



February 2, 1996

NOTE TO: Carol Rasco
Diana Fortuna
Bruce Reed ✓
Marcia Hale
John Emerson
Emily Bromberg

FROM: John Monahan

Attached you will find the final Health and Human Services briefing for the National Governors' Association Winter Meeting. This material replaces the ACF and HCFA status charts that you received last week. Letters from the Secretary to each Governor that has a section 1115 or major program waivers pending in the Department are also included.

The tabs in the briefing reflect waiver approval fact sheets and talking points on hot waivers, Clinton Administration waiver approval charts as well as other materials related to the NGA meeting sessions.

If you have questions over the weekend please page me at 800-581-3441 or Mike King at 800-581-3439.

AGENDA

All sessions will be held in the JW Marriott unless otherwise indicated.

SATURDAY, FEBRUARY 3

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| 8:00 a.m.-3:00 p.m. Russell Room Meeting Room Level | News Media Registration |
| 9:00 a.m.-3:00 p.m. Capitol Foyer Ballroom Level | General Registration |
| 10:00 a.m.-10:30 a.m. Salons D and E Capitol Ballroom Ballroom Level | Opening News Conference |
| 12:00 noon-2:00 p.m. Salon I Grand Ballroom Ballroom Level | Governors-Only Luncheon and Work Session <i>Governors Only</i> |
| 7:00 p.m.-9:00 p.m. Embassy of South Africa 3051 Massachusetts Ave. NW | Reception Honoring the Nation's Governors <i>Hosted by</i> His Excellency Franklin Somo, South African Ambassador to the United States, and Mrs. Somo <i>By Invitation Only (Please present invitation)</i> <i>Business Attire</i> <i>Guests are responsible for their own transportation.</i> |

SUNDAY, FEBRUARY 4

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| 7:30 a.m.-5:00 p.m. Capitol Foyer Ballroom Level | General Registration |
| 7:30 a.m.-6:00 p.m. Russell Room Meeting Room Level | News Media Registration |
| 9:00 a.m.-11:00 a.m. Salon III Grand Ballroom Ballroom Level | PLENARY SESSION AND EXECUTIVE COMMITTEE* Governor Tommy G. Thompson, Wisconsin, Chairman ■ Executive Committee Business ■ Federal Tax Reform <i>Guests:</i> Jack Kemp, Co-Director, Empower America Additional Guest, TBA *Special reserved seating will be designated for this session. Your cooperation is appreciated. |
| 11:15 a.m.-12:15 p.m. Salon J Capitol Ballroom Ballroom Level | Staff Advisory Council to the Committee on Economic Development and Commerce |
| 11:15 a.m.-12:15 p.m. Salon H Capitol Ballroom Ballroom Level | Staff Advisory Council to the Committee on Human Resources |
| 11:15 a.m.-12:15 p.m. Salon K Capitol Ballroom Ballroom Level | Staff Advisory Council to the Committee on Natural Resources |
| 11:30 a.m.-2:00 p.m. Salon J Grand Ballroom Ballroom Level | Governors-Only Luncheon and Work Session <i>Governors Only</i> |
| 11:30 a.m.-2:00 p.m. Salon E Capitol Ballroom Ballroom Level | Chiefs of Staff Luncheon and Work Session <i>Governors' Chiefs of Staff Only</i> |
| 11:30 a.m.-2:00 p.m. Salon B Capitol Ballroom Ballroom Level | Press Secretaries Luncheon and Work Session <i>Governors' Press Secretaries Only</i> |

SUNDAY, FEBRUARY 4 (continued)

11:30 a.m.—2:00 p.m.
Salon C
Capital Ballroom
Ballroom Level

Policy Directors Luncheon and Work Session
Governors' Policy Directors and NGA Senior Staff Only

2:30 p.m.—4:30 p.m.
Salon G
Capital Ballroom
Ballroom Level

Committee on Economic Development and Commerce
 Governor Zell Miller, Georgia, Chair

- Welcome and Call to Order
 Governor Zell Miller, Georgia, Chair
 Governor Stephen Merrill, New Hampshire, Vice Chair
- Discussion on Transportation Priorities and Prospects
 Governor Bob Miller, Nevada
 Governor Jim Edgar, Illinois
- Discussion on Federal Telecommunications Legislation
 Governor Stephen Merrill, New Hampshire
- Discussion on Devolution of Federal Unemployment Taxes
 Governor George Allen, Virginia
- Consideration of Proposed Policies
- Roundtable Discussion on Privatization—Government Restructuring to Preserve Public Resources and Promote Economic Growth
Moderator:
 Governor Zell Miller, Georgia

2:30 p.m.—4:30 p.m.
Salon III
Grand Ballroom
Ballroom Level

Committee on Human Resources
 Governor Arne H. Carlson, Minnesota, Chair

- Welcome and Call to Order
 Governor Arne H. Carlson, Minnesota, Chair
 Governor Tom Carper, Delaware, Vice Chair
- Roundtable Discussion on the Condition of Urban Schools: Problems and Solutions
Moderators:
 Governor Arne H. Carlson, Minnesota, Chair
 Governor Tom Carper, Delaware, Vice Chair
- Discussion on "Jobs for America's Graduates"
 Governor George V. Voinovich, Ohio
- Consideration of Proposed Policies
- Report on Committee Activities and Other Business

SUNDAY, FEBRUARY 4 (continued)

2:30 p.m.—4:30 p.m.
Salon II
Grand Ballroom
Ballroom Level

Committee on Natural Resources
 Governor Fife Symington, Arizona, Chair

- Welcome and Call to Order
 Governor Fife Symington, Arizona, Chair
 Governor E. Benjamin Nelson, Nebraska, Vice Chair
- The Administration's Perspective on the State-Federal Relationship
Guest:
 Carol M. Browner, Administrator, U.S. Environmental Protection Agency
- Roundtable Discussion on Reinventing Environmental Protection
 The Use of Risk Assessment and Cost-Benefit Analysis
Guest:
 John Graham, Ph.D., Harvard School of Public Health
 Nonregulatory Approaches
Guest:
 Paul Portney, Ph.D., Resources for the Future
- Consideration of Proposed Policies
- Report on Committee Activities and Other Business

5:30 p.m.—7:30 p.m.
Salon II
Grand Ballroom
Ballroom Level

Reception for All Attendees

7:30 p.m.
The White House

White House Dinner
By Invitation Only
Black Tie
Guests are responsible for their own transportation arrangements.

MONDAY, FEBRUARY 5

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| 7:00 a.m.-9:00 a.m. | Republican Governors Association Breakfast Meeting <i>(See page 16 for details.)</i> |
| 7:30 a.m.-9:00 a.m. | Democratic Governors' Association Breakfast Meeting <i>(See page 16 for details.)</i> |
| 8:00 a.m.-6:30 p.m. <i>Russell Room</i> <i>Meeting Room Level</i> | News Media Registration |
| 8:30 a.m.-5:00 p.m. <i>Capitol Foyer</i> <i>Ballroom Level</i> | General Registration |
| 9:05 a.m. <i>E Street Entrance</i> <i>Pennsylvania Avenue Level</i> | Bus Transportation for Governors Departs for the White House <i>For security reasons, Governors are encouraged to use group transportation. Return transportation will be provided at the conclusion of the press availability.</i> |
| 9:15 a.m.-11:30 a.m. <i>The White House</i> | Meeting with the President <i>Governors Only</i> |
| 9:30 a.m.-11:30 a.m. <i>Salon Vert</i> <i>Celadon Restaurant</i> <i>Pennsylvania Avenue Level</i> | Clinic for New Chiefs of Staff <i>Governors & Chiefs of Staff Only</i> |
| 9:30 a.m.-11:30 a.m. <i>Salons H, J, and K</i> <i>Capitol Ballroom, and</i> <i>Salon II</i> <i>Grand Ballroom</i> <i>Ballroom Level</i> | Corporate Fellows Issue Briefings <i>Corporate Fellows Only</i> |
| 11:45 a.m.-1:15 p.m. <i>Salon I</i> <i>Grand Ballroom</i> <i>Ballroom Level</i> | Corporate Fellows Luncheon <i>Corporate Fellows and Invited Guests Only</i> |
| 12:15 p.m.-1:15 p.m. <i>Salon E</i> <i>Capitol Ballroom</i> <i>Ballroom Level</i> | Governors-Only Luncheon <i>Governors Only</i> |
| 12:15 p.m.-1:15 p.m. <i>Salon F</i> <i>Capitol Ballroom</i> <i>Ballroom Level</i> | Chiefs of Staff Luncheon <i>Governors' Chiefs of Staff Only</i> |

MONDAY, FEBRUARY 5 (continued)

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| 12:15 p.m.-1:15 p.m. <i>Salon D</i> <i>Capitol Ballroom</i> <i>Ballroom Level</i> | Press Secretaries Luncheon <i>Governors' Press Secretaries Only</i> |
| 1:30 p.m.-2:30 p.m. <i>Salon III</i> <i>Grand Ballroom</i> <i>Ballroom Level</i> | PLENARY SESSION* Governor Tommy G. Thompson, Wisconsin, Chairman ■ The Changing Structure of the U.S. Economy <i>Guest:</i> Alan Greenspan, Chairman, Board of Governors, Federal Reserve System ■ Update on Federal Budget <i>Guests:</i> Levin Panetta, Chief of Staff to the President, White House Additional Guest, TBA <i>*Special reserved seating will be designated for this session. Your cooperation is appreciated.</i> |
| 2:45 p.m.-5:00 p.m. <i>Salon I</i> <i>Grand Ballroom</i> <i>Ballroom Level</i> | Governors-Only Work Session <i>Governors Only</i> |
| 3:00 p.m.-4:00 p.m. <i>Salon D</i> <i>Capitol Ballroom</i> <i>Ballroom Level</i> | Education Update <i>Governors' Staff and Invited Guests Only</i> |

TUESDAY, FEBRUARY 6

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| 7:00 a.m.-9:00 a.m. | Regional Governors' Association Meetings <i>(See page 17 for details.)</i> |
| 7:30 a.m.-2:00 p.m. <i>Russell Room</i> <i>Meeting Room Level</i> | News Media Registration |
| 8:15 a.m.-12:00 noon <i>Capitol Foyer</i> <i>Ballroom Level</i> | General Registration |

TUESDAY, FEBRUARY 6 (continued)

9:15 a.m.-11:45 a.m.
*Salon III
 Grand Ballroom
 Ballroom Level*

PLENARY SESSION*
 Governor Tommy G. Thompson, Wisconsin, Chairman

- Remarks
 Senator Bob Dole, Kansas, Majority Leader of the U.S. Senate (Invited)
- State Education Progress Report Awards
- Committee Reports and Consideration of Proposed Policies
- Remarks
 President Bill Clinton

**Special security procedures will be in effect for this session. Attendees are requested not to bring packages into the ballroom. In addition, special reserved seating will be designated. Your cooperation is appreciated.*

12:00 noon-12:30 p.m.
*Salons D and E
 Capitol Ballroom
 Ballroom Level*

Closing News Conference

ANCILLARY MEETINGS

SATURDAY, FEBRUARY 3

8:00 a.m.-9:45 a.m. National Education Goals Panel Meeting
*Salon I
 Grand Ballroom
 Ballroom Level*

10:00 a.m.-12:00 noon Higher Education Leadership Council
*Salons H and J
 Capitol Ballroom
 Ballroom Level*

SUNDAY, FEBRUARY 4

7:30 a.m.-8:45 a.m. Appalachian Regional Commission Work Session
*Salon I
 Grand Ballroom
 Ballroom Level*

9:30 a.m.-11:00 a.m. National Governor's Security Association
*Justice Room
 Meeting Room Level*

MONDAY, FEBRUARY 5

7:00 a.m.-9:00 a.m. Republican Governors Association Breakfast Meeting
*Pierce Room
 Lower Level
 Willard Hotel
 1401 Pennsylvania Ave. NW*

7:30 a.m.-9:00 a.m. Democratic Governors' Association Breakfast Meeting
*Salon I
 Grand Ballroom
 Ballroom Level*

9:30 a.m.-11:00 a.m. Council of Governors' Policy Advisors (CGPA) Member Session on Block Grants
*State Room
 Meeting Room Level*

11:00 a.m.-12:00 Noon Council of Governors' Policy Advisors (CGPA) Executive Board Meeting
*State Room
 Meeting Room Level*

3:00 p.m.-4:30 p.m. National Governor's Security Association
*Salon F
 Capitol Ballroom
 Ballroom Level*

MONDAY, FEBRUARY 5 (continued)

5:00 p.m.-6:30 p.m. Women Executives in State Government Reception
Salon E *By Invitation Only*
Capitol Ballroom
Ballroom Level

TUESDAY, FEBRUARY 6

7:00 a.m.-9:00 a.m. Midwestern Governors' Conference
Salon H
Capitol Ballroom
Ballroom Level

7:00 a.m.-9:00 a.m. Southern Governors' Association
Salon F
Capitol Ballroom
Ballroom Level

7:00 a.m.-8:00 a.m. *Governors-only session (closed)*
8:00 a.m.-9:00 a.m. *Business session (open)*

7:00 a.m.-9:00 a.m. Western Governors' Association
Salon E
Capitol Ballroom
Ballroom Level

7:30 a.m.-8:30 a.m. Coalition of Northeastern Governors' Breakfast Meeting
Salon C
Capitol Ballroom
Ballroom Level

Governors and Accompanying Staff Only

7:30 a.m.-9:00 a.m. Council of Great Lakes Governors
Salon A
Capitol Ballroom
Ballroom Level

8:20 a.m.-9:00 a.m. New England Governors' Conference
Salon C
Capitol Ballroom
Ballroom Level

Waiver Talking Points

Questions and Answers on Waivers

Q: Several Republican governors have complained that the Clinton Administration is holding up reform by refusing to grant states waivers. How do you respond?

A: The Clinton Administration has granted an unprecedented number of state waivers, under both welfare and health care reform. In the last three years, we've approved 62 health care and welfare reform waivers; in contrast, the Bush Administration granted waivers to only 11 states in four years. Our record on state flexibility is consistent and clear, and we're working hard with the states to approve these pending waiver requests.

BACKGROUND: Our total of 62 waivers includes: 12 statewide Medicaid waivers and 50 welfare reform demonstration projects in 35 states. In contrast, the Bush Administration granted 11 total waivers in four years: zero health care waivers and only 11 welfare reform waivers. Our success record dwarfs the number of pending requests, some of which are "repeat" requests from states which already have one approval and are seeking additional waivers. (Sixteen states currently have welfare waiver requests pending, and 10 states have submitted Medicaid waivers requests that we're now reviewing). All of those requests for waivers are being actively considered, and we're close to agreement on many of them.

Q: Aren't you reneging on your promise to give states 30-day approval of their waivers? What exactly does a state need to do to get "fast track" approval?

A: President Clinton was very clear in his speech last July to the NGA, and he's stood by the commitment he made to the governors. The President announced that he would simplify the application process and dramatically cut approval time to 30 days for state projects that meet one or more of five proven strategies for reform. In order to ease the filing of "fast track" applications, we even created simple one-page forms for the states.

Only one state, Florida, has asked for "fast track" approval, and we granted that waiver within 30 days. The "fast track" process is still available for states that choose to use it, but if governors choose instead to try a strategy that doesn't fit the criteria, we'll still consider waivers as quickly as possible. Remember, in the last three years, we've approved 62 health care and welfare reform waivers. In contrast, the Bush Administration granted only 11 waivers in four years.

BACKGROUND: We've offered New Hampshire a "fast track" waiver too, but the state has not yet taken it. Under the fast track process, states can institute new work requirements, backed up with adequate child care for parents to work. States can also impose time limits followed by work, provided they offer jobs to those willing to work. In order to promote parental responsibility and prevent teen pregnancy, states can require minor mothers to live at home and stay in school. States can also make parents pay child support or go to work. Finally, states can use AFDC and food stamp benefits as cash subsidies for private employers to hire welfare recipients.

Questions and Answers on California Waivers

Q: Why aren't you granting these waivers to the state?

A: The Clinton Administration has already approved four welfare waivers for California, including two projects in the last few months, and we're currently working with the state on its other waiver requests. We've made substantial progress, and we're committed to working with the governor's office to resolve any outstanding issues.

Q: What's the status of California's waiver request to reduce AFDC benefits?

A: The Administration is working with the state to resolve issues surrounding a waiver request to reduce benefits that was originally approved under the Bush Administration. This waiver was resubmitted following the court's decision in Beno v. Shalala asking the Administration to reconsider its approval of the waiver. Just this past week, we sent the state a letter stating that we will regrant the waiver granted by the Bush Administration, with some minor changes.

We also received a proposal in March 1994 for a project that would progressively reduce the level of AFDC benefits to families. However, the state asked us to hold our review of the request, since the California legislature had not authorized these provisions. We are waiting for the state to act.

Q: What about the state's family cap waiver?

A: Just this the past week, we sent the state a letter reiterating the conditions under which we would be willing to make a prompt decision about its family cap waiver. (See below).

Q: Doesn't the Administration believe that states should have the option to implement family caps? Why are you holding this up?

A: The Clinton Administration believes in giving states flexibility under welfare reform, and we've already granted family caps to 13 states through waivers. However, a family cap should be designed to limit benefits to an AFDC recipient if she has additional children, not to deny a teenage mother assistance when she has her first child. We believe it's more productive to require teen parents to live at home, stay in school, and identify her father's child as a condition of receiving benefits.

BACKGROUND: Moreover, California's family cap proposal raises equal protection questions, since the minor mother's AFDC status at the time of conception would be due solely to her parent's or grandparent's circumstances, not to any actions of her own.

We've insisted that all family caps include protections for the first born children of minor mothers included in their family's assistance unit. However, under California's proposal, a dependent minor **could not** receive benefits for her first child if she were living in a family receiving AFDC, but she **could** receive assistance for herself and her child if she were not receiving AFDC (for example, if she were living outside the home) at the time of conception.

Q: Aren't you worsening California's fiscal situation by refusing to allow the state to reduce benefits as part of its budget-cutting efforts?

A: No, we're not. In fact, we've just offered the Governor a waiver that will allow him to implement his reforms, with some minor changes.

BACKGROUND: Under our proposal, the waiver would exempt people who are incapacitated and unable to work, as well as 16 to 18 year old high school students, from the benefit reductions. Cutting benefits to teens could make it much more difficult for them to finish high school and jeopardize their long-term prospects for self-sufficiency. We all agree on the principle that welfare reform should be about moving people into work. Fairness dictates that those who can't work shouldn't be penalized and that teenagers should stay in school so that they can become good role models and providers for their children.

Q: Wilson's top budget official has claimed that, by vetoing the Conference bill, Clinton has already cost the state \$1.2 billion. Is this true?

A: The President vetoed the Conference bill precisely because it would have cut funding to states like California for programs that would help people make the transition from welfare to work, and because it also made deep cuts in other programs that have nothing to do with welfare reform -- all to pay for a tax cut for the wealthiest Americans. California, along with its poorest children, would be hit hard by these cuts. The President wants to maintain the federal commitment to states, rather than simply passing them the buck without the resources they need to get the job done. We are working hard with congressional leaders to reach agreement on welfare reform, and in the meantime, we are willing to grant California its waiver requests with minor changes.

Questions and Answers on New Hampshire waiver

Q: Is the Clinton Administration refusing to grant the New Hampshire waiver?

A: No. In fact, after substantive and productive conversations with Governor Merrill's staff, we offered to "fast track" part of his waiver application in October. On November 8, having received no reply from New Hampshire, we again wrote Governor Merrill's human services director, restating our willingness to work with him. On January 24, after more than two months, we received the state's responses to our "fast track" offer, and we're currently working with Governor Merrill to resolve any remaining issues. In fact, Secretary Shalala personally called the governor this week to restate our desire to move promptly on his request.

Q: Governor Merrill says that you're renegeing on your promise to grant waivers in 30 days. Is this true?

A: Absolutely not. As the President said last summer to the NGA, the Administration is committed to reviewing and approving state waiver requests that meet one or more of five established strategies for moving welfare recipients to work, and maintain basic standards for evaluation. We've offered a "fast track" waiver to New Hampshire, and the state hasn't taken it.

Q: So what exactly does a state need to do to get "fast track" approval?

A: In his speech last July to the NGA, President Clinton announced that he was simplifying the application process and dramatically cut the approval time to **30 days** for state projects that meet one or more of the following five strategies for reform: states can institute new work requirements, backed up with adequate child care for parents to work. States can also impose time limits followed by work, provided they offer jobs to those willing to work. In order to promote parental responsibility and prevent teen pregnancy, states can require minor mothers to live at home and stay in school. States can also make parents pay child support or go to work. Finally, states can use AFDC and food stamp benefits as cash subsidies for private employers to hire welfare recipients. Under all of the approved demonstrations, the Administration will ensure that children are protected and adequate accountability measures are in place.

Only one state, Florida, has asked for "fast track" approval, and we granted that waiver within 30 days.

Q: Governor Merrill says the terms you've offered him are too restrictive. What's your response?

A: President Clinton is committed to state flexibility under welfare reform, and has done more than any other president in history to give states the ability to reform their welfare systems. While Congress has talked about welfare reform, President Clinton has acted - giving 35 states the flexibility to impose time limits, require personal responsibility, strengthen child support enforcement, and require work. Our record on state flexibility is clear, and we'll continue to work with the Governor on his waiver request.

Q: Governor Merrill says that he intends to move forward with his reforms without a waiver. Isn't this a violation of federal law? Would the Clinton Administration take steps to withhold his AFDC money?

A: Again, we have not heard officially from the governor that he intends to either reject the waiver we offered him, or proceed without the necessary approvals. So rather than respond to a hypothetical question, I want to urge Governor Merrill to talk to HHS officials so we can work together to reform the New Hampshire welfare system.

STATE HEALTH CARE AND WELFARE REFORM WAIVERS THE CLINTON ADMINISTRATION RECORD

- Shortly after taking office, President Clinton promised the nation's governors that his Administration would work closely with the states to streamline and improve the health care and welfare waiver process.
- Three years later, the Administration has made this promise a reality:
 - Since January 1993, the Clinton Administration approved comprehensive health care reform demonstration projects in the following 12 States: Delaware, Florida, Hawaii, Kentucky, Massachusetts, Minnesota, Ohio, Oklahoma, Oregon, Rhode Island, Tennessee, and Vermont. In addition, 24 sub-state Medicaid demonstration projects have been approved affecting smaller components of state Medicaid programs.
 - Approximately 2.2 million newly eligible individuals will receive coverage under managed care through section 1115 Medicaid waivers approved by the Clinton Administration currently being implemented or pending implementation by the States.
 - In the Bush Administration, no state health care reform projects were approved.
 - Since January 1993, the Clinton Administration has approved 50 welfare demonstration projects in the following 35 States: Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nebraska, New York, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin and Wyoming.
 - Under President Clinton, the Administration has given more than half the States the opportunity to test new welfare approaches -- granting waivers to more states than all previous administrations combined. In an average month, these welfare demonstrations will cover over 9.9 million people, representing over 69 percent of all recipients.
 - In the Bush Administration, only 11 welfare reform demonstrations were approved.
 - The Clinton Administration's extraordinary record on waivers is a result of a significantly streamlined and improved waiver process developed in close consultation with the National Governors' Association and the National Conference of State Legislatures. Working closely with state governments, the Administration has dramatically sped up the process by conducting concurrent reviews of state waiver applications and has permitted states to test a wide range of policy options.

Talking Points - California

- **General:** I have been very pleased to approve 4 welfare reform demonstrations for California since becoming Secretary of HHS: amendments to the "Work Pays Demonstration Project" on February 28, 1994, the "AFDC and Food Stamp Compatibility Demonstration Project" on April 11, 1995, the "California Incentives to Self-sufficiency Demonstration" on September 11, 1995 and the "School Attendance Demonstration Project" in San Diego on December 6, 1995.
- Several pending applications remain unresolved: amendments to the "Assistance Payments Demonstration Project" received by HHS on August 26, 1994, amendments to the "Work Pays Demonstration Project" received on March 14, 1994 and further amendments to the "Work Pays Demonstration Project" on November 9, 1994.
- Review of these applications by the department has taken considerable time. Yet, serious issues in these applications have prompted a serious and diligent review by this department. Features of these applications have been in court in *Beno v. Shalala*, in which I was a named party. Substantial progress has been made in discussions between the department and the state. Letters outlining a set of acceptable terms and conditions were sent by Assistant Secretary for Children and Families Mary Jo Bane to Director Eloise Anderson on February 1.
- **Maintenance of Effort Waiver:** To get to the heart of the matter, the Clinton administration is deeply concerned about pure benefit cuts and does not generally support reductions below the May 1988 level. We have considered the state's request for a waiver of Medicaid maintenance of effort in light of our commitment to the waiver process, the unique history of the demonstration, the context of the state's relatively high benefit levels and as part of a package of proposals combining serious work incentives with a modest benefit cut applied only to those able to work.
- HHS has made a fair and reasonable proposal to the state to resolve the issues of this particular waiver and move forward California's welfare reform effort. Our approach extends the exemptions from the benefit reductions to two groups in addition to those proposed by the state. First, the demonstration would exempt both those incapacitated as defined by the current AFDC and JOBS programs and those determined by the state to be incapacitated.
- Second, 16 to 18 year old high school students would also be exempted from the benefit reductions. We believe that adding paid work to the already considerable stress of being a very young parent and a student could be detrimental to the teen parent's functioning in either role. Cutting

benefits as an incentive for the teen to obtain immediate employment could very well make it more difficult for her to finish high school and jeopardize the teen's long-term prospects for self-sufficiency.

- We agree on the principle that welfare reform should be about moving people into work. But fairness dictates that those who can't shouldn't be penalized and teenagers should stay in school so that their future will not include welfare as a way of life.
- Two-Tier Provision: Also, the two-tier provision of the state's plan to limit AFDC benefits during the first year of California residency to the level available in the previous state of residency is removed. It is the current Administration's position that such provisions raise constitutional concerns and therefore are not approvable.
- Family Cap Waiver: Lastly, California seeks a family cap. The Clinton administration supports the option for states to have family caps. It was included as an option in the President's Work and Responsibility Act. However, HHS in its approval of family caps for 13 states has not granted approval to deny benefits to the first born child of minor mothers. The principle of family caps is to instill responsibility in adults for not adding to their family's and the state's welfare burden with another child. It is not to penalize the unfortunate mistakes of children. We believe that teen parents should stay at home and in school and learn from responsible adults to act responsibly.
- In these demonstrations, with the HHS modifications, California continues to make bold and innovative reforms to welfare. Thirty-five states under the Clinton administration, including California, are making a difference in the lives of nearly 10 million welfare recipients, 70% of all nation-wide, moving people to work. Let's stop the back and forth and move ahead in California's welfare reform now.

Talking Points -- Illinois

- I am pleased to have approved 3 welfare reform demonstrations for Illinois: amendments to "Project Fresh Start" on November 23, 1993, the "School Attendance Demonstration" and the "Work and Responsibility Demonstration" both on October 2, 1995. Illinois has made substantial strides to end welfare as we know for the state's welfare recipients.
- HHS received the "Six-month Paternity Establishment Demonstration" on July 18, 1995. The 120 day time period expired on November 17, 1995. I do not deny that work on this application has taken some time. The application raised serious issues about how to ensure cooperation with child support enforcement without unfairly penalizing families if the state has failed to establish paternity.
- A significant effort on the part of HHS staff working in a cooperative spirit with the state has made progress on resolving outstanding issues.
- HHS prepared draft terms and conditions with which the state did not agree. Staff have had several teleconference calls on December 6 and 14, 1995 and as recently as January 29, 1996. This last call yielded a positive discussion which promises to resolve any remaining issues.
- We hope that we can reach a reasonable sanction for non-compliance with paternity establishment that will strengthen the state's requirement of cooperation for mothers to provide information on fathers and not penalize children.
- I am also pleased that HHS and the state have reached agreement on a separate waiver that will strengthen anti-fraud efforts. The identification provisions include fingerprinting and retinal screening. We expect to grant approval the week of February 5.

Talking Points - Indiana

- HHS received Indiana's amendments to the "Impacting Families Welfare Reform Demonstration Project" on December 14, 1995. The 120 day time period expires on April 13, 1996. I was very pleased to approve Indiana's original innovative demonstration on December 15, 1994.
- HHS staff has begun work on the state's application immediately. The government shutdown delayed our initial review, but has not slowed our commitment to a quick and thorough action.
- In fact, Assistant Secretary for Children and Families Mary Jo Bane and Secretary Cheryl Sullivan were scheduled to meet to discuss the state's application on February 2, but have rescheduled the meeting until next week due to the ice storm. Mary Jo's staff is preparing an analysis paper that we expect will be sent to the state by the end of February.
- At first glance, I am impressed by the comprehensive approach of the state and the breadth of ambitious programs the state has proposed.
- There are, however, serious issues to be addressed regarding both the extent of our legal authority and ensuring the adequate protection of children and families. While significant issues exist, I am confident we will work cooperatively and diligently with Governor Bayh and his team to resolve any outstanding issues and reach a final decision as quickly as possible.

Talking Points -- Maine

- HHS received Maine's "Welfare to Work Program" on September 20, 1995. The 120 day time period expired on January 19, 1996.
- Maine's promising proposal reflects the President's objectives of moving people into work, promoting parental responsibility, providing incentives to make work pay and absent parents pay child support and ensuring supports to transition people from welfare into jobs successfully.
- HHS staff diligently reviewed the demonstration application and sent an analysis paper of some issues that require clarification or need to be addressed on October 19, 1995. The state sent a partial response on only Food Stamp issues on January 22, 1996. We are still awaiting a complete response.
- A couple of issues need to be resolved involving voucher payments for minor parents and the evaluation design. However, we expect that they are solvable and Maine can move forward with its efforts to reform welfare. Thus, we are anxious to receive the state's response to our request for information.

Talking Points - Mississippi

- HHS received further amendments to the Work First component of Mississippi's "A New Direction Demonstration Program" on November 20, 1995. The 120 day time period expires on March 19, 1996. I was very pleased to approve two waivers for the state, the original demonstration on December 22, 1994 and amendments on September 1, 1995.
- With each set of amendments, Mississippi builds on a comprehensive demonstration that reflects the President's principles of work, parental responsibility and protection of children.
- These amendments enhance the demonstration with incentives to move people off of welfare quickly.
- On February 1 we were told by your Department's staff that the draft terms and conditions we had sent you were acceptable.
- The state has yet to respond to an allegation from a public interest organization about implementation of its ongoing welfare reform demonstration. As soon as we receive an adequate response we intend to move promptly to a final decision.

Talking Points -- Ohio

- "Ohio First," initiated by the state legislature was received by HHS/ACF on October 27, 1995. The 120 day time period expires on February 27, 1996. I was very pleased to approve two previous innovative demonstrations for Ohio: "A State of Opportunity Project" on March 7, 1995 and amendments to "Learning, Earning, and Parenting Program (LEAP)" on September 6, 1995. LEAP has received national attention for its success in improving the attendance and graduation rates for teenagers.
- "Ohio First" is again an innovative and comprehensive approach by the state to reform welfare reflecting the President's principles of work and parental responsibility. However, there are some significant issues that HHS is working with the state to address.
- On January 25, 1996, HHS/ACF sent an analysis paper with the issues needing to be clarified and resolved. It is important to note that the identification of issues does not mean that the department does not approve of the basic concepts contained in the Ohio First proposal, such as time limits and strict work requirements. In fact, consistent with the President's commitment to provide States with flexibility, while providing basic protections for families and children, HHS has approved demonstrations with time limited benefits for 22 states.
- However, as the President has indicated, basic protections must be provided for those who have played by the rules but, through no fault of their own, have not been able to find a job at all by the end of the time limit. Each of the 22 states with time-limited benefits has accepted this provision, even those with the toughest time limits. The department is committed to working with the state for a tough but fair time limit.
- In some instances we simply do not have the legal authority to grant the waivers requested. As indicated in the issues paper, this is the case regarding restrictions on subsidized work placements and reductions in food stamp benefits.
- At this time we are awaiting the State's response to the issues paper on "Ohio First." HHS/ACF is prepared to grant time limits, work requirements, and tough penalties, as long as basic protections for children are included and the provisions are within the limits of the law.
- The success of LEAP and the promise of A State of Opportunity have demonstrated the cooperative spirit of the work of HHS and Ohio. Let's move forward with another potential success story in Ohio First.

Talking Points -- South Carolina

- South Carolina's "Family Independence Program" was received by HHS on June 12, 1995. The 120 day time period expired on October 11, 1995. I was very pleased to approve the state's "Self-Sufficiency and Parental Responsibility Program" on January 9, 1995.
- I recognize that the department has been reviewing South Carolina's waiver submission for a long period of time. Over the course of these several months, many issues have been resolved in a cooperative spirit. Nevertheless a few substantial ones remain, including the time limit, family cap and child support/paternity establishment requirements.
- Time Limit: The 22 states' demonstrations of time limits that HHS has approved all have included a basic extension for people who "play by the rules," but through no fault of their own are unable to get a job by the time limit. Every state has accepted this provision, even those with the toughest time limits. The department is committed to working with South Carolina for a tough but fair time limit.
- Family Cap: For the 13 states HHS granted family caps, no state has denied benefits for first birth of minor mothers. HHS is prepared to work with South Carolina to grant a family cap, but not one that penalizes teenagers unfairly.
- New Issues: Lastly, though much progress has been made toward an approval of the state's submission, it seems that whenever we are close to resolution, the state raises additional issues. For example, we had agreement on the child support/paternity establishment conditions of mothers. Yet, just recently the state wanted to add another condition. Similarly, we had earlier reached agreement on excluding first time minor parents when the state changed its mind. We hope that we can jointly agree with the state on a set of terms and conditions very quickly.
- The Clinton administration has encouraged states to experiment with innovative approaches to welfare reform. We have done so for 35 states, including South Carolina. While the Congress fails to offer real welfare reform on the national level, this administration will continue to reform welfare across the country even if we have to do it one state at a time. The people on welfare deserve no less. So, let's stop the back and forth. We agree on the basic principles of work and parental responsibility. Let's move forward.

Talking Points -- Texas

- HHS received "Achieving Change for Texans" on October 6, 1995. The 120 day time period expires on February 6, 1996. I was pleased to approve "Promotion of Child Health in Texas" on August 10, 1995 to reinforce the parental responsibility of making sure the children of welfare recipients have their appropriate immunizations.
- HHS staff has been working constructively with the state since the application was received. However, that promising work was interrupted by the government shutdown caused by the Congress not passing a Continuing Resolution or an appropriations bill for HHS. Nevertheless, work resumed diligently and an analysis paper was sent to the state on January 18, 1996. HHS received a response from the state on February 1, 1996. Staff is reviewing the response immediately.
- We do see some significant issues that need to be addressed and clarified, including the definition of severe hardships as an extension to the time limit and Medicaid benefit reductions. However, we do expect that these issues are resolvable since we have successfully achieved workable time limit policies with 22 states and insisted on retaining health coverage for poor families in 35 states' demonstrations.
- Texas has proposed a project that reflects the President's objectives in welfare reform -- moving people into work quickly, providing incentives to make work pay, promoting parental responsibility and ensuring supports to transition people successfully from welfare into work. The Clinton administration look forward to furthering the welfare reform efforts in Texas.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)

TALKING POINT

- We are very interested in the State's dual eligible proposal. Once the State provides information showing that it is budget neutral, we expect a quick decision.

BACKGROUND

- AHCCCS has been operating as a State-wide managed care demonstration since 1982. In April 1994, Arizona submitted an amendment to offer various enrollment options for the dual eligibles. HCFA and the State have had continuous discussions on these options. On November 17, 1995, the State submitted a revised proposal which is currently under review.
- In March 1995, Arizona submitted an amendment to include all individuals below 100 percent of the Federal Poverty Level under AHCCCS.

Issues:

- HCFA has informally informed the Medicaid Director that we are supportive of the dual eligible proposal. There remain many technical issues to be resolved. The State is anxious to receive a final decision before April 1995, when the State will issue its solicitation of long term care contractors.
- The primary issue with the eligibility expansion is whether the State will be able to meet the Department's budget neutrality requirements. Since the State already operates a state-wide managed care program, there are limited additional savings available to cover the new population. Even if HCFA were to approve the eligibility expansion, it is unclear the Arizona legislature would approve the necessary enabling legislation. The Governor's legislative request was denied last year.

Current Status:

- HCFA plans to inform the Medicaid Director next week of the HCFA position on major issues related to the dual eligible proposal. This will be followed-up with a letter to the State with questions addressing more technical issues.
- HCFA sent the State questions on budget neutrality in January and is awaiting the State's response.

GEORGIA SECTION 1115 DEMONSTRATION PROPOSAL

TALKING POINTS

- We were pleased to receive Governor Miller's innovative Behavioral Health Plan. While the Federal shutdown slowed our review, we are moving forward expeditiously with his request.
- I know the Governor requested that we treat this proposal as a complete package. Although we wish we were able to do so, treating three requests as one proved to be too cumbersome. Although separate sets of questions were sent to the State, we will continue to coordinate our review. We are ready to provide any technical assistance the State may need.

BACKGROUND

- The Georgia Behavioral Health Plan, submitted on September 1, 1995, combines 1115 and 1915(b) and 1915(c) waivers into a fully integrated system of managed care for mental illness, mental retardation, and substance abuse. The 1115 proposal is being used for the provision of mental health and substance abuse services. The 1915(b) waiver will allow Medicaid reimbursement for all mental retardation services through "Regional Boards," while the 1915(c) will permit increased flexibility in the delivery of services to mentally retarded consumers.

Issues:

- The Governor requested that we deal with this waiver application as a complete package. Although separate questions were sent to the State for each waiver, we will coordinate the review.

Current Status:

- HCFA sent technical questions to the State on November 29, 1995. The State expects to submit a draft response by the end of February. The State has requested technical assistance from HCFA to help them put their answers in final form.

ILLINOIS SECTION 1115 DEMONSTRATION PROPOSAL

TALKING POINT

- We have submitted draft terms and conditions of approval to the State. We are looking forward to resolving any issues the State may have.

BACKGROUND

- MediPlan Plus, submitted on September 15, 1994, has goals of increasing access and quality of health care and of limiting rising costs through the increased use of managed care.

Major Outstanding Issues:

- FQHCs: The State wants assurance that they are interpreting the meaning of the FQHC term and condition correctly. Therefore, the State is drafting a document that explains their interpretation.
- Default assignment: The amount of time that a beneficiary has to change site selections if they were default assigned to a provider is unresolved.

Current Status:

- The State is drafting counter language for the FQHC term and condition and considers their changes to be technical in nature and not problematic.
- State and Federal representatives spoke about a compromise position on the default assignment on January 29. The State is currently considering this position.
- The State is not sure when they will finalize these issues. However, as soon as we receive their information, the demonstration can be approved.

KANSAS SECTION 1115 DEMONSTRATION PROPOSAL

TALKING POINT

- We are in the final stages of review and anticipate approval in the near future.

BACKGROUND

- Community Care of Kansas (CCK), submitted on March 23, 1995, proposes a "managed cooperation model" that would award a managed care contract to a single provider-sponsored managed care plan. The proposed demonstration area includes one predominately urban/suburban county and three predominately rural counties.

Issues: Beneficiary Choice and Competitive Bidding

- The most problematic issues with the proposed CCK demonstration focused on the lack of beneficiary choice of plan and competitive bidding in the plan. HCFA was concerned about the effect that restricting beneficiary enrollment to one managed care entity would have on the health care market in the demonstration area, on access to quality care provided to demonstration participants, and on the choice of provider arrangements that participants will have under the demonstration.
- Extensive discussions both within the Department and with the State occurred on the issues of beneficiary choice and competitive bidding. In a August 16, 1995, letter to the Secretary, Governor Graves of Kansas agreed to HCFA's position on requiring beneficiary choice in urban areas. Kansas will offer its PCCM – the HealthConnect program – to demonstration beneficiaries "as an up-front managed care option," in addition to the CCK plan.
- In October 1995, HCFA to agreed to allow Kansas to award a contract to CCK non-competitively for a period of three years, after which a competitive procurement must be established for the remaining years of the demonstration.
- In December 1995, it was discovered that under the State's plan to provide choice in the urban county, they were going to provide an incentive to beneficiaries in the demonstration area to enroll in CCK, the capitated plan offered under the demonstration, rather than in the PCCM. Only those beneficiaries who choose to enroll in CCK would be able to retain Medicaid eligibility should their family income rise above current income standards. HCFA agreed to allow Kansas to implement this policy, since it mirrors the current policy under which State's can offer guaranteed eligibility to individuals who enroll in Federally qualified HMOs.

Current Status:

- Since HCFA and the State have agreed on beneficiary choice and competitive bidding, budget neutrality is the remaining issue. Agreement is expected on budget neutrality shortly. Assuming the special terms and conditions are finalized, HCFA could approve the demonstration in February.

MISSOURI SECTION 1115 DEMONSTRATION PROPOSAL

TALKING POINT

- The State has modified its proposal substantially since it was first submitted, and we expect a final decision in the near future.

BACKGROUND

- Missouri Managed Care Plus (MC+), submitted on June 30, 1994, and revised on March 24, 1995, would use managed care to expand Medicaid eligibility to low-income uninsured individuals. The State's revised proposal scales back the original proposal to target children up to age 19 (rather than adults) below 200 percent of the Federal poverty level.

Issue:

- Budget neutrality: We are working on resolving budget neutrality issues and continue to have ongoing discussions with the State on this issue. Additional follow-up with OMB is necessary.

Current Status:

- Once budget neutrality issues are resolved, we can move forward with State on developing terms and conditions for approval.

MONTANA SECTION 1115 DEMONSTRATION PROPOSAL

TALKING POINT

- We could not approve the State's proposal because the State did not want to offer a full set of physical and mental health benefits. We want to use our waiver authority to expand coverage of a full benefit package to as many people as possible.
- We are concerned that the State's proposal merely shifts costs from the State to the Federal government without improving services for beneficiaries.

BACKGROUND

- November 10, 1994: The State submitted a concept paper.
 - The Montana Mental Health Access Plan would provide mental health managed care services to the current Medicaid population and to an expansion population of those persons who have incomes below 200 percent of the Federal Poverty Level.
 - In late November, following consultation with SAMHSA, we called the State to discuss our concern over the proposed lack of physical health benefits for the expansion population, in addition to other concerns. Because the State indicated that providing a full Medicaid package would prevent them from meeting budget neutrality requirements, we suggested that a 1915(b) waiver proposal might be more appropriate.
- June 15, 1995: State formally submitted their section 1115 proposal.
 - The proposal was basically unchanged from their concept paper except that a request for a waiver of the IMD restrictions had been removed.
 - The proposal was reviewed by HCFA and Department components including ASPE, ASMB, OIA, and PHS (including SAMHSA), and OMB. Three major areas of concern were identified: 1) the lack of a comprehensive physical health services benefit package for the expansion population; 2) the shifting of funding from a State-only funded program to a Federal-State funded program; and 3) lack of budget neutrality information.
- September 13, 1995: Proposal disapproved.
- September 20, 1995: HCFA and Department staff participated in a conference call with State and the State's congressional offices to discuss the Department's decision and our reasons for disapproval.

- September 26, 1995: Governor Racicot wrote to President Clinton expressing concern over the disapproval.
- October 10, 1995: The State submitted an alternative to their original proposal.
 - The State suggested offering public health programs and providing physical services to VA and IHS mental health recipients as commensurate with receiving a comprehensive Medicaid benefit package.
 - Following careful review by OIA, OLIGA, ASPE, ASMB, ASL, and OGC in addition to the Medicaid Bureau and the Office of Managed Care, the Department determined that the State's proposal does not meet our requirements to provide a title XIX physical health benefit. The Department determined that access to services is not the same as an entitlement to services.
- January 25, 1996: We informed Peter Blouke, Director of the Montana Department of Public Health and Human Services, of the Department's decision. The call was cordial.
 - We reiterated what we have told the State previously about exploring the possibilities of a 1915(b).
 - The State indicated that they did not find our arguments convincing, and that the mental health advocacy community would be upset by what they would consider a discrimination against mental health clients. (To date, we have received only two letters from potential bidders for the contract and nothing from the mental health advocates.)
- January 29, 1996: Governor Racicot wrote to you requesting a meeting on February 7.

Next Steps

- We remain committed to providing the State with technical assistance and have offered to act as liaison with the Medicaid Managed Care Office if the State chooses to submit a 1915(b) proposal.

NEW YORK SECTION 1115 DEMONSTRATION PROPOSAL

TALKING POINT

- We are working closely with New York to address a number of complex issues (e.g., treatment of HIV individuals), but we need to resolve what appear to be significant questions about whether the plan is budget neutral to the Federal government. Of particular interest is the State's recently announced plan to cut Medicaid expenditures.

BACKGROUND

- New York State submitted "The Partnership Plan" on March 20, 1995. The Plan would enroll the State's Medicaid population (excluding the elderly and institutionalized disabled) and its Home Relief population (those that are financially needy, but not Medicaid eligible) into managed care programs. The Plan also establishes new health plans to meet the needs of special populations, including individuals with HIV/AIDS and mentally ill adults and children.

Issues:

- Development of Special Needs Plans (SNPs) for Chronically Ill Individuals
 - Status: On December 22, 1995, HCFA staff forwarded a detailed list of specific tasks that would be included in a milestone approach, and on January 31, 1996, staff participated in a conference call with the State to discuss the specific tasks. In general, the State and the HCFA are in agreement with the milestone approach, and the tasks that would be included within it.
- Approach to Care for HIV-positive Individuals: A paper outlining possible approaches to enrolling asymptomatic HIV-positive individuals in managed care was prepared and shared with Department staff and principals. In addition, HCFA conferred with the White House AIDS Policy Office.
 - Status: On January 26, 1995, HCFA staff forwarded a copy of a paper that outlines HCFA's position to the State. The State does not agree with this approach, but we will continue to work with the State to develop an acceptable approach to including asymptomatic HIV-positive individuals in managed care prior to the development of SNPs.
- Phasing In Mandatory Enrollment
 - The State currently has a voluntary managed care program for Medicaid beneficiaries. HCFA and the State will work on developing an approach to

converting the voluntary program to a mandatory program and phasing in the mandatory program without creating beneficiary confusion.

Status: A paper that delineates specific approaches to phasing in mandatory enrollment has been prepared and shared with Department staff and principals. A conference call with the State will be scheduled in mid-February to discuss possible options for phasing in mandatory enrollment under The Partnership Plan.

OREGON SECTION 1115 DEMONSTRATION

TALKING POINTS

- We are committed to the success of the Oregon Health Plan, as demonstrated by our initial approval of the ground-breaking project and subsequent agreement to significant modifications (such as revising the "line" last fall).
- We have approved the Governor's proposal to change premiums. The only issue is that we insist upon working with the State to develop an administratively feasible way to assure that all OHP enrollees who truly cannot afford premiums are protected.

BACKGROUND

- The Oregon Health Plan (OHP), approved in March 1993, and implemented in February 1994, expands access to health care to the uninsured, contains costs through managed care, and provides a basic set of benefits to low-income Oregonians through a prioritized ranking of health services. Currently, approximately 259,000 Oregonians already covered by Medicaid receive services through the Oregon Health Plan, along with approximately 126,000 people with income below the Federal poverty level (FPL) who do not meet other eligibility criteria for Medicaid.

Major Outstanding Issue: Non-payment of Premiums

- At issue is how to ensure that individuals who are unable to pay premiums because of true hardship are not eliminated from the eligibility rolls.
- On June 30, 1995, Oregon requested authority to impose a sliding scale of premiums on all expansion eligibles (both newly enrolled and those already participating) except pregnant women and children born after September 30, 1983. The proposed premium structure ranges from \$6 per month for a family of one at 0-49% FPL, to \$28 per month or a family of 4 or more whose income is between 86-99% FPL. The State expects to collect \$14.8 million from these premiums over its two year budget (with an additional administrative cost of \$1.5 million for premium collection).
- We approved the State's request to impose premiums on the expansion eligibles. This was communicated to the State on November 21, 1995, in a letter to Governor Kitzhaber. However, there were several conditions to this approval, the primary one being that an exceptions process must be in place before any individual could be disenrolled or denied OHP coverage for non-payment of premiums.
- In general, we have insisted that Oregon develop an exceptions process whereby individuals who are unable to pay their premiums due to hardship will not lose their

coverage. Oregon has only been willing to defer the collection of premiums in hardship cases, not waive premium amounts altogether.

- On October 18, 1995, the Department proposed to permit the State to impose the premiums on the condition that the State develop a plan for waiving disenrollment for hardship cases, but this offer was rejected. On October 30 and November 2, 1995, Oregon submitted two proposals for granting exceptions to the premium process. However, neither of these proposals contained provisions for waiver of premiums, only deferral of payments to a later date under a very narrow set of circumstances. Consequently, they were found to be unacceptable.
- Since that time, the Department has continued to work under the premise that payment of a health insurance premium should not cause an individual or a family to be unable to pay for basic needs, such as food and shelter.

Current Status:

- Oregon was informed on January 26, 1996, that we will expect the State to waive premium obligations for OHP-eligible individuals who:
 - cannot afford the OHP premium after their basic needs for food and shelter have been met; or
 - have experienced other significant hardship that would make paying OHP premiums burdensome.
- We are working on finding available proxies for reasonable costs of food and shelter, with the most likely being derived from the Department of Agriculture's Thrifty Food Plan and the Department of Housing and Urban Development's Fair Market Rents.
- During the call on January 26, the State implied that the Governor might have to speak to the White House. Since then, however, Oregon has requested a conference call with HCFA on February 5, at which time they intend to offer a counter-proposal on the premiums.

Next Steps:

- We will continue working with the food and shelter cost proxies mentioned above and attempt to develop an administratively simple way the State could use these factors to define inability to pay premiums.

RHODE ISLAND SECTION 1115 DEMONSTRATION

TALKING POINT

- We expect final action on the State's amendment in the very near future.

BACKGROUND

- The Rite Care demonstration, submitted on July 20, 1993, was awarded on November 1, 1993, and implemented on August 1, 1994. Rite Care expands Medicaid eligibility to pregnant women and children (up to age 6) up to 250 percent of the Federal poverty level (FPL) and enrolls all recipients in a capitated managed care delivery system.

Issue: Waiver Amendment Request

- In October 1995, the State requested an amendment that would expand eligibility to children up to age 8 with family incomes up to 250 percent FPL.
- The Rhode Island General Assembly recently enacted this expansion, and Governor Almond has signed the necessary legislation to expand the Rite Care population to include these children. The State estimates that approximately 400 6 and 7 year-olds would be enrolled in managed care plans as a result of this expansion at an additional total cost of approximately \$110,000 for the second year of the demonstration (approximately \$59,000 in Federal matching funds).

Current Status:

- A decision memo from the HCFA Administrator to the Secretary, which recommends approval of this waiver amendment, has been prepared and is in clearance.
- We have also learned that the State may seek an additional amendment to further expand the demonstration population to include children up to age 18 with family incomes under 250 percent FPL. We do not know yet when the State anticipates submitting this additional amendment.

TENNESSEE SECTION 1115 DEMONSTRATION

TALKING POINT

- We approved Tennessee's ground-breaking project which expanded health insurance coverage to almost 400,000 persons. We have worked with the State to fine-tune the project since then, and we anticipate final decisions on pending amendments in the future.

BACKGROUND

- TennCare, approved on November 18, 1993, and implemented on January 1, 1994, provides health care benefits to Medicaid beneficiaries and uninsured State residents whose medical conditions make them uninsurable. Enrollment is capped at 1.4 million.
- All enrollees are served in capitated managed care plans that are either HMOs or PPOs.

Issues:

- Premium Amendment: The State submitted an amendment on June 30, 1995, to establish a new premium structure for new eligibles.
 - In October 1995, HCFA approved a schedule increasing premiums for new eligibles above the poverty level.
 - HCFA and the Department have not yet made a decision on permitting premiums for new eligibles below the poverty level.
- Severely and Persistently Mentally Ill (SPMI) Amendment: On October 2, 1995, the State submitted a request to capitate services for the SPMI population.
- Graduate Medical Education (GME): The State has requested a modification to its pool payment for GME, which would permit GME payment to be made directly to medical schools, rather than to hospitals. This may require a new waiver. The State is anxious to receive a decision soon.

Current Status:

- HCFA is currently reviewing the SPMI amendment. We hope to reach a decision on the GME payment and premium issues in the near future.

Waiver Status Charts

WELFARE
WAIVERS

AFDC SECTION 1115 DEMONSTRATION ACTIVITY
Approved and Pending AFDC Reform Projects -- February 1, 1996

| STATE | DESCRIPTION | STATUS | TIMEFRAME |
|--|---|---------------|--|
| <p>Arizona</p> <p>Employing and Moving People Off Welfare and Encouraging Responsibility Program</p> | <p>Statewide, EMPOWER (Employing and Moving People Off Welfare and Encouraging Responsibility) establishes a time limit on adult AFDC benefits of 24 months in any 60-month period. Additional welfare benefits will not be provided to families for children conceived while on AFDC or within 12 months after leaving AFDC, if the family later reapplies for benefits.</p> <p>Families can put aside \$100 a month in Individual Development Accounts, up to \$9000, for training and education. Transitional Child Care and Medicaid will be extended from 12 months, as currently allowed, to 24 months after leaving AFDC.</p> <p>An additional 3-year pilot project will operate in the Casa Grande, Eloy, and Coolidge areas of Pinal County. The pilot will provide work experience by placing participants in subsidized jobs for 9 to 12 months, funded by AFDC grants and cashed-out food stamp allotments; months spent in a subsidized job will not count toward the time limit. All child support collections will be passed through to the family, without affecting eligibility.</p> | | <p>Date received: 8/3/94</p> <p>Date approved: 5/22/95</p> |
| <p>Arkansas</p> | <p>Under Arkansas' demonstration (in two-thirds of its counties), AFDC parents age 16 or younger will be required to attend school regularly or face reductions in benefits if they fail to do so. If appropriate, teenage parents can meet the requirement by attending an alternative educational program. In addition, Arkansas will implement a policy of not increasing AFDC benefits when additional children are born into a family receiving welfare. Family planning and group counseling services focusing on the responsibilities of parenthood will be included in the demonstration.</p> | | <p>Date received: 1/14/93</p> <p>Date approved: 3/5/94</p> |

AFDC SECTION 1115 DEMONSTRATION ACTIVITY
Approved and Pending AFDC Reform Projects -- February 1, 1996

| STATE | DESCRIPTION | STATUS | TIMEFRAME |
|---|--|---------------|--|
| California Work Pays Demonstration Project (WPDP) Amendments | Statewide, California's demonstration will encourage teenage AFDC parents to regularly attend school by paying them a \$100 cash bonus for maintaining a C average, and \$500 for ultimately graduating from high school. Teenage parents who fail to maintain a D average can have their AFDC payments reduced by up to \$50 a month for two months. The demonstration will also permit AFDC families to accumulate \$2,000 in assets and have \$4,500 equity in a car. In addition, families will be able to deposit \$5,000 into savings so long as the funds are used to purchase a home, start a business, or finance a child's post-secondary education or training. Finally, the demonstration will allow recipients who work -- but who have low AFDC benefits -- to opt out of the program. They will remain eligible for health care under Medi-Cal as well as other services, such as child care, which are available to AFDC recipients. | | Date received: 9/29/93 Date approved: 2/28/94 |

**AFDC SECTION 1115 DEMONSTRATION ACTIVITY
Approved and Pending AFDC Reform Projects – February 1, 1996**

| STATE | DESCRIPTION | STATUS | TIMEFRAME |
|---|--|--|---|
| AFDC and Food Stamp Compatibility Demonstration (AFDC/FS) Project | Statewide, the "AFDC and Food Stamp Compatibility Demonstration Project," makes rules for welfare and food stamp eligibility more uniform. Both AFDC and food stamp recipients with self-employment income can deduct 40% of that income in determining eligibility and benefit amounts. Participants in both programs can also exclude college assistance and work-study funds from the resource limit, and can exclude up to \$100 in gift income each quarter. In addition, AFDC and Food Stamp participants may deduct \$4,500 from the equity value of a vehicle when figuring resources, and California counties have more flexibility in determining the method of setting the equity value. | | <p>Date received: 5/23/94</p> <p>Date approved: 4/11/95</p> |
| School Attendance Demonstration Project | Pilot project in San Diego requires AFDC recipients ages 16-18 to attend school or participate in JOBS. | | <p>Date received: 2/5/94</p> <p>Date approved: 12/6/95</p> |
| California Incentives to Self-sufficiency Demonstration | Statewide, requires 100 hours CWEP participation per month for JOBS mandatory individuals who have received AFDC for 22 of the last 24 months and are working fewer than 15 hours per week after two years from JOBS assessment and; have failed to comply with JOBS without good cause, have completed CWEP or are in CWEP less than 100 hours per month, or have completed or had an opportunity to complete post-assessment education and training; provide Transitional Child Care and Transitional Medicaid to families who become ineligible for AFDC due to increased assets or income resulting from marriage or the reuniting of spouses; increase the duration of sanctions for certain acts of fraud. | | <p>Date received: 12/28/94</p> <p>Date approved: 9/11/95</p> |
| Work Pays Demonstration Project (WPDP) Amendments | Statewide, project would amend Work Pays Demonstration Project by adding provisions to: reduce benefit levels by 10% (but retaining the need level); reduce benefits an additional 15% after 6 months on assistance for cases with able bodied adult; time-limit assistance to able-bodied adults to 24 months, and not increase benefits for children conceived while receiving AFDC. | <p>Key Issues: * Time-based benefit reduction not tied to ability to find work.</p> <p>Status: Informed they will soon submit amendments to proposal & ask us to move forward with review.</p> | <p>Date received: 3/14/94</p> <p>120 days: 7/12/94</p> <p>Currently holding at state request.</p> |

AFDC SECTION 1115 DEMONSTRATION ACTIVITY
Approved and Pending AFDC Reform Projects -- February 1, 1996

| STATE | DESCRIPTION | STATUS | TIMEFRAME |
|---|---|--|--|
| <p>Assistance Payments Demonstration Project (Amendment) (APDP)</p> | <p>Statewide project would amend the Assistance Payments Demonstration Project by: exempting certain categories of AFDC families from the state's benefit cuts; paying the exempt cases based on grant levels in effect in California on August 1, 1992; and renewing the waiver of the Medicaid maintenance of effort provision at section 1902(c)(1) of the Social Security Act, which was vacated by the Ninth Circuit Court of Appeals in its decision in <u>Beno v. Shalala</u>.</p> | <p>Key Issues: * Benefit cut below May 1988 level; may include groups who cannot respond to benefit cut as a work incentive.</p> <p>Status: Governor sent letter 7/14/95 demanding immediate approval of this and all pending proposals. Subsequently received letter from State 8/24/95 responding to issues we raised 5/23/95, but which left issues unresolved. Sent State letter 2/1/96 offering terms and conditions under which we could proceed to final agreement.</p> | <p>Date received: 8/26/94</p> <p>120 days: 12/24/94</p> <p>Had held earlier at state request</p> |

AFDC SECTION 1115 DEMONSTRATION ACTIVITY
Approved and Pending AFDC Reform Projects -- February 1, 1996

| STATE | DESCRIPTION | STATUS | TIMEFRAME |
|---|---|---|---|
| <p>Work Pays . Demonstration Project (Amendment) (WPDP)</p> | <p>Statewide, would not increase benefits for children conceived while receiving AFDC.</p> | <p>Key Issues: * Family cap</p> <p>Status: Draft terms and conditions sent to state 8/2/95 which they found unacceptable. Have not been able to resolve issues. Sent State letter 2/1/96 offering terms and conditions under which we could proceed to final agreement.</p> | <p>Date received: 11/9/94</p> <p>120 days: 3/9/95</p> |
| <p>Colorado</p> <p>Personal Responsibility and Employment Program</p> | <p>This waiver includes a number of major revisions to the state's AFDC program. The demonstration will operate in five counties. Under the demonstration, parents who are able to work or able to participate in a training program must do so after receiving AFDC benefits for two years. Individuals who refuse to perform the assignments can face a loss of AFDC benefits. Additionally, the demonstration will "cash out" Food Stamps for participants, meaning that the value of the coupons will be added to the monthly AFDC payment. Asset levels and rules pertaining to ownership of an automobile will also be changed.</p> | | <p>Date received: 6/30/93</p> <p>Date approved: 1/15/94</p> |

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| <p>Delaware</p> <p>A Better Chance</p> | <p>Under Delaware's "A Better Chance" demonstration, all AFDC participants will be required to sign and comply with a Contract of Mutual Responsibility. The contract will specify employment-related activities as well as other activities leading to self-sufficiency:</p> <p>Statewide, the demonstration sets a time limit of 24 months on cash benefits for able-bodied adults over 19 years old followed by up to 2 years of participation in a pay-after-performance work program, with extensions possible. It also requires teen parents to live in an adult supervised setting, attend school, participate in parenting and family planning education, and immunize their children. Incentives include a \$50 bonus paid to teens who graduate from high school and the receipt of an additional 12 months of transitional child care and Medicaid benefits to help parents move to work. A non-time-limited children's program provides for cash benefits to families not subject to the time limits.</p> <p>Gradual sanctions can lead to the family losing benefits if participants fail to meet education and employment requirements. Parents will not receive an increase in AFDC payments for additional children conceived while the family is on assistance. Participants who do not cooperate with child support enforcement will be denied benefits. In addition, non-custodial parents can participate in JOBS and resource limits are increased.</p> | | <p>Date received: 1/30/95</p> <p>Date approved: 5/8/95</p> |

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| <p>Florida</p> <p>Family Transition Program</p> | <p>Florida is implementing a "Family Transition Program" for AFDC recipients in two counties. Under the plan, most AFDC families will be limited to collecting benefits for a maximum of 24 months in any 5-year period. Individuals who exhaust their transitional AFDC benefits, but are unable to find employment, will be guaranteed the opportunity to work at a job paying more than their AFDC grant. The demonstration also provides a longer period of eligibility -- 36 months in any 6-year period -- for families who are at a high risk of becoming welfare dependent. Medicaid and child care benefits will be available in the demonstration. Local community boards will play a large role in overseeing the program. Other elements of the demonstration include an increase in the earnings disregard formula and asset ceilings, as well as a statewide requirement that AFDC parents must ensure that their children have been immunized.</p> | | <p>Date received: 9/21/93</p> <p>Date approved: 1/27/94</p> |
| <p>Family Transition Program Expansion</p> | <p>The "Family Transition Program Expansion," which extends the project to six additional counties, was the first to be reviewed under a "fast-track" 30-day period. Counties eligible for participation are Lee, Duval, Pinellas, St. Lucie, Orange, and Volusia Counties. It will operate for eight years.</p> | | <p>Date received: 8/2/95</p> <p>Date approved: 9/6/95</p> |
| <p>Florida's Family Responsibility Act</p> | <p>Statewide, would require dependent children and caretaker relatives under age 18 to remain in school; pay half the AFDC benefit increment for the first child conceived by an AFDC recipient and provide no cash benefits for a second or subsequent child; exclude from the AFDC budget child support payments for children subject to the family cap; require AFDC recipients not participating in JOBS or actively seeking employment to engage in 20 hours per week of community employment or work experience.</p> | <p>Key issues: *Family Cap *Evaluation *Work Requirements</p> <p>Status: Sent State list of issues and questions 1/22/96. Waiting for response.</p> | <p>Date received: 10/4/95</p> <p>120 days: 2/3/96</p> |

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| STATE | DESCRIPTION | STATUS | TIMEFRAME |
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| <p>Georgia</p> <p>"Personal Accountability and Responsibility Project" (PAR)</p> | <p>Statewide, this project strengthens Federal work requirements that must be met in order to receive cash benefits. Georgia's welfare agency will now be able to exclude from an AFDC grant any able-bodied recipient between the age of 18 to 60 who has no children under the age of 14 and who willfully refuses to work or who leaves employment without good cause. The rest of the family will continue to be eligible for AFDC benefits. The plan will also allow the state to deny additional cash benefits for additional children born after a family has been on welfare for at least two years if the child was conceived while the family was on welfare. However, PAR would allow recipients to "earn back" the denied benefits through the receipt of child support payments or earnings. Medicaid and Food Stamps eligibility will continue for all family members. In addition, Georgia will offer family planning services and instruction in parental skills to AFDC recipients.</p> | | <p>Date received: 5/18/93</p> <p>Date approved: 11/2/93</p> |
| <p>Work for Welfare Project</p> | <p>In 10 pilot counties would require every non-exempt recipient and non-supporting parent to work up to 20 hours per month in a state, local government, Federal agency or nonprofit organization; extends job search; and increases sanctions for JOBS noncompliance. On a statewide basis, would increase the automobile exemption to \$4,500 and disregard earned income of children who are full-time students.</p> | | <p>Date received: 6/30/94</p> <p>Date approved: 10/6/95</p> |
| <p>Jobs First</p> | <p>In 10 pilot counties would encourage participant employment with tax credits and incentive payments to employers, and extend transitional Medicaid coverage to 24 months after ineligibility due to excess earnings. Statewide, would eliminate 100-hour rule for AFDC families.</p> | <p>Key Issues: *Evaluation *Sanctions</p> <p>Status: List of issues and questions sent to State 1/19/96. Waiting for reply.</p> | <p>Date received: 7/6/95</p> <p>120 days: 11/5/95</p> <p>State asked in September that project be put on hold but recently asked to move forward again.</p> |

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| STATE | DESCRIPTION | STATUS | TIMEFRAME |
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| <p>Hawaii</p> <p>Creating Work Opportunities for JOBS Families (CWOJF)</p> <p>Families Are Better Together</p> | <p>Programs, job-ready JOBS recipients who would otherwise expect to wait at least three months to be placed in a regular education or training activity are required to pursue job leads developed by JOBS program specialists. The positions are part-time (up to 18 hours per week) private sector jobs at minimum wage, and will allow participants to gain work experience, develop their skills, and better target training needs.</p> <p>Statewide, would eliminate 100-hour, attachment to the work force, 30 day unemployment and principal wage earner criteria for AFDC-UP families.</p> | <p>Key Issues: * Evaluation</p> <p>Status: Draft terms and conditions sent to State but they chose not to move forward with project pending consideration of amendments. State expected to submit major amendments expanding proposal by 2/1/96.</p> | <p>Date received: 11/3/93</p> <p>Date approved: 6/25/94</p> <p>Date received: 5/22/95</p> <p>120 days: 9/21/95</p> <p>State put on hold in August.</p> |

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| STATE | DESCRIPTION | STATUS | TIMEFRAME |
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| <p>Illinois Project Fresh Start</p> | <p>Statewide, the Work Pays component, added to the previously approved Project Fresh Start, encourages employment and thereby self-sufficiency by enabling recipients to keep more of their earnings than is normally allowed. The state will disregard two of each three dollars earned for as long as recipients continue working.</p> | | <p>Date received: 8/2/93</p> <p>Date approved: 11/23/93</p> |
| <p>School Attendance Demonstration</p> | <p>Statewide, would require the participation in a plan for poor elementary school attendance and, upon continuation of poor attendance, the establishment of protective payee, progressing to the removal of the caretaker's portion of the AFDC grant.</p> | | <p>Date received: 7/18/95</p> <p>Date approved: 10/2/95</p> |
| <p>Work and Responsibility Demonstration</p> | <p>The demonstration includes six components, five of which will be implemented statewide. 1) Target Work Initiative--would limit receipt of AFDC benefits to a total of 24 months without earnings for households whose youngest child is at least 13 years of age; any month with budgeted income due to employment will not be counted toward the 24 months time limit. 2) Get a Job Initiative--new applicants determined to be job ready, and whose children are between 5 and 12 years, will be required to participate in job search for up to six months. 3) Family Accountability--assistance payments will not be increased as a result of the birth of children conceived while the parent is receiving assistance. 4) Job Track--exempt volunteers for JOBS will become subject to the same requirements and sanctions as non-exempt participants; participation in basic education or GED programs will be limited to 2 years unless the individual is working or participating in an approved work activity. 5) Self-sufficiency Plan--all</p> | | <p>Date received: 7/18/95</p> <p>Date approved: 10/2/95</p> |

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| <p>Six-month Paternity Establishment Demonstration</p> | <p>condition of eligibility. 6) Quarterly Budgeting--in selected sites, cases with earned income will be required to report income quarterly; the information will be used to prospectively budget income for the next quarter. Failure to report earnings in case closure and overpayment recovery.</p> <p>Note: Continuing to discuss with State adding provision of full-family sanction to cases not reporting earned income.</p> <p>In 20 counties would require the establishment of paternity within 6 months of application or the redetermination as a condition of AFDC and Medicaid eligibility for both mother and child; would deny Medicaid to children aged 7 and under, exclude children filing rules, and exempt Department from making protective payments to eligible children, when custodial parent has not cooperated in establishment of paternity; delegate the establishment of paternity in uncontested cases to caseworkers who perform assistance payment or social service functions under Title IV-A or XX.</p> | <p>Key Issues: * Sanction tied to paternity establishment rather than cooperation in establishing child support.</p> <p>Status: Conference calls with State 12/6 and 12/14/95. Teleconferencing with State 1/25/96 has helped toward resolving issues. Expect final decision within the next month.</p> | <p>Date received: 7/18/95</p> <p>120 days: 11/17/95</p> |

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| <p>Indiana</p> <p>Impacting Families Welfare Reform Demonstration Project</p> | <p>Under this program, at any point in time, up to 12,000 job-ready individuals will be assigned to a "Placement Track" and receive help in job search and placement. Once on this track, AFDC benefits will be limited to 24 consecutive months. The time limit applies to adult benefits only; children's benefits will not be affected. Case management and supportive services will continue for a period after AFDC benefits end. For all recipients who become employed, earnings will be disregarded in determining Food Stamp benefits for the first six months. There will be increased sanctions for quitting a job or for failure to comply with program requirements. There will also be fewer exemptions from current JOBS participation requirements. Another provision will extend subsidies to employers who hire welfare recipients for a maximum of 24 months. A family benefit cap provision will disallow additional AFDC benefits for children conceived while on AFDC although the child will be eligible for Medicaid. Children will be required to attend school and be immunized. IMPACT is a statewide waiver that will operate for seven years.</p> | | <p>Date received: 6/21/94</p> <p>Date approved: 12/15/94</p> |
| <p>Impacting Families Welfare Reform Demonstration Project - Amendments</p> | <p>Statewide, would impose a lifetime 24-month limit on cash assistance and categorical Medicaid eligibility (12 months for resident alien); allow 1 month AFDC credit (to a maximum of 24 at any one time) for each 6 consecutive months full-time employment; count each month of AFDC receipt from another state within the previous 3 years as 1 month against the lifetime limit; restrict permissible "specified relatives" for AFDC children and minor parents; extend AFDC, Medicaid, and food stamp fraud disqualification penalties; provide a voucher equal to 50% of assistance amount for family cap for goods and services related to child care; divert AFDC grants to subsidize child care costs; establish an option for an employed AFDC recipient to receive guaranteed child care or an AFDC payment equal to the family's benefit before employment; require a child's mother to establish paternity as a condition of eligibility for the child and the caretaker; establish additional conditions of eligibility for AFDC; base CWEP hours on the combined value of AFDC and Medicaid assistance; make JOBS volunteers subject to the same sanctions as mandatory participants; continue eligibility for AFDC recipients until countable income reaches 100% of the federal poverty guidelines; expand voluntary quit definition and penalties; and count the income and resources of non-parent adults.</p> | <p>Key Issues: * Not yet determined</p> <p>Status: Expect to send State analysis paper by end of February.</p> | <p>Date received: 12/14/95</p> <p>100 days: 4/13/96</p> |

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| <p>Iowa</p> <p>Iowa Family Investment Plan</p> | <p>Statewide, Iowa is implementing a reform plan that will encourage AFDC and Food Stamp recipients to take jobs and accumulate assets through a program of "Individual Development Accounts." Funds deposited in an account can only be withdrawn to pay for education, training, home ownership, business start-up, or family emergencies. The current law which limits each family's assets to \$1,000 will be changed to allow each applicant to have up to \$2,000 in assets and each AFDC family to possess up to \$5,000 in assets. Additionally, the vehicle asset ceiling will rise from \$1,500 to \$3,000. Recipients will also be encouraged to work under a new formula which disregards 50 percent of their earnings in the calculation of benefits. For recipients lacking in significant work histories, all income will be disregarded during the first four months on AFDC. A Family Investment Program will be created for most AFDC parents, requiring them to participate in training and support services as a condition of AFDC receipt. Only parents with a child under 6 months old at home, those working at least 30 hours per week, and the disabled are exempt. Individuals who choose not to participate in the Family Investment Agreement will have their AFDC benefits phased out over six months and will not be able to reapply for another six months. Will provide 24 months of transitional child care to employed families 1) who voluntarily terminate their AFDC benefits and 2) whose AFDC benefits are terminated due to receipt of child support.</p> | | <p>Date received: 4/29/93</p> <p>Date approved: 8/13/93</p> |

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| <p>Kansas Actively Creating Tomorrow for Families Demonstration</p> | <p>Statewide project would, after 30 months of participation in JOBS, make adults ineligible for AFDC for 3 years; replace \$30 and 1/3 income disregard with continuous 40% disregard; disregard lump sum income and income and resources of children in school; count income and resources of family members who receive SSI; exempt one vehicle without regard for equity value if used to produce income; allow only half AFDC benefit increase for births of a second child to families where the parent is not working and eliminate increase for the birth of any child if families already have at least two children; eliminate 100-hour rule and work history requirements for UP cases; expand AFDC eligibility to pregnant women in 1st and 2nd trimesters; extend Medicaid transitional benefits to 24 months; eliminate various JOBS requirements, including those related to target groups, participation rate of UP cases and the 20-hour work requirement limit for parents with children under 6; require school attendance; require minors in AFDC and NPA Food Stamps cases to live with a guardian; make work requirements and penalties in the AFDC and Food Stamp programs more uniform; and increase sanctions for not cooperating with child support enforcement activities.</p> | <p>Key Issues: * Time limit work without extensions or work for those who play by the rules.</p> <p>Status: Final package (without time-limit provisions) put in clearance 4/14/95. State still deciding whether they want to proceed with project.</p> | <p>Date received: 7/26/94</p> <p>120 days: 11/23/94</p> <p>State put on hold.</p> |
| <p>Louisiana Louisiana Individual Responsibility Project</p> | <p>Statewide, would limit AFDC benefits to 24 months out of a 60 month period with extensions where the individual has been actively seeking employment, where job availability is unfavorable, where the individual loses a job for factors unrelated to his job performance, or where individual requires up to one year to complete employment related education or training; require each child to attend school and be immunized or the child will be removed from the budget group; and applies a full family sanction where the parent has declined or refused an opportunity for full-time employment, without good cause.</p> | <p>Key Issues: *None</p> <p>Status: State cleared changed to draft terms and conditions 1/23/96. Final clearance 2/1/96. Expect final decision within the week.</p> | <p>Date received: 11/21/95</p> <p>120 days: 3/20/96</p> |

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| <p>Maine Project Opportunity</p> | <p>Statewide project would increase participation in Work Supplementation to 18 months; use Work Supplementation for any opening; use diverted grant funds for vouchers for education, training or support services; and extend transitional Medicaid and child care to 24 months.</p> | <p>Key Issues: * Provision of support services</p> <p>Status: Sent state a list of issues resulting from Federal review of the application 11/30; state's 1/12/95 response did not resolve. Received letter from Governor 4/28/95 indicating further action is on hold until Administration and Legislature may replace request with new proposal.</p> | <p>Date received: 8/5/94</p> <p>120 days: 11/29/94</p> <p>Complex issues. Staff spent substantial amount of time working with the state in an attempt to resolve the most difficult issues.</p> <p>State put on hold.</p> |
| <p>Welfare to Work Program</p> | <p>Statewide, would require caretaker relatives to sign a family contract; require participation in parenting classes and health care services; provide one-time vendor payments in lieu of AFDC for the purpose of obtaining/retaining employment; provide voucher payments to both married and unmarried minor parents; limit JOBS exemptions; expand eligibility for Transitional Medicaid and Child Care and replace sliding-scale fees with flat-rate fees; reduce Transitional Medicaid reporting requirements; disregard entire value of one vehicle; and apply any federal savings to the JOBS program services. In selected sites, implement ASPIRE-Plus, a work supplementation program cashing out food stamps and pass through all child support collected to families who participate in ASPIRE-plus.</p> | <p>Key Issues: * Non-waivable provisions * Medicaid Eligibility *Evaluation</p> <p>Status: Analysis paper and draft of T&C sent to Federal reviewers 10/13 and to State 10/19/95. Waiting for State response.</p> | <p>Date received: 9/20/95</p> <p>120 days: 1/19/96</p> <p>Waiting for State's response.</p> |

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| <p>Maryland Family Investment Project</p> | <p>Maryland's "Family Investment Program" (FIP), under a pilot demonstration in Anne Arundel and Prince George's counties and parts of Baltimore, requires able-bodied AFDC applicants to participate in job search as a condition of eligibility. After six months of non-compliance, the case will be closed, resulting in denial of AFDC benefits for the entire family. Closed cases can be reopened only if applicant complies with JOBS for 30 days. Closed cases may receive up to three months of non-cash transitional assistance through a third party, such as a non-profit organization. Also under the pilot, the income of dependent children will not be counted in determining AFDC eligibility, and the resource and vehicle value limits will be raised to \$5,000. The principal wage earner in two-parent families can work more than 100 hours a month, and individuals sanctioned by Child Support Enforcement will be required to participate in JOBS. Families facing a short-term financial crisis can receive a one-time payment equal to three months of benefits rather than applying for AFDC.</p> <p>Statewide, FIP eliminates automatic benefit increases for additional children while receiving AFDC. The family can retain child support payments for the additional child, however, and the State will issue voucher payments for the purchase of goods for the child, up to the amount of increase the family would otherwise receive. Unmarried minor parents must reside with a parent or guardian and must attend family health and parenting classes.</p> | | <p>Date received: 3/1/94</p> <p>Amendments received: 5/15/95, 5/23/95, & 5/26/95</p> <p>Date approved: 8/14/95</p> |
| <p>Massachusetts Welfare Reform '95</p> | <p>"Welfare Reform '95" provides jobs for recipients who cannot find work by combining AFDC and cashed-out Food Stamp benefits to be used for up to 12 months to subsidize private sector jobs. Employers will contribute to Individual Asset Accounts that will help recipients transition to non-subsidized employment. Earned income disregards and resource limitations will be increased, and transitional Medicaid benefits will be extended.</p> <p>Teen parents without high school diplomas must attend school, and must generally live with their parents. There are sanctions for parents who do not ensure that their children attend school or receive appropriate immunizations. There are no increases in AFDC benefits for additional children. There are stricter requirements for paternity establishment and child support, and sanctions for non-compliance.</p> | | <p>Date received: 3/22/94</p> <p>Amendment received: 4/3/95.</p> <p>Date approved: 8/4/95</p> |

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| <p>Michigan To Strengthen Michigan Families</p> | <p>Statewide, this expansion of Michigan's "To Strengthen Michigan Families" welfare demonstration requires AFDC recipients to participate in either the Job Opportunities and Basic Skills Training program (JOBS) or Michigan's "Social Contract" activities that encourage work and self-sufficiency. Michigan is also testing the requirement that AFDC applicants participate in job search by actively seeking employment while eligibility for AFDC is being determined. The demonstration also requires that pre-school-age children be immunized and disregards the value of one vehicle in determining eligibility. Additionally, in two counties, Michigan will evaluate mediation services to determine if this increases compliance with child support. The demonstration will extend previously approved waivers until October 1999.</p> | | <p>Date received: 3/8/94</p> <p>Date approved: 10/5/94</p> |

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| <p>Mississippi</p> <p>A New Direction Demonstration Program</p> | <p>Mississippi's reform plan promotes health and education for children receiving welfare assistance and supports work efforts by their parents. The demonstration includes a statewide component and two projects, "Work First" in six counties, and "Work Encouragement" in two counties. The statewide component requires all children receiving AFDC aged six through 17 to attend school and those under age six to be immunized and receive regular health checkups. It also extends AFDC eligibility for two-parent families by allowing mothers or fathers to work more than 100 hours a month. The "Work First" component provides subsidized, private-sector employment for job-ready participants. In addition, each "Work First" participant will have an "individual development account" for family savings, to which employers will contribute one dollar per hour of work. The "Work Encouragement" component allows recipients to keep more of their earnings and still receive AFDC, by raising the earned income limit from 60 to 100 percent of state-established need levels. The "Work First" component will be implemented in Adams, Harrison, Jones, Lee, Hinds and Washington Counties. The "Work Encouragement" component will be implemented in Leflore and Oktibbeha counties.</p> | | <p>Date received: 12/10/93</p> <p>Date approved: 12/22/94</p> |
| <p>A New Direction Demonstration Program (Amendments)</p> | <p>Mississippi's second demonstration, the New Direction Demonstration Project, denies additional AFDC benefits to children conceived while the family is receiving welfare. The child will be eligible for Medicaid and any income the family receives on behalf of the child will not be counted in determining the family's eligibility for AFDC. The benefit cap does not apply to first-born children or to children conceived as a result of rape, sexual assault, or incest. This second project provides incentives for school attendance and immunization and makes more two-parent families eligible for benefits. In six counties, AFDC and food stamp benefits can be used to supplement wages in private sector jobs, and in two other counties, higher income ceilings allow recipients to earn more before they lose their AFDC eligibility.</p> | | <p>Date received: 2/17/95</p> <p>Date approved: 9/1/95</p> |
| <p>A New Direction Demonstration Program - Amendment</p> | <p>Would amend Work First Component (operating in six counties) of the Mississippi New Demonstration Project to provide transitional Medicaid and child care to AFDC families even if they have not received AFDC for at least three months; and permit JOBS sanctions to be imposed for exempt clients that volunteer for JOBS and then drop out without good cause.</p> | <p>Key Issues: *None</p> <p>Status: Expect to send State draft terms and conditions by 2/9/96.</p> | <p>Date received: 11/20/95</p> <p>120 days: 3/19/96</p> |

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| <p>Missouri</p> <p>Families Mutual Responsibility Plan</p> | <p>Statewide, "Missouri Families - Mutual Responsibility Plan" requires AFDC recipients to sign and fulfill a self-sufficiency agreement that establishes a plan for work and a two-year time limit on benefits. An additional period of up to two years may be allowed under certain circumstances.</p> <p>Individuals who are not self-sufficient by the end of the time period must participate in job search or work experience programs. Those who have received AFDC benefits for 36 months or more and have completed their agreement by leaving AFDC will not be eligible for further AFDC benefits, with good cause exceptions. Children's benefits are not affected.</p> <p>Minor parents must, with some exceptions, live with their parents or guardians. If they attend school full-time, they may keep all employment income. In some counties, non-custodial parents who volunteer for the state's JOBS program can receive a credit against child support arrearage.</p> <p>For two-parent families where at least one parent is under 21, the limit will be waived on the number of hours the principal wage earner can work. The resource limits will be increased for all families, and they may own one automobile, without regard to its value.</p> | | <p>Date received: 8/15/94</p> <p>Date approved: 4/18/95</p> |

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| <p>Montana Families Achieving Independence for Montanans</p> | <p>Statewide, Montana's "Families Achieving Independence" has three components: Job Supplement Program, AFDC Pathways Program, and Community Services Program.</p> <p>The Job Supplement Program helps at-risk families avoid becoming dependent by providing a one-time payment of as much as three times the monthly AFDC payment the family would otherwise be eligible to receive. Child support collections will also be passed directly to the custodial parent.</p> <p>Other AFDC applicants must enroll in the AFDC Pathways component and sign a Family Investment Agreement that limits benefits to 24 months for one-parent families and 18 months for two-parent families, with exceptions. Income disregards and asset limits have been raised, and recipients must participate in JOBS, comply with child support enforcement provisions, and obtain medical screenings and immunizations for their children. Adults who do not leave AFDC by the end of the time limit must enroll in the Community Services Program and perform 20 hours of community work per week. Children's AFDC benefits are not time-limited, and they will continue to be eligible for Medicaid and food stamps.</p> <p>All participants must also choose between a reduced Medicaid benefit package and a partial premium payment towards a private health insurance policy. Full Medicaid coverage will be provided on an emergency basis when certain services are needed for employment purposes.</p> | | <p>Date received: 4/19/94</p> <p>Date approved: 4/18/95</p> |

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| <p>Nebraska</p> <p>Welfare Reform Waiver Demonstration</p> | <p>Nebraska's demonstration has three components: a Non-Time-Limited Program, a Time-Limited High Disregards Program, and a Time-Limited Alternative Benefits Program. All will be implemented in Douglas and Sarpy Counties in 1995, with initial statewide expansion in 1996.</p> <p>In all three, recipients work with caseworkers to develop self-sufficiency contracts. There are no increases in benefits for children conceived while the mother is receiving AFDC, and benefits are reduced by \$50 if a parent does not make reasonable effort to see that a child under 18 stays in school. Resource limits have been raised to \$5,000.</p> <p>Under the Time Limited High Disregards and Time Limited Alternative Benefits programs, cash assistance is limited to 24 months in a 48-month period and all adult wage earners must participate in educational job skills training, job search, or employment. Those who leave welfare for work will be eligible for Medicaid and transitional child care for two years. The High Disregards program has lower benefits but increased earned income disregards. The Alternative Benefits program has somewhat higher benefits but no increase in earned income disregards.</p> | | <p>Date received: 10/4/94</p> <p>Date approved: 2/27/95</p> |

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| STATE | DESCRIPTION | STATUS | TIMEFRAME |
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| <p>New Hampshire</p> <p>Earned Income Disregard Demonstration Project</p> | <p>Statewide waiver. AFDC applicants and recipients would have the \$200 plus 1/2 the remaining earned income disregarded.</p> | <p>Key Issues: * None</p> | <p>Date received: 9/20/93</p> |
| <p>New Hampshire Employment Program and Family Assistance Program</p> | <p>Statewide, would replace AFDC with Employment Program administered by both Employment Security Agency and Family Assistance Program; require job search for up to 26 weeks followed by work-related activities for 26 weeks; eliminate JOBS reporting requirements; require minors attending school to participate in work-related activities; eliminate JOBS services priority for volunteers, provision of transportation and other JOBS services and remoteness exemption; eliminate conciliation and apply JOBS sanction of 50% of AFDC benefits for three months followed by no payment for three months, allowing option to increase initial sanction up to 100%; exempt pregnant women from JOBS only during third trimester; require non-custodial parents to participate in JOBS; allow up to one year of transitional case management; eliminate gross income test; increase earned income disregard to 50%; eliminate AFDC-UP eligibility requirements; raise resource limit to \$2,000 and exclude one vehicle; pass through child support directly to family without \$50 disregard; count SSI income in determining eligibility/payments; for minor parents cases, include in assistance unit any parent or sibling living in the home; disregard educational grants; require pregnant recipients to cooperate with child support; allow emergency assistance for families with employment-related barriers; change allowable funding for child care, systems FFP rate and provide at least baseline FFP for AFDC; require that AFDC apply for Medicaid as a unit and not individually; eliminate requirement of receipt of AFDC for 3 of last 6 months in order to receive transitional Medicaid; and allow State to assign cases to managed care. Also requests various Food Stamp waivers.</p> | <p>Status: State asked to hold their request.</p> <p>Key Issues: * Evaluation * Multiple-agency administration * Work requirements * JOBS/child support enforcement sanctions * Medicaid eligibility</p> <p>Status: Analysis paper being developed. Priority initially given to separate "Fast-Track" application described below. Met with State officials 12/13/95 concerning both proposals. Analysis paper sent to State 1/19/96.</p> | <p>120 days: 1/18/94</p> <p>Holding at state request.</p> <p>Date received: 9/18/95</p> <p>120 days: 1/19/96</p> <p>Initiative focussed efforts on Fast Track proposal. Further progress delayed by Government shutdown.</p> |

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| <p>New Hampshire Employment Program - portion of currently pending application resubmitted under Fast Track/30 day approval process)</p> | <p>In three pilot sites, would require work after 6 months of AFDC receipt; eliminate the exemption from JOBS for women in second trimester of pregnancy; eliminate the JOBS exemption for caretaker of a child under 3 but not less than 1 year of age; replace the earned income disregard of \$90 and \$30 and 1/3 with a 50% disregard which is not time-limited; raise the resource limit for recipients to \$2,000; disregard full value of one vehicle per adult for applicants and recipients; apply a full family sanction for voluntarily quitting a job or refusing to accept a job; apply a sanctions of reducing the payment standard by 30% for one month for failure to comply with JOBS in the first instance or until compliance, by 60% in the second instance for one month or until compliance, and in the third instance apply a full-family sanction for three months or until compliance; and require non-custodial parents to participate in JOBS.</p> | <p>Key issues: * Evaluation</p> <p>Status: Draft terms and conditions sent to Federal reviewers 10/13 and to State 10/19/95. Letter sent to State 11/8/95 documenting that we did not reach decision in 30 day period because State did not respond. Met with State 12/13/95 to discuss both State proposals.</p> | <p>Date received: 10/6/95</p> <p>30 days (fast track): 11/5/95</p> <p>State has not formally responded to draft terms and conditions.</p> |

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| STATE | DESCRIPTION | STATUS | TIMEFRAME |
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| <p>New York "A Jobs First Strategy"</p> | <p>This demonstration gives applicants alternatives to welfare, provides new incentives for recipients to find work and create businesses, and encourages the formation and preservation of two-parent families. The demonstration allows applicants otherwise eligible for Aid to Families with Dependent Children the option to receive child care or Job Opportunities and Basic Skills Training program services in place of AFDC. The program will also provide one-time cash assistance or other services necessary to remedy a temporary emergency which has resulted, or may result, in job loss or impoverishment. The demonstration allows children in AFDC families to receive AFDC for up to two years after a caretaker parent marries and the new spouse's income makes the family ineligible, so long as the household's income does not exceed 150 percent of the Federal poverty guidelines. It extends to a full year transitional child care benefits for employed recipients who leave the rolls because of child support payments. In addition, clients are encouraged to develop their own business enterprises by excluding certain business income and resources, including vehicles. The demonstration will be implemented in six sites in four counties (Broome, Onondaga, Erie, and up to three sites in Brooklyn), and will operate for five years. It will include a rigorous evaluation.</p> | | <p>Date received: 6/7/94</p> <p>Date approved: 10/19/94</p> |

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| STATE | DESCRIPTION | STATUS | TIMEFRAME |
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| <p>North Carolina Work First Program</p> | <p>Statewide, would eliminate increase in AFDC benefits resulting from a birth of a child, limit JOBS exemptions, require a self-sufficiency contract, and limit AFDC receipt to 24 cumulative months. Families who reach the time limit could not reapply for 3 years. The contract would require: cooperation with child support; child immunization and medical check-ups; school attendance; and that teen parents live with a parent/adult and graduate from high school. Failure to sign the contract would result in denial of the AFDC application. Failure to comply would result in the loss of the adult's AFDC benefits and (starting with the second sanction) Medicaid coverage for a minimum of: 3 months for the first sanction, 3 months for second, 6 months for the third, and 3 years for the fourth. The State would allow applicants a one-time payment in lieu of AFDC ; expand AFDC-UP eligibility; raise the resource limit to \$3,000 and the vehicle asset limit to \$5,000 for AFDC and Food Stamps; and provide for automatic Food Stamps eligibility for AFDC-eligible applicants.</p> | <p>Key issues: * Time-limited benefits * Medicaid eligibility * Full-family sanction * Family cap * Evaluation</p> <p>Status: Analysis paper sent to Federal reviewers 10/13 and to State 10/26/95. Waiting for State response.</p> | <p>Date received: 9/20/95</p> <p>120 days: 1/19/95</p> |
| <p>Cabarrus County Work Over Welfare Demonstration Project</p> | <p>In Cabarrus County, would require AFDC and Food Stamps applicants and recipients, with exemptions, to sign an agreement to participate in employment and training for up to 40 hours per week; would divert AFDC and Food Stamps benefits to private employers to supplement wages; and would disregard those wages for AFDC, Food Stamps, and Medicaid eligibility (for NPA participants). Also, WOW would extend the \$30 and 1/3 disregard to 2 years for unsubsidized earnings only. Individuals who do not comply with the WOW agreement, JOBS, or FSE&T would be denied AFDC, Medicaid (unless pregnant) and Food Stamps according to the following schedule: first, until compliance; second: for a minimum of 4 months; and third and subsequently: for a minimum of 8 months. Adults who do not sign an agreement would be denied AFDC, Food Stamps, and Medicaid (unless pregnant) until they sign.</p> | <p>Key issues: * Medicaid eligibility * Non-waivable food stamp provisions * Individuals exempt from work requirements * Evaluation</p> <p>Status: Analysis paper sent to Federal reviewers 10/27 and to State 11/30/95. Response received 1/19/95 does not resolve issues.</p> | <p>Date received: 10/5/95</p> <p>120 days: 2/4/96</p> |

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| STATE | DESCRIPTION | STATUS | TIMEFRAME |
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| <p>North Dakota</p> <p>Early Intervention Program</p> <p>Training, Education, Employment and Management Project</p> | <p>Statewide, this demonstration will provide Federal AFDC matching funds to the state for low-income women during the initial six months of pregnancy with their first child. Such payments are usually not available until the last trimester of the pregnancy. In addition, the demonstration links AFDC to a requirement that individuals enroll in the state's welfare-to-work program and pursue education or training activities both during the first six months of pregnancy and after their child is three months of age.</p> <p>A second project, "Training, Education, Employment and Management (TEEM), operates in 10 North Dakota counties. TEEM combines Aid to families with Dependent Children (AFDC), Food Stamps and the Low Income Energy Assistance Program (LIHEAP) into a single cash benefit and establishes simpler and more uniform eligibility rules. It requires recipients to develop a personal responsibility contract with a time limit for attaining self-sufficiency. Failure to comply with the contract brings progressive sanctions, up to and including loss of AFDC benefits for the entire family. Under TEEM, families may earn more money and accumulate more assets before losing benefits. They may also own one vehicle, regardless of value, to get to and from work. Health screenings and appropriate immunizations are required for all children. To encourage family formation, income of a step-parent is not counted for the first six months. The 10 counties where the project operates are Adams, Cass, Ransom, Richland, Sargent, Stark, Steele, Stutsman, Traill, and Williams.</p> | | <p>Date received: 12/28/92</p> <p>Date approved: 4/12/94</p> <p>Date received: 9/9/94</p> <p>Date received: 9/28/95</p> |

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| STATE | DESCRIPTION | STATUS | TIMEFRAME |
|--|---|--|--|
| Ohio First | <p>Statewide, would replace current earned income disregards with \$200 and 1/2 for twelve months for recipients; eliminate the work history requirement for married parents in AFDC-UP cases; eliminate 100-hour rule for AFDC-UP; disregard stepparent income for four months; increase the vehicle asset limit; use established vacancies for subsidized employment slots; require applicant job search as a condition of family eligibility; maintain food stamp benefit levels when the AFDC benefit is reduced as a result of sanction; impose progressive sanctions for non-compliance with JOBS leading to whole family sanctions; establish that failure to comply with JOBS equates to failure to comply with work program requirements under the Food Stamp Program; limit AFDC eligibility to 36 months out of any 60 month period, unless exempt; allow the IV-D agency to determine good cause for non-cooperation with Child Support Enforcement; change penalty for failure to cooperate with Child Support provisions to include a whole family sanction if the failure continues for two years; change penalty for fraud to include eligibility for all assistance unit members until payments received fraudulently have been repaid; require development and signing of a self-sufficiency contract as a condition of eligibility for the assistance unit; require pregnant women receiving Medicaid to participate in substance abuse screening as part of prenatal care; implement sanctions for failure to cooperate with substance abuse screening leading to whole family sanctions.</p> | <p>Key issues: * Time-limited benefits * Extending various penalties to full family * Non-waivable provisions * Medicaid</p> <p>Status: Expect to send analysis paper to State by the end of January.</p> | <p>Date received: 10/27/95</p> <p>120 days: 2/26/96</p> |
| <p>Oklahoma</p> <p>Oklahoma Demonstration Project (ODP)</p> | <p>This demonstration seeks to encourage welfare recipients to regularly attend school and ultimately graduate from a high school or equivalent educational program. The demonstration provides that AFDC recipients between the ages of 13 and 18 need to remain in school or face a reduction in benefits if they drop out. The plan applies to teenage parents as well as children.</p> | | <p>Date received: 12/28/92</p> <p>Date approved: 1/25/93</p> |

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| STATE | DESCRIPTION | STATUS | TIMEFRAME |
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| <p>Mutual Agreement, A Plan for Success (MAPS)</p> <p>Welfare Self-Sufficiency Initiative</p> | <p>In six counties, will eliminate 100-hour rule for UP cases; increase auto asset level to \$5000; time-limit AFDC receipt to cases with non-exempt JOBS participants to 36 cumulative months in a 60 month period followed by mandatory workfare program; provide intensive case management; and apply fill-the-gap budgeting.</p> <p>In four pilots conducted in five counties each, would 1) extend transitional child care to up to 24 months; 2) require that all children through age 18 be immunized and require that responsible adults with preschool age children participate in parent education or enroll the children in Head Start or other preschool program; 3) not increase AFDC benefits after birth of additional children, but provide voucher payment for the increment of cash benefits that would have been received until the child is two years old; and 4) pay lesser of AFDC benefit or previous state of residence or Oklahoma's for 12 months for new residents.</p> | <p>Key issues:</p> <ul style="list-style-type: none"> * Two-tier payment levels * Family cap * Medicaid eligibility * Evaluation <p>Status: Analysis paper sent to State 1/26/96.</p> | <p>Date received: 2/24/94</p> <p>Date approved: 3/13/95</p> <p>Date received: 10/27/95</p> <p>120 days: 2/26/96</p> |
| <p>Oregon</p> <p>JOBS Plus</p> | <p>This 6-county pilot demonstration provides individuals with short-term (up to nine months) subsidized public or private employment at minimum wage or better. The state will provide supplemental payments if an individual's income is less than the combined AFDC and Food Stamps benefits. Participants will continue to be eligible for Medicaid and will receive work-place mentoring and support services. The state also will pass on to the family all the child support payments it collects on the family's behalf. Each JOBS Plus participant will also have an Individual Education Account (IEA), to which employers will contribute one dollar per hour of work. After a participant begins working in a non-subsidized position, the state will transfer the IEA to the state Scholarship Commission. The Commission will then make funds available to the participant or the immediate family for continuing education and training at any state community college or institution of higher learning.</p> | | <p>Date received: 10/28/93</p> <p>Date approved: 9/19/94</p> |

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| Expansion of the Transitional Child Care Program (ETCCP) | ETCCP: Statewide, provides transitional child care benefits without regard to months of prior receipt of AFDC and provide benefits for 24 months. | Key Issues: * None Status: State asked ACF to hold the waiver. Now incorporated as part of Oregon Option (see below). | Date received: 8/8/94 120 days: 12/8/94 Holding at state request |

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| Increased AFDC Motor Vehicle Limit (AMVC) | AMVC: Statewide, would increase automobile asset limit to \$9000 for AFDC and Food Stamp cases. | <p>Key Issues: * Evaluation * Cost neutrality</p> <p>Status: FCS sent letter 2/21/95 asking state to revise evaluation plan. Though now incorporated as part of Oregon Option (see below), State has requested that review move forward. However, State has not responded to FCS request for revised evaluation plan.</p> | <p>Date received: 8/8/94</p> <p>120 days: 12/6/94</p> <p>State had asked ACF to hold request. Subsequently they requested that review move forward, but we could not reach agreement on course neutrality and evaluation.</p> |
| Oregon Option | As a statewide project, would incorporate waivers already improved in 1992 for JOBS Welfare Program and in 1994 for the JOBS Plus demonstration with previously pending waiver requests to increase vehicle asset limit and extend transitional child care. Also would with some exceptions limit receipt of AFDC benefits to no more than 24 out of 84 months for family with employable parents; eliminated JOBS exemptions; eliminate the time restrictions on job search; impose progressive sanctions, leading to full-family ineligibility for non-compliance of JOBS; require ineligible alien parents of AFDC children to participate in JOBS; discontinue the AFDC-UP program from June through September each year and eliminate the 100-hour rule and work history requirements; increase asset limit to \$2,500 for non-JOBS participants and \$10,000 for JOBS participants, and treat lump-sum payments as an asset; require annual AFDC eligibility re-determinations; modify the rules for potential liability under EBT. | <p>Key Issues: * Evaluation * Cost neutrality * Non-waivable provisions</p> <p>Status: State had asked us to hold project pending resolution of Federal welfare reform.</p> | <p>Date received: 7/10/95</p> <p>120 days: 11/9/95</p> <p>However, in letter received 11/21/95, State indicates they would move forward if hope of resolving remaining issues. Sent letter to State 1/26/96 suggesting how we might move forward with the project.</p> |

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| <p>Pennsylvania</p> <p>"Pathways to Independence"</p> | <p>This demonstration will operate in Lancaster County to provide incentives and support for single- and two-parent families moving from welfare to self-sufficiency. It increases earned income disregards so that recipients can keep more of what they earn before they become eligible for public assistance. Additionally, it raises AFDC resource limits, including the value of a family's vehicle, and increases the time that a family is eligible for transitional child care and Medicaid after the family leaves welfare due to earnings. To further aid the transition to work, Pathways extends case management counseling and referral services to up to one year after the family leaves welfare. Families will be able to deposit money into retirement savings and education accounts without penalty. Furthermore, after two months of employment, recipient families can also choose to receive cash payment of their monthly Food Stamp benefit. The demonstration will operate for five years.</p> <p>State has decided not to implement this project. Considering submitting new proposal.</p> | | <p>Date received: 11/12/93</p> <p>Date approved: 2/3/94</p> |

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| School Attendance Improvement Program | In 7 sites, would require school attendance as condition of eligibility. | Key Issues: * None Status: Sent the state a list of issues and questions which result from a Federal review of the application 11/30/94. Sent draft terms and conditions to State 5/3/95. State indicates they are reconsidering the proposal. | Date received: 9/12/94 120 days: 1/9/95 State has not responded. |
| Savings for Education Program | Statewide, would exempt as resources college savings bonds and funds in savings accounts earmarked for vocational or secondary education and disregard interest income earned from such accounts. | Key Issues: * None Status: Have informed state they may be able to implement changes under current authority. State is reviewing this option and may withdraw request. | Date received: 12/29/94 120 days: 4/29/95 On hold while state considers options. |

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| <p>South Carolina</p> <p>Self-Sufficiency and Parental Responsibility Program</p> | <p>This waiver sets work requirements, provides transitional assistance for program participants, and significantly reduces caseloads for participating AFDC caseworkers. After completing Individual Self-Sufficiency Plans (ISSP's) to help prepare them to become self-sufficient, AFDC recipients have 30 days to find a job in a designated vocational area. If they fail to secure such employment, recipients receive an additional 30 days on AFDC to find any private sector job, after which time they must participate in a community work experience program in order to continue to receive AFDC benefits. Progressive sanctions for non-compliance, up to and including removal of the entire family from assistance, are components of this program. To aid in the transition to work, recipients who would otherwise no longer be eligible for AFDC because of employment can receive reduced benefits for up to 12 months. Families remain eligible for Medicaid and child care during this phase-down period, and regular transitional Medicaid and child care benefits begin at the end of this period. The program also raises resource limits to \$3,000 and exempts the cash value of life insurance policies, one vehicle and interest and dividend payments. Children of recipients are required to attend school regularly and obtain appropriate immunizations. The demonstration will operate in Berkeley, Dorchester, Charleston, and Barnwell Counties for a period of five years.</p> | <p>State has informed us they will not implement this demonstration. Submitted new proposal (see below).</p> | <p>Date received: 6/13/94</p> <p>Date approved: 1/9/95</p> |
| <p>Family Independence Program</p> | <p>Statewide, would, with exceptions, time limit AFDC benefits to families with able bodied adults to 24 out of 120 months, not to exceed 60 months in a lifetime; eliminate increase in AFDC benefit resulting from birth of children 10 or more months after the family begins AFDC receipt, but provide benefits to such children in the form of vouchers for goods and services permitting child's mother to participate in education, training, and employment-related activities; eliminate deprivation requirements, principal earner provisions, work history requirements, and 100-hour rule for AFDC-UP; increase AFDC resource limit to \$2,500 and disregard as resources one vehicle with a market value up to \$10,000, the balance in an Individual Development Account (IDA) up to \$10,000, and the cash value of life insurance; disregard from income up to \$10,000 in lump sum payments deposited in an IDA within 30 days of receipt, earned income of</p> | <p>Key Issues:</p> <ul style="list-style-type: none"> * Time-limited benefits * Family Cap * Full-family sanctions * Drug/alcohol testing/treatment * Evaluation <p>Status:</p> <p>Draft terms and conditions sent to</p> | <p>Date received: 6/12/95</p> <p>120 days: 10/11/95</p> <p>Have not been able to resolve policy issues with State.</p> |

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| | <p>children attending school, and interest in dividend income up to \$400; require participation in a family skills training program; require certain AFDC recipients to submit to random drug tests and/or participate in alcohol or drug treatment; require children to attend school; increase amount of child support passed through to AFDC recipients; require more extensive information for child support enforcement purposes; modify JOBS exemptions and good cause criteria, and increase sanctions for non-compliance; make job search a condition of eligibility; allow non-custodial parents of AFDC children to participate in JOBS; and provide transitional grant Medicaid and child care for 12 months from the date of employment for cases previously closed due to time limit.</p> | <p>State 12/1/95. State responded 1/16/96; unresolved issues remain and discussions continue.</p> | |
| <p>South Dakota "Strengthening of South Dakota Families Initiative"</p> | <p>Statewide, this demonstration encourages welfare recipients to undertake either employment or education activities. The program assigns AFDC participants to either an employment or education track that enables them to move from dependency to self-sufficiency. Individuals enrolled in the employment track will receive up to 24 months of AFDC benefits; those participating in the education track will receive up to 60 months of AFDC benefits. Upon completion of either track, participants will be expected to find employment, or failing that, will be enrolled in approved community service activities. Individuals who refuse to perform the required community service without good cause will have their benefits reduced until they comply. In addition, in conformance with the Food Stamp program, AFDC benefits can be denied to any family in which an adult parent quits a job without good cause. The sanction period will last three months, or until the parent acquires a comparable job.</p> | | <p>Date received: 8/6/93 Date approved: 3/14/94</p> |

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| <p>Texas</p> <p>Promotion of Child Health in Texas</p> <p>Achieving Change for Texans</p> | <p>"Promoting Child Health in Texas" requires the parents or guardians of children receiving Aid to Families with Dependent Children to show proof of age-appropriate immunizations, or face benefit reductions. The state is also expanding opportunities for children to receive vaccinations in Department of Human Services' offices.</p> <p>Statewide, would implement requirement for a personal responsibility agreement which addresses issues such as child support cooperation, early medical screening for children, work requirements, drug and alcohol abuse, school attendance, and parenting skills training; would limit the caretaker exemption from employment services; disregard the earned income and resources from earnings of a child, set resource limits which promote independence from AFDC, eliminate work history and 100-hour rules for otherwise eligible two-parent families. In Bexar County would time-limit AFDC benefits to 12, 24, and 36 months depending on education and job experience, with extensions of the time-limit based on severe personal hardship, or in cases where the State could not provide supportive services, or where the local economy was in such state that the recipient could not reasonably be expected to find employment, if State funds are available to continue assistance. Transitional Medicaid and child care services would be provided to individuals who exhaust their time-limited cash benefits. In two metropolitan statistical areas establish Individual Development Accounts to promote the transition to independence from AFDC, through allowable account deductions for education, business start-up costs and the like. In Fort Bend County would allow at recipient option, one-time AFDC cash emergency assistance payments of \$1,000 in lieu of ongoing regular AFDC payments with prohibition from applying for regular AFDC for a period of 12 months from date of receipt. In Dallas-Fort Worth would require electronic imaging (fingerprinting combined with photographic identification).</p> | <p>Key Issues:</p> <ul style="list-style-type: none"> * Time-limited benefits * Evaluation * Medicaid Eligibility * Support Services * Potentially lower earned-income disregard <p>Status: Analysis paper sent to State 1/18/96. Waiting for response.</p> | <p>Date received: 4/11/95</p> <p>Date approved: 8/10/95</p> <p>Date received: 10/6/95</p> <p>120 days: 2/5/96</p> |

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| <p>Utah</p> <p>Amendment to Single Parent Employment Demonstration (SPED)</p> <p>Untitled</p> | <p>Utah is extending its "Single Parent Employment Demonstration" project (SPED), which mandates greater participation in a work preparation program, allows recipients to retain higher monthly earnings without affecting their welfare cash benefits, and allows a one-time payment for basic or special needs to prevent people from needing to rely on welfare. Another provision allows a family's AFDC cash benefits to be terminated if, after repeated efforts to encourage compliance and gradual sanctions, parents fail to comply with education, training and work preparation requirements. It also extends transitional services and some Food Stamps benefits from one to two years after leaving AFDC for work.</p> <p>Statewide, would exclude the value of a vehicle for AFDC recipient families, including those also receiving Food Stamps. Would not apply to initial eligibility determination.</p> | <p>Key issues: * None</p> <p>Status: Discussed with State about an alternate approach to handling this request in conjunction with currently operating demonstration (SPED). Waiting for State decision before proceeding.</p> | <p>Date received: 5/17/95</p> <p>Date approved: 7/31/95</p> <p>Date received: 10/3/95</p> <p>120 days: 2/2/96</p> |
| <p>Vermont</p> <p>Family Independence Project (FIP)</p> | <p>This waiver promotes work by enabling AFDC recipients to retain more income and accumulate more assets than is normally allowed. FIP also requires AFDC recipients to participate in community or public service jobs after they have received AFDC for 30 months for most AFDC families or 15 months for families participating in the unemployed parent component of AFDC. Current child support payments will now go directly to families entitled to them.</p> | | <p>Date receive: 10/27/92</p> <p>Date approved: 4/12/93</p> |

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|--|--|--------|--|
| <p>Virginia Welfare Reform Project (WRP)</p> | <p>This project will encourage employment by identifying employers who commit to hire AFDC recipients for jobs that pay between \$15,000 and \$18,000 a year and by providing additional months of transitional child care and health care benefits. Another statewide component will enable AFDC families to save for education or home purchases by allowing the accumulation of up to \$5,000 for such purposes, encourage family formation by changing the way a stepparent's income is counted, and allow full-time high school students to continue to receive AFDC benefits until age 21. Further, in up to four counties, AFDC recipients who successfully leave welfare for work may be eligible to receive transitional benefits for child and health care for an additional 24 months, for a total of 36 months. In one location, Virginia received approval to offer a guaranteed child support "insurance" payment to AFDC families who leave welfare because of employment to assist the family in maintaining economic self-sufficiency.</p> | | <p>Date received: 7/13/93</p> <hr/> <p>Date approved: 11/23/93</p> |
| <p>Virginia Independence Program</p> | <p>Statewide, to keep families in crisis from going on welfare, the "Virginia Independence Program" (VIP), the state's second demonstration, will offer AFDC-eligible applicants up to 120 days worth of benefits in one payment with the stipulation that they cannot receive any more AFDC benefits for at least 160 days. The state also will require unmarried minor parents to live with a parent or responsible adult, will deny additional benefits to children born to a family on AFDC, and will impose financial sanctions on families whose children do not receive pre-school immunizations or comply with school attendance standards. If a caretaker relative does not assist in establishing paternity for a child born out-of-wedlock, the family's entire AFDC benefit can be terminated for at least one month until the relative cooperates with the state.</p> <p>VIP also contains two components: "Virginia Initiative for Employment Not Welfare" (VIEW) and "Full Employment Program" (FEP). The VIEW program, to be phased in over four years, applies only to cases with non-exempt adult recipients. Such recipients must sign an Agreement of Personal Responsibility or risk the termination of AFDC cash benefits. Cash benefits will be limited to 24 cumulative months for cases headed by employable caretakers. During this period, adults must participate in training or employment-related activities. Earned income will be disregarded if earnings plus the AFDC allotment do not</p> | | <p>Date received: 12/29/94</p> <p>Amendments received: 3/28/95</p> <p>Date approved: 7/1/95</p> |

**AFDC SECTION 1115 DEMONSTRATION ACTIVITY
Approved and Pending AFDC Reform Projects -- February 1, 1996**

| STATE | DESCRIPTION | STATUS | TIMEFRAME |
|--|---|---------------|--|
| | VIEW participants who cannot find un-subsidized employment can take part in FEP, which allows the state to fund private sector subsidized employment by combining AFDC benefits with cashed-out Food Stamp benefits. | | |
| Washington Success Through Employment Program | Washington's "Success Through Employment Program" (STEP), sets time limits on Aid to Families with Dependent Children (AFDC) by progressively reducing benefits after a family has received assistance for four years in a five year period. After four years, the grant will be reduced by 10 percent, and by another 10 percent for each additional year thereafter. To encourage two-parent families to obtain employment, STEP will waive the requirement that the principal wage earner in a two-parent family work fewer than 100 hours per month for the family to qualify for AFDC. | | Date received: 2/11/95 Date approved: 9/29/95 |
| West Virginia Joint Opportunities for Independence | West Virginia's "Joint Opportunities for Independence" (JOIN) program helps adults in two-parent families gain work experience with private employers and provides a travel expense stipend as an income disregard. Employers who provide work experience positions to JOIN participants would pay individuals \$1.00 per hour for work and travel expenses. The state will provide child care when both parents participate in program activities. Fiscal sanctions will be imposed on families who fail to participate in JOIN. | | Date received: 4/11/95 Date approved: 7/31/95 |

**AFDC SECTION 1115 DEMONSTRATION ACTIVITY
Approved and Pending AFDC Reform Projects -- February 1, 1996**

| STATE | DESCRIPTION | STATUS | TIMEFRAME |
|--|--|---------------|---|
| Pay For Performance | <p>Under Wisconsin's statewide "Pay for Performance" (PFP) project, AFDC applicants must meet with a financial planning resource specialist to explore alternatives to welfare. Failure to do so without good cause results in denial of eligibility for AFDC benefits for all members of the family. Individuals who still want to apply for AFDC after meeting with the financial planning resource specialist must complete 60 hours of JOBS activities prior to approval for AFDC. At least 30 of the 60 hours must include contact with employers. Not completing this requirement without good cause will result in denial of AFDC benefits for all members of the family. Recipients who do receive AFDC will be required to participate in JOBS for up to 40 hours per week. For each hour of non-participation, the AFDC grant will be reduced by the Federal minimum wage. If the AFDC grant is fully exhausted, the remaining sanction will be taken against the Food Stamp allotment. If hours of participation fall below 25% of assigned hours without good cause, no AFDC grant will be awarded and the Food Stamp amount will be \$10.</p> | | <p>Date received: 4/18/95</p> <hr/> <p>Date approved: 8/14/95</p> |
| <p>Wyoming</p> <p>New Opportunities and New Responsibilities Welfare Reform Demonstration</p> | <p>This demonstration, in three counties, encourages AFDC recipients to enroll in school, undertake a training program, or enter the work-force. Wyoming's plan will allow AFDC families with an employed parent to accumulate \$2,500 in assets, rather than the current ceiling of \$1000. Wyoming will promote compliance with work and school requirements with tough penalties: AFDC minor children who refuse to stay in school or accept suitable employment could have their monthly benefit reduced by \$40; and adult AFDC recipients who are required to work or perform community service, but refuse to do so, face a \$100 cut in their monthly benefit. Statewide, Wyoming will also severely restrict eligibility for adults who have completed a post-secondary educational program while on welfare, and will deny payment to recipients who have confessed to or been convicted of program fraud until full restitution is made to the state. Unemployed, non-custodial parents of AFDC children who are not paying child support can now be ordered, by the courts, into Wyoming's JOBS program.</p> | | <p>Date received: 5/20/93</p> <p>Date approved: 9/7/93</p> |

HEALTH CARE
WAIVERS

STATUS OF STATE HEALTH REFORM INITIATIVES

January 25, 1996

| STATE | INITIAL CONTACT/ CONCEPT DISCUSSIONS | PROPOSAL RECEIVED/ TECHNICAL REVIEW | AWARD ANNOUNCEMENT/ ACCEPTANCE OF T&C | AWAITING STATE LEGISLATIVE APPROVAL | OPERATIONAL DEVELOPMENT | OPERATIONAL START | NEW ACTIVITY |
|-------|---|--|--|--|----------------------------|----------------------|--------------|
| AL | | 7/10/95 | | | | | X |
| AK | | | | | | | |
| AZ | | | | | | 8/82 | |
| AR | | | | | | | |
| CA | | | | | | | X |
| CO | | | | | | | |
| CT | | | | | | | |
| DE | | 7/29/94 | 5/17/95 | | | 1/1/96 | X |
| DC | | 3/17/94 | 10/13/95 | | | 12/15/95 | |
| FL | | 2/09/94 | 9/15/94 / 10/14/94 | X | | | |
| GA | | 9/1/95 | | | | | X |
| HI | | 4/19/93 | 7/16/93 / 8/2/93 | | | 8/1/94 | X |
| ID | | | | | | | |
| IL | | 9/14/94 | | | | | X |
| IN | | | | | | | |
| IA | | | | | | | |
| KS | | 3/23/95 | | | | | X |
| KY | | 5/26/93 6/22/95 - amend. | 12/9/93 / 2/3/94 10/6/95 - amend. | | | (7/96) | |
| LA | 9/23/94 | 1/3/95 | Financial proposal disapproved 6/9/95 | | | | |
| ME | | | | | | | |

| STATE | INITIAL CONTACT/ CONCEPT DISCUSSIONS | PROPOSAL RECEIVED/ TECHNICAL REVIEW | AWARD ANNOUNCEMENT/ ACCEPTANCE OF T&C | AWAITING STATE LEGISLATIVE APPROVAL | OPERATIONAL DEVELOPMENT | OPERATIONAL START | NEW ACTIVITY |
|-------|---|--|--|--|----------------------------|----------------------|--------------|
| MD | X | | | | | | |
| MA | | 4/15/94 | 4/24/95 / 5/16/95 | X | X | (9/96) | X |
| MI | | | | | | | |
| MN | | 7/21/94 | 4/27/95 | | | 7/1/95 | X |
| MS | | | | | | | |
| MO | | 6/30/94 3/24/95 - amend. | | | | | |
| MT | | 6/15/95 | Disapproved 9/13/95 | | | | X |
| NE | | | | | | | |
| NV | | | | | | | |
| NH | | 6/14/94 | | | | | X |
| NJ | | | | | | | |
| NY | | 3/28/95 | | | | | X |
| NM | | | | | | | |
| NC | | | | | | | |
| ND | | | | | | | |
| OH | | 3/2/94 | 1/17/95 / 2/22/95 | | X | (7/1/96) | X |
| OK | | 1/6/95 | 10/12/95 | | | 2/1/96 | X |
| OR | | 8/15/91 | 3/19/93 / 4/16/93 | | | 2/1/94 | X |
| PA | | | | | | | |
| RI | | 7/28/93 | 1/1/93 / 1/2/93 | | | 8/94 | X |
| SC | | 3/1/94 | | | | | |
| SD | | | | | | | |
| TN | | 6/16/93 | 11/18/93 / 12/16/93 | | | 1/1/94 | X |
| TX | | 9/6/95 | | | | | X |

| STATE | INITIAL CONTACT/ CONCEPT DISCUSSIONS | PROPOSAL RECEIVED/ TECHNICAL REVIEW | AWARD ANNOUNCEMENT/ ACCEPTANCE OF TRC | AWAITING STATE LEGISLATIVE APPROVAL | OPERATIONAL DEVELOPMENT | OPERATIONAL START | NEW ACTIVITY |
|-------|---|--|--|--|----------------------------|----------------------|--------------|
| VT | | 7/7/95 | | | | | X |
| VT | | 2/24/95 | 7/28/95 | | | 1/1/96 | X |
| VA | | | | | | | |
| WA | X | | | | | | |
| WV | | | | | | | |
| WI | | | | | | | |
| WY | | | | | | | |

NOTE:

- dates in parentheses are anticipated dates
- underlined activity on the following pages indicates new activity.

**MEDICAID SECTION 1115 DEMONSTRATION ACTIVITY
STATEWIDE HEALTH REFORM PROJECTS**

In All States
January 25, 1995

| STATE | PROJECT DESCRIPTION | STATUS | TIME FRAME |
|--|--|---|---|
| ALABAMA (Under Review) | Alabama's 1115 demonstration waiver proposal, "BAY (Better Access for You) Health Plan," is a 5-year demonstration project that will: enroll current Medicaid beneficiaries into managed care; expand eligibility for children ages 5-18 from 100 to 133 percent of FPL; expand eligibility for young adolescents from 16 to 133 percent of FPL; and offer enhanced family planning benefits up to 24 months to low income women. The State will initially implement the demonstration in Mobile County with possible expansion to other counties. | <u>HCFA sent the State a major issues letter on November 2, 1995, and received the State's response during the week of January 15, 1996. HCFA sent technical questions on December 18, 1995.</u> | Proposal received 7/10/95. State Presentation 8/3/95. Internal Department meetings to discuss issues held in Sept/Oct. Issues letter sent 11/2/95. Questions sent 12/18/95. |
| ALASKA | None | | |
| ARIZONA (Approved/ Implemented) (Amendments under review) | Arizona has a long standing statewide Medicaid managed care program, "The Arizona Health Care Cost Containment System." The Arizona program serves 410,000 beneficiaries in acute care and 20,000 beneficiaries in long term care. The initial program was implemented in 1982. | In May 1994, Arizona submitted amendments to: (1) provide managed care on reservations; and (2) use JCAHO accreditation for LTC facilities. Discussion has been on-going and the State has modified these proposals several times, most recently in June 1995. Issues continue to exist with the State's proposal for Native Americans. Work with the State, IHS, and HCFA is on-going. Resolution of the LTC issue is expected in <u>January 1996.</u> In March 1995, Arizona submitted amendments to: (1) expand eligibility; and (2) cover dual eligibles in managed care. The major issues are assuring choice of plan for dual eligibles and assessing budget neutrality for the expansion population. The State revised its original amendment on dual eligibles on August 22, 1995. <u>We expect to resolve both issues by February 1996.</u> | 13th Year Continuation Application approved 6/27/95. |
| ARKANSAS | None | | |

| STATE | PROJECT DESCRIPTION | STATUS | TIME FRAME |
|---|---|---|--|
| CALIFORNIA (Expected) | The State is pursuing an 1115 demonstration to increase access to health care services through the use of managed care plans in LA County. | <u>HCFA and the Department staff met with California and LA County officials on January 18 and 19 to discuss the State's most recent proposal. Significant issues include: budget neutrality, the use of DSH payments, the specificity of the proposed restructuring plan, and the 28 additional counties in California that have expressed interest in participating in the demonstration. In earlier meetings in September 1995, the parties reached agreement in principle on many elements.</u> | Proposal expected 2/96. |
| COLORADO | None | | |
| CONNECTICUT | None | | |
| DELAWARE (Approved/ Implemented) | Delaware has been granted its section 1115 waiver demonstration entitled, "The Diamond State Health Plan". It will increase access to health care services through managed care plans by expanding Medicaid coverage to the State's uninsured adult population up to 100 percent of the FPL. This statewide proposal will include a comprehensive benefit package emphasizing primary and preventive care. | <u>As a result of a site visit conducted in December 1995, the State has implemented the demonstration.</u> | Proposal received 7/29/94. Waiver approved 5/17/95. Implemented 1/1/96. |
| DISTRICT OF COLUMBIA (Approved/ Implemented) | The District of Columbia was granted an 1115 waiver demonstration that proposes to implement a specialized managed care program, targeted to the needs of its Medicaid-eligible disabled children. There would be mandatory enrollment of the eligibles into a newly-formed health plan, Health Services for Children with Special Needs, Inc. (HSCSN). Full financial risk would be transferred to HSCSN in the form of monthly capitation payments. | | Proposal received 3/17/94. Review panel was held 5/17/94. Waiver approved 10/13/95. Implemented 12/15/95. |
| FLORIDA (Approved/Pending Implementation) | The Florida Health Security (FHS) Program is a voluntary employer-based discounted premium program designed to provide access to private health insurance for working uninsured Floridians. FHS will utilize a managed competition model and will provide health insurance for 1.1 million uninsured Floridians with incomes at or below 250 percent of the FPL. In addition, the State's traditional Medicaid program, distinctly separate from FHS, will be modified to expand the existing freedom-of-choice waiver (Medipass) to require enrollment of the Medicaid population into managed care. | <u>The Legislature has yet to pass the enabling legislation for the demonstration. The State is currently exploring what program changes can be made without legislative authority. The State met with HCFA on October 16, 1995, to discuss their new 1915(b) proposal. This proposal was received on January 4, 1996, and the cover letter indicated that the State still plans to submit an 1115 requesting a one-year lock-in.</u> | Proposal received 2/9/94. Waiver approved 9/15/94. |

| STATE | PROJECT DESCRIPTION | STATUS | TIME FRAME |
|---|--|--|---|
| <p>GEORGIA (Under Review)</p> | <p>"Georgia Behavioral Health Plan" combines 1115, 1915(b) and 1915(c) proposals to provide Medicaid eligibles a fully integrated system of managed care for mental illness, mental retardation, and substance abuse.</p> | <p>Major issues identified include the qualifications and responsibilities of the Regional Boards, beneficiary lock-in, the lack of provider choice and absence of physical health benefits for the potential expansion population.</p> <p>HCFA is awaiting the State's response to technical questions.</p> | <p>Proposal received 9/1/95.</p> <p>State presentation 9/14/95.</p> <p>Issues letter sent 11/14/95.</p> <p>Questions sent 11/29/95.</p> |
| <p>HAWAII (Approved/ Implemented)</p> <p>(Amendment under review)</p> | <p>Hawaii's HealthQuest provides seamless coverage for those on public programs, as well as the currently uninsured. Through Medicaid expansions (300 percent FPL, elimination of categorical and asset tests) and a managed care delivery system, the State expects to expand access and control costs. <u>The State is planning to include the aged, blind, and disabled populations and incorporate long term care in 1997.</u></p> | <p>Enrollment as of June 1, 1995, was 150,000. (Originally, enrollment was projected to be 110,000.)</p> <p>HCFA approved the State's request to institute one annual open enrollment for new eligibles as a mechanism to control enrollment. Specifically exempted from this provision are AFDC and AFDC-related individuals and families, pregnant women up to 185 percent FPL, children up to age five up to 133 percent FPL, and individuals who lose their jobs and become uninsured.</p> <p><u>In response to a pending lawsuit, the State submitted an amendment that would: 1) reinstate the asset test for the QUEST program to mirror Hawaii's criteria for the blind and disabled; and 2) create a "QUEST Net" program to provide coverage for current QUEST members who would no longer qualify for coverage due to assets. HCFA discussed the amendment with the State on January 11, 1996. The State needs a response quickly—a briefing paper for the Department is in clearance.</u></p> | <p>Proposal received 4/19/93.</p> <p>Waiver approved 7/16/93.</p> <p>The special terms and conditions were accepted on 8/2/93.</p> <p>First continuation approved on 6/30/95.</p> |
| <p>IDAHO</p> | <p>None</p> | | |

| STATE | PROJECT DESCRIPTION | STATUS | TIME FRAME |
|----------------------------|---|--|--|
| ILLINOIS (Under Review) | Illinois section 1115 demonstration program, "MediPlan Plus," seeks to increase access and quality of health care for Medicaid eligible beneficiaries while controlling costs, by expanding the use of managed care. Illinois seeks to develop a managed care delivery system using a series of networks, either local or statewide, to tailor its Medicaid delivery system to the needs of local urban neighborhoods or large rural areas. Current Medicaid beneficiaries will be offered a choice of service delivery options, including traditional HMOs, managed care community networks, provider gatekeepers, and Federally Qualified Health Centers and Rural Health Centers. | <u>The State was sent draft terms and conditions on December 18, 1995. The final remaining issues are FOHCs and default assignment. HCFA is awaiting the State's response.</u> | Proposal received 9/14/94. Issues letter sent 11/29/94. Questions sent 12/2/94. State response received 12/20/94. Discussions of draft terms and conditions with the State have been ongoing since 4/4/95. |
| INDIANA | None | | |
| IOWA | None | | |
| KANSAS (Under Review) | Community Care of Kansas has goals of fostering the development of managed care in rural and small urban communities, preserving and enhancing choice, and improving health outcomes by assuring a continuum of care. The demonstration, to be implemented in one predominantly urban/suburban county, and three predominantly rural counties, plans to test the success of a non-competitive managed care model in rural areas. The demonstration would enroll current eligibles in the AFDC and AFDC-related categories, and would expand eligibility to children ages five and under who lose eligibility under these categories and whose family income does not exceed 200 percent of the FPL. | Our review of Kansas' proposal yielded two main issues—competitive bidding and beneficiary choice—both of which have been resolved. The State will offer their PCCM, Health Connect, as a choice to beneficiaries in addition to CCK. HCFA agreed to allow the State to award a contract to CCK non-competitively for a period of three years, at which time the approach will be re-evaluated. <u>HCFA has informed the State that we are concerned with their proposal to use guaranteed eligibility as an incentive to enroll in CCK (thereby limiting choice). HCFA and the Department are reviewing the State's approach.</u> | Proposal received 3/23/95. Issues letter sent 5/15/95. Questions sent 8/4/95. <u>State response received 11/27/95.</u> |

| STATE | PROJECT DESCRIPTION | STATUS | TIME FRAME |
|---|--|--|---|
| KENTUCKY (Approved/Pending Implementation) | <p>The State was awarded a demonstration to implement the "Kentucky Partnership Plan" an amendment to its original proposal. Under the demonstration, the State will be divided into eight managed care regions incorporating both public and private providers into a single managed care network which will offer the standard State Medicaid benefit package to all non-institutionalized Medicaid beneficiaries. Mental health and long term care services will continue to be offered through the fee-for-service system.</p> | | <p>Proposal received 5/26/93.</p> <p>Waivers were approved 11/8/93. An announcement was made 12/9/93 at the request of Kentucky.</p> <p>Revised proposal received 6/22/95.</p> <p>Waiver approved 10/6/95.</p> <p>Expected implementation 7/1/96.</p> |
| LOUISIANA (Pending) | <p>"Louisiana Health Access," a statewide section 1115 demonstration proposal, has goals of emphasizing primary and preventive care, increasing access to quality care, and controlling the State's spiraling costs through managed care. The original proposal included a request for a block grant of Federal Medicaid funds. On April 11, 1995, the State submitted a revised proposal focusing on a public managed care organization for Medicaid and the uninsured populations.</p> | <p>On June 9, HCFA rejected the State's financial proposal. The financing proposal submitted depended upon "profits" obtained from the public managed care plan (MCP) whereby the State would pay the public MCP a capitation rate that exceeds actual costs. This profit margin would then be transferred back to the State and used as State share to obtain additional Federal funds, thus indirectly increasing the Federal matching percentage for the State.</p> <p>The State may develop an alternative proposal or submit a 1915(b) proposal that would enroll the Medicaid population into existing, private HMOs. The State is also considering a voluntary managed care system where no waivers would be necessary. <u>The State has not indicated a timeframe.</u></p> | <p>Concept paper submitted 9/23/94.</p> <p>State presentation 12/7/94.</p> <p>Proposal received 1/3/95.</p> <p>Financial proposal disapproved 6/9/95.</p> |
| MAINE | None | | |
| MARYLAND (Expected) | <p>HCFA representatives are working closely with the State on the development of an 1115 waiver demonstration program that would incorporate managed care.</p> | | <p><u>Expected 4/96.</u></p> |

| STATE | PROJECT DESCRIPTION | STATUS | TIME FRAME |
|--|--|--|--|
| MASSACHUSETTS (Approved/Pending Implementation) | <p>"MassHealth" has nine component strategies which are intended to cover a portion of the 524,000 uninsured in Massachusetts, as well as provide assistance to the low-income insured. It targets low-income, uninsured children, families, and disabled; low-income unemployed; and low-income employed individuals at risk of losing health coverage.</p> | <p>Enabling legislation has not been addressed yet by the legislature in the Commonwealth. Legislation for the demonstration will be part of an overall health reform initiative. <u>The State has indicated that they will delay implementation until the fall of 1996, pending a decision on block grants.</u></p> | <p>Proposal received 4/15/94.</p> <p>Waiver approved 4/24/95.</p> <p>The State accepted the special terms and conditions on 5/16/95.</p> <p>Expected implementation Fall 1996.</p> |
| MICHIGAN | None | | |
| MINNESOTA (Approved/Implemented) | <p>Minnesota submitted a waiver proposal with three major components: (1) integration of low-income and uninsured programs; (2) expansion of the managed care delivery system; and (3) linkage of Medicare to overall State health care reform efforts. The proposal would be implemented in two phases. Phase I would involve the first two components. In Phase II, Minnesota would develop a framework for implementing broader reforms in subsequent years.</p> <p><u>Instead of approving Phase I, HCFA approved an amendment to extend the Prepaid Medical Assistance Program (PMAP), the State's existing Medicaid demonstration, to June 30, 1998. It also adds the following new components: Medicaid coverage of children up to 275 percent FPL, who would have been previously covered by Minnesota Care; implementation of prepaid dental care; and implementation of children's mental health collaborative programs.</u></p> | <p>HCFA confirmed with the State that they are moving forward to expand PMAP+ statewide.</p> <p><u>HCFA anticipates initiating discussions with the State on Phase II in the near future.</u></p> | <p>Proposal received 7/28/94.</p> <p>PMAP+ was approved on 4/27/95.</p> <p>Implemented 7/1/95.</p> |
| MISSISSIPPI | None | | |

| STATE | PROJECT DESCRIPTION | STATUS | TIME FRAME |
|---|---|--|---|
| MISSOURI (Under Review) | "Making Health Care More Responsive and Efficient," a statewide section 1115 demonstration proposal, uses managed care to expand eligibility to low-income uninsured individuals. In March 1995, the State scaled back its original proposal to target children up to age 19 (rather than adults) below 200 percent of FPL. | Delays have occurred for several reasons: The State did not respond to programmatic and budget neutrality questions until June 1995; and the Department and OMB have had difficulty reaching consensus on several budget neutrality issues, particularly the interaction of the budget neutrality baseline with a pending decision regarding the allowance/disallowance of the State's provider tax. Internal discussions continue on this issue. | <p>Proposal received 6/30/94.</p> <p>Questions sent 10/21/94.</p> <p>Answers to questions on original proposal and anticipated questions on revised proposal received 3/24/95.</p> <p>State response to verbal questions on revised proposal received 6/9/95.</p> <p>Internal Department meetings to discuss budget issues held throughout the remainder of 1995.</p> |
| MONTANA (Mental health proposal disapproved) | The State submitted a section 1115 demonstration waiver proposal entitled "Montana Mental Health Access Plan". The State seeks 1115 demonstration waivers to enable them to place all State-funded mental health delivery systems for Medicaid and non-Medicaid under a single capitated full risk managed care provider. | <p>The proposal was disapproved because it did not provide a comprehensive range of services. On September 20, 1995, a conference call was held with HCFA and the State to discuss other options.</p> <p><u>HCFA told the State on January 25, 1996, that their suggestion of offering public health programs and providing physical services to VA and IHS mental health recipients does not meet our requirements to provide a Title XIX physical health benefit. We will continue to work with the State on developing other options.</u></p> | <p>Proposal was received 6/15/95.</p> <p>Disapproved 9/13/95.</p> |
| NEBRASKA | None | | |
| NEVADA | None | | |

| STATE | PROJECT DESCRIPTION | STATUS | TIME FRAME |
|---------------------------------|---|---|---|
| NEW HAMPSHIRE (Under Review) | New Hampshire submitted a proposal entitled, "The Granite State Partnership for Access and Affordability in Health Care." The State proposed to expand Medicaid eligibility to adults with incomes below the AFDC cash standard, and introduce a public insurance product for low-income workers. Also, the State proposed to implement a number of pilot initiatives to help to ultimately redesign the State's health care delivery system. | <p>New Hampshire submitted a revised concept paper for a section 1115 Medicaid demonstration. The project would utilize health maintenance organizations and point-of-service models to provide services to four discrete Medicaid populations, including both acute and long term care.</p> <p>A letter was sent to the State, outlining three major issues: beneficiary choice, Medicare funding and State match.</p> <p><u>ORD and RO staff provided technical assistance to the State on January 25, 1996. Specific issues included budget neutrality and managed care organizations.</u></p> | <p>Proposal was submitted on 6/14/94.</p> <p>Questions sent to State on 9/28/94.</p> <p>Revised concept paper submitted on 9/20/95.</p> <p>Issues letter sent to the State on 10/20/95.</p> |
| NEW JERSEY (Expected) | The State has submitted a concept paper for a section 1115 demonstration waiver. The State plans to incorporate its "Health Access New Jersey" program for the uninsured and the recently approved section 1915(b) managed care waiver for the Medicaid population in a comprehensive proposal to streamline eligibility, expand coverage, and manage behavioral health and long term care services. | Concept paper received on July 5, 1995. The Medicaid Director met with HCFA staff on July 10, 1995, to discuss the State's concept paper. | <p>Concept paper received on 7/5/95.</p> <p><u>Proposal expected 4/96.</u></p> |
| NEW YORK (Under Review) | "New York Partnership Plan," a statewide section 1115 demonstration proposal, will enroll its Medicaid population (excluding the elderly and institutionalized disabled) and its Home Relief population (those that are financially needy but not Medicaid eligible) into managed care programs. The plan also establishes new health plans to meet the needs of special populations. | <p>Department staff conducted an extensive review of the State's response to the technical questions. A number of significant issues were identified, and were addressed with the State during a face-to-face meeting on September 28, 1995.</p> <p>A series of issue-focused conference calls was convened the week of October 23, 1995, to resolve a number of outstanding issues and develop terms and conditions.</p> <p><u>HCFA and the Department are discussing the following issues with the State: implementation timeline; the milestone approach to the development of special needs plans; and budget neutrality.</u></p> | <p>Proposal was received on 3/20/95.</p> <p>Issues letter sent 4/28/95.</p> <p>Questions sent 6/30/95.</p> <p>State response received 8/4/95.</p> |
| NEW MEXICO | None | | |
| NORTH CAROLINA | None | | |
| NORTH DAKOTA | None | | |

| STATE | PROJECT DESCRIPTION | STATUS | TIME FRAME |
|---|--|--|---|
| OHIO (Approved/Pending Implementation) | OhioCare will expand eligibility for Medicaid to the uninsured population with incomes up to 100 percent of the FPL. An estimated 500,000 new eligibles will receive coverage. The State will enroll all new and current Medicaid beneficiaries into managed care programs throughout the State. Ohio will also test the use of managed care for the provision of certain special health related services, to be provided on a risk basis by several State agencies. | <p>The Ohio Legislature has passed legislation giving the Ohio Department of Human Services the ability to implement managed care throughout the State.</p> <p>A draft implementation work plan was received from the State. The State is intending to proceed with implementing statewide managed care for basic services. However, the authorizing legislation for eligibility expansion and managed care for special health related services was not passed by the Legislature, so these program pieces cannot be implemented.</p> <p>HCEA agreed to give the State 75/25 and a 6-month lock-in with the condition they they must include essential community providers and minority providers. The State is moving forward and plans to implement in July 1996. HCEA is currently reviewing the mental health RFP.</p> <p>A site visit was conducted during the week of December 11, 1995.</p> | <p>Proposal received 3/2/94. Project approved 1/17/95. Accepted the terms of the award on 2/22/95. <u>Expected implementation 7/96.</u></p> |
| OKLAHOMA (Approved/Pending Implementation) | Oklahoma was granted an 1115 waiver proposal to implement "SoonerCare," which intends to implement Medicaid managed care in both urban and rural areas. The State will use the traditional fully capitated managed care delivery models in the urban areas and establish partial capitation plans in the rural areas. | | <p>Proposal received 1/6/95. Waiver approved 10/12/95. Implemented 2/1/96.</p> |

| STATE | PROJECT DESCRIPTION | STATUS | TIME FRAME |
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| <p>OREGON (Approved/ Implemented)</p> | <p>The Oregon Health Plan, designed to expand access to health care to the uninsured and contain costs through managed care, establishes a basic set of benefits available to all Oregonians at or below 100 percent of the FPL. The basic package reflects a prioritized ranking of service-treatment pairs developed by the Oregon Health Services Commission.</p> | <p>On June 30, 1995, Oregon submitted a request to impose additional requirements for eligibility and impose premiums and copayments on the expansion population below the poverty level. HCFA approved all changes except the cost-sharing provisions. HCFA and the Department are discussing with the State <u>protections for beneficiaries who are unable to pay premiums. The State has tabled its request to impose copayments indefinitely.</u></p> <p>On July 6, 1995, the State submitted an amendment to change the Prioritized Services Funding Line, to eliminate 25 previously covered condition/treatment pairs. <u>This amendment was approved effective January 1, 1996.</u></p> | <p>Proposal received 8/15/91. Approved 3/19/93. Operations began 2/1/94. Phase two waivers were approved 9/28/94. <u>Amendment received (Priority list update and cost-sharing) 6/30/95</u> <u>Approved 11/21/95</u> <u>Effective 1/1/96</u> <u>Amendment received (Moving the funding line) 7/6/95</u> <u>Approved 1/11/96</u> <u>Effective 1/1/96</u></p> |
| <p>PENNSYLVANIA</p> | <p>None</p> | | |
| <p>RHODE ISLAND (Approved/ Implemented) (Amendment under review)</p> | <p>Under RiteCare, Rhode Island was given Medicaid waivers allowing the extension of Medicaid eligibility to pregnant women and children up to 250 percent FPL and enrollment of all recipients in a capitated managed care delivery system.</p> | <p>As of July 6, 1995, enrollment was 60,563.</p> <p>The State has requested an amendment to its waiver, to include children up to age 8, with family incomes up to 250 percent of FPL. The current waiver includes children up to age 6, with family incomes up to 250 percent FPL. <u>Approval of this waiver is in clearance.</u></p> | <p>Proposal was received on 7/20/93. Waivers approved 11/1/93. The special terms and conditions were accepted on 11/2/93. Operations began 8/1/94.</p> |

| STATE | PROJECT DESCRIPTION | STATUS | TIME FRAME |
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| SOUTH CAROLINA (Postponed) | South Carolina submitted an 1115 waiver application entitled the South Carolina Palmetto Health Initiative. The program would extend Medicaid eligibility to include residents with incomes up to 100 percent of the FPL. South Carolina expects to cover approximately 240,000 additional recipients. Most Medicaid recipients will be enrolled in managed care programs. | <p>HCFA approved the framework of the project and agreed to work with the State to meet a set of milestones over the coming year. When South Carolina successfully completes these milestones, HCFA will act on their request for waivers.</p> <p>At this time, the State has decided to indefinitely postpone proceeding with the developmental phase of the project. The State will proceed with voluntary enrollment into HMOs for Medicaid recipients and some pilot projects for partially capitated providers.</p> | <p>Proposal received 3/1/94.</p> <p>Review panel was held 6/13/94.</p> <p>Project framework approved 11/18/94.</p> <p>Proposal suspended by State 4/95.</p> |
| SOUTH DAKOTA | None | | |
| TENNESSEE (Approved/ Implemented) (Amendments under review) | "TennCare" is a statewide 1115 waiver demonstration program that provides health care benefits to Medicaid beneficiaries, uninsured State residents, and those whose medical conditions make them uninsurable. Enrollment is capped at 1.4 million. All enrollees are served in capitated managed care plans that are either HMOs or PPOs. | <p>In April, the State requested approval to enroll MR/DD beneficiaries into managed care. In July, the State withdrew this proposal and now plans to request a 1915(c) instead.</p> <p>On June 30, 1995, the State requested approval to increase premiums for non-Medicaid enrollees and to impose premiums on those below the poverty level. In October 1995, HCFA decided to allow the State to charge premiums to the non-Medicaid eligible enrollees whose incomes are below the FPL. HCFA is requiring conditions to this approval, including monitoring changes in enrollment by income level and requiring the State to develop an ongoing funding pool to cover premiums for hardship cases. The State is willing to develop the program monitoring requirement but is not willing to fund an ongoing pool.</p> <p><u>HCFA and the Department have not reached a decision on premiums for individuals below poverty. HCFA is currently reviewing the State's proposal to capitate services for the severely and persistently mentally ill (SPMI).</u></p> | <p>Proposal was received on 6/16/93.</p> <p>Waivers approved 11/18/93.</p> <p>Special terms and conditions accepted 12/16/93.</p> <p>Operations began on 1/1/94.</p> <p><u>MR/DD Amendment submitted 4/27/95</u></p> <p><u>MR/DD Amendment withdrawn 8/22/95</u></p> <p><u>Amendment submitted (Premiums) 6/30/95</u></p> <p><u>Amendment submitted (SPMI) 10/2/95</u></p> |

| STATE | PROJECT DESCRIPTION | STATUS | TIME FRAME |
|---------------------------------------|---|---|---|
| TEXAS (Under Review) | The "State of Texas Access Reform (STAR)," proposes to restructure the Medicaid program by providing Medicaid services through the use of managed care systems. There will be an emphasis on local control and flexibility in designing a Medicaid managed care system. Local communities through their existing governmental funding entities have the option of forming a non-profit, non-stock entity called an Intergovernmental Initiative (IGI). The State will contract with the IGI, which will be responsible for administering the Medicaid managed care system in its service area subject to State standards and oversight. | HCFA staff had numerous discussions with the State prior to the official submission of the proposal. <u>HCFA is awaiting the State's response to the technical questions.</u> | Proposal received 9/6/95. State presentation on 10/19/95. Issues letter sent 11/3/95. Questions sent 12/18/95. |
| UTAH (Under Review) | Utah has submitted a proposal for a section 1115 waiver demonstration which will expand access to health care for residents under 100 percent of the FPL, enroll urban Medicaid clients in managed care, encourage small employers to participate in a health insurance plan (subsidized by the State); and simplify the eligibility process and streamline the administrative process. | <u>HCFA is reviewing the State's response to the technical questions.</u> | Proposal was received 7/7/95. Issue letter sent 9/1/95. State presentation on 9/27/95. Questions sent 10/4/95. State response received 1/18/96. |
| VERMONT (Approved/ Implemented) | Through the statewide section 1115 program, "Vermont Health Security Plan," the State plans to expand eligibility to uninsured Vermonters with incomes under 150 percent of the FPL, implement a managed care system, and extend a prescription drug benefit to the State's lower income Medicare beneficiaries. | <u>HCFA informed the State that we are willing to allow the expansion population to be enrolled into one plan. HCFA has informed the State over the phone of our approval of retroactive eligibility and the follow-up letter is in clearance.</u> | Proposal was submitted on 2/24/95. Awarded 7/28/95. Implemented 1/1/96. |
| VIRGINIA | None | | |
| WASHINGTON (Expected) | State seeks to guarantee health insurance for all State residents by 1997 through: employers expansion of State-subsidized Basic Health Plan, and expansion of Medicaid. The program would prohibit exclusion for medical conditions. | The plan provides for basic coverage for the uninsured, authorizes up to 10 health insurance cooperatives, and requires employers to contribute to health insurance premiums. The plan also provides for the Health Services Commission to explore the mechanics of implementing the goals of the plan, outline cost controls and market reforms, define minimum benefit package, and set maximum premiums. It appears that the State will require 1115 waivers. Washington's Medicaid Director has indicated that the State will be seeking 1115 waivers in the future. | Passed State Legislature 4/25/93. |

| STATE | PROJECT DESCRIPTION | STATUS | TIME FRAME |
|---------------|---------------------|--------|------------|
| WEST VIRGINIA | None | | |
| WISCONSIN | None | | |
| WYOMING | None | | |

MEDICAID FREEDOM OF CHOICE WAIVERS (SECTION 1915(b))

Received:

| STATE | PROJECT DESCRIPTION | STATUS | TIME FRAME |
|----------------------|--|--|----------------------------|
| Alabama 03 | To provide comprehensive services on a prepaid payment basis for AFDC and SOBRA recipients residing in Jefferson and Shelby counties. | State stopped 90-day clock on 1/20/94 to resubmit information. | Proposal received 11/4/93 |
| Arkansas 01.R01 | Primary Care Physician's program. To allow Medicaid recipients to select a primary care physician (PCP) to provide, through an ongoing patient/physician relationship, primary care services and referral for all necessary specialty services. The PCP is responsible for monitoring the health care and utilization of non-emergency services. Neither emergency nor family planning services are restricted under the waiver. | Pending in HCFA; 90th day is 4/15/96. | Proposal received 1/16/96 |
| Arkansas 03 | To provide through a sole source procurement, capitated mental health services through a single contractor in several counties of the state, eventually to phase-in the program statewide. | Additional information request sent to RO on 9/22/95; therefore 90-day clock has stopped. Awaiting State's response. | Proposal received 7/18/95 |
| California 04.R07 | The purpose of the PCCM waiver is to operate the Primary Care Case Management Program which has as a goal the provision of more cost effective and efficient case managed medical services to Medi-Cal (CA's Medicaid program). | Pending in HCFA; 90th day is 3/13/96. | Proposal received 12/14/95 |

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| California 08.R03 | The purpose of the Health Plan of San Mateo is to address concerns among public officials, providers and the general public about the steadily decreasing access to medical services for Medi-Cal beneficiaries. The waiver is a Health Insuring Organization (HIO) designed to provide health care services through contracts and subcontracts with independent medical groups and individual physicians located primarily in San Mateo, San Francisco, and Santa Clara Counties. Health care services not provided directly by the primary care physicians are arranged through contracts with other medical groups/physicians, allied health equipment suppliers, and hospitals. | Pending in HCFA; 90th day is 2/20/96. | Proposal received 11/22/95 |
| California 19 | To provide dental services to Medicaid recipients. To prevent unnecessary utilization. | Additional information request sent to RO on 12/9/94; therefore 90-day clock has stopped. Awaiting State's response. | Proposal received 11/1/94 |
| Colorado 04 | To selectively contract for organ transplant services. | Received additional information on 11/8/95; therefore 90-day clock restarts. 90th day is 2/5/96. | Proposal received 11/8/95 |
| Florida 01.R01.M01 | Modification request for Florida's MediPass 1915(b)(1) waiver to expand mandatory participation to new eligibility categories and allow mandatory assignment to HMOs. | Pending in HCFA; 90th day is 2/25/96. | Proposal received 11/17/95; HCFA informed that State may withdraw request |

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| Florida 01.R02.M01 | Florida's MediPass renewal modification request requiring AFDC, AFDC-related, and non Medicare SSI beneficiaries Statewide to choose a primary care provider (PCCM or HMO) to provide or approve all Medicaid services or be assigned to such a provider. | Pending in HCFA; 90th day is 4/3/96. | Proposal received 1/4/96 |
| Florida 02.R01 | Prepaid Mental Health Plan-- a mandatory program for AFDC, AFDC-related and SSI in district 6 (5 counties). | Clock stopped 1/18/96. | Proposal received 10/20/95 |
| Georgia 05 | To enroll Medicaid recipients with mental retardation in a managed system of providers coordinated by Regional Boards and third party Administrators (TPAs) which will provide or prior authorize all MR-related services. The TPA is responsible for monitoring the MR services and utilization of non-emergency MR services. Neither emergency nor family planning services are restricted under the waiver. | Additional information request sent to State on 11/14/95; therefore 90-day clock stopped. Awaiting State's response. | Proposal received 9/1/95 |
| Idaho 01.R01 | Renewal to implement a PCCM for AFDC and SSI recipients in 7 counties. | Additional information request sent to RO on 9/15/95; therefore 90-day clock has stopped. Awaiting State's response. | Proposal received 6/30/95 |
| Kentucky 05.M01 | To change the implementation date, service area, contracting procedures and authorization procedures in the non-emergency transportation services. | Additional information request sent to RO on 11/8/95; therefore 90-day clock has stopped. Awaiting State's response. | Proposal received 9/7/95 |

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| Kentucky 06 | Kentucky ACCESS 1915(b)(1), (3) & (4) waiver is designed to provide a capitated mental health and substance abuse program to all categorically and medically needy eligible Medicaid beneficiaries in Kentucky, with the fourteen regional mental health/mental retardation boards serving as mental health entities. | Pending in HCFA; 90th day is 3/18/96. | Proposal received 12/19/95 |
| Maine 03.M01 | Maine submitted a request to modify its recently approved 1915(b) waiver, which allows for the implementation of a capitated managed care program for Medicaid recipients. The modifications being requested include: revision to the benefit design concerning behavioral health services, exclusion of PrimeCare (the State's PCCM program) in the targeted counties, and two revisions to the "excluded populations" list. | Pending in HCFA; the 90th day is 2/18/96. | Proposal received 11/20/95 |
| Maryland 02.R02 | Physicians are responsible or providing primary care management and non-medical covered services (education and supplies) to Maryland's diabetic population. The State also requests modifications to promote additional cost savings by enhancing continuity of care, assuring better linkages between recipients and services, and increasing the availability of preventive care services. | Pending in HCFA; 90th day is 2/22/96. | Proposal received 11/24/95 |

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| Michigan 02.R06 | Renewal of waivers for freedom of choice and upper payment limit provisions. Ambulatory services are capitated. Clinic plans are responsible for locating, coordinating and monitoring all primary and other medical and rehabilitative services to enrollees. Plans share in savings resulting from reduced hospital utilization through a bonus settlement. | Additional information sent to RO on 5/22/95; therefore 90-day clock has stopped. Awaiting State's response. | Proposal received 2/21/95 |
| Minnesota 01.R03 | Renewal of Minnesota's Chemical Dependency Treatment Fund Waiver to continue to provide statewide accessible chemical dependency treatment programs in a cost effective manner. | Additional information request sent to RO on 10/25/95; therefore 90-day clock is stopped. Awaiting State's response. | Proposal received 8/16/95 |
| Mississippi 03 | To provide a single service mental health delivery system of mental health for children and youth. | Additional information request sent to RO on 7/18/95; therefore 90-day clock has stopped. Awaiting State's response. | Proposal received 5/2/95 |
| Missouri 03.M01 | Modification for expansion of the geographical areas to be covered by the waiver to include an additional eighteen counties in Mid-Missouri; the eligible groups will remain the same. | Pending in HCFA; 90th day is 3/17/96. | Proposal received 12/18/95 |
| New Mexico 01.R02 | To reduce costs, prevent unnecessary utilization, reduce inappropriate utilization, and assure adequate access to quality care for Medicaid recipients. | Pending in HCFA; 90th day is 2/27/96. | Proposal received 11/30/95 |

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| New York 08.R02 | Renewal Broome County Physician Case Management Program MAX, Broome County MAX is a primary care case management program for which recipients choose a primary care physician to coordinate their care. | Received additional information on 11/8/95; therefore 90-day clock restarts. 90th day is 3/18/96. | Proposal received 12/19/95 |
| New York 11 | To provide accessibility to drugs by recipients in rural and outlying regions of New York State for long term maintenance. This program will provide access to drugs for recipients who are unable to obtain their medications. | Received additional information on 11/8/95; therefore 90-day clock restarts. 90th day is 2/7/96. | Proposal received 11/8/95 |
| North Carolina 02.R02 | To allow Medicaid recipients to select a primary care provider. To provide, through an ongoing patient/provider relationship, primary care services and referral for all necessary specialty services. The PCP is responsible for monitoring the health care and utilization of non-emergency services. Neither emergency nor family planning services are restricted under the waiver | Additional information request sent to the RO on 12/15/95; therefore 90-day clock has stopped. Awaiting State's response. | Proposal received 9/25/95 |
| North Carolina 03.R01 | To provide a capitated mental health and substance abuse care program for Medicaid children. | Additional information request sent to RO on 12/14/95; therefore, 90th day clock has stopped. Awaiting State's response. | Proposal received 10/3/95 |

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| Pennsylvania 05.R01 | Family Care Network--Primary Care Case Management Program for Medicaid Children under age 21. Mandatory program for AFDC and AFDC-related recipients. | Additional information request sent to RO on 12/4/95; therefore 90-day clock has stopped. Awaiting State's response. | Proposal received 10/11/95 |
| Pennsylvania 06.M01 | To modify the effective date for the Lancaster Community Health Plan. | Additional information requested on 10/17/95; therefore 90-day clock has stopped. Awaiting State's response. | Proposal received 8/25/95 |
| South Carolina 01.R03 | Through the High Risk Channeling Project, South Carolina has been successfully serving pregnant women at high medical risk since 1986. These women have been treated to continuum of care that has included perinatal care by an obstetrician and delivery in an intermediate or tertiary care hospital. In recent years, eligibility for the program has been expanded to include any woman "at (medical) risk" deemed medically necessary. | Additional information request sent to RO on 12/14/95; therefore 90-day clock has stopped. Awaiting State's response. | Proposal received 10/3/95 |
| South Dakota 01.R01 | PRIME Program statewide fee for service PCCM. | Received additional information on 1/17/96; therefore 90-day clock restarts. 90th day is 4/16/96. | Proposal received 1/17/96 |

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| Texas 03.MO2 | Modification to Southeast Regional Enhanced PCCM, to request Section 1915(b)(4) authority to restrict hospital services. | Pending in HCFA; 90th day is 3/16/96. | Proposal received 12/18/95 |
| Texas 03.R01 | Request for renewal of a Section 1915(b) waiver for the LoneSTAR Health Initiative Southeast Region Enhanced PCCM Model. The program covers AFDC and AFDC-related beneficiaries and allows them to select a primary care provider for primary care services and makes all necessary referrals. Certain services are paid for on a capitated or partially-capitated basis. The renewal includes a plan of correction regarding the Regional Office Review findings. | Received additional information on 11/28/95; therefore 90 day clock restarts. 90th day is 2/26/96. | Proposal received 11/28/95 |
| Texas 04.R01 | Renewal of Travis County LoneSTAR Health Plan. A PCCM specialty services system that restricts clients to Federally Qualified HMO and a PHP in Travis County. (Current package is a resubmittal of original waiver, submitted 6/8/95. On 8/23/95, clock stopped upon HCFA's request for additional information.) | Pending in HCFA; 90th day is 2/26/96. | Proposal received 11/28/95 |
| Washington 08.R01 | Renewal of Washington's Coordinated Community Mental Health Program in which the State will restrict beneficiaries' choice to obtain mental health rehabilitation services only from specified prepaid health plans (PHPs). | Additional information request sent to RO on 12/13/95; therefore 90-day clock has stopped. Awaiting State's response. | Proposal received 9/29/95 |

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| Washington 09.R01 | Renewal of Washington's Healthy Options waiver program which provides primary care to beneficiaries under limited circumstances as a transition between fee-for-service and fully capitated reimbursement methods. | Additional information request sent to RO on 12/18/95; therefore 90 day clock has stopped. Awaiting State's response. | Proposal received 10/2/95 |
| West Virginia 04 | Medicaid eligibles statewide except for Medicare dual eligibles and those persons residing in nursing facilities other than ICF/MRs would receive comprehensive behavioral health services through one managed care organization. | Additional information request sent to RO on 6/14/95; therefore 90-day clock has stopped. Awaiting State's response. | Proposal received 3/16/95 |
| West Virginia 05 | Program to serve foster children, AFDC, AFDC-related, and part of the SSI populations in twelve counties through prepaid, capitated contracts with all plans meeting State specifications. | Additional information request sent to RO on 10/5/95; therefore 90-day clock has stopped. Awaiting State's response. | Proposal received on 8/7/95 |

DESCRIPTION OF WAIVER

1915(c)--Home and Community-Based Services Waivers--The home and community-based services (HCBS) waiver program was established by section 2176 of the Omnibus Budget Reconciliation Act of 1981, and incorporated into the Social Security Act at section 1915(c). Under a HCBS waiver, States may provide a broad array of home and community based services (excluding room and board) not otherwise covered under the Medicaid program as an alternative to institutional care. In order to accomplish this, States may request waivers of the requirement that services be available Statewide, and that services be available in equal amount, duration and scope. States may also request waiver of certain eligibility requirements to allow HCBS services to be provided to individuals who would otherwise be eligible for Medicaid only in an institutional setting.

BIWEEKLY WAIVER TRACKING REPORT

HOME AND COMMUNITY BASED

RECEIVED
1915 (c)

| STATE WAIVER NO. (new states in bold) | PROJECT DESCRIPTION | STATUS (new items & changes in bold) | TIMEFRAME |
|---|---|--|-----------|
| Alabama 40162.02 | Waiver modification to request exemption of independent assessment requirement. | Additional information request sent to RO on 10/8/93; therefore 90 day clock has stopped. Awaiting State's response. | 07/26/93 |
| Alaska 0263.03 | Waiver modification to 0263 to revise case management provider standards. | Approved in HCFA/MB on 12/13/95. | 10/23/95 |

| STATE WAIVER NO. (new states in bold) | PROJECT DESCRIPTION | STATUS (new items & changes in bold) | TIMEFRAME |
|---|---|--|-----------|
| Arkansas 0258 | To provide case management, environmental modifications transportation, specialized medical equipment and supplies, personal emergency response systems, companion services, physical therapy, occupational therapy, speech, hearing and language, prescribed drugs and home delivered meals to the disabled. | State stopped 90-day clock on 12/11/92 to resubmit information. The State is reevaluating this request due to budgetary constraints. | 10/14/92 |

| STATE WAIVER NO. (new states in bold) | PROJECT DESCRIPTION | STATUS (new items & changes in bold) | TIMEFRAME |
|---|--|---|-----------|
| Arkansas 0188.90.03 | Amendment: To add services, extend eligibility to a larger population and established level of care criteria for the varying population to be served with capitated plans of care. | Approved in Dallas RO on 12/08/95. | 09/15/95 |
| California 0139.90 | Renewal: To provide case management, home health aide, environmental access, adapts, skilled nursing, PERS, and utility coverage to aged and disabled. | Additional information request sent on 8/7/95; therefore, 90 day clock has stopped. | 05/10/95 |

| STATE WAIVER NO. (new states in bold) | PROJECT DESCRIPTION | STATUS (new items & changes in bold) | TIMEFRAME |
|---|--|---|-----------|
| California 0164.90 | Renewal: To provide case management, home health aide, respite, environmental modifications, skilled nursing, utility coverage and Medi-Cal supplementation for infants and children in out-of-home care to physically disabled. | Additional information request sent to RO on 04/17/92; therefore, 90-day clock has stopped. Awaiting State's response. The State is currently finalizing systems changes which need to be made before it can respond. | 02/03/92 |

| STATE WAIVER NO. (new states in bold) | PROJECT DESCRIPTION | STATUS (new items & changes in bold) | TIMEFRAME |
|---|--|---|-----------|
| California 0183.90 | Renewal: To provide case management; home maker; skilled nursing; transportation; special medical equipment and supplies to infants and children in foster care, nutritional supplements, home delivered meals and nutritional counseling to individuals with HIV/AIDS or children under (13) with HIV/AIDS. | Additional information request sent to RO on 12/11/95; therefore 90 day clock has stopped. Awaiting State's response. (RO). | 09/12/95 |
| Colorado 40180 | To provide services to a small group of children with significant-needs. | State stopped clock on 9/22/95. | 06/29/95 |

| STATE WAIVER NO. (new states in bold) | PROJECT DESCRIPTION | STATUS (new items & changes in bold) | TIMEFRAME |
|---|--|--|-----------|
| Delaware 0009.90.R2 | Renewal: To provide case management, day habilitation, residential habilitation, respite, clinical support services and minor physical adapts to the mentally retarded/developmentally disabled. | Additional information request sent to RO on 08/05/94; therefore, 90-day clock has stopped. Awaiting State's response. (RO) | 05/12/94 |
| Florida 0194.05 | Waiver modification to request exemption of independent assessment requirement. | Additional information request sent to RO on 3/25/92; therefore, 90-day clock has stopped. Awaiting State's response. | 01/23/92 |

| STATE WAIVER NO. (new states in bold) | PROJECT DESCRIPTION | STATUS (new items & changes in bold) | TIMEFRAME |
|---|--|--|-----------|
| Georgia 0295 | New implementation waiver for a managed system of care for Medicaid recipients with mental illness, mental retardation and substance abuse problems. | Additional information request sent to RO on 11/24/95; therefore, 90-day clock has stopped. Awaiting State's response. | 09/01/95 |
| Illinois 0205.04 | Waiver modification to target all remaining openings only for persons who are deinstitutionalized as of 12/1/93 and to delete the services they have not implemented and change formula. | State stopped 90-day clock on 1/27/94 to resubmit information. | 12/02/93 |
| Illinois 0205.06 | Waiver modification to remove transportation from the definition of habilitation | Pending in Chicago RO; 90th day is 03/20/96. | 12/21/95 |

| STATE WAIVER NO. (new states in bold) | PROJECT DESCRIPTION | STATUS (new items & changes in bold) | TIMEFRAME |
|---|--|---|-----------|
| Illinois 0278.02 | Waiver modification to revise the rates and to increase the number of children served by the waiver. | State stopped 90-day clock on 09/7/95 to resubmit information. | 06/20/95 |
| Indiana 0249.90 | Renewal: To make minor changes in personal assistance and residential-based habilitation. | Pending in Chicago RO; 90th day is 03/28/96. | 12/29/95 |
| Indiana 40151.90.06 | Amendment to withdraw previously approved pages 9 -11 from Appendix C-2 "Reg. Post Eligibility." | Approved in Chicago RO on 12/04/95. | 10/19/95 |
| Iowa 0299 | To provide supported community living, respite transportation etc. to persons with brain injuries. | Additional information request sent to State on 01/11/96; therefore, 90 day clock has stopped. Awaiting State's response. | 10/19/95 |

| STATE WAIVER NO. (new states in bold) | PROJECT DESCRIPTION | STATUS (new items & changes in bold) | TIMEFRAME |
|---|---|---|-----------|
| Iowa 4155.90.04 | Amendment: Adds eleven new counties; certified home-health agencies are added as providers of nutritional counseling. | Pending in Kansas City RO; 90th day is 02/25/96. | 11/28/95 |
| Iowa 0242.90.01 | Modification: To change the HCBS/MR waiver to a waiver of statewideness. | Pending in Kansas City RO; 90th day is 04/11/96. | 01/12/96 |
| Kentucky 40146.90.R1 | Renewal: To provide private duty nursing and respiratory therapy to ventilator dependent persons who would otherwise require services in a hospital based nursing facility. | Additional information requested by Atlanta RO on 10/06/95. | 07/13/95 |

| STATE WAIVER NO. (new states in bold) | PROJECT DESCRIPTION | STATUS (new items & changes in bold) | TIMEFRAME |
|---|--|--|-----------|
| Maryland 0300 | To provide respite, family training, and education, and intensive in home intervention to the chronically mentally ill. | Additional information request sent on 5/1/95; therefore, 90-day clock has stopped. Awaiting State's response. | 02/01/95 |
| Maryland 0023.91.R1.03 | Waiver modification to increase "C" value of last (2) years of waiver by 426 new individuals; include community integration training in the covered waiver services. | Approved in Philadelphia RO on 01/12/96. | 10/13/95 |
| Michigan 0167.90.04 | Amendment: To add 560 people, thus changing the C value for year 5 to 5669. This request is to accommodate the additional demand created by the CSLA legislation's expiration. | Withdrawal on 12/21/95 in Chicago RO. | 10/02/95 |

| STATE WAIVER NO. (new states in bold) | PROJECT DESCRIPTION | STATUS (new items & changes in bold) | TIMEFRAME |
|---|--|---|-----------|
| Michigan 0233.90 | Renewal: To request technical changes to provider qualifications | Pending in Chicago RO; 90th day is 04/03/96. | 01/04/96 |
| Michigan 40119.90.R1 | Requests a change in status from model waiver to a regular waiver. This will expand the number of clients that can be served. The State also requests a change in eligibility from birth to 18 years replacing the current birth to 26 years. | Approved in Chicago RO on 12/26/95. | 09/28/95 |

| STATE WAIVER NO. (new states in bold) | PROJECT DESCRIPTION | STATUS (new items & changes in bold) | TIMEFRAME |
|---|---|---|-----------|
| Michigan 0167.90.R1 | Renewal: To provide case management coordination; consolidation of billing for waiver services called Community Living Support. No effective date requested by the State. | State stopped 90-day clock on 10/10/95 to resubmit information. | 07/17/95 |
| Mississippi 0293 | To provide personal care to elderly and disabled individuals. | Additional information request sent on 1/25/95; therefore, 90-day clock has stopped. Awaiting State's response. | 11/21/94 |

| STATE WAIVER NO. (new states in bold) | PROJECT DESCRIPTION | STATUS (new items & changes in bold) | TIMEFRAME |
|---|--|---|-----------|
| Missouri 0026.90.R2.03 | Amendment: To increase the special income level for the eligibility option under 42 CFR 435.217 from \$800 per month to \$821 per month. | Pending in Kansas City RO; 90th day is 03/05/96. | 12/07/95 |
| Missouri 0178.90.06 | Waiver modification to implement new regulatory certification principles and a new certification process and related revisions in assessment and monitoring standards to persons with mental retardation/developmentally disabled. | Additional information request sent on 6/26/95; therefore, 90-day clock has stopped. Awaiting State's response. | 05/02/95 |

| STATE WAIVER NO. (new states in bold) | PROJECT DESCRIPTION | STATUS (new items & changes in bold) | TIMEFRAME |
|---|--|--|-----------|
| Montana 0148.90.03 | Waiver modification to add new services of specialized medical equipment and supplies, adult residential care, and attendant care. | Pending in Denver RO; 90th day is 2/20/96. | 11/22/95 |
| Nebraska 0187.90.02 | Waiver modification to replace number 0187.90.01; contains in addition to former waiver, functions of level of care determination assessment, plan of care development, and services authorization to be assumed by qualified care managers. | Pending in Kansas City RO; 90th day is 04/07/96. | 01/08/96 |
| Nebraska 40154.90.03 | Amendment: To eliminate the limit of a maximum of 12 months for authorization. | Pending in Kansas City RO; 90th day is 04/07/96. | 01/08/96 |

| STATE WAIVER NO. (new states in bold) | PROJECT DESCRIPTION | STATUS (new items & changes in bold) | TIMEFRAME |
|---|---|--|-----------|
| Nebraska 0172.90.R1.01 | Amendment: To add team behavioral consultation as a waiver service. | Pending in Kansas City RO; 90th day is 04/07/96. | 01/08/96 |
| New Jersey 0031.90.R2.01 | Waiver modification to revise the definition of personal care services. | Pending in New York RO; 90th day is 2/27/96. | 11/29/95 |
| New Jersey 0031.90.R2.02 | Waiver modification to revise qualifications of level of care evaluators. | Pending in New York RO; 90th day is 02/27/96. | 11/29/95 |
| New Jersey 0160.90.R1 | Waiver renewal for persons with AIDS; and children up to age 13 who are HIV positive. | Pending in New York RO; 90th day is 03/04/96. | 12/05/95 |

| STATE WAIVER NO. (new states in bold) | PROJECT DESCRIPTION | STATUS (new items & changes in bold) | TIMEFRAME |
|---|--|---|-----------|
| New Jersey 0244.90 | Waiver modification to provide case management, respite care, environmental modifications, private duty nursing to disabled medically fragile children through age 21. | State stopped 90-day clock on 7/7/95 to resubmit information. | 4/10/95 |
| New Jersey 0285 | To provide case management, respite, adult resident, adult foster care and assisted living to aged and disabled (21 - 64) individuals. | Approved in HCFA/MB on 12/18/95. | 09/25/95 |
| New York 0296 | New waiver application to serve children and adolescents with serious emotional disturbances. | Pending in HCFA/MB; 90th day is 03/27/96. | 12/28/95 |

| STATE WAIVER NO. (new states in bold) | PROJECT DESCRIPTION | STATUS (new items & changes in bold) | TIMEFRAME |
|---|--|--|-----------|
| New York 0269.01 | Waiver modification to amend the application for HCBW services for individuals with Traumatic Brain Injury (HCBS/TBI). | Pending in HCEA/MB; 90th day is 04/15/96. | 01/16/96 |
| North Dakota 0037.90.R2.01 | Waiver amendment to increase client utilization for waiver years 2 through 5. | Pending in Denver RO; 90th day is 03/26/96. | 12/27/95 |
| Ohio 0218.02 | Waiver modification to reduce enrollees from 1000 to 346; program to provide respite, supported employment, social services, homemaker/personal care, home delivered meals and transportation to inappropriately placed MR/DD individuals. | State stopped 90-day clock on 9/22/95 to resubmit information. | 07/10/95 |

| STATE WAIVER NO. (new states in bold) | PROJECT DESCRIPTION | STATUS (new items & changes in bold) | TIMEFRAME |
|---|---|--|-----------|
| Ohio 0218.90 | Renewal: To provide respite, environment mods, transportation, home delivered meals, personal support to inappropriately placed for mentally retarded/developmentally disabled. | State stopped 90-day clock on 6/22/94 to resubmit information. | 4/14/94 |
| Ohio 0291 | To provide a delivery system to persons over 65 requiring nursing facility services. | State stopped 90-day clock on 8/17/95 to resubmit information. | 5/15/95 |
| Ohio 0286 | Waiver modification for individuals under 22 and younger who would require hospitalization due to drug/alcohol addiction. | State stopped 90-day clock on 4/24/95 to resubmit information. | 03/09/95 |

| STATE WAIVER NO. (new states in bold) | PROJECT DESCRIPTION | STATUS (new items & changes in bold) | TIMEFRAME |
|---|--|---|-----------|
| Pennsylvania 0147.90.R1 | To provide case management, adult day health, respite, habilitation, home adapts., transportation therapy and visiting nurse services to mentally retarded/developmentally disabled. | Additional information request sent on 8/21/95; therefore, 90-day clock has stopped. Awaiting State's response. | 05/08/95 |
| Pennsylvania 0192.90 | Renewal: To provide skilled nursing, home health aide, supplies/nutritional and homemaker services to AIDS or HIV patients. | State stopped 90-day clock on 9/2/93 to resubmit information. | 06/24/93 |
| Pennsylvania 0277.01 | Waiver modification to change effective date to July 1, 1995. | Pending-in----- Philadelphia RO; 90th day is 03/05/96. | 12/06/95 |

| STATE WAIVER NO. (new states in bold) | PROJECT DESCRIPTION | STATUS (new items & changes in bold) | TIMEFRAME |
|---|---|--|-----------|
| Pennsylvania 0279.01 | Amendment: To change the effective date to July 1, 1995 from April 1, 1995. | Pending in HCFA/MB; 90th day is 01/29/96. | 10/31/95 |
| South Carolina 0284.01 | Request to change effective date from 04/01/95 to 07/01/95. | Approved in HCFA/MB on 10/12/95. | 09/22/95 |
| South Carolina 0104.90.Ri.02 | Amendment: To add attendant care and home management services; revise formula; update scopes of services for all waiver services; and update assessment services. | Approved in Atlanta RO on 12/20/95. | 09/29/95 |

| STATE WAIVER NO. (new states in bold) | PROJECT DESCRIPTION | STATUS (new items & changes in bold) | TIMEFRAME |
|---|--|---|-----------|
| South Carolina 0186.90.01 | Amendment: To add attendant care; home management and environmental accessibility adaptations, revise provider qualifications for private duty nursing services, revise formula for years 4 and 5, update scopes of services for all waiver services and update assessment instrument. | Approved in Atlanta RO on 12/18/95. | 09/29/95 |
| South Dakota 0044.90.R2.01 | Waiver modification to increase cost and utilization estimates for mentally retarded/developmentally disabled. | Additional information request sent to RO on 4/26/94; therefore, 90-day clock has stopped. Awaiting State's response. | 02/07/94 |

| STATE WAIVER NO. (new states in bold) | PROJECT DESCRIPTION | STATUS (new items & changes in bold) | TIMEFRAME |
|---|--|--|-----------|
| Texas 0221.90.01 | Amendment: Incorporates additions to adaptive aids/medical supplies and minor home modifications. | Pending in Dallas RO; 90th day is 02/18/96. | 11/20/95 |
| Texas 0281.01 | Amendment: Increases number of individuals served by waiver; deletes Statewideness refines the waiver formula. | Pending in Dallas RO; 90th day is 02/25/96. | 11/27/95 |
| Texas 0266.02 | Amendment: To expand definition of adaptive aids/medical supplies and minor home modifications. | Pending in HCFA/MB; 90th day is 01/30/96. | 11/01/95 |
| Texas 0290 | To provide clinical services, case management, equipment, supplies, and oral medications to infants needing acute care. | State stopped 90-day clock on 8/25/95 to resubmit information. | 06/05/95 |

| STATE WAIVER NO. (new states in bold) | PROJECT DESCRIPTION | STATUS (new items & changes in bold) | TIMEFRAME |
|---|---|--|-----------|
| Vermont 40186 | Model Waiver: to provide residential services to adults with disabilities, as an alternative to nursing home care. | Pending in HCFA/MB; 90th day is 03/07/96. | 12/08/95 |
| Virginia 0227.90 | Renewal: To provide residential and day support, habilitation, therapeutic consultation, personal assistance, respite, skilled nursing and environmental modifications and specialized medical equipment to the mentally retarded/developmentally disabled. | Additional information request sent to State on 7/14/94; therefore, 90-day clock has stopped. Awaiting State's response. (RO) | 4/22/94 |

| STATE WAIVER NO. (new states in bold) | PROJECT DESCRIPTION | STATUS (new items & changes in bold) | TIMEFRAME |
|---|--|--|-----------|
| Virginia 40149.90.01 | Waiver modification to allow persons over 21 to enter waiver and allow private duty nursing in congregate settings for age and disabled. | Additional information request sent to RO on 3/9/95; therefore, 90-day clock has stopped. Awaiting State's response. | 02/09/95 |
| Wisconsin 0154.90.R1 | Renewal: To revise adult day care standards to include exception criteria that will allow adult day care programs located in or connected to a nursing facility to raise MA reimbursement for individuals participating in the waiver. | Pending in Chicago RO; 90th day is 03/20/96. | 12/21/95 |

| STATE WAIVER NO. (new states in bold) | PROJECT DESCRIPTION | STATUS (new items & changes in bold) | TIMEFRAME |
|---|---|--|-----------|
| Wisconsin 0297 | Community Supported Living Arrangement (CSLA) Waiver provides home and community-based services to individuals who otherwise would require and intermediate care facility for the mentally retarded or persons with related conditions. | Pending in HCFA/MB; 90th day is 01/14/96. | 10/16/95 |
| Wyoming 0236.07 | Waiver amendment: Keys amendment standard is not applicable to this waiver. | Pending in HCFA/MB; 90th day is 03/25/96. | 12/26/95 |