

**COMPREHENSIVE STATE 1115 DEMONSTRATION PROJECTS**

**KEY FEATURES OF SELECT DEMONSTRATIONS APPROVED BY CMS SINCE JANUARY 2001 (based on information available on CMS Web site as of December 2005)**

<b>State</b>  (if date is bolded, the description refers only to the bolded extension or amendment)	<b>Eligibility Expansion</b>	<b>Enrollment Reductions or Caps</b>	<b>Benefit Reductions or Caps</b>	<b>Increased Cost Sharing or Premiums</b>	<b>Employer-Sponsored Component/ Premium Assistance†</b>	<b>Source of Demonstration Funding</b>	<b>Safety Net Hospital Financing Changes</b>
<b>Arizona</b>  <i>HIFA Amendment to Arizona Health Care Cost Containment System</i>  Initial Approval: 12/12/2001	<b>Yes</b>  Expands eligibility for parents of SCHIP and Medicaid children and refines existing childless adult coverage  Source: 2  # Enrolled: +12,536  Source: 1	<b>Yes</b>  Enrollment limited based on available SCHIP funds but caps may only be imposed for adult expansion; Medicaid covers SCHIP-eligible children once SCHIP funds exhausted  Sources: 2, 4	<b>No</b>  Source: 4	<b>Yes</b>  For individuals eligible only through the demonstration  Source: 4	<b>Yes</b>  Limited premium assistance pilot program pending  Source: 2	Redirected federal SCHIP funds  Source: 1	<b>No</b>
<b>California</b>  <i>Parental Coverage Expansion</i>  Initial Approval: 1/25/2002  Not Yet Implemented	<b>Yes</b>  Expands eligibility for parents and legal guardians  Source: 2  # Enrolled: 0  Source: 1	<b>Yes</b>  Capped enrollment for expansion population  Source: 5	<b>Yes</b>  Limited hearing and dental benefits for newly eligible parents  Source: 5	<b>Yes</b>  Increased premiums and more co-pays for newly eligible parents, except for American Indians, Alaska Natives  Source: 5	<b>No</b>  However, the state committed to study the feasibility of Employer Sponsored Insurance  Source: 4	Redirected federal SCHIP funds  Source: 1	<b>No</b>
<b>California</b>  <i>Medi-Cal Hospital/ Uninsured Care Demonstration Project</i>  Initial Approval: 8/24/2005	<b>Yes</b>  In the last 3 years of the 5-year demonstration \$180M/year of Safety Net Care Pool funds will be diverted to expand coverage to uninsured individuals via Healthcare Coverage Initiative  Source: 4	<b>No</b>  Source: 4	<b>No</b>  Source: 4	<b>No</b>  Source: 4	<b>No</b>  Source: 4	Diversion of SNCP and enrollment of additional members into managed care during first 2 years funds later expansion  Limits payments to public providers	<b>Yes</b>  <b>See Financing Chart</b>  Creates \$1.53B/year (state and federal) Safety Net Care Pool and revises financing and payment methodologies

†Premium assistance refers to states' use of Medicaid or SCHIP funds to subsidize private insurance.

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<b>Colorado</b>  <i>Adult Prenatal Coverage in CHP+</i>  Initial Approval: 9/27/2002	<b>Yes</b>  Expands eligibility for pregnant women Source: 2 # Enrolled: +260  Source: 1	<b>Yes</b>  Enrollment limited based on available SCHIP funds  Sources: 2, 6	<b>Yes</b>  Newly eligible get same benefits as SCHIP children  Source: 6	<b>Yes</b>  Increased co-pays, except for American Indians, Alaska Natives  Newly eligible have same co-pays as SCHIP children  Source: 6	<b>No</b>  However, the state is committed to expanding coverage for low-income children and adults and to coordinate coverage with employer-sponsored insurance  Source: 6	Redirected federal SCHIP funds  Source: 1	<b>No</b>
<b>District of Columbia</b>  <i>1115 for Childless Adults</i>  Initial Approval: 3/7/2002 Latest Amendment: 7/21/2004	<b>Yes</b>  Expands eligibility to very low income childless adults ages 50-64  Source: 2 # Enrolled: +712  Source: 1	<b>Yes</b>  Fixed annual enrollment cap  Source: 4	<b>No</b>  Source: 4	<b>No</b>  No cost sharing  Source 4	<b>No</b>	Redirected federal DSH funds  Source: 1	<b>No</b>
<b>Florida</b>  <i>Medicaid Reform Waiver</i>  Initial Approval: 10/19/2005  Implementation on a pilot basis in 2 counties is scheduled for 7/1/2006	<b>No</b>	<b>No</b>	<b>Yes</b>  Reform Plans will provide customized benefits; must cover all mandatory services, including EPSDT and medically necessary services for pregnant women. Cover optional services as indicated by historical data. The benefit packages may vary as long as they are actuarially equivalent and sufficient. Enrollees can use "Enhanced Benefits Accounts" for non-covered services.  Sources: 4, 12, 14	<b>No</b>  However individuals who opt-out in favor of an employer-sponsored plan may be subject to higher than nominal out-of-pocket costs  Sources: 4, 12, 14	<b>Yes</b>  Beneficiaries can opt out of Medicaid Reform Plans and use risk-adjusted premiums to subsidize purchase of employer-sponsored coverage or a private insurance plan when available  Sources: 4, 14	Restructured Medicaid delivery system. Low Income Pool funded by elimination of current supplemental payments to public providers	<b>Yes</b>  <b>See Financing Chart</b>  Creates \$1B/year (state and federal) Low Income Pool for direct payments to safety net providers  Sources: 4, 14

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<b>Idaho</b> <i>Access Card</i>  Initial Approval: 11/4/2004	<b>No</b> Source: 4	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>Yes</b> Allows state to provide premium assistance for private coverage with no minimum benefit or cost sharing benchmarks to SCHIP-eligible children as an alternative to direct coverage, at the option of the beneficiary. Sources: 2, 4	Federal SCHIP funds	<b>No</b>
<b>Illinois</b> <i>KidCare Parent Coverage</i>  Initial Approval: 9/13/2002 <b>Latest Amendment: 1/16/2004</b>	<b>Yes</b> Expands eligibility for parents and provide premium assistance Source: 2 # Enrolled: +84,862 Source: 1	<b>Yes</b> Sources: 4, 7	<b>Yes</b> Some expansion populations receive limited benefits Source: 4	<b>Yes</b> Some expansion populations subject to SCHIP-level or higher cost sharing Source: 4	<b>Yes</b> Premium assistance as an optional alternative to direct coverage No limits on cost sharing; minimum benefit benchmarks Sources: 2, 4	Redirected federal SCHIP funds and flexibility regarding Medicaid funding Source: 1, 2	<b>No</b>
<b>Iowa</b> <i>IowaCare</i>  Initial Approval: 6/30/2005	<b>Yes</b> Expands eligibility to low-income adults Source: 4 # Enrolled: 30,000 (projected) Source: 4	<b>Yes</b> Enrollment subject to budget neutrality; state has authority to limit to those who first apply, subject to CMS approval Source: 4	<b>Yes</b> Expansion population receives limited benefit package Source: 4	<b>Yes</b> Enforceable premiums for expansion population Source: 4	<b>No</b>	IGTs from select public providers and redirected state appropriations	<b>Yes</b> <b>See Financing Chart</b> Expands limited coverage to uninsured using limited safety net provider network Limits payments to public providers

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<b>Maine</b> <i>MaineCare for Childless Adults</i>  Initial Approval: 9/13/2002	<b>Yes</b> Expands eligibility for childless adults Source: 2 # Enrolled: +23,620 Source: 1	<b>Yes</b> Enrollment limited based on state legislative appropriations; adjusts income eligibility cap for childless adults if expenditures fall below budget Source: 4	<b>No</b> Same as regular Medicaid, but with CMS approval, state may reduce benefits for childless adults Sources: 4, 8	<b>No</b> Source: 8	<b>Yes</b> Existing employer sponsored insurance option available to expansion population Source: 4	Redirected federal DSH funds Source: 1	<b>Yes</b> Uses DSH for coverage
<b>Massachusetts</b> <i>MassHealth</i>  Initial Approval: 4/24/95 <b>Latest Extension: 1/26/2005</b>	<b>No</b> Extension raised enrollment cap for long-term unemployed population but did not create new categories of eligibility Source: 4	<b>Yes</b> Enrollment limited for long-term unemployed expansion population, including some adults with disabilities, some parents and HIV-positive adults Source: 2	<b>No</b> Source: 4	<b>No</b> Some groups have nominal cost sharing under the original MassHealth demonstration; the recent extension did not alter cost sharing Source: 4	<b>Yes</b> Premium assistance and "Insurance Partnership" employer subsidy payments Source: 4	Demonstration savings and DSH allotment Sources: 4, 13	<b>Yes</b> <b>See Financing Chart</b> Creates \$1.23B/year (state and federal) Safety Net Care Pool Revises financing methodologies Limits payments to public providers Source: 13
<b>Michigan</b> <i>Adult Benefits Waiver</i>  Initial Approval: 1/16/2004 Latest Amendment: 12/15/2004	<b>Yes</b> Expands eligibility to very low-income childless adults (some of whom previously covered by state-funded program) Source: 2 # Enrolled: +65,991 Source: 1	<b>Yes</b> Enrollment limited based on available SCHIP funds Source: 2, 4	<b>Yes</b> Different benefits for different groups; e.g., inpatient coverage for childless adults eliminated by amendment Benefits may be reduced subject to available SCHIP funds Sources: 2, 4	<b>Yes</b> The demonstration imposed co-pays on childless adults; some co-pays were eliminated or lowered by the subsequent Amendment Source: 2, 4	<b>Yes</b> Adults may choose premium assistance over limited direct coverage Minimal benefit and no cost sharing benchmarks Sources: 2, 4	Redirected federal SCHIP funds Source: 1	<b>No</b>

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<b>Mississippi</b>  <i>Healthier Mississippi</i>  Initial Approval: 9/10/2004	<b>No</b>  Eliminates coverage of certain elderly and disabled optional Medicaid enrollees and reclassifies some as expansion enrollees  Sources: 2, 4	<b>Yes</b>  Waiver allows state to discontinue Medicaid coverage of certain elderly and disabled beneficiaries and provide reduced Medicaid benefits to others  Sources: 2, 4	<b>Yes</b>  Subset of the aged and disabled population disenrolled receives reduced Medicaid benefits  Source: 4	<b>No</b>  Regular Mississippi Medicaid cost sharing continues to apply, as applicable  Source: 4	<b>No</b>	Elimination of optional Medicaid category to fund expansion to related category that will receive reduced benefits	<b>No</b>
<b>New Jersey</b>  <i>NJ FamilyCare Demonstration</i>  Initial Approval: 1/18/2001 Amendment: 1/31/2003	<b>Yes</b>  Expands eligibility to parents and pregnant women  Amendment made changes that allowed the state to reopen eligibility to facilitate enrollment of parents eligible under the demonstration  Source: 2  # Enrolled: +3,850  Source: 1	<b>Yes</b>  Enrollment limited based on available SCHIP funds  Source: 2	<b>Yes</b>  Some parents originally received SCHIP package but all parents enrolled via the Demonstration now receive the most widely used HMO package with the largest commercial non-Medicaid enrollment in the state  Source: 4	<b>Yes</b>  SCHIP-level cost sharing for individuals enrolled through the expansion	<b>Yes</b>  Source: 4	Redirected federal SCHIP funds  Amendment financed by cost savings generated by reducing benefits for SCHIP-funded parents already enrolled in the Medicaid expansion  Sources: 1, 2, 4	<b>No</b>
<b>New Mexico</b>  <i>State Coverage Initiative</i>  Initial Approval: 8/23/2002	<b>Yes</b>  Expands eligibility for parents and childless adults  Source: 2  # Enrolled: 4,000 (10,000 projected in first year)  Source: 15	<b>Yes</b>  Enrollment limited based on available SCHIP funds  Sources: 2, 9	<b>Yes</b>  Limited benefit package similar to commercial benefit package  Sources: 2, 9	<b>Yes</b>  Increased premiums and cost sharing based on income  Source: 9	<b>Yes</b>  Premium assistance with employer contribution to support enrollment in state-established employer sponsored insurance  Source: 2, 4	Redirected federal SCHIP funds  Sources: 1, 4	<b>No</b>

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<b>New York</b> <i>The Partnership Plan</i>  Initial Approval: 7/15/1997 Amendments: <b>6/29/2001</b> , 12/15/2004, <b>2005</b> Latest Extension: 4/1/2003  (Dates of additional amendments not clear from CMS website)	<b>Yes</b> Expands eligibility for parents and other low-income adults via Family Health Plus (FHPlus) amendment Source: 2 # Enrolled: +462,169 Source: 1	<b>No</b> Source: 4	<b>Yes</b> Only for FHPlus expansion enrollees Source: 4	<b>Yes</b> 2005 Amendment imposed co-pays on FHPlus enrollees for hospital care and non-emergent emergency department visits Source: 4	<b>No</b> Source: 4	Redirected federal DSH funds Source: 1	<b>No</b>
<b>Oregon</b> <i>The Oregon Health Plan (OHP) 2</i>  <b>Initial Approval: 10/15/2002</b> <b>Latest Amendment: 7/22/2004</b>	<b>Yes</b> Expands eligibility for targeted low-income children, parents of Medicaid or SCHIP children, pregnant women and childless adults (OHP Standard) Sources: 2, 4 # Enrolled: 3,557 pregnant women and 492 premium assistance enrollees Source: 1	<b>Yes</b> For OHP Standard and Family Health Insurance Assistance Program (FHIAP) enrollees Sources: 2, 4 Net Enrollment Loss: -54,941 parents and adults Source: 1	<b>Yes</b> For OHP Standard, certain services can be reduced Core set of services that must be covered for some poor parents and other poor adults does not include hospital care Sources: 2, 4	<b>Yes</b> Non-nominal premiums and cost sharing for OHP Standard approved by CMS but eliminated in June 2004 pursuant to a court ruling Source: 2, 4	<b>Yes</b> Premium assistance via FHIAP Some low-income adults only eligible for FHIAP (if FHIAP is open) Source: 2, 4	Redirected federal SCHIP funds and benefit reductions and increased cost sharing Source: 1, 3	<b>No</b>

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<b>Tennessee</b>  <i>TennCare</i>  Initial Approval: 5/30/2002 <b>Latest Amendments: 3/24/2005, 6/8/2005</b>	<b>No</b>  Sources: 2, 4	<b>Yes</b>  Eliminates coverage of TennCare Standard adults  Enrollment closed for certain optional groups (adult, non-pregnant, medically needy) and expansion children  Source: 4  Net Enrollment Loss: -323,000 (projected)  Source: 1	<b>Yes</b>  Imposed 5 scrip/month limit for non-institutionalized adults  Eliminates dental, over-the-counter medications and other limited services for adults	<b>Yes</b>  Nominal pharmacy co-pays for certain TennCare Medicaid adults	<b>No</b>	Eligibility and benefits reductions to sustain preexisting TennCare Demonstration original program funded by managed care savings and DSH allotment	<b>No</b>
<b>Utah</b>  <i>Primary Care Network (PCN)</i>  Initial Approval: 2/8/2002 Latest Amendment: 3/31/2005	<b>Yes</b>  Expands eligibility for parents and other adults  Source: 2  # Enrolled: +18,887  Source: 1	<b>Yes</b>  Closed enrollment for Primary Care Network expansion population  Sources: 2, 11	<b>Yes</b>  Adult expansion population only receives primary care  Except for high-risk pregnant women lower-income parents receive more restrictive benefits than under Medicaid state plan  Sources: 2, 4, 11	<b>Yes</b>  Increased co-payments and enrollment fee for expansion adults  Sources: 2, 4, 11	<b>Yes</b>  Premium assistance for coverage equal to or greater than limited Medicaid package provided to expansion population  Some parents and other adults are only eligible for premium assistance  Sources: 2, 4, 11	Savings from reduced benefits and increased cost sharing for previously eligible groups  Sources: 1, 4	<b>No</b>
<b>Vermont</b>  <i>Global Commitment to Health</i>  Initial Approval: 9/27/2005	<b>No</b>  [VT has previously expanded enrollment through its VT Health Access Plan demonstration]	<b>No</b>	<b>Yes</b>  Benefits for non-mandatory population may change as long as they meet or exceed Secretary-approved coverage  Overall cap on spending could trigger limited benefits  Source: 4	<b>Yes</b>  Cost sharing for optional and expansion children may be increased  Source: 4	<b>No</b>	<b>N/A</b>	<b>Yes</b>  Requires CMS preapproval of non-federal share financing

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<b>Washington</b> <i>Premium Proposal</i>  Initial Approval: 2/13/2004  Not Yet Implemented	No	No	No  No explicit reductions but premiums expected to limit access to services.  Source: 2, 4	Yes  Allows state to charge non-nominal premiums for certain categorically needy optional children; no co-payments  Source: 4	No	Premiums and anticipated disenrollment	No

### Sources

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