

Table 1: States that have Selected Options under the Decific Reduction Act

	Section 6044	Section 6086	Section 6061	Section 6063	Section 6071	Sections 6041, 6042 & 6043	No Specific Section
	Benchmark plans for certain populations	Home & Community Based Services Option	Family Opportunity Act	PRTF Demonstration	Money Follows the Person Demonstration	Cost Sharing Options	Encouraging Healthy Behaviors
Alabama							
Alaska				X			
Arizona							
Arkansas					X ^{1*}	X	
California					X ^{1*}		
Colorado							
Connecticut					X ^{1*}		
Delaware					X ^{2*}		
District of Columbia					X ^{2*}		
Florida				X			X
Georgia				X	X ^{2*}		
Hawaii					X ²		
Idaho	X					X	X
Illinois					X ^{2*}		
Indiana				X	X ¹	X	
Iowa		X			X ¹		
Kansas	X			X	X ²		
Kentucky	X				X ²	X	X
Louisiana			X		X ²		
Maine							
Maryland				X	X ^{1*}		
Michigan					X ¹		
Minnesota						X	
Mississippi				X			
Missouri					X ¹		
Montana				X			
Nebraska					X ¹		
Nevada		X					X

Table 1: States that have Selected Options under the Decific Reduction Act

New Hampshire					x ¹		
New Jersey					x ²		
New Mexico							
New York					x ^{1*}		
North Carolina					x ^{2*}		
North Dakota			x		x		
Ohio					x ^{1*}		
Oklahoma					x ¹		
Oregon					x ^{2*}		
Pennsylvania					x ^{2*}		
Rhode Island							
South Carolina	x			x	x	x	
South Dakota							
Tennessee							
Texas					x ^{1*}		
Utah							
Vermont							
Virginia	x			x	x ²		
Washington	x				x ^{1*}		
West Virginia	x						x
Wisconsin	x				x ^{1*}		
Wyoming							
TOTALS	8	2	2	10	31	6	5
* = Demonstration includes people with mental illnesses 1 = First Tier 2 = Second Tier							

Table 2: States Including Beneficiaries in "Benchmark Plans"

State	Benchmark Plans	Covered Populations	MH Benefit	EPSDT	Co-Pays	Exempt Beneficiaries
<p>Idaho</p> <p>Statewide, traditional Medicaid modified to include only mandatory services</p>	<p><u>Three plans:</u></p> <p>Basic Based on: Secretary-Approved Coverage</p>	<p>Children and working-age adults</p>	<p>IP: (including use of psych hospt by children, limited to 10 days/year) Physician services: No limit Psychotherapy by other MH professionals: 26 hrs/year Psychological Evals: 26 hrs/year Psychotherapy as part of Outpatient Hospital Services: 45 hrs/year Case management Clinic services (with limits as above) No psychosocial rehabilitation EPSDT screens for children under 21 In restructuring Medicaid, the State purposefully moved all children into the basic Medicaid plan (with a limited mental health benefit package) and now requires children to undergo additional assessments before they are moved into the enhanced Medicaid plan (with a richer mental health benefit).</p>	<p>EPSDT services available for recipients under age 21. Services required as a result of an EPSDT screen will be provided under an Enhanced Plan or, for children do not opt-into an Enhanced Plan, as wrap-around services.</p>	<p>\$3 co-payment for inappropriate emergency room utilization and \$3 co-payment for inappropriate ambulance service utilization</p>	<p>Non-exempt beneficiaries may remain in regular Medicaid. Exempt beneficiaries not included in the plan.</p>

Table 2: States Including Beneficiaries in "Benchmark Plans"

State	Benchmark Plans	Covered Populations	MH Benefit	EPSDT	Co-Pays	Exempt Beneficiaries
Idaho (continued)	Enhanced Based on: Secretary- Approved Coverage	Individuals with disabilities and special needs (including SMI and SED), foster care children	IP: No IMD coverage, except for those over 64; psychiatric hosppt services for children Physician services: No limit Psychotherapy by other prof: 45 hrs/year MH eval & diagnosis: 12 hrs/year Clinic MH services, limits as above Psychiatric rehabilitation services: 20 hrs/week, with additional limits: (eval: 6 hrs/yr; psychotherapy: 24 hrs/yr; crisis support: 5 consec days) Partial hospitalization: 36 hrs/week Case management: 5 hrs/month +3hrs/month of crisis case management, if needed EPSDT screens for children under 21	EPSDT services available for recipients under age 21. Service needs discovered through an EPSDT screen which are outside the coverage of this plan provided must be medically necessary and the least costly means of meeting the recipient's needs. Not covered are services for cosmetic, convenience or comfort reasons. Services not covered under the Enhanced Plan require pre-authorization for medical necessity and are subject to amount, duration and scope limits set by the Department. Services covered under the Enhanced Plan are not subject to amount, scope and duration limits but must be pre-authorized.	n/a	Non-exempt beneficiaries may remain in regular Medicaid. Exempt beneficiaries covered: elderly and disabled

Table 2: States Including Beneficiaries in "Benchmark Plans"

State	Benchmark Plans	Covered Populations	MH Benefit	EPSDT	Co-Pays	Exempt Beneficiaries
Idaho (continued)	Coordinated Based on: Secretary- Approved Coverage	Dual Eligibles: Medicaid participants enrolled in both Medicare Part A and Part B and over age 21 if Blue Cross or United Healthcare offers a Medicare Advantage Plan in their county	<p>IP: Same as physical health coverage, includes services for individuals in Institutions for Mental Diseases.</p> <p>OP: Same as physical health coverage, plus Primary Care Case management as targeted case mgmt (see pg 21). Includes Clinic Services (preventative, diagnostic, therapeutic, rehabilitative, or palliative).</p> <p>Psychosocial-Rehabilitative:</p> <ul style="list-style-type: none"> - combined eval or diagnostic services limited to 6 hours/calendar year - Individual, family, or group therapy - 24 hours/year - Community crisis support services - max 5 consecutive days w/prior authorization - Individual & group psychosocial rehab services limited to 20 hours/week w/prior authorization. <p>Psychosocial-Rehabilitative Exclusions:</p> <ul style="list-style-type: none"> - treatment for inpatients - recreational therapy - job-specific interventions - staff performance of household tasks & chores - client staffing w/in same PSR agency - services for treatment of other individuals such as family members - any other services not listed in applicable Dept rules. 	n/a	n/a	Non-exempt beneficiaries may remain in regular Medicaid. Exempt beneficiaries covered: dual eligibles

Table 2: States Including Beneficiaries in "Benchmark Plans"

State	Benchmark Plans	Covered Populations	MH Benefit	EPSDT	Co-Pays	Exempt Beneficiaries
Kansas	Working Healthy, state's TWWIAA Medicaid buy-in program - offers personal assistance and related services including self-directed and agency-directed options	Individuals categorically eligible in the state's TWWIAA Medicaid buy-in program with developmental disabilities, physical disabilities and traumatic brain injuries, who require Personal Assistance Services and related services in order to live in the community. This eligibility group is comprised of working individuals between the ages of 15 and 65 years old who, except for income and resource levels, are eligible to receive SSI.	Traditional State Plan services plus: <ul style="list-style-type: none"> - Person-centered assessments - Personal Assistance Services - Independent Living Counseling - Assistive Services for independence, employment and/or health and safety 	EPSDT services will be provided by the State to insure that the full EPSDT benefit is available when medically necessary	n/a	This is an opt-in program. May remain in regular Medicaid.
Kentucky	<u>Four Plans:</u>					
Statewide Global Choices is the new name for traditional Medicaid	Family Choices Based on: Kentucky state employee benefit package	Children, including those in KCHIP (SCHIP)	IP/OP only no limits	EPSDT services will be provided by the State to insure that the full EPSDT benefit is available when medically necessary	Co-pays for KCHIP members only, \$1-3 for some services \$225 medical max/year \$225 pharmacy	Non-exempt beneficiaries may not remain in regular Medicaid. Exempt beneficiaries not included in plan
	Global Choices	Pregnant women, parents, foster care and medically-fragile children	IP/OP only no limits	EPSDT services will be provided by the State to insure that the full EPSDT benefit is available when medically necessary	Increased copays: \$50/acute IP admission; \$1-3 copays for other services \$225 max/year medical \$225 max/year pharmacy	n/a

Table 2: States Including Beneficiaries in "Benchmark Plans"

State	Benchmark Plans	Covered Populations	MH Benefit	EPSDT	Co-Pays	Exempt Beneficiaries
Kentucky (continued)	Optimum Choices Based on: Secretary-Approved Coverage	People with DD who meet institutional placement criteria	Same as Medicaid + home and community services	EPSDT services will be provided by the State to insure that the full EPSDT benefit is available when medically necessary	Co-pays for some services (\$1-10) \$225 medical max/year \$225 pharmacy max/year	Non-exempt beneficiaries may remain in regular Medicaid, but will have to pay higher co-pays. Exempt beneficiaries covered: disabled.
	Comprehensive Choices Based on: Secretary-Approved Coverage	Elderly who meet criteria for nursing facility care and those with Acquired Brain Injury	Same as Medicaid + home and community services	EPSDT services will be provided by the State to insure that the full EPSDT benefit is available when medically necessary	Co-pays for some services (\$1-10) \$225 medical max/year \$225 pharmacy max/year	Non-exempt beneficiaries may remain in regular Medicaid, but will have to pay higher co-pays. Exempt beneficiaries covered: elderly.
South Carolina	<u>Two plans</u>					
	State Employee High Deductible Health Plan.	Categorically eligible families and children, plus individuals in disability-based eligibility groups. Excludes dual eligibles, LTC, and foster care children. Limited to 1000 people in Richland County.	Inpatient hospital and outpatient services In-network providers only and must be pre-approved	EPSDT services will be provided by the State to insure that the full EPSDT benefit is available when medically necessary	Deductibles: \$3000 in expenses per year for individual and \$6000 for family per year. After those levels are met, Medicaid copayments will apply.	This is an opt-in program. Beneficiaries can opt-out to State Medicaid program at any time.

Table 2: States Including Beneficiaries in "Benchmark Plans"

State	Benchmark Plans	Covered Populations	MH Benefit	EPSDT	Co-Pays	Exempt Beneficiaries
South Carolina (continued)	Health Opportunity Accounts using the State Employee High Deductible Health Plan as the benchmark.	Low income adults and children. Excludes dual eligibles, foster care children and persons in institutions. Limited to 1000 people in Richland county.	Same as Medicaid with option to use non-Medicaid providers	EPSDT services will be provided by the State to insure that the full EPSDT benefit is available when medically necessary	The state funds the HOA up to \$2500 for adults and \$1000 per child. Then beneficiary pays until 110% of the HOA is spent, at which point Medicaid resumes. (Leaves a gap of \$250 for adults and \$100 for children before they can qualify for regular Medicaid	This is an opt-in program. Beneficiaries can opt-out to state plan Medicaid program at any time. If beneficiary loses Medicaid eligibility, funds left in HOA (minus 25% fee) can be used for up to 3 years to purchase health insurance or for tuition or job training expenses.
Virginia	Healthy Returns Plan - available statewide Based on Secretary-Approved Coverage. Offers State Medicaid Services (fee for service) plus Disease Management services under a Prepaid Ambulatory Health Plan (PAHP)	State Medicaid eligible recipients determined to have asthma, congestive heart failure, coronary artery disease, and/or diabetes. Excluded populations include: those enrolled in Medicaid/FAMIS managed care orgs; dual eligibles; those living in institutional settings; and those with third party insurance.	n/a	EPSDT services will be provided by the State to insure that the full EPSDT benefit is available when medically necessary	Disease management component provided through PHAP. All other Medicaid State Plan services are fee for service.	This is an opt-out program.

Table 2: States Including Beneficiaries in "Benchmark Plans"

State	Benchmark Plans	Covered Populations	MH Benefit	EPSDT	Co-Pays	Exempt Beneficiaries
Washington State	Secretary approved coverage for disease management.	Categorically Needy -- Aged, Blind and Disabled adults aged 21 and over currently receiving services in the fee-for-service system. These are high risk clients with complex medical needs and diagnosed with one of several chronic medical conditions, specifically including "co-morbid depression and/or anxiety." Phased in by large groups (4000 per quarter statewide).	Includes all Medicaid State Plan services plus Disease Management services and assistance in locating a medical home (primary care provider).	n/a	Alternative benefits are paid through Prepaid Ambulatory Health Plans - PAHPs. (All other Medicaid services are paid under Medicaid's fee-for-service, so Medicaid co-pays would apply there.)	This is an opt-in program.
West Virginia	Four Plans:					
3 county pilot Excludes: SSI, foster care children	2 Basic (Adults & Children) Based on: Secretary-Approved Coverage	Healthy Adults and Children	Adults: Mandatory Medicaid services only (no intensive community MH). No inpatient psychiatric care Children: IP 30 days/year; OP 26 visits/year	EPSDT services will be provided either at the medical home or referred to an appropriate provider	Up to \$3 per prescription for medications (however, this is not a change from the regular Medicaid plan.)	Non-exempt beneficiaries may not remain in regular Medicaid. Exempt beneficiaries not included in plan.
	2 Enhanced (Adults & Children) Based on: Secretary-Approved Coverage	Healthy Adults and Children	Basic + some add'l MH coverage (for those who meet their responsibilities) Adults: IP 30 days/year; OP:20 visits/year Children: IP & OP no limits and full EPSDT services	EPSDT services will be provided either at the medical home or referred to an appropriate provider	Up to \$3 per prescription for medications (however, this is not a change from the regular Medicaid plan.)	Exempt beneficiaries stay in the Basic plan.

Table 2: States Including Beneficiaries in "Benchmark Plans"

State	Benchmark Plans	Covered Populations	MH Benefit	EPSDT	Co-Pays	Exempt Beneficiaries
Wisconsin	<u>Two Plans:</u> BadgerCare Plus Standard	BadgerCare Plus Standard - All children, regardless of income; Pregnant women up to 300% FPL; Parents and relatives caring for a child up to 200% FPL; Young adults in Foster Care who turn 18 on or after 1/1/08, up to the age of 21, regardless of income.	BadgerCare Plus Standard Plan - MH benefit is the same as BadgerCare plan. (Similar to those offered under the State Employee's HMO plan.)	EPSDT services will be provided by the State to insure that the full EPSDT benefit is available when medically necessary	Children below 100% FPL and children of tribal members - no copays, deductibles or premiums. Pregnant women have no premiums or co-payments. Standard Plan - same benefits as Medicaid, BadgerCare and Healthy Start. Co-Payments range from \$.50 to \$3.00.	Exempt beneficiaries not included in the plan.
	BadgerCare Plus Benchmark	BadgerCare Plus Benchmark Plan - Children whose family incomes are between 200 and 300% FPL; Pregnant women whose family incomes are between 200 and 300% FPL, as well as some pregnant women with higher incomes and high medical expenses; Children under age one if mother eligible Certain farm families.	Outpatient MH and SA services, mental health day treatment for adults, child/adolescent mental health day treatment and substance abuse day treatment for adults and children. Not covered: crisis intervention, community support program, comprehensive community services, home and community based outpatient services and SA residential treatment. Dollar limits on SA treatment, but not for MH. SA overall limit is \$7,000. Inpatient limited to 30 days a year.	EPSDT services will be provided by the State to insure that the full EPSDT benefit is available when medically necessary	Benchmark Plan for families with higher incomes and self-employed families - co-payments range from \$5.00 for prescription drugs to \$100.00 for hospital stays. No co-payments for well-child checkups.	Exempt beneficiaries not included in the plan.

Table 3: Home and Community Based Services State Plan Option

States	Eligibility Definition*	Services Covered	Service Limits	Use of Self-Directed Care Approach	Bundled Rates Allowed
Iowa	<p>The individual meets at least one of the following <u>risk factors</u>: - Has undergone or is currently undergoing psychiatric treatment more intensive than outpatient care (with the exception of those currently undergoing inpatient hospitalization) and/or</p> <p>- Has a history of psychiatric illness resulting in at least one episode of continuous, professional supportive care other than inpatient hospitalization.</p> <p><u>Additionally, the person meets two of the following criteria</u>:</p> <p>- Is unemployed, employed in a shelter setting, or has limited skills and poor work history</p> <p>- Requires financial assistance for out-of-hospital maintenance</p> <p>- Shows severe inability to establish or maintain a personal support system</p> <p>- Requires help in basic living skills</p> <p>- Exhibits inappropriate social behavior that results in demand for intervention.</p>	<ul style="list-style-type: none"> - Case management - Habilitation: <ul style="list-style-type: none"> Home-based Day Habilitation Prevocational Supported Employment 	<p><u>Home-Based Habilitation</u>: room, board & maintenance costs</p> <p>Voc. Services, day care, medical services, transportation to & from a day program, and services in facilities of over 16 beds</p> <p><u>Pre-vocational Services</u>: services available under IDEA</p> <p><u>Supported Employment</u>: incentive payments/subsidies to employers</p>	No. Person- Centered Planning	Daily rates permitted for Day Habilitation, Home-based Habilitation, and Pre-vocational Services
Nevada (for 2008) to replace certain mental health services currently offered under the State Plan - awaiting CMS approval		<ul style="list-style-type: none"> - Therapeutic Foster Care - Adult Day Health Care - Comprehensive Outpatient Rehabilitation - Partial Hospitalization 			

*For people with a psychiatric disability

Table 4: States Implementing the Family Opportunity Act

States With Option	Groups Eligible	Cost Sharing	Premiums	Phase-in Planned?
Louisiana	Families of children 12 or under with disabilities whose income is not above 300% of the FPL	no	For uninsured children - \$35 monthly premium For children with other insurance - \$15 monthly premium	no
North Dakota	Families of children with disabilities whose net income is not above 200% of the FPL	no	5% of monthly NET income	no

Table 5: PRTF Demonstration

States with Demo	Number of Children Currently in PRTFs	Number of Children to be Served	Target Population	Community Services Covered	Budget for the Project	Income and Resource Levels
Alaska	FY 05: 965 received PRTF care, 216 in state	Year 1 - 7 Year 2 - 25 Year 3 - 53 Year 4 - 83 Year 5 - 88	Youth ages 14-21 who have SED and Fetal Alcohol Spectrum Disorder (FASD)	<p><u>All participants:</u></p> <ul style="list-style-type: none"> - treatment and intervention mentors - habilitation - training and consultation services - respite care. <p><u>For participants age 17-21:</u></p> <ul style="list-style-type: none"> - supported employment - community transition services 	Year 1 - \$106,914 Year 2 - \$1,601,198 Year 3 - \$3,063,664 Year 4 - \$5,292,083 Year 5 - \$6,282,084	\$1,656 (below 300% of SSI federal benefit rate)
Florida+	No information	160 each year	Youth ages 5-17 with SED who are eligible for the state's PRTFs and who do not have insurance for home and community based mental health services	<ul style="list-style-type: none"> - Personal care - Respite care - Prevocational services - Supported employment - Psychosocial rehabilitation - Consultative Clinical and Therapeutic Services - Wraparound Services - Licensed, Skilled, Certified Professional - Wraparound - Customized Goods and Services - Transitional Case Management - Non-medical Transportation 	Year 1 - \$1,934,718 Year 2 - \$3,264,278 Year 3 - \$3,264,278 Year 4 - \$3,264,278 Year 5 - \$3,264,278	300% of federal SSI benefit level

+ GA and FL waivers not approved as of 2/1/08; information from initial applications of these states.

++ Under CFR 435.217, states may elect to include in waiver individuals who would be eligible for Medicaid if they were institutionalized.

Table 5: PRTF Demonstration

States with Demo	Number of Children Currently in PRTFs	Number of Children to be Served	Target Population	Community Services Covered	Budget for the Project	Income and Resource Levels
Georgia+	No information	Year 1 - 30 Year 2 - 87 Year 3 - 171 Year 4 - 291 Year 5 - 341	Youth ages 0-21 with SED who have a primary diagnosis of mental illness, and young adults ages 18-21 with a primary diagnosis of mental illness who are placed, or at risk of placement, in a PRTF.	<ul style="list-style-type: none"> - Care Management - Respite - Supported Employment - Community Guide - Community Transition Services - Customized Goods and Services - Family Training and Supports - Financial Support Services - Intensive Crisis Intervention Services - Multidimensional Family Based Treatment - Transportation - Wraparound Services - Unskilled 	\$21 million (total budget for 5 years)	300% of SSI federal SSI benefit rate
Indiana	803 served in PRTFs since January 2004	Year 1 - 200 Year 2 - 321 Year 3 - 369 Year 4 - 381 Year 5 - 312	Youth ages 6-21 with SED who are either in PRTFs or are at risk of placement in a PRTF	<ul style="list-style-type: none"> - Wraparound facilitation - Wraparound Technician - Respite care - Non Medical Transportation - Training and Support for Unpaid Caregivers - Habilitation - Flexible funding - Consultative Clinical and therapeutic Services 	Year 1 - \$ 3,126,719 Year 2 - \$ 7,221,111 Year 3 - \$ 7,799,850 Year 4 - \$ 7,802,712 Year 5 - \$ 1,969,419	State does not furnish waiver services to individuals in the special H&CB waiver group.++
Kansas	FY 06: 2400 served in PRTFs	Year 1 - 189 Year 2 - 523 Year 3 - 662 Year 4 - 840 Year 5 - 1067	Youth ages 4-18 with SED who are either in PRTFs or would be eligible for placement in a PRTF (youth through age 21 can file a waiver to continue services)	<ul style="list-style-type: none"> - Respite care - Professional resource family care - Community Transition Supports - Attendant Care Services - Parent Support, Education, and Training - Employment Preparation/Support - Wraparound Facilitation - Independent Living/Skills Building 	Year 1 - \$916,734 Year 2 - \$3,341,752 Year 3 - \$4,968,898 Year 4 - \$6,668,372 Year 5 - \$9,263,564	300% of federal SSI benefit level; Medically needy without spend-down

+ GA and FL waivers not approved as of 2/1/08; information from initial applications of these states.

++ Under CFR 435.217, states may elect to include in waiver individuals who would be eligible for Medicaid if they were institutionalized.

Table 5: PRTF Demonstration

States with Demo	Number of Children Currently in PRTFs	Number of Children to be Served	Target Population	Community Services Covered	Budget for the Project	Income and Resource Levels
Maryland	FY 06: 1189 served in PRTFs	Year 1 - 75 Year 2 - 75 Year 3 - 100 Year 4 - 100 (renewal only) Year 5 - 400 (renewal only)	Children under 18 years of age with serious emotional disturbance (SED) and youth aged 18 to 21 years with serious mental illness (SMI). Both populations must meet Maryland PRTF level of care. Children and youth do not have to be eligible for Medicaid or MCHP in the community.	<ul style="list-style-type: none"> - In-home Respite - Supported Employment - Caregiver Peer-to-Peer Support - Experiential and Expressive Therapies - Family and Youth Training - Mobile Stabilization Support Service - Peer-to-Peer Support - Residential Respite 	Year 1 - \$2,825,291 Year 2 - \$3,955,460 Year 3 - \$5,919,746 Year 4 - \$6,215,568 Year 5 - \$23,579,118	300% of federal SSI benefit rate
Mississippi	No information	Year 1 - 120 Year 2 - 200 Year 3 - 300 Year 4 - 350 Year 5 - 500	Under age 21, with SED who are at immediate risk of or who have been institutionalized; who need specialized services and supports from multiple agencies; who meet the State's Medicaid level of care requirement for admission to a PRTF; who meet the Medicaid financial eligibility requirements as described in the waiver application and whose families choose community-based services in lieu of PRTF.	<ul style="list-style-type: none"> - Case Management - Respite - Functional Assessment - Wraparound 	Year 1 - \$4,892,000 Year 2 - \$8,220,000 Year 3 - \$12,883,500 Year 4 - \$15,804,250 Year 5 - \$23,557,357	300% of federal SSI benefit rate

+ GA and FL waivers not approved as of 2/1/08; information from initial applications of these states.

++ Under CFR 435.217, states may elect to include in waiver individuals who would be eligible for Medicaid if they were institutionalized.

Table 5: PRTF Demonstration

States with Demo	Number of Children Currently in PRTFs	Number of Children to be Served	Target Population	Community Services Covered	Budget for the Project	Income and Resource Levels
Montana	No information	Year 1 - 20 Year 2 - 30 (max. 50) Year 3 - 100 Year 4 - 100 Year 5 - 100	<p>Medicaid eligible youth ages 6-16. Criteria include: those who 1) meet the criteria for SED; 2) demonstrate such complex health and mental health needs that they require ongoing residential treatment or are at imminent risk of admission to a PRTF; 3) are able to remain in their communities given availability of an appropriate package of services; 4) have a viable consistent living environment.</p> <p>Additionally, the target group must live within the geographic services areas for the waiver.</p> <p>Eligibility groups served under the waiver: low income families with children; SSI recipients</p>	<ul style="list-style-type: none"> - Consultative clinical and therapeutic services - Customized goods and services (up to \$200/yr) - Crisis response - Education and support services - Home-based therapist - Non-emergency transportation - Respite care 	<p>Year 1 - \$269,962 Year 2 - \$674,905 Year 3 - \$1,349,810 Year 4 - \$1,349,810 Year 5 - \$1,349,810</p>	State does not furnish waiver services to individuals in the special H&CB waiver group.++
South Carolina	253 Average daily census	Year 1 - 50 Year 2 - 125 Year 3 - 140 Year 4 - 150 Year 5 - 150	Children 19 and under with SED	<ul style="list-style-type: none"> - Respite care - Case Management - Prevocational Services - Customized Goods and Services - Diagnostic/Therapeutic Services - Peer Support Services - Psychiatric Medical Assessment - Service Plan Development - Wraparound Para-Professional Services 	<p>Year 1 - \$1,266,925 Year 2 - \$6,091,555 Year 3 - \$6,383,359 Year 4 - \$6,690,600 Year 5 - \$6,978,313</p>	300% of federal SSI benefit rate

+ GA and FL waivers not approved as of 2/1/08; information from initial applications of these states.

++ Under CFR 435.217, states may elect to include in waiver individuals who would be eligible for Medicaid if they were institutionalized.

Table 5: PRTF Demonstration

States with Demo	Number of Children Currently in PRTFs	Number of Children to be Served	Target Population	Community Services Covered	Budget for the Project	Income and Resource Levels
Virginia	FY 06: 1446 served in PRTFs	Year 1 - 100 Year 2 - 300 Year 3 - 300 Year 4 - 300 (renewal only) Year 5 - 300 (renewal only)	Youth under 21 who have been in PRTFs for 90 or more days and whose countable family income is no greater than 133% of the FPL.	<ul style="list-style-type: none"> - Respite Services - In-home residential supports - Companion services - Family support - Environmental modifications - Consultative clinical and therapeutic services 	Year 1 - \$2,394,050 Year 2 - \$6,859,058 Year 3 - \$6,859,058 Year 4 - \$6,859,058 Year 5 - \$1,710,589	State does not furnish waiver services to individuals in the special H&CB waiver group.++

+ GA and FL waivers not approved as of 2/1/08; information from initial applications of these states.

++ Under CFR 435.217, states may elect to include in waiver individuals who would be eligible for Medicaid if they were institutionalized.

Table 5a: PRTF Demonstration Continued

States with PRTF Demo	Number of Children in Out-of-State PRTFs	Number of PRTFs meeting demonstration definition	Number of beds meeting demonstration definition	Average length of stay	Outcomes to be Measured
Alaska	FY 05: 749 served in out-of-state PRTFs	36 (6 in, 30 out-of-state)	139 (in state)	244 days	<p><u>Individual Outcomes:</u></p> <ul style="list-style-type: none"> - Community living - School functioning - Juvenile justice outcomes - Family functioning - Alcohol and other drug use - Mental health - Social support - Program satisfaction - Environmental variables <p><u>Process Outcomes:</u></p> <ul style="list-style-type: none"> - Fidelity to the wraparound approach - Fidelity to using evidence-based mentoring and modeling strategies - Staff qualifications and training
Florida*	State does not contract with out-of-state PRTFs	17	414	365 days	<ul style="list-style-type: none"> - Community living - Youth and family functioning at home, in school, and in the community - Program satisfaction - Wraparound fidelity
Georgia*	State does not contract with out-of-state PRTFs	6	891	365 days	<ul style="list-style-type: none"> - Community living - School functioning - Juvenile justice - Family functioning - Alcohol and drug use - Mental health - Social support - Program satisfaction - Environmental variables

* Georgia and Florida waivers not approved as of 2/1/08. Information in the table is from the initial applications of these states.

Table 5a: PRTF Demonstration Continued

States with PRTF Demo	Number of Children in Out-of-State PRTFs	Number of PRTFs meeting demonstration definition	Number of beds meeting demonstration definition	Average length of stay	Outcomes to be Measured
Indiana	State does not contract with out-of-state PRTFs	15	385	179 days	<ul style="list-style-type: none"> - School - Juvenile justice - Relationships - Community integration - Safety - Abuse/neglect - Substance use - Stable housing
Kansas	No information	24 (21 in state, 3 out-of-state)	785 (740 in state, 45 out-of-state)	270 days	<ul style="list-style-type: none"> - Permanent Home Setting - Juvenile Justice Contacts - Educational Achievement - Intake and Exit Child Behavior Checklist Scores - Also monitor abuse, neglect, exploitation, diversion rates, and hospitalization
Maryland	FY 06: 70 served in out-of-state PRTFs	12 (plus 30 out-of-state; FY06 5 in use)	696	310 days	<ul style="list-style-type: none"> - Improvements in functioning: <ul style="list-style-type: none"> - School attendance - Performance and/or - Participation in vocational activities - Adjudication of offenses - Child/youth, family, and caregiver satisfaction with services - Access to appropriate health services
Mississippi	FY 06: 147 served in out-of-state PRTFs	12 (7 in state, 5 out-of-state)	322 (in state and out-of-state combined)	270 days	<ul style="list-style-type: none"> - Out-of-home placements - Juvenile justice referrals - School disciplinary action - School truancy - Substance abuse - Utilization of high-end care - Average stay in a PRTF or acute care

- Georgia and Florida waivers not approved as of 2/1/08. Information in the table is from the initial applications of these states.

Table 5a: PRTF Demonstration Continued

States with PRTF Demo	Number of Children in Out-of-State PRTFs	Number of PRTFs meeting demonstration definition	Number of beds meeting demonstration definition	Average length of stay	Outcomes to be Measured
Montana	FY 06: 109 served in out-of-state PRTFs	3 (in state)	25 (in state)	253 days	<ul style="list-style-type: none"> - Health care - Community living - School functioning - Juvenile justice outcomes - Family functioning - Alcohol and other drug use - Mental health - Social support - Program satisfaction - Environmental variables (the family's ability to maintain stable
South Carolina	2 currently	12	413	219.4 days	<p><u>Quantitative outcomes:</u></p> <ul style="list-style-type: none"> - Differences/similarities between children participating in the waiver and children in PRTF placements in areas such as demographics and percentages that maintain or improve functional status across all major life domains. Variatibetween participating counties, agencies, public and private providers. In addition, a Family Satisfaction Survey will be utilized, and new waiver services will be evaluated for cost-effectiveness. Quantitative evaluations: reviews of documentation, focus groups and participant interviews.
Virginia	FY 06: 17 served in out-of-state PRTFs	28 (25 in state, 3 out-of-state)	1,361 (in state)	166 days (in state)	<ul style="list-style-type: none"> - Functional levels - Cost-effectiveness - Access to care.

- Georgia and Florida waivers not approved as of 2/1/08. Information in the table is from the initial applications of these states.

Table 6: States with Money Follows the Person Demonstrations

State	Number of People to be Transitioned	Budget (Federal Funding)	Eligibility Criteria	Services	Mental Health Services
Arkansas	Total: 305 Elderly: 92 MR/DD: 60 PD: 146 MI: 7	5 year total: \$20,923,775 FY07: \$139,519	Individuals who have resided in ICF-MRs or nursing homes six months or longer	State plan and waiver services <u>HCB Demonstration Services</u> - Enhanced Waiver services - Telemedicine - 24 hour helpline - Intensive transition services - Transportation attendant	No specific mention of mental health services
California	Total: 2000 Elderly: 400 MR/DD: 331 PD: 899 MI: 200 Other*: 200 (other means those with dual diagnoses and those with co-occurring chronic medical and mental illness)	5 year total: \$130,387,500 FY07: \$90,000	Individuals who have resided in an acute hospital/nursing facility or IMD for six months or longer	Waiver services <u>HCB Demonstration Services</u> , possibly: - Personal care services exceeding the limit of 283 hours - Respite caregivers - Family training <u>Supplemental Demonstration Services</u> , possibly* - Outreach and education for HCBS providers nursing facility staff, hospital discharge planners, consumers and their families - Flexible one-time funding for home set-up - Self-Directed Services - Case management *Actual supplemental services will be identified with stakeholder input during the pre-implementation phase.	No specific mention of mental health services
Connecticut	Total: 700 Elderly: 280 MR/DD: 70 PD: 140 MI: 140 Other: 70 (means those with physical disability and mental illness)	5 year total: \$24,207,383 FY07: \$1,313,823	Individuals who have resided in hospitals, nursing homes, IMDs and ICF-MRs six months or longer	1915(c) waiver services, including: - 24 hour live-in care - personal manager services	No specific mention of mental health services

Table 6: States with Money Follows the Person Demonstrations

State	Number of People to be Transitioned	Budget (Federal Funding)	Eligibility Criteria	Services	Mental Health Services
District of Columbia	Total: 1110 Elderly: 215 MR/DD: 150 PD: 645 MI: 100	5 year total: \$26,377,620 FY07: \$2,546,569	- DC Medicaid eligible - Income 300% SSI or below - Nursing home level of care	Waiver services	No specific mention of mental health services
Delaware	Total: 100 Elderly: 32 MR/DD: 20 PD: 28 MI: 20	5 year total: \$5,372,007 FY07: \$132,537	Individuals who have resided in hospitals, nursing homes, IMDs and ICF-MRs six months or longer	<u>HCBS Demonstration Services:</u> - Case management - Pre-vocational training - Community transition services - Day treatment - Mental health services	Pre-vocational training, community transition, day treatment and other mental health services.

Table 6: States with Money Follows the Person Demonstrations

State	Number of People to be Transitioned	Budget (Federal Funding)	Eligibility Criteria	Services	Mental Health Services
Georgia	Total: 1,312 Elderly: 375 MR/DD: 562 PD: 375	5 year total: \$34,091,671 FY07: \$480,193	Resident of a facility for no less than 6 months and eligible for a current HCBS waiver at admission and throughout the project.	<p>State plan and waiver services <u>HCBS Demonstration Services:</u> For elderly: - specialized geriatric mental health - Home respite For people with physical disabilities: - Peer counseling - Mental health services For people with developmental disabilities: - Mental health services - Start-up services - Peer supports - Dual diagnosis crisis management - Sustaining behavioral supports <u>Supplemental Demonstration Services</u> For elderly: - Technology - Long-term care ombudsman - Rent/utility deposits - Vehicle adaptations and repairs - Financial counseling - Training for family caregivers - Non-medical transportation - Roommate match For people with physical disabilities: - Rent deposits - Moving expenses - Household goods - Non-medical transportation For people with developmental disabilities: - Transportation</p>	<p>Specialized geriatric mental health Peer counseling Dual diagnosis crisis management Sustaining behavioral supports Training for family caregivers Other mental health services</p> <p>These services provided for all target populations</p>

Table 6: States with Money Follows the Person Demonstrations

State	Number of People to be Transitioned	Budget (Federal Funding)	Eligibility Criteria	Services	Mental Health Services
Hawaii	Total: 415 Elderly: 185 MR/DD: 50 PD: 180	5 year total: \$10,263.736 FY07: \$231,250	Individuals of all disability types in nursing homes and ICFs/MR and those with complex medical needs who have been residing in acute hospitals for 6 months or longer.	<p>Demonstration services provided through one of five existing waiver programs. Majority through RACCP (Residential Alternatives Community Care) or NHWW (Nursing Homes Without Walls).</p> <p><u>Demonstration services</u> include - education/training of caregivers to support MFP participants, installation of "virtual care team" video support system and transition coordination services. Transition coordination services only for persons transitioning from nursing facilities.</p> <p><u>Supplemental demonstration services</u> - include one-time security deposits, utility setup fees and home furnishings.</p>	No specific mention of mental health services.

Table 6: States with Money Follows the Person Demonstrations

State	Number of People to be Transitioned	Budget (Federal Funding)	Eligibility Criteria	Services	Mental Health Services
Illinois	Total: 3,357 Elderly: 1,517 MR/DD: 105 PD: 1,000 MI: 735	5 year total: \$55,703,078 FY07: \$6,879,166	Residents of NFs, ICF/MRs, chronic care hospitals and IMDs for six months or longer.	<p>Elderly - statewide expansion of home and community based waiver.</p> <p>Mental Health - initially transition participants using state plan services. Plans to develop a mental illness waiver or HCBS state plan amendment.</p> <p>Persons with DD - serves participants through the HCBS waiver, utilizing the community Home Services Program and the Community Reintegration Program, which runs in conjunction with CILs.</p> <p>Qualified Home and Community Services - include waivers for elderly, disabled, HIV/AIDS, brain injury, DD, supported living program.</p> <p>State plan services include - assertive community treatment and community support team available to mentally ill.</p> <p><u>Home and Community-Based Demonstration Services</u> -</p> <p>For elderly - extended homemaker hours, personal assistant services, medication management, caregiver services, and respite care.</p> <p>For persons with mental illness - Community living skills training with peer involvement.</p> <p>For physically disabled - pre/post transition peer training.</p> <p><u>Supplemental Demonstration Services</u> -</p> <p>For all - up front transition costs including security deposits, rent deposit assistance, home modifications and utility deposits.</p> <p>For elderly only - assistive technology, non-medical transportation, substance abuse treatment.</p>	State Plan services, until the development of either a mental illness HCBS waiver or HCBS state plan amendment.
Indiana	Total: 1031 Elderly: 726 MR/DD: 62 PD: 243	5 year total: \$21,047,042 FY07: \$860,514	Those residing in institutions for 6 months who meet the criteria for nursing facility level of care. This includes elders and adults with physical disabilities who are eligible for the Aged and Disabled (AD) Waiver, adults with traumatic brain injury.	<p>Four 1915c waiver programs will cover the participants - PD, MR/DD, TBI and Frail Elderly waivers. Currently all cover Targeted Case Management either through the waiver (PD) or through the State Plan (MR/DD, TBI and Frail Elderly).</p> <p><u>HCBS Demo Services</u></p> <p>Transition case management</p> <p>Can self-direct attendant care services</p>	No specific mention of mental health services.

Table 6: States with Money Follows the Person Demonstrations

State	Number of People to be Transitioned	Budget (Federal Funding)	Eligibility Criteria	Services	Mental Health Services
Iowa	Total: 528 MR/DD: 528	5 year total: \$50,965,815 FY07: \$307,933	Adults and children with mental retardation and related conditions who reside in an ICF/MR setting for at least 6 months.	Set of services at least equivalent to Iowa's existing MR Waiver program, as well as Medicaid State Plan services for which the person is eligible.	No specific mental of mental health services.

Table 6: States with Money Follows the Person Demonstrations

State	Number of People to be Transitioned	Budget (Federal Funding)	Eligibility Criteria	Services	Mental Health Services
Kansas	Total: 934 Elderly: 242 MR/DD: 286 PD: 356 Other*: 50 (other includes individuals with traumatic brain injury)	5 year total: \$36,787,453 FY07: \$102,483	Elderly, individuals with physical disabilities, traumatic brain injury, or mental retardation/developmental disabilities, including identified offender behaviors.	Four 1915c waiver programs will cover the participants in waivers. Currently all receive Targeted Case Management either through the waiver or through the state plan. <u>HCBS Demonstration Services</u> - start-up services, including payment of onetime non-room and board costs, including deposits and costs of setting up a living situation. <u>Supplemental Demonstration Services</u> - Necessary Housing modifications. <u>Self-Direction Option</u> - ability to hire, train and supervise their own attendants.	No specific mention of mental health services.
Kentucky	Total: 546 Elderly: 218 MR/DD: 197 PD: 131	5 year total: \$49,831,580 FY07: \$4,973,118	Elderly and physically disabled residents of nursing homes, individuals with MR/DD, and individuals with acquired brain injuries.	Participants will be served through one of three HCBS 1915c waivers. <u>No HCBS demonstration services</u> mentioned. <u>Supplemental Demonstration services</u> include: - assistive technology - transition specialists - home modifications and - electronic aids to daily living - housing-related transition costs <u>Consumer-directed waiver</u> option allows members to self-direct non-medical services such as respite, personal care and companion services.	No specific mention of mental health services

Table 6: States with Money Follows the Person Demonstrations

State	Number of People to be Transitioned	Budget (Federal Funding)	Eligibility Criteria	Services	Mental Health Services
Louisiana	Total: 760 Elderly: 364 MR/DD: 320 PD: 76	5 year total: \$30,963,664 FY07: \$524,000	Elderly, adults with physical disabilities, and elderly, adults and children with developmental disabilities.	<p>Participants will be served through one of three existing waivers. There are two proposed 1915c waiver programs - Adult Residential Care Waiver program and DD Residential Options waiver. Youth who age out of eligibility for Children's Choice waiver can access New Opportunities Waiver.</p> <p>Program of All-Inclusive Care for Elderly (PACE) - a state-plan option - will be available to MFP participants in selected geographic areas.</p> <p>Long-Term Personal Care Services (LTPCS) - up to 56 hours per week of personal attendant services, will be available to MFP participants.</p> <p><u>Demonstration Services:</u> DD Residential Options waiver (proposed), Adult Residential Care Program waiver (proposed), Adult Day Health Care waiver, DD Children's Choice waiver (with access to DD New Opportunities waiver at age 19), Elderly and Disabled Adult Waiver, PACE Program (State Plan), Case Management (State Plan), Long-Term Personal Care Service (State Plan).</p> <p><u>Supplemental Demonstration Services-</u> none mentioned.</p> <p><u>Self-Direction Options</u> - planned for Residential Options waiver in 2008.</p>	No specific mention of mental health services
Maryland	Total: 2,413 Elderly: 1,467 MR/DD: 200 PD: 746	5 year total: \$67,155,856 FY07: \$1,000,000	Residents of NFs, ICF/MRs, chronic care hospitals and IMDs for six months or longer.	<p>Full range of existing HCBS services. These will work in combination with state plan services for which individuals are eligible. Includes: Personal Care, Adult Medical Day Care, Occupational Therapy, Physical Therapy, and durable medical equipment.</p> <p>Peer mentors for successful transition.</p> <p><u>Supplemental Demonstration services</u> - may include housing cost subsidy for 12 months post-transition, pantry set-up, transportation cost-assistance for 3 months post-transition.</p>	No specific mention of mental health services

Table 6: States with Money Follows the Person Demonstrations

State	Number of People to be Transitioned	Budget (Federal Funding)	Eligibility Criteria	Services	Mental Health Services
Michigan	Total: 3100 Elderly: 1,860 PD: 1,240	5 year total: \$67,834,348 FY07: \$2,034,732	Elderly and adults with physical disabilities (populations served by MI Choice waiver) residing in an institution or hospital for at least 6 months and receiving Medicaid services for the 30 days prior to transition. In 3rd year of transition, make MI Choice waiver services available in licensed residential settings to create alternative for individuals with dementia but minimal nursing needs.	Home and community based waiver, including: services currently available through the MI Choice waiver including: - support coordination for up to 6 months prior to transition, - coverage for transition expenses including housing deposits. Recently added self-direction for certain services and Home Help Program provides State Plan personal care services. <u>HCBS Demonstration services</u> - Housing coordinators in Single Point of Entry agencies. <u>Supplemental Demonstration services</u> - none mentioned.	No specific mention of mental health services
Missouri	Total: 250 Elderly: 48 PD: 52 MR/DD: 125 Other: 25* (other means individuals with a dual diagnosis of MR/DD and mental illness)	5 year total: \$17,692,006 FY07: \$3,398,225	Those who have received institutional care for at least 6 months including the elderly (aged 60 and older) and disabled individuals (ages 18 to 59) residing in nursing facilities, individuals with developmental disabilities, and those with co-occurring developmental disabilities and mental health disabilities residing in state habilitation centers.	Existing 1915c waiver programs as well as services under the state plan. Planning new waiver for those with co-occurring dd and mental health disabilities. Includes existing waiver services, targeted case management and personal care. Dual diagnosis of MR and MI will receive mental health rehabilitation services. <u>No HCB demonstration services.</u> <u>Supplemental Demonstration services.</u> For elderly and disabled individuals transitioning from nursing facilities: - one-time supplemental housing services during the demonstration period, if necessary. <u>Self-Direction Option</u> for individuals with disabilities - can choose a personal assistant, support broker and other services. Under Medicaid program, individuals with physical disabilities are offered consumer directed personal care services.	Dual diagnosis of MR and MI will receive mental health rehabilitation services provided under the State Plan.

Table 6: States with Money Follows the Person Demonstrations

State	Number of People to be Transitioned	Budget (Federal Funding)	Eligibility Criteria	Services	Mental Health Services
Nebraska	Total: 900 Elderly: 400 PD: 200 MR/DD: 200 Other: 100* (other includes those with traumatic brain injury)	5 year total: \$27,538,984 FY07: \$202,500	Elderly, physically disabled, developmentally disabled, or individuals with traumatic brain injury.	Existing 1915c waiver programs as well as services under the state plan, including the Katie Beckett Plan Amendment, and the Traumatic Brain Injury (TBI) waiver. All HCBS waivers will be amended to include technology that supports in-home monitoring, assessments and interventions, targeted case management to be developed to cover transition coordinators. Exploring the addition of behavioral health services to the TBI waiver. <u>HCBS Demonstration services</u> - none mentioned. <u>Supplemental Demonstration services</u> - none mentioned. <u>Self-Direction Option</u> - Waivers include client direction in the use of non-traditional providers and arrangement with clients where the department acts as their employer of agent. All populations in the Demonstration will have Personal Assistance Services where they can recruit, hire and supervise individuals who furnish supports to them.	Exploring the addition of behavioral health services to the TBI waiver.
New Hampshire	Total: 370 Elderly: 325 PD: 45	5 year total: \$11,406,499 FY07: \$297,671	Residents of qualified institutions for a minimum of 6 months. Includes, but not limited to, adults and children with mental illness, acquired brain disorders, developmental disabilities, Alzheimer's disease/dementia, chronic health conditions, and physical disabilities.	Extension of Real Choice Systems Change Initiatives. Four outreach coordinators to identify interested participants; help with transition to secure necessary services and supports for successful transition back to the community. Ongoing coordination and provision of services and supports provided through community agencies following transition.	No specific details on mental health services. State intends to apply for a state plan amendment for home and community based services (1915(i))

Table 6: States with Money Follows the Person Demonstrations

State	Number of People to be Transitioned	Budget (Federal Funding)	Eligibility Criteria	Services	Mental Health Services
New Jersey	Total: 590 Elderly: 174 MR/DD: 329 PD: 87	5 year total: \$30,300,000 FY07: \$230,000	Older adults, persons with developmental disabilities, and physically disabled individuals from nursing home facilities and state developmental centers.	<p>Waiver and state plan services, which include long-term care services.</p> <p><u>HCBS Demonstration Services</u> - Global Options for Long-Term Care - pilot testing statewide with individuals transitioning from nursing facilities. Features participant-centered service planning and individualized budgets.</p> <p><u>Supplemental Demonstration Services</u> - Individuals with MR/DD - can receive community services including security deposits, utility setup, furnishings, moving expenses, one-time cleaning, medical equipment and clothing. Individuals with PD may receive medical equipment.</p>	No specific mention of mental health services
New York	Total: 2800 Elderly: 1190 MR/DD: 140 PD: 1190 MI: 280	5 year total: \$82,636,864 FY07: \$192,981	Individuals with disabilities, ages 18 or older and seniors who have resided in a nursing home for six months or longer	<p>State plan services Nursing Home Transition and Diversion Waiver services (approval pending):</p> <ul style="list-style-type: none"> - Case management - Respite care - Independent living skills training services - Structured day program services - Positive Behavioral Interventions and Supports - Community integration counseling - Home and community support - Community transitional services - Environmental modification services - Assistive technology - Congregate and home-delivered meals - Respiratory therapy - Moving assistance - Nutritional counseling - Home visits by Medicaid personnel - Wellness counseling - Peer mentoring 	Positive Behavioral Interventions and Supports

Table 6: States with Money Follows the Person Demonstrations

State	Number of People to be Transitioned	Budget (Federal Funding)	Eligibility Criteria	Services	Mental Health Services
North Carolina	Total: 1045 Elderly: 155 MR/DD: 225 PD: 145 MI: 520	5 year total: \$16,897,391 FY07: \$16,055	Individuals who have resided in hospitals, IMDs, NFs, developmental disabilities centers, and ICF-MRs for at least six months, currently receiving Medicaid benefits and continue to require an inpatient level of care. This includes: - individuals with traumatic brain injury and mental illness and individuals from the geriatric units of state psychiatric hospitals; - children living in Medicaid-funded mental health group homes, - individuals from ICF/MRs.	State plan and waiver services. <u>HCB Demonstration Services</u> may include but not necessarily be restricted to: - assistance with housing, medical equipment, adaptive aids and technology; - consumer-managed personal care - assistance with employment and emergency response systems - independent living training - case management - counseling - transportation - home-delivered meals and nutrition care - caregiver supports - assistance with one time transition costs.	State Medicaid rehabilitation services, therapeutic foster care and an array of Medicaid wrap-around services for children. Persons with mental illness will also be able to access home and community-based waiver services including: -crisis services --disability self-management -individual/caregiver training and education -personal care -residential supports -peer counseling and peer advocacy -respite -supported employment -independent living assessment and training -other home and community-based supports

Table 6: States with Money Follows the Person Demonstrations

State	Number of People to be Transitioned	Budget (Federal Funding)	Eligibility Criteria	Services	Mental Health Services
North Dakota	Total: 110 Elderly: 46 MR/DD: 30 PD: 34	5 year total: \$8,945,209 FY07: \$18,089	<ul style="list-style-type: none"> - Elderly individuals or those with physical disabilities residing in nursing facilities; and - Individuals in ICFs/MR. 	<p>State plan and waiver services</p> <p><u>HCB Demonstration Services:</u></p> <ul style="list-style-type: none"> - Nursing Facility Case Management Transition Coordinator (NFTC) - Enhanced case management for people transitioning from nursing facilities, not for MR/DD. <p><u>Supplemental Demonstration Services</u> for people transitioning from nursing facilities:</p> <ul style="list-style-type: none"> - access to security and utility deposits - home furnishings - assistive technology devices - one-time modification of a vehicle owned by the individual. <p>Supplemental Demonstration Services for people transitioning from ICFs/MR:</p> <ul style="list-style-type: none"> - accessibility equipment and modifications - health and safety technology - apartment furnishings - security deposits and utility set-up fees - home modifications and/or retrofitting to address accessibility, adaptive equipment and/or assistive technology - one-time vehicle modifications 	n/a

Table 6: States with Money Follows the Person Demonstrations

State	Number of People to be Transitioned	Budget (Federal Funding)	Eligibility Criteria	Services	Mental Health Services
Ohio	Total: 2231 Elderly: 1428 MR/DD: 584 PD: 158 MI: 61	5 year total: \$100,645,125 FY07: \$2,079,488	Individuals who have resided in hospitals, nursing facilities, or ICF-MRs six months or longer who are in one of following categories: MR/DD; adults and children with physical, mental, or emotional disabilities; elders; individuals with MI living in NFs	State plan and waiver services <u>HCBS Demonstration Services:</u> <ul style="list-style-type: none"> - Independent living skills - Peer support - Benefits coordination - Housing locator service - Day habilitation - Supported employment - Respite care - Social work and counseling - Nutrition consultation - Extended private duty nursing <u>Supplemental Demonstration Services:</u> <ul style="list-style-type: none"> - purchase of service animals - purchase of adapted home computers 	Social work and counseling
Oklahoma	Total: 2075 Elderly: 1575 MR/DD: 200 PD: 300	5 year total: \$41,805,358 FY07: \$3,526,428	Developmentally disabled, frail and elderly, disabled adults in institutions and facilities not targeted by other agencies.	Waiver services including: case management, skilled nursing, personal care, respite, adult day care, home-delivered meals, advanced supportive/restorative assistance, specialized medical equipment and supplies, personal emergency response system, case management for institutional transition, & consumer-directed personal assistance and supports. <u>HCBS Demonstration Services</u> <ul style="list-style-type: none"> - institutional transition services related to establishing residence in the community and assisted living. <u>Supplemental Demonstration Services</u> <ul style="list-style-type: none"> - nutritional, substance abuse and family services (for elderly transitions). <u>Self-Direction Options</u> - plan to expand Oklahoma Self-Directed Care Pilot Program statewide.	No specific mention of mental health services

Table 6: States with Money Follows the Person Demonstrations

State	Number of People to be Transitioned	Budget (Federal Funding)	Eligibility Criteria	Services	Mental Health Services
Oregon	Total: 780 Elderly: 300 MR/DD: 179 PD: 301	5 year total: \$114,727,864 FY07: \$80,785	Children with DD from pediatric nursing facilities; seniors with end stage dementia; adults living in nursing facilities with physical disabilities and developmental disabilities; and adults with developmental disabilities living in the state's only ICF/M	Waiver services. <u>HCB Demonstration Services</u> - wraparound services, including 24-hour access to nurse and other professional consultation, and targeted case management. <u>Supplemental Demonstration Services</u> - assistive technology, nutrition services, housing related services. Elderly and individuals with PD will have access to durable medical equipment and family services. Elderly - hospice services. Individuals with PD - access to substance abuse services.	No specific mention of mental health services
Pennsylvania	Total: 2490 Elderly: 1317 MR/DD: 427 PD: 563 MI: 183	5 year total: \$98,196,439 FY07: \$130,609	Individuals (over age 65) who have resided in nursing facilities, state mental retardation centers, and state mental hospitals for at least six months.	Existing Waiver services and 3 state-funded programs. Participants will work with a team to develop a Community Support Plan. Each service area will have an MFP Community Resource Team.	"One-to-one behavioral health supports": - Symptom management - Life skills development - Teaching instrumental activities of daily living and skill development - Health care teaching - Medication teaching and support - Providing Access to resources
South Carolina	Total: 192 Elderly: 156 PD: 36	5 year total: \$5,768,496 FY07: \$34,789	Elderly and/or physically disabled adults residing in a licensed Medicaid nursing facility for at least 90 days.	Waiver services combined with Independence Plus waiver: - one time Nursing Home Transition service - \$1,000 for transition costs within 10 days after leaving a nursing facility. <u>HCBS demonstration services</u> , including: - adult foster care service and transitional nursing services. <u>Supplemental demonstration services</u> , including - one-time equipment and home modifications not covered by existing waiver services.	n/a

Table 6: States with Money Follows the Person Demonstrations

State	Number of People to be Transitioned	Budget (Federal Funding)	Eligibility Criteria	Services	Mental Health Services
Texas	Total: 2616 Elderly: 780 MR/DD: 1216 PD: 420 MI: 160 Other*: 40 (other means mental illness and a co-occurring substance-related disorder)	5 year total: \$142,700,353 FY07: \$143,401	Individuals who have resided in a nursing facility or ICF/MR for at least six months	State plan and waiver services Pre-Transitional Services: - Housing arrangements - Paperwork, etc <u>Demonstration Services</u> , including: - Cognitive adaptive training - Post-transitional services	- Cognitive-Adaptive Training - Motivational interviewing - Outpatient chemical dependency counseling
Virginia	Total: 1041 Elderly: 325 MR/DD: 358 PD: 358	5 year total: \$28,626,136 FY07: \$13,793	Individuals from ICFs/MR, nursing facilities, and long-stay hospitals.	State plan services plus waiver programs with several modifications - including - Personal Emergency Response Systems (PERS) and PERS monitoring to aid with medication management - up to \$5000 of transition funding, - consumer-directed supported employment option; - assistive technology and environmental modification Transition coordination will be added to the EDCCD waiver.	No specific mention of mental health services

Table 6: States with Money Follows the Person Demonstrations

State	Number of People to be Transitioned	Budget (Federal Funding)	Eligibility Criteria	Services	Mental Health Services
Washington	Total: 660 Elderly: 348 MR/DD: 80 PD: 172 MI: 60	5 year total: \$19,626,869 FY07: \$108,500	Residents of hospitals, NFs, ICF/MRs, or state hospitals for six months or longer	State plan and waiver services <u>HCB Demonstration Services:</u> - Habilitation services - Supported employment - Respite care - vehicle modification - Assistive technology - Community transition services - Consultative clinical and therapeutic services <u>Supplemental Demonstration Services:</u> - Assistive technology - Nutrition services - Substance abuse - Housing - Service animals - Transportation - Family services	No specific mention of mental health services
Wisconsin	Total: 1262 Elderly: 533 MR/DD: 313 PD: 221 MI: 195	5 year total: 56,282,998 FY07: \$8,020,388	Participants must be in one of four target groups: frail elders, persons of any age with physical disabilities, persons of any age with developmental disabilities, or persons of any age with mental illness and/or substance abuse. Must have been in an ICF-MR, center for DD, skilled nursing facility or IMD for at least 6 months.	State plan and waiver services <u>HCB Demonstration services:</u> - Vocational recovery - Natural supports training - Benefit counseling - Housing counseling - Peer/advocate supports - Short-term supervision and observation	Under CIP Waiver and COP Waiver: counseling & therapeutic resources. Under Managed LT Care: counseling & therapeutic resources, mh crisis stabilization, outpatient services, day treatment, in-home psychotherapy.

Table 7: Alternative Medicaid Premiums and Cost Sharing

States with Option	Groups of Eligibles Affected	Cost-Sharing Requirements	Premiums Imposed	Cost Sharing in ERs	Loss of Medicaid for Failure to Pay Premium?	Loss of Services for Failure to Pay Copay?
Idaho	Children, enrolled in the Basic Plan, in families with incomes above 133% FPL		Monthly premiums	\$3 co-payment for inappropriate emergency room utilization and \$3 co-payment for inappropriate ambulance service utilization	If premium payments are 60 days or more delinquent and the participant's income still requires premium payments, a participant may not be approved or renewed coverage.	n/a
Indiana	<p><u>Healthy Indiana Plan (HIP):</u></p> <ul style="list-style-type: none"> - Uninsured parents of Medicaid/SCHIP children with income between 23% and 200% FPL not otherwise eligible under any existing Medicaid category. - Uninsured, childless adults with incomes up to 200% of FPL not otherwise eligible under any existing medicaid category - Pregnant women from 150-200% of FPL 	<p>2% to 4.5% of gross annual family income, up to a maximum of \$1,100 annually. (This equals the required deductible and the initial contribution to the POWER account).</p> <p>Note that the state fills the gap between the family or individual's contribution and the maximum \$1,100 amount.</p>	No	<p>Parents: Refunded if it's a true emergency:</p> <p><100% FPL: \$3 copayment 100-150 FPL: \$6 copayment 151-200% FPL: \$25 copayment Childless Adults: \$25 copayment, regardless of emergency or non-emergency treatment.</p>	Participants have a 60-day grace period to make their POWER account contributions. If not, they can be terminated from HIP program and are unable to re-enter for 12 months.	No
Kentucky	<p><u>Family Choices:</u> only KCHIP (SCHIP) members</p> <p><u>Global Choices:</u> Members not exempt according to federal law</p> <p><u>Comprehensive & Optimum Choices:</u> All members</p>	<p><u>All groups:</u> \$225/year medical out-of-pocket maximum, \$225/year pharmacy out-of-pocket maximum. Aggregate family cap equal to 5% of income.</p> <p><u>Family Choices:</u> \$1-3 co-pays</p> <p><u>Global Choices:</u> Acute IP hospital services, \$50 co-pay on admission; \$1-3 co-pays for other services.</p> <p><u>Comprehensive & Optimum Choices:</u> Acute IP hospital services, \$10 co-pay; \$1-3 co-pays for other services</p>	<p>Children in KCHIP, family income over 150% FPL: \$20/month</p> <p>Transitional Medicaid, family income over 100% FPL: up to \$30/month</p>		Yes, after 2 months for both KCHIP and transitional Medicaid (unless good cause is established for families in transitional Medicaid)	No, providers may not deny services due to inability to make a co-payment (except for pharmacists). However, providers may not waive liability for co-payments.

Table 7: Alternative Medicaid Premiums and Cost Sharing

States with Option	Groups of Eligibles Affected	Cost-Sharing Requirements	Premiums Imposed	Cost Sharing in ERs	Loss of Medicaid for Failure to Pay Premium?	Loss of Services for Failure to Pay Copay?
Minnesota	Lower income children (150% of FPL); other children and pregnant women (275% of FPL); parents and relative caretakers (275% of FPL or \$50,000, whichever is less); single adults and households without children (175% of FPL, to increase to 200% 1/1/08 and 215% 1/1/09)	<p>Pregnant women and children - none.</p> <p>Parents < 175% of FPG, Parents > 175% and < 275%: \$25 eyeglasses \$25 eyeglasses \$3 prescriptions \$3 nonpreventive visit</p> <p>Adults without children < 75% of FPG - all of the above plus 10% inpatient hospital, up to \$1,000. Adults without children > 75% and < 175% of FPG - > 75% and < 175% of FPG 10% inpatient hospital, up to \$1,000 \$5 nonpreventive visits \$3 prescriptions (\$20 per month maximum)</p>	Lower income children - \$4 per month per child. All other eligible categories - premiums based on sliding scale	Pregnant women and children: \$6 nonemergency visit to ER Other Adults: \$50 for emergency room use	n/a	n/a
South Carolina	<u>State Employee High Deductible Health Plan.</u> : Categorically eligible families and children, plus individuals in disability-based eligibility groups. Limited to 1000 people in Richland County. Excludes dual eligibles, LT, foster care children.	All services are fee for service. Annual deductibles are \$3000 for an individual and \$6000 for a family.	n/a - fee for service on all services.	yes - fee for service.	No - all services are fee for service.	Yes - this is a fee for service, high deductible plan. There is no copay - must pay fee up front, including prescriptions, until deductibles are met.

Table 8: Encouraging Healthy Behavior

State	Program	Populations Covered	Beneficiary Obligation	Benefits	Penalties
Florida	Empowered Care	Low Income Parents and Children and the Aged and the Disabled	Beneficiaries can earn enhanced benefits as a reward for healthy behavior. (State will create a list of activities in which enrollees can participate which constitutes "healthy behaviors".	Benefit of up to \$125 per year of credits for healthy behavior which can be used to purchase health-related products and supplies.	n/a
Idaho	Preventive Health Assistance (PHA): Behavior PHA & Wellness PHA	Behavior PHA: Participants who need to lose/gain weight or stop tobacco usage; Wellness PHA: Title XXI Participants who pay premiums	Behavior PHA: participate in a healthy weight program or tobacco cessation program; Wellness PHA: keep child wellness exams and immunization up-to-date	Behavior PHA: Vouchers for services and products; Wellness PHA: covers delinquent premiums or vouchers for services when premiums up-to-date	n/a
Kentucky	Disease Management Programs (Diabetes, COPD/Adult Asthma, Pediatric Obesity, Cardiac-Heart Failure, Pediatric Asthma)	Medicaid participants with Diabetes, COPD/Adult Asthma, Pediatric Obesity, Cardiac-Heart Failure, Pediatric Asthma	Participate in appropriate program for 1 year; complete CDC screening guidelines	Dental services, vision hardware services, nutritionist services, smoking cessation	n/a
West Virginia	Benchmark Plan	Healthy adults and children in Medicaid eligible for the Basic and Enhanced Benchmark Plans	Adhere to member agreement (e.g. " I will show up on time when I have my appointments," and "I will use the hospital emergency room only for emergencies")	Enhanced Benchmark Plan benefits	Revocation of Enhanced benefits, placement in Basic Benchmark Plan