

Project No: 11-P-91487/06
Project Officer: Phillip Otto
 Carey Appold
 Melissa Hulbert
Period: January 2002 to December 2005
Funding: \$500,000
Principal Investigator: Pate Kirk
Award: Grant
Awardee: Louisiana, Department of Health and Hospitals
 P.O. Box 91030
 Baton Rouge, LA 70821-9030

Description: 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.

Status: Summary of Project Implementation: During the period of September 2003 through September 2004, the Medical Care for Children Partnership (MCCP) implemented a new initiative to assess the feasibility and effectiveness of using a large, private medical practice assisted by a nurse practitioner to provide a medical home for a substantial portion of its clients. In March 2004, Pediatric Associates of Alexandria (PAA) began a 1-year contract (March 1, 2004-February 28, 2005) with MCCP to serve as the subcontractor for this project.

Analysis: The primary intent of this analysis is to evaluate the use of a large group medical practice with a nurse practitioner to care for a large number of MCCP clients (approximately 500). The predominate MCCP model relies on a network of voluntarily participating private practice physicians who elect to participate in MCCP. Each provider cares for a small number (typically ten families) of children for a negotiated, fixed fee for each office visit, typically lower than commercial insurance reimbursements.

Method: This evaluation is quasi-experimental and aimed to address practical questions for MCCP. The primary method of data collection was the establishment of a customized Access database in the medical practice that would track client family's demographics and utilization of health care services. For every office visit, the medical practice entered the client's diagnosis using the ICD-9 codes that were uploaded into the Access database.

In addition, medical staff entered the type of visit, client demographics, translation services required, and CPT codes assigned the visit that are used to generate a bill for the visit.

Results: Of the 480 client families referred to PAA, 130 children had medical appointments between the period April 2004 and November 2004. These children had a total of 219 office visits, with one client having as many as seven visits, but the majority having only one visit.

Client Utilization: Of the 219 appointments, 131 have been identified as sick visits. The other 88 were well visit checkups. The majority of children utilized the service for an acute health need, but a substantial number also took advantage of the well child or comprehensive health assessment. The reasons for sick visits varied considerably, with a total of 69 distinct diagnosis codes assigned according to the International Classification of Diseases. Sick visits were further categorized along five classifications: routine, upper respiratory, gastroenterology, dermatology, and other.

This grant proposed to evaluate the cost of providing care using a large group medical practice to care for a large number of MCCP clients. This mode of delivery differs from the predominate MCCP model of a diffuse network of private practitioners seeing a smaller number of clients.

During the period April through November 2004, PAA estimates that it spent approximately \$31,494 in the provision of direct services to 130 clients. This estimate was derived by tabulating the commercial costs associated with CPT codes used to generate a bill for each client visit. For the period of April through November, PAA spent approximately \$242 per child on direct services only. MCCP estimates that its costs are approximately \$318.50 per child annually, excluding specialty care.

This project successfully served 130 MCCP clients and provided them with comprehensive health care that the majority of client parents deemed as very satisfactory. The majority of children had a completed health assessment and were able to call PAA their new medical home. The client families perceived that their PAA doctor understood them, and bilingual patient needs were well accommodated.

In sum, this pilot project demonstrated that high quality care can be provided to a larger number of MCCP patients at a single medical practice. Furthermore, that care can be successfully delivered and patient communication improved by the on-site availability of medical staff, physicians and front desk staff.

Because of the high quality of care offered by PAA, however, it is likely that MCCP would recommend a modified version of the centralized, larger group model tested here. The following modifications are proposed: (1) expand to medical practices that are willing to expand their base of patients at a flat rate; (2) increase the number of participating practices that have bilingual medical staff to improve doctor-patient communication for its clients; (3) do not designate one physician and/or nurse practitioner to see MCCP patients, but encourage all medical staff to participate; and (4) refer a client base that has an established pattern of utilization, therefore, the need for patient outreach would be minimized and the opportunity at the medical home would be maximized. ■

Florida Consumer Directed Care Plus Demonstration (formally Cash and Counseling Demonstration)

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, (Mahan Dr)
2727 Mahan Drive
Tallahassee, FL 32308

Description: The purpose of this demonstration is to provide greater autonomy to consumers of long-term care services by empowering them to purchase the assistance they require for daily life. Demonstration participants are provided a monthly cash allowance, which they use to select and purchase the personal assistance services (PAS) they need. Fiscal and counseling intermediary services are available to assist participants with managing budgets. Other partners in this collaborative effort include the Robert Wood Johnson Foundation, the Office of the Assistant Secretary for Planning and Evaluation within the Department of Health and Human Services, and the National Program Office at the University of Maryland Center on Aging, which performs various coordinating functions.

Status: CMS approved this demonstration to operate without the experimental treatment/control group design, and to offer self-direction on a Statewide basis. This new phase of the demonstration, now called Consumer Directed Care Plus (CDC+) has been operational since January 1, 2004. ■

Health Loop Information Project

Project No: 18-C-91171/04
Project Officer: Monica Harris
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.

March 2005: The period of performance for this agreement has expired.

The proposed install of the interfaced provider practice management system and the electronic medical records system has been completed. This has allowed 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.

The grantee will be submitting a proposal for subsequent project to conduct research on the extended use of the system they developed. ■

Health Passport Project

Project No: 18-P-91688/08
Project Officer: William Saunders
Period: September 2001 to September 2003
Funding: \$500,000
Principal Investigator: James Souby
Award: Grant
Awardee: Western Governors Association
1515 Cleveland Pl
Denver, CO 80202-5114

Description: Under this grant, CMS provided funding support for the development and testing of a smart card-based system to allow near-instant access to critical health data, while improving privacy and security. The States involved in this project anticipate that Health Passport cards could assist in the delivery of health care and health benefits following a successful two-phase demonstration. The cards could be used by individuals for portable identification and personal health management purposes and for secure Internet access to the growing number of Web-based health services. Providers and insurers could use the cards to authenticate eligibility, access appropriate records such as blood type and immunizations, and manage health and financial records. Phase I tested how smart cards can integrate the delivery of an array of state and federal public health services resulting in improved health, client satisfaction and the overall efficiency of the delivery of certain health benefits to low income mothers and their children. Building on the results of Phase I, in Phase II the awardee worked to incorporate advanced smart card features for secure authentication and integrate the power

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

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

Ticket to Work and Work Incentives Improvement Grant - Illinois

Project No: 11-P-91238/05-01
Project Officer: Aaron Blight
Period: October 2000 to December 2004
Funding: \$625,000
Principal Investigator: Pat Curtis
Award: Grant
Awardee: Illinois, Department of Public Aid,
(South Grand Avenue)
201 South Grand Avenue, East
Springfield, IL 62763-0001

Description: 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 website at www.cms.hhs.gov/twviia.

Status: This award is made to allow the State to develop the infrastructure that will support the development of demonstration(s). The project is complete. ■

Ticket to Work and Work Incentives Improvement Grant - Illinois

Project No: 11-P-91484/05-03
Project Officer: John Young
Period: January 2002 to December 2004
Funding: \$1,500,000
Principal Investigator: Pat Curtis
Award: Grant
Awardee: Illinois, Department of Public Aid,
(South Grand Avenue)
201 South Grand Avenue, East
Springfield, IL 62763-0001

Description: 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 website at www.cms.hhs.gov/twviia.

Status: This award is made to allow the State to develop the infrastructure that will support the development of demonstration(s). The project is complete. ■

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 website at www.cms.hhs.gov/twwiia.

Status: This award is made to allow the State to develop the infrastructure that will support employment. ■

Ticket to Work and Work Incentives Improvement Grant - Connecticut

Project No: 11-P-91231/01
Project Officer: Carey Appold
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

Description: 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 website at www.cms.hhs.gov/twwiia.

Status: This award was made to allow the State to develop the infrastructure that will support the development of demonstration(s). The project is now completed. ■

Ticket to Work and Work Incentives Improvement Grant - Delaware

Project No: 11-P-91482/03
Project Officer: Carey Appold
Period: January 2002 to December 2004
Funding: \$1,000,000
Principal Investigator: Joyce Pinkett
Award: Grant
Awardee: Delaware, Health Care Commission
 900 N. Dupont Hwy, Lewis Bldg.
 New Castle, DE 19720

Description: 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 website at www.cms.hhs.gov/twwiia.

Status: This award was made to allow the State to develop the infrastructure that will support the development of demonstration(s). The project is now completed. ■

Ticket to Work and Work Incentives Improvement Grant - District of Columbia

Project No: 11-P-91241/03
Project Officer: Jeannine Eberly
Period: April 2002 to December 2005
Funding: \$1,900,860
Principal Investigator: Gail Smith
Award: Grant
Awardee: District of Columbia, Department of Health, Medical Assistance Administration
 Suite 5135, N. Capitol St., NE
 Washington, DC 20002

and ubiquity of the Internet to retrieve real-time patient records and deliver that information anywhere in the world

Status: The CMS grant has ended. The awardee continued work on this project using other funding sources. ■

Impact of Welfare Reform on Medicaid Populations

Project No: 500-96-0016/02
Project Officer: William Clark
Period: September 1998 to December 2004
Funding: \$904,825
Principal Investigator: Embry Howell
Award: Task Order

Awardee: Mathematica Policy Research,
 (Princeton)
 600 Alexander Park, PO Box 2393
 Princeton, NJ 08543-2393

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

Status: A report on trend analysis of Medicaid eligibility 1993-1997 has been completed. The first paper (now available) from this project is entitled Medicaid Eligibility, Takeup, Insurance Coverage and Health Access and Use Before and After Welfare Reform: National Changes from 1994-1997 Using National Health Interview Survey. ■

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 follow up 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. Follow-up 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. Follow-on 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 has proceeded more rapidly than expected. The Executive Office of Health and Human Services (EOHHS) has produced a multi-phase 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.

An additional knowledge expert and a part-time trainer have been added to the RealBenefits staff.

Update March 1, 2005: Current Status

This project is continuing with outreach, training, user feedback, and technology development. As of this date, monthly applications have climbed to over 5,000, with the group of volume users growing to include five hospitals and six community health centers. For these organizations, the advantage of using RealBenefits lies not only in the efficiency of the application process, but in the ability to maintain and access a database of patients, application forms, application status, and the resulting reports. A more robust reporting tool is in the design stage, which will greatly enhance the ability to manage and analyze application data.

The electronic application link between EOHHS and RealBenefits has not yet been implemented. EOHHS continues their technical development and testing of our third party interface will begin in March. A goal-by-goal update follows. Goal 1 – Improve access to public benefit programs with a goal of generating applications through RealBenefits at the rate of 3,000 per month.

This usage milestone was reached in April 2004 and monthly averages from that time until September 2004 were 3,573, with individual months ranging from a low of 2,808 to a high of 4,148. The vast majority of applications being produced were for MassHealth (includes Medicaid, Children's Medical Security Plan, Healthy Start) and FreeCare.

Dozens of organizations were trained to use RealBenefits during the funding period, but not all organizations adopted use of the tool. Forty-two organizations have produced a significant number of applications using RealBenefits. Of these 42 organizations, just 16 were responsible for 90 percent of the applications produced. Among these volume users were three hospitals and five community health centers.

Goal 2 – Develop a partnership with Massachusetts agencies to enable RealBenefits users to submit public benefits applications electronically.

The Executive Office of Health and Human Services (EOHHS) of the state has publicly announced its intent to allow RealBenefits to send electronic applications

through a "Virtual Gateway" that has been in a pilot state since August 2004. As of the end of the grant period, EOHHS had provided RealBenefits with rudimentary specifications, xml schema definitions, and test cases to bring the tool into compliance with requirements to send e-apps. ■

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

Project No: 11-P-91256/09-02
Project Officer: Christopher Howe
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, and reduce caries rates and the high costs of dental care. In the target population of Alameda County, the State will conduct an outreach enrollment campaign; orient families to expectations and responsibilities; recruit, train, and certify medical and dental providers in innovative preventive and therapeutic services; and enhance Medicaid reimbursement to certified providers. Comparisons of utilization rates and expenditures will be made between the intervention population and a control group of children who are eligible for, but not enrolled in, the program.

Status: The California project was delayed; however, the operational phase began April 2002. CMS and HRSA participated in a site visit in September 2003 to review the project accomplishments and were satisfied with the progress. CMS is no longer funding this project. However, HRSA has continued funding at least through year 4. ■

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

Ticket to Work and Work Incentives Improvement 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
 P.O. Box 240249
 Anchorage, AK 99524-0249

Description: 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 website at www.cms.hhs.gov/twvia. **Status:** This award is made to allow the State to develop the infrastructure that will support the development of demonstration(s). ■

Ticket to Work and Work Incentives Improvement Grant - California

Project No: 11-P-91494/09
Project Officer: Jeannine Eberly
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

Description: 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 website at www.cms.hhs.gov/twvia.

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

Ticket to Work and Work Incentives Improvement Grant - Colorado

Project No: 11-P-91481/08
Project Officer: Carey Appold
Period: January 2002 to December 2004
Funding: \$1,000,000
Principal Investigator: Dann Milne
Award: Grant
Awardee: Colorado, Department of Health Care Policy and Financing
 1570 Sherman Street
 Denver, CO 80203-1714

Description: 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

Ticket to Work and Work Incentives Improvement Grant

Project No: 11-P-91240/04
Project Officer: Carey Appold
Period: October 2000 to December 2004
Funding: \$625,000
Principal Investigator: Fran Ellington
Award: Grant
Awardee: Georgia, Department of Work and Community Health
 2 Peachtree Street, NW, 37th Floor
 Atlanta, GA 30303

Description: 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 website at www.cms.hhs.gov/twwiia.

Status: This award was made to allow the State to develop the infrastructure that will support the development of demonstration(s). The project is now completed. ■

Ticket to Work and Work Incentives Improvement Grant

Project No: 11-P-91228/05
Project Officer: Carey Appold
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

Description: 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 website at www.cms.hhs.gov/twwiia.

Status: This award was made to allow the State to develop the infrastructure that will support the development of demonstration(s). The project is now completed. ■

Ticket to Work and Work Incentives Improvement Grant - Alabama

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

Description: 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 website at www.cms.hhs.gov/twwiia.

LA Department of Health and Hospitals Real Choice Balancing Initiative

Project No: 11-P-92509/05-01
Project Officer: Ronald Hendler
Period: September 2004 to September 2007
Funding: \$300,000
Principal Investigator: DeAnn Johnson
Award: Grant
Awardee: LA Department of Health and Hospitals
 446 North 12th Street
 Baton Rouge, LA 70802

Description: This project will develop a plan to transition ten percent of the number of people with developmental disabilities living in large institutional settings to community based living options. This will serve the developmentally disabled individuals currently in institutional settings.

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

Maine 1115 HIV/AIDS

Project No: 11-WV-00128/01
Project Officer: Jean Close
Period: July 2002 to June 2007
Funding: \$0
Principal Investigator: Laureen Biczak
 Jude Walsh
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 Federal Poverty Level (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 that do not pay the co-payment. CMS approved the amendment request on January 17, 2003. Current enrollment is roughly 140. ■

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 was assigned to each of the participating nursing homes to help manage and monitor the care of the program's enrollees. They worked 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 were also responsible for scheduling clinic and outpatient appointments and authorizing

hospitalizations. The nurse practitioners also conducted an assessment and comprehensive evaluation of each Evercare member to measure health status and functional level. Evercare demonstration sites were located in Atlanta, Baltimore, Boston, Denver, Phoenix, and Tampa.

Status: The average age of an Evercare member was 85 years old. About 75 percent of their population membership was female and a similar percentage had dementia. An evaluation of the demonstration was conducted by the University of Minnesota's Division of Health Services Research and Policy. The project ended on December 31, 2004. ■

Massachusetts Welfare Reform, 1995

Project No: 11-WV-00065/01
Project Officer: Joan Peterson
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 and 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 underage 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 on August 22, 1996, permits states to continue many of the policies that had previously required waivers of pre-welfare reform Title IV-A by submitting a Temporary Assistance for Needy Families 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. ■

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

Project No: 95-P-92265/04-01
Project Officer: Christine Jones
Period: September 2003 to December 2004
Funding: \$134,720
Principal Investigator: Cathy Caldwell
Award: Grant
Awardee: Alabama Department of Public Health Children's Health Insurance Program
 P.O. Box 303017, Suite 250
 Montgomery, AL 36130-3017

Description: This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (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: The PAM Project grant recipient submitted its final report to CMS. ■

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
 701 East Jefferson, MD 7000
 Phoenix, AZ 85034

Description: 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

Tennessee Families First Demonstration

Project No: 11-WV-00104/04
Project Officer: Paul Youket
 Darrel McGhee
 September 1996 to June 2007
Funding: \$0
Principal Investigator: David Goetz
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. ■

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 December 2005
Funding: \$499,702
Principal Investigator: Edith Walsh
Award: Task Order (RADSTO)
Awardee: Research Triangle Institute, (NC)
 PO Box 12194, 3040 Cornwallis Road
 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 adjustor.

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 year 2003 and 2004. In this project the existing contractor and sub-contractor 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 was repeated in 2004 for Wisconsin, and Minnesota.

Status: 2003 Surveys were completed and the overall PHS survey response rate was high. Data files were delivered to CMS the month that data collection was complete. A 2003 non-response analysis was conducted to ascertain whether beneficiaries who did not respond to the PHS differ in frailty from those who did respond to the survey. Optional task 5 was exercised to begin sampling for the 2004 survey and analysis. However, the survey was not conducted in Massachusetts SCO since this was a new demonstration in 2004. There were no SCO enrollees at the time of survey implementation. Further, the Scope of Work was modified in 2004, to include an additional task where RTI would provide survey support and analysis tasks related to the collection of survey data for all three dual eligible demonstrations in Minnesota, Massachusetts, and Wisconsin. Beginning in 2005, the demonstration health plans were required to contract with Health Outcomes Survey (HOS) vendors to collect a shortened version of the HOS as a substitute for the PHS. This shortened version is called the HOS-M (modified). This task is the first step in a planned transition to use the HOS-M for all dual eligible demonstrations. The HOS-M instrument and protocol are approved by NCQA and CMS. RTI will perform functions that will enhance the response to the HOS-M protocol so as to maintain a high survey rate. The contractor will implement the protocol enhancements and assist the HOS vendors in obtaining the data needed from the demonstration health plans. They will also perform specific data cleaning and analytic functions with data received from the HOS vendors. ■

Specifically, the project will:(1) Collect, analyze and evaluate data from the systems change activities of Systems Change Grantees regarding:

(a) the extent of effectiveness and impact of consumer involvement in programmatic design, implementation and evaluation;

(b) the types of direct services provided using grant funds, including the amount, duration and scope of services provided;

(c) the types of changes made in State Medicaid programs to achieve enduring systems change;

(d) the changes in delivery of long-term services and supports and payment systems under State Medicaid Programs and other funding streams;

(2) Evaluate innovative systems and methods for delivery of community-based long-term care services and supports;

(3) Perform research to assess the need for structural reforms of State Medicaid Programs, and other federal programs supporting long-term care;

(4) Develop tools for measuring changes in access, availability, quality, and value of community-based long-term care;

(5) Develop improved information resources to assist consumers and their representatives in choosing long-term care providers and supports;

(6) Evaluate new payment and delivery models to improve access, availability, quality, and value of community-based long-term services and supports for children and adults of any age with a disability or long-term illness.

(7) Prepare reports and presentations for CMS and other audiences based upon specified analysis.

Status: This project is in year 4. ■

Risk Adjustment Implementation for Medicare Demonstrations

Project No: GS-35F-4052G/HCFA-99-1230
Project Officer: Cynthia Mason
Period: September 1999 to December 2004
Funding: \$473,097
Principal Investigator: Edward Fu
Award: GSA Order
Awardee: Fu Associates
 2300 Clarendon Boulevard, Suite 1400
 Arlington, VA 22201

Description: The risk adjuster was applied to the Medicare Choices Demonstration, Department of Defense Subvention Demonstration, Social Health Maintenance Organizations Demonstration I, and Social Health Maintenance Organizations Demonstration II populations. A modification provides an additional task for the contractor to calculate risk adjuster scores for the treatment and control groups used in the evaluation of the Community Nursing Organization demonstration.

Status: This is a project to provide a technical assistance service for the operation of the above named demonstrations. ■

Techniques Taken by States To Rebalance Their Long Term Care System

Project No: 500-00-0053/03
Project Officer: MaryBeth Ribar
Period: September 2004 to September 2007
Funding: \$2,500,000
Principal Investigator: Linda Clark-Helms
Award: Task Order (RADSTO)
Awardee: University of Minnesota
 450 Gateway Building, 200 Oak Street SE
 Minneapolis, MN 55445

Description: The Centers for Medicare & Medicaid Services (CMS) will, through a Contractor, work with three to eight States who are in the process of rebalancing, and research the program management techniques used by these States to provide adequate services while effectively managing aggregate costs. CMS will also, through a Contractor, work with these States to gather and report on the changes in aggregate costs and per person expenditures to the Medicaid program and the numbers of individuals receiving institutional and community-based care.

Status: The eight States selected are: Arkansas, Florida, Minnesota, New Mexico, Pennsylvania, Texas, Vermont, and Washington. Selected States were asked to participate to provide the geographical variety, diversity of Medicaid populations, urban and rural populations, and other factors needed to adequately assess rebalancing efforts. Announcement up on New Freedom Initiative website. Site visits are going on until July, 2005, and we are investigating what state data is available. ■

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 complete. ■

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

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

Description: This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (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: The PAM Project grant recipient submitted its final report to CMS. ■

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

Project No: 95-P-92264/03-01
Project Officer: Christine Jones
Period: September 2003 to December 2004
Funding: \$188,577
Principal Investigator: Susan Parker
Award: Grant
Awardee: Delaware Health and Social Services (New Castle)
 1901 North DuPont Highway
 New Castle, DE 19720

Description: This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy

Measurement (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: The PAM Project grant recipient submitted its final report to CMS. ■

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

Project No: 95-P-92268/00-01
Project Officer: Christine Jones
Period: July 2003 to December 2004
Funding: \$371,000
Principal Investigator: DeeAnn Moore
Award: Grant
Awardee: Idaho Department of Health and Welfare
 P.O. Box 83720
 Boise, ID 83720-0036

Description: This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (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: The PAM Project grant recipient submitted its final report to CMS. ■

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

Project No: 95-P-92258/07-01
Project Officer: Christine Jones
Period: September 2003 to December 2004
Funding: \$300,000
Principal Investigator: Patricia Ernst-Becker
Award: Grant
Awardee: Iowa, Department of Human Services
 Hoover Building, 5th Fl, 1305 E. Walnut St.
 Des Moines, IA 50319-0114

Description: This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (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: The PAM Project grant recipient submitted its final report to CMS. ■

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

Project No: 95-P-91684/06-03
Project Officer: Christine Jones
Period: August 2003 to December 2004
Funding: \$190,500
Principal Investigator: Joseph Kopsa
Award: Grant
Awardee: Louisiana, Department of Health and Hospitals
 P.O. Box 91030
 Baton Rouge, LA 70821-9030

Description: This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (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: The PAM Project grant recipient submitted its final report to CMS. ■

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

Project No: 95-P-92269/01-01
Project Officer: Christine Jones
Period: September 2003 to December 2004
Funding: \$500,000
Principal Investigator: Mary Fontaine
Award: Grant
Awardee: Massachusetts, Division of Medical Assistance
 600 Washington Street
 Boston, MA 02111

Description: This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (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: PAM Project final report is past due. ■

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

Project No: 95-P-92275/06-01
Project Officer: Christine Jones
Period: September 2003 to December 2004
Funding: \$222,400
Principal Investigator: Matthew Onstott
Award: Grant
Awardee: New Mexico, Human Services Department
 P.O. Box 2348
 Santa Fe, NM 87504

Description: This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (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: The PAM Project grant recipient submitted its final report to CMS as required. ■

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

Project No: 95-P-91680/04-03
Project Officer: Christine Jones
Period: September 2003 to December 2004
Funding: \$233,483
Principal Investigator: Carleen Massey
Award: Grant
Awardee: North Carolina Department of Health & Human Services
 2001 Mail Service Center
 Raleigh, NC 27699-2515

Programmatic Technical Assistance to the Grantees Under the Demonstration to Improve the Direct Service Community Workforce

Project No: 500-00-0051/04
Project Officer: Kathryn King
Period: October 2004 to September 2007
Funding: \$351,326
Principal Investigator: Lisa Maria Alecxih
Award: Task Order (RADSTO)
Awardee: Lewin Group
 3130 Fairview Park Drive, Suite 800
 Falls Church, VA 22042

Description: The purpose of this project is to provide funding for a project that will provide programmatic technical assistance to the ten grantees in the Demonstration to Improve the Direct Services Community Workforce.

Status: The project is underway. ■

Programming Analytical and Data Presentation Support for Dual Eligible Quality

Project No: 500-96-0516/07
Project Officer: William Clark
Period: September 2001 to September 2003
Funding: \$44,883
Principal Investigator: Celia H. Dahlman
Award: Task Order (ADP Support)
Awardee: CHD Research Associates
 5515 Twin Knolls Road #322
 Columbia, MD 21045

Description: This task order is for programming, analysis, and data presentation services in support of HCFA's intramural studies of the quality of services for dual eligible (Medicare/Medicaid) beneficiaries. This project will link Medicaid Statistical Information System/State Medicaid Research File, Medicare claims, and clinical data abstracts.

Status: The project has ended. ■

Research on System Change for Community Living

Project No: 500-00-0044/02
Project Officer: MaryBeth Ribar
Period: September 2001 to September 2006
Funding: \$3,979,996
Principal Investigator: Janet O'Keefe
Award: Task Order (RADSTO)
Awardee: Research Triangle Institute, (DC)
 1615 M Street, NW, Suite 740
 Washington, DC 20036-3209

Description: The Center for Medicare and 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.

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. Oregon implemented the program on December 1, 2001. Current enrollment is about 300. ■

Partnership Plan, The

Project No: 11-WV-00114/02
Project Officer: Camille Dobson
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.

On December 15, 2004, the Medicaid Advantage amendment to the demonstration was approved. This amendment permits Medicare/Medicaid dual eligibles to enroll on a voluntary basis into one managed care plan for both Medicare and Medicaid services.

Status: Implementation of the demonstration, excluding FHPlus, began on October 1, 1997 on a county-by-county basis. As of February 2005, 23 counties and New York City have implemented mandatory managed care for the TANF-related and Safety Net populations under the demonstration. The 23 counties include: Albany, Broome, Cattaraugus, Chautauqua, Columbia, Erie, Genesee, Greene, Herkimer, Livingston, Monroe, Nassau, Niagara, Oneida, Onondaga, Ontario, Orleans, Oswego, Rensselaer, Rockland, Saratoga, Suffolk, and Westchester.

As an alternative to mainstream managed care organizations, enrollees living with HIV/AIDS in New York City have the opportunity to enroll in a special needs plan. These plans offer enrollees an HIV specialist primary care provider; HIV case management services; and treatment adherence services. ■

Pilot Study of Medicaid Payment Accuracy Review

Project No: 500-00-0051/05
Project Officer: Christine Jones
Period: September 2004 to September 2005
Funding: \$749,261
Principal Investigator: Paul Hogan
Award: Task Order (RADSTO)
Awardee: Lewin Group
 3130 Fairview Park Drive, Suite 800
 Falls Church, VA 22042

Description: This project will allow CMS and the States to further prepare for the implementation of the Payment Error Rate Measurement (PERM) Program. The PERM program, anticipated to be implemented in the Fiscal Year 2006, will measure the payment error rate in the Medicaid Program and in the SCHIP Program.

Status: The project is underway. ■

Description: This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (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: PAM Project final report is past due. ■

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 E. Boulevard Ave., Dept 325
 Bismarck, ND 58505-0250

Description: This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (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 completed. ■

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

Project No: 95-P-91808/06-02
Project Officer: Christine Jones
Period: September 2003 to December 2004
Funding: \$176,936
Principal Investigator: Kelly Shropshire
Award: Grant
Awardee: Oklahoma, Health Care Authority
 4545 N. Lincoln Blvd., Suite 124
 Oklahoma City, OK 73105

Description: This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (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: Project completed. ■

Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project - San Diego

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 Dept. of Social Services, Office of Medical Services
 700 Governors Dr.
 Pierre, SD 57501-2291

Description: This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (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 completed. ■

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

Project No: 95-P-91683/06-03
Project Officer: Christine Jones
Period: September 2003 to February 2005
Funding: \$166,740
Principal Investigator: Cindy Wiley
Award: Grant
Awardee: Texas, Health and Human Services Commission
 P.O. Box 13247
 Austin, TX 78711-3247

Description: This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (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: The PAM Project grant recipient submitted its final report to CMS. ■

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

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

Description: This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (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: The PAM Project grant recipient submitted its final report to CMS. ■

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

Project No: 95-P-91681/00-03
Project Officer: Christine Jones
Period: September 2003 to December 2004
Funding: \$133,569
Principal Investigator: Ron Armstrong
Award: Grant
Awardee: Washington Department of Social and Health Services
 P.O. Box 45600
 Olympia, WA 98503-5503

Description: This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (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: The PAM Project grant recipient submitted its final report to CMS. ■

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
 1018 Kanawha Blvd., East, Suite 209
 Charleston, WV 25301

Description: This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (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 complete. ■

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

Project No: 95-P-91679/08-03
Project Officer: Christine Jones
Period: September 2003 to September 2004
Funding: \$72,293
Principal Investigator: Teri L. Green
Award: Grant
Awardee: Wyoming, Department of Health
 6101 N. Yellowstone Road, Room 259B
 Cheyenne, WY 82002

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

Project No: 11-W-00072/09
Project Officer: Joan Peterson
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 demonstrations. ■

Oklahoma SoonerCare Demonstration

Project No: 11-W-00048/06
Project Officer: Courtney Turner
Period: October 1995 to December 2006
Funding: \$0
Principal Investigator: Garth Splinter
Award: Waiver-Only Project
Awardee: Oklahoma, Health Care Authority
 4545 N. Lincoln Blvd., Suite 124
 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 non-institutionalized ABD population July 1, 1997.

Status: The project has been extended through 2006. ■

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

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 intermediary and counseling 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 December 15, 2004 to eliminate the randomization component of the demonstration design. All demonstration enrollees, including those once randomized into the control group, will have the ability to self-direct the provision of their personal care services. CMS also granted New Jersey a three-year extension of demonstration authority, which is now in effect until April 30, 2008. ■

New Mexico Health Care Reform Demonstration

Project No: 11-W-00124/06
Project Officer: Stacey Green
Period: January 1999 to December 2004
Funding: \$0
Principal Investigator: Ross Becker
Award: Waiver-Only Project
Awardee: Centers for Medicare & Medicaid Services
 7500 Security Boulevard
 Baltimore, MD 21244-1850

Description: On September 14, 1998, New Mexico submitted a proposal for the New Mexico Section 1115 Demonstration Project, a 5-year section 1115 demonstration. On January 11, 1999, the State was permitted to implement its title XXI Medicaid expansion to cover children in families through age 18 with income from 185 percent up to 235 percent of the Federal

Poverty Level (FPL). New Mexico operates its Title XXI State Children's Health Insurance Program (SCHIP) Medicaid expansion through this demonstration. This demonstration permits New Mexico to have co-payment requirements and a 6-month waiting period for the demonstration population.

Status: The State requested a 3-year extension of project number 11-W-0012416 entitled, the New Mexico Section 1115 Demonstration Project. The continuation period will run from January 1, 2005 through December 31, 2007. This extension is authorized under 1115(e) of the Social Security Act. ■

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 for daily life. 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: This demonstration was never implemented. ■

Description: This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (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: The PAM Project grant recipient submitted its final report to CMS. ■

Medicaid Buy-In Outcomes Work Incentives Systems--TWWIIA

Project No: 500-00-0047/03
Project Officer: Joseph Razes
Period: September 2002 to September 2005
Funding: \$960,248
Principal Investigator: Craig Thornton
Award: Task Order (RADSTO)
Awardee: Mathematica Policy Research, (Princeton)
 600 Alexander Park, PO Box 2393
 Princeton, NJ 08543-2393

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: The contractor continues to conduct data analysis. ■

Medicaid Demonstration Project for Los Angeles County

Project No: 11-W-00076/09
Project Officer: Gary Jackson
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 for 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. ■

Medicaid Payment Accuracy Measurement (PAM) Project

Project No: 500-00-0051/01
Project Officer: Christine Jones
Period: September 2001 to June 2005
Funding: \$1,208,037
Principal Investigator: Paul Hogan
Award: Task Order (RADSTO)
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 September, 2001, through September, 2003; we subsequently extended this contract through September, 2004; we have extended it again through FY 2005. ■

Medicaid Payment Accuracy Measurement (PAM) Project - Arizona

Project No: 95-P-93013/9-01
Project Officer: Christine Jones
Period: September 2003 to December 2004
Funding: \$647,154
Principal Investigator: Kim Wilson
Award: Grant
Awardee: Arizona Health Care Cost Containment System
 701 East Jefferson, MD 7000
 Phoenix, AZ 85034

Description: 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.

Status: The PAM Project grant recipient submitted its final report to CMS. ■

Medicaid Payment Accuracy Measurement (PAM) Project - California

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

Description: 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)

and (5) The collection, analysis and dissemination of promising practices. ■

New Freedom Initiative Research

Project No: 500-00-0021/02
Project Officer: Adrienne Delozier
Period: September 2003 to September 2005
Funding: \$2,509,472
Principal Investigator: Brian Burwell
Award: Task Order (RADSTO)
Awardee: MEDSTAT Group (DC - Conn. Ave.)
 4301 Connecticut Ave., NW, Suite
 330
 Washington, DC 20008

Description: On June 22, 1999, the U.S. Supreme Court, in *Olmstead versus 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:

1. Collection, Analysis and Dissemination of Promising Practices, State Planning & 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.

2. Ongoing Collection & 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 (a) better manage its waiver programs and other long-term care services, and (b) 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.

3. Implementing New Freedom Executive Order – Funds research to conduct an in-depth analysis of the issues identified in the Report to the President and provide a further assessment of the identified barriers to fulfilling the ADA/*Olmstead* decision and implementing reforms in long-term care.

4. 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 underway. ■

New Jersey Cash and Counseling Demonstration

Project No: 11-W-00118/02
Project Officer: Melissa Harris
Period: May 2000 to April 2008
Funding: \$0
Principal Investigator: William Ditto
Award: Waiver-Only Project
Awardee: New Jersey, Department of Human Services
 222 South Warren St, 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

Description: This evaluation is designed to assess the impact of dual eligible demonstrations in the States of Minnesota and Wisconsin. The two demonstrations are designed to provide more integrated care to dual eligible beneficiaries under a capitated managed care arrangement. The quasi-experimental design will utilize surveys, case studies, and Medicare and Medicaid data for analysis. The evaluation will use matched control groups, one in the same geographic area and another from other parts of the State. 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.

Status: The project was completed in August 2004. Overall, there were modest differences between both demonstration and control groups on areas like function and pain. There were some indications of greater satisfaction for the demonstration groups. There were some differences in utilization. The following reports are available on the CMS's website at <http://www.cms.hhs.gov/researchers/projects>:

- 1) Multistate Evaluation of Dual Eligibles Demonstrations: Final Report
- 2) Multistate Evaluation of Dual Eligibles Demonstrations Minnesota Senior Health Options Evaluation Focusing on Utilization, Cost and Quality of Care: Final Report
- 3) Multistate Evaluation of Dual Eligibles Demonstrations Wisconsin Partnership Program Focusing on Utilization, Cost and Quality of Care: Final Report ■

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

Project No: 500-96-0006/02
Project Officer: Thomas Shenk
 Hunter McKay
Period: September 1999 to September 2004
Funding: \$3,463,070
Principal Investigator: Brian Burwell
Award: Task Order
Awardee: MEDSTAT Group (DC - Maryland Ave.)
 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/or 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,

Project. PAM Project pilot tests of the methodology have been conducted in FY 2002, FY 2003, and FY 2004.

Status: The PAM Project grant recipient submitted its final report to CMS. ■

Medicaid Payment Accuracy Measurement (PAM) Project - Colorado

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

Description: 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.

Status: The PAM Project grant recipient submitted its final report to CMS. ■

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

Project No: 95-P-92263/03-01
Project Officer: Christine Jones
Period: August 2003 to March 2005
Funding: \$295,328
Principal Investigator: Bernardo Gonzales
Award: Grant
Awardee: District of Columbia, Department of Health, Medical Assistance Administration
 Suite 5135, N. Capitol St., NE
 Washington, DC 20002

Description: 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.

Status: PAM Project final report is due March 29, 2005. ■

Medicaid Payment Accuracy Measurement (PAM) Project - Florida

Project No: 95-P-91806/04-01
Project Officer: Wayne Slaughter
Period: September 2002 to September 2003
Funding: \$247,000
Principal Investigator: Nancy Ross
Award: Grant
Awardee: Florida, Agency for Health Care Administration, (Mahan Dr)
 2727 Mahan Drive
 Tallahassee, FL 32308

Description: 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 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.

Status: As of the budget period reported above, this project was in its Year 2 phase. ■

Medicaid Payment Accuracy Measurement (PAM) Project - Florida

Project No: 95-P-91806/04-02
Project Officer: Christine Jones
Period: August 2003 to December 2004
Funding: \$341,389

Principal Investigator: Nancy Ross
Award: Grant
Awardee: Florida, Agency for Health Care Administration, (Mahan Dr) 2727 Mahan Drive Tallahassee, FL 32308

Description: 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.

Status: The PAM Project grant recipient submitted its final report to CMS as required. ■

Medicaid Payment Accuracy Measurement (PAM) Project - Indiana

Project No: 95-P-91804/5-02
Project Officer: Christine Jones
Period: September 2003 to February 2005
Funding: \$162,500

Principal Investigator: Patricia Nolting
Award: Grant
Awardee: Iowa, Department of Human Services
 Hoover Building, 5th Fl, 1305 E. Walnut St.
 Des Moines, IA 50319-0114

Description: 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.

Status: The PAM Project final report is due to CMS on March 15, 2005. ■

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 & Planning (OMPP)
 402 West Washington Street, Room W382-MS07
 Indianapolis, IN 46204

Description: 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 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.

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

Medicaid Payment Accuracy Measurement (PAM) Project - Kentucky

Project No: 95-P-92259/04-01
Project Officer: Christine Jones
Period: September 2003 to January 2005
Funding: \$264,700

Principal Investigator: Jerri Heltzel Robinson
Award: Grant
Awardee: Kentucky Department for Medicaid Services
 275 E Main Street, 6 E B
 Frankfort, KY 40601

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 non-household members for AFDC, and Food Stamp purposes. Under its demonstration, enrollment of adult participants in a health maintenance organization (HMO) is mandated where geographically available. In areas where an HMO is not available, Montana offers basic Medicaid coverage through Passport to Health, Montana's Primary-Care Case-Management Program.

Status: This demonstration expired January 31, 2004 and has not been renewed. ■

Multi-State Dual Eligible Data Base 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, (DC) 600 Maryland Avenue, SW, Suite 550
 Washington, DC 20024-2512

Description: This project will use available Medicare/Medicaid-linked Statewide data in

10-12 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 has ended. Study reports have been submitted to CMS. ■

Multi-State 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, School of Public Health, Division of Health Services Research and Policy, Mail Code Number 99
 420 Delaware Street SE, D 355
 Mayo Building
 Minneapolis, MN 55455

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

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

- 1) Non-custodial parents participating in Missouri's Parent's Fair Share Program with incomes up to 100 percent of the Federal poverty level (FPL);
- 2) Non-custodial 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 two 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 post-partum 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 six month period of uninsurance is required before uninsured children through age 18 up to 300 percent FPL can be enrolled. For children between 226-300 percent, other insurance must be unavailable and unaffordable. ■

Model Waiver Evaluation-HIFA

Project No: 500-00-0045/02
Project Officer: Paul Youket
Period: September 1999 to July 2005
Funding: \$321,690
Principal Investigator: Terri Coughlin
Award: Task Order (RADSTO)
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 Initiative (HIFA), 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.

The contractor has completed case studies on five states: Arizona, Illinois, Maine, New Jersey, and Oregon. ■

Medicaid Payment Accuracy Measurement (PAM) Project - Minnesota

Project No: 95-P-91685/05-02
Project Officer: Christine Jones
Period: August 2001 to January 2005
Funding: \$264,250
Principal Investigator: Gina Kiser
Award: Grant
Awardee: Minnesota, Department of Human Services
 Human Services Building, 444 Lafayette Road
 St. Paul, MN 55155-3849

Description: 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.

Status: The PAM Project grant recipient submitted its final report to CMS as required. ■

Medicaid Payment Accuracy Measurement (PAM) Project - Mississippi

Project No: 95-P-91682/04
Project Officer: Christine Jones
Period: July 2001 to September 2003
Funding: \$445,682
Principal Investigator: K. Michael Bailey
Award: Grant
Awardee: Mississippi, Office of Governor, Division of Medicaid
 Robert E. Lee Building, 239 N. Lamar St., Suite 801, Hinds County
 Jackson, MS 39201

Description: 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)

Description: 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.

Status: The PAM Project grant recipient submitted its final report to CMS. ■

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
 P.O. Box 91030
 Baton Rouge, LA 70821-9030

Description: 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.

Status: The PAM Project grant recipient completed the grant requirements and submitted its final report to CMS. ■

Project. PAM Project pilot tests of the methodology have been conducted in FY 2002, FY 2003, and FY 2004.

Status: The project is now complete. ■

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 N. Lamar St., Suite 801, Hinds County, Jackson, MS 39201

Description: 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.

Status: The PAM Project grant recipient completed the grant requirements and submitted its final report to CMS. ■

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, P.O. Box 95026, Lincoln, NE 68509-5026

Description: 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 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.

Status: The PAM Project grant recipient completed the grant requirements and submitted its final report to CMS. ■

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, (Albany), The Riverview Center, 4th Floor, 150 Broadway, Albany, NY 12204-2719

Description: 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.

Status: The PAM Project grant recipient completed the grant requirements and submitted its final report to CMS. ■

nine additional counties and is expected to eventually be a Statewide program. In addition, Medicaid eligibility was expanded on a statewide basis to include children and pregnant women up to 275 percent of the Federal poverty level who were previously covered under the State's MinnesotaCare Program. Subsequent changes included expanding eligibility to include parents and caretaker relatives of children enrolled in the demonstration. The approval of Phase 2 in August 2000 allowed several changes which involved increasing flexibility for the State, particularly related to capitation payment. In July 2001, an amendment was approved to allow implementation of county-based purchasing by the 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 272,000 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 81 of its 87 counties. On December 20, 2001, Minnesota was granted an extension of its demonstration from June 30, 2002, to June 30, 2005. ■

Minnesota Senior Health Options/Minnesota Disability Health Options

Project No: 11-W-00024/05
Project Officer: Susan Radke
Period: April 1995 to December 2007
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 dually eligible beneficiaries. Under this demonstration, the State is being treated as a health plan that contracts with CMS to provide services, and currently 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 dually eligible beneficiaries and Medicaid eligible only beneficiaries. Administration of this program is similar to MSHO. 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; 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 ten county area in Minnesota, including the Twin Cities. MnDHO was implemented initially in Hennepin, Ramsey, Dakota, and Anoka counties and will expand to three 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: On December 23, 2005, the Centers for Medicare & Medicaid Services (CMS) approved the State of Minnesota's extension and a statewide service area expansion (SAE) request, entitled "Minnesota Senior Health Options/Minnesota Disability Health Options" (MSHO/MnDHO). This dually eligible demonstration is approved for the period of January 1, 2005 through December 31, 2007. The State will contract with six additional health care plans to provide MSHO services. MnDHO was approved to expand the MnDHO eligibility to beneficiaries diagnosed with Mental Retardation and Developmental Disabilities (MR/DD). ■

Missouri Managed Care Plus (MC+)

Project No: 11-W-00122/07
Project Officer: Camille Dobson
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, P.O. Box 1527, Jefferson City, MO 65102-1527

Description: 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 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.

Status: The PAM Project grant recipient completed the grant requirements and submitted its final report to CMS. ■

Medicaid Payment Accuracy Measurement (PAM) Project - West Virginia

Project No: 95-P-93022/3-01
Project Officer: Christine Jones
Period: September 2003 to January 2005
Funding: \$104,090
Principal Investigator: Stacey Shamblin
Award: Grant
Awardee: West Virginia Children's Health Insurance Program
 1018 Kanawha Blvd., East, Suite 209
 Charleston, WV 25301

Description: 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.

Status: The PAM Project final report is due to CMS on 3/15/2005. ■

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 Green
Award: Grant
Awardee: Wyoming, Department of Health
 6101 N. Yellowstone Road, Room 259B
 Cheyenne, WY 82002

Description: 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 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.

Status: The PAM Project grant recipient completed the grant requirements and submitted its final report to CMS. ■

Minnesota Prepaid Medical Assistance Project Assistance Plus (PMAP+)

Project No: 11-W-00039/05
Project Officer: Wanda Pigatt-Canty
Period: July 1995 to June 2005
Funding: \$0
Principal Investigator: Christine Bronson
Award: 1115 Demonstration
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

Medicaid Payment Accuracy Measurement (PAM) Project - New York

Project No: 95-P-91804/05-02
Project Officer: Wayne Slaughter
Period: September 2002 to September 2003
Funding: \$225,000
Principal Investigator: Judith Battison
Award: Grant
Awardee: Indiana Office of Medicaid Policy & Planning (OMPP)
 402 West Washington Street, Room W382-MS07
 Indianapolis, IN 46204

Description: 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 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.

Status: This project is completed. ■

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 & Human Services
 2001 Mail Service Center
 Raleigh, NC 27699-2515

Description: 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 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.

Status: The PAM Project grant recipient completed the grant requirements and submitted its final report to CMS. ■

Medicaid Payment Accuracy Measurement (PAM) Project - North Dakota

Project No: 95-P-91686/8-03
Project Officer: Christine Jones
Period: September 2003 to September 2004
Funding: \$13,524
Principal Investigator: Maggie Anderson
Award: Grant
Awardee: North Dakota, Department of Human Services, (Bismarck)
 600 E. Boulevard Ave., Dept 325
 Bismarck, ND 58505-0250

Description: 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.

Status: The PAM Project grant recipient submitted its final report to CMS. ■

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: Sheldon Wolf
Award: Grant
Awardee: North Dakota
 600 E. Boulevard Ave., Dept. 325
 Bismarck, ND 58505-0250

Description: 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 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.

Status: The PAM Project grant recipient completed the grant requirements and submitted its final report to CMS. ■

Medicaid Payment Accuracy Measurement (PAM) Project - Oklahoma

Project No: 95-P-91808/6-02
Project Officer: Christine Jones
Period: September 2003 to December 2004
Funding: \$176,936
Principal Investigator: Kelly Shropshire
Award: Grant
Awardee: Oklahoma, Health Care Authority
 4545 N. Lincoln Blvd., Suite 124
 Oklahoma City, OK 73105

Description: In FY 2000, CMS adopted a Government Performance and Results Act (GPR) 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.

Status: The PAM Project grant recipient submitted its final report to CMS. ■

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
 Cindy Roberts
Award: Grant

Awardee: Oklahoma, Health Care Authority
 4545 N. Lincoln Blvd., Suite 124
 Oklahoma City, OK 73105

Description: In FY 2000, CMS adopted a Government Performance and Results Act (GPR) 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.

Status: The PAM Project grant recipient completed the grant requirements and submitted its final report to CMS. ■

Medicaid Payment Accuracy Measurement (PAM) Project - South Carolina

Project No: 95-P-92262/04-01
Project Officer: Christine Jones
Period: September 2003 to December 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

Description: In FY 2000, CMS adopted a Government Performance and Results Act (GPR) 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.

Status: The PAM Project grant recipient submitted its final report to CMS. ■

Medicaid Payment Accuracy Measurement (PAM) Project - South Dakota

Project No: 95-P-93008/8-01
Project Officer: Christine Jones
Period: September 2003 to December 2004
Funding: \$100,000
Principal Investigator: Randy Hanson
Award: Grant
Awardee: South Dakota Dept. of Social Services, Office of Medical Services
 700 Governors Dr.
 Pierre, SD 57501-2291

Description: In FY 2000, CMS adopted a Government Performance and Results Act (GPR) 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.

Status: The PAM Project grant recipient submitted its final report to CMS. ■

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
 Cindy Wiley
Award: Grant
Awardee: Texas, Health and Human Services
 Commission P.O. Box 13247
 Austin, TX 78711-3247

Description: In FY 2000, CMS adopted a Government Performance and Results Act (GPR) 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 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.

Status: The PAM Project grant recipient completed the grant requirements and submitted its final report to CMS. ■

Medicaid Payment Accuracy Measurement (PAM) Project - Virginia

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

Description: In FY 2000, CMS adopted a Government Performance and Results Act (GPR) 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.

Status: The PAM Project grant recipient submitted its final report to CMS. ■

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 Investigator: Cathy Ott
 Ron Armstrong
Award: Grant
Awardee: Washington, Department of Social and Health Services
 P.O. Box 45354
 Olympia, WA 98504-5858