

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services

Center for Medicaid and State Operations
7500 Security Boulevard
Baltimore, MD 21244-1850

Demonstration to Maintain Independence and Employment

Sponsored By:

The Centers for Medicare & Medicaid Services
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PROGRAM ANNOUNCEMENT

PART 1: OVERVIEW INFORMATION

Agency Name: Department of Health and Human Services
Centers for Medicare & Medicaid Services
Center for Medicaid and State Operations

Funding Opportunity Title:

DEMONSTRATION TO MAINTAIN INDEPENDENCE AND EMPLOYMENT

Announcement Type: MODIFICATION OF EXISTING ANNOUNCEMENT

Funding Opportunity No.: HHS-2008-CMS-TTWD-0003

Catalog of Federal Domestic Assistance No. (CFDA): 93.769

Dates:

Date of Issue January 15, 2008

Proposal Due Date (*We accept proposals for review on an ongoing basis until this date*) March 15, 2008 11:59pm Eastern Standard Time

Demonstration Period July 1, 2008 – September 30, 2009

Executive Summary

The Centers for Medicare & Medicaid Services (CMS) is soliciting proposals from states to participate in the Demonstration to Maintain Independence and Employment. This

demonstration, created by section 204 of the Ticket to Work and Work Incentives Improvement Act of 1999 (P.L. 106-170), allows states to provide benefits, equivalent to those provided by Medicaid, to the categorically needy, to workers who have physical or mental impairments that, without medical assistance, will likely result in disability.

The demonstration was created to further the overall goals of the legislation by demonstrating the value of providing health care benefits and other services to support individuals with disabilities in employment and independence. Outcomes that the demonstration seeks to measure include: reliance on cash benefits, employment status, changes in health status, cost of health care, and quality of life.

This demonstration grant provides an opportunity to investigate the question: can a program of medical assistance and other supports forestall or prevent the loss of employment and independence due to a potentially disabling and medically determinable physical or mental impairment?

CMS, within the Department of Health and Human Services (DHHS), will approve a number of demonstration projects that meet the requirements specified in the grant solicitation.

Funding for the Demonstration to Maintain Independence and Employment may be distributed through 2009, and \$250 million in funding has been appropriated for the program. There is no minimum or maximum grant award per state or per project; however, CMS reserves the right to negotiate the size of any demonstration project proposed by a state. Medical assistance costs, as defined in sec. 1905(a) of the Social Security Act (the Act), will be reimbursed quarterly at a rate equal to the state's Federal medical assistance percentage (FMAP). All other necessary expenses associated with the demonstration will be paid quarterly with 100 percent Federal funds. For example, if the state can demonstrate that providing a non-medical assistance service constitutes reasonable and necessary administrative expenses, e.g., vocational counseling services, CMS can fully fund these services. There is no other match requirement associated with this demonstration.

All states are eligible to participate in the Demonstration to Maintain Independence and Employment. For purposes of this program, "state" is defined as any entity qualified to submit a Medicaid state plan under title XIX of the Act.

Demonstration proposals must be submitted by the Single State Medicaid Agency and funds will be distributed only to the Single State Medicaid Agency. States are limited to one overall Demonstration to Maintain Independence and Employment proposal. A state may choose to work with other states to ensure a larger study population. In this instance, each state should describe its portion of the project and indicate the broader partnership in the narrative section of the state's application.

A state may also choose to partner with a foundation, university, Federal agency, or other entity that is willing to pay part or all of the cost for demonstration administration or services after the FMAP is applied. While these partnerships are allowable, demonstration funding will still be distributed only to the Single State Medicaid Agency.

The overall purpose of the demonstration, to provide Medicaid equivalent services to working people with a condition that is likely to lead to a disability, must also remain intact.

Although the possibility exists that Section 204 of the statute could be extended for additional years beyond the current September 30, 2009 end date, this solicitation will accept all applications that explore program development as well as operational and evaluation protocols. It is CMS's expectation that those proposals accepted and approved for funding will move toward full operational status in accordance with the DMIE terms and conditions.

PART 2: FULL TEXT OF ANNOUNCEMENT

I. – Funding Opportunity Description: Request for Proposals

A. Purpose

The CMS is soliciting proposals from states to participate in the Demonstration to Maintain Independence and Employment. This demonstration, created by section 204 of the Ticket to Work and Work Incentives Improvement Act of 1999 (P.L. 106-170), allows states to provide benefits at least equivalent to those provided by Medicaid to the categorically needy, to workers who have physical or mental impairments that, without medical assistance, will likely result in disability as defined in sec. 1614(a) of the Act. The purpose of the Demonstration is to determine whether and how the provision of medical assistance and related services can assist individuals with potentially disabling conditions to remain employed and independent of the income assistance programs-- Social Security Disability Income (SSDI) or Supplemental Security Income (SSI). Outcomes that the demonstration is designed to measure include: reliance on cash benefits, employment status, changes in health status, and quality of life.

The Administrator of CMS within DHHS will approve a number of demonstration projects which meet the requirements specified in this grant solicitation. The Demonstration to Maintain Independence and Employment is authorized through September 30, 2009, and \$250 million in funding has been appropriated for the program. Payments may not be made to states after Federal fiscal year 2009. There are no minimum or maximum grant awards per state or per project; however, because of the potential policy implications of this demonstration, CMS is most interested that the demonstrations be of a size and quality to ensure significant results. These grants will be approved through Federal fiscal year 2009. CMS reserves the right to negotiate the size of any demonstration project proposed by a state. Medical assistance costs, as defined in sec. 1905(a) of the Act, will be reimbursed quarterly at a rate equal to the state's FMAP. All other necessary expenses associated with the demonstration will be paid quarterly with 100 percent Federal funds. There are no other match requirements associated with the demonstration.

B. Background, Goal, and Priorities

The Ticket to Work and Work Incentives Improvement Act of 1999 seeks to address many of the obstacles that people with disabilities face as they seek sustained employment. There is a large health care component of the legislation because people with disabilities have continually identified the loss of health care coverage as one of the major obstacles they face as they return to work. The Demonstration to Maintain Independence and Employment was included in the legislation to address the needs of those people who have physical or mental impairments that have the potential to lead to disability as defined by sec. 1614(a) of the Act. This demonstration authority will allow states to assist working individuals by providing the necessary benefits and services required for people to manage the progression of their conditions and remain employed. The demonstration projects will be used to evaluate the impact of the provision of

medical and related services and supports on extended productivity and increased quality of life.

In addition to the Demonstration to Maintain Independence and Employment, the legislation provides states the option of submitting to CMS Medicaid State Plan Amendments to offer Medicaid coverage to two working disabled eligibility groups (Medicaid Buy-Ins). The buy-ins represent statewide entitlements to people who are capable of meeting the Social Security disability test. The first is for individuals from age 16 through 64 who would meet the eligibility for Medicaid but for excess earnings. The second optional group is for people who, at one time, were included as part of the first optional group but who are determined to have medically improved at a regularly scheduled continuing disability review (CDR). This demonstration is different and separately funded from the Medicaid buy-in opportunities. It does not have to be statewide, it can be targeted, and it is aimed at people who are not yet able to meet the Social Security disability test, but are at serious risk of doing so.

Each year over 600,000 American workers leave the labor force to become beneficiaries of the SSDI income assistance program.^{1, 2} An analysis of individual state data (New Hampshire, unpublished) suggests that the five most likely groups to become disabled are those with mental illness, musculoskeletal disorders, neoplastic disorders, neurological disorders, and cardiovascular disorders. At the same time, an unknown number of individuals with equally severe disabling conditions remain employed and independent of Federal income assistance programs. Many programs, such as the Ticket to Work (Title I of P.L. 106-170), concentrate on individuals who have already ceased working or have reduced their work effort below eligibility thresholds for income assistance.

This demonstration grant provides an opportunity to investigate the question: can a program of medical assistance and other supports forestall or prevent the loss of an individual's employment and independence due to a potentially disabling and medically determinable physical or mental impairment?

Early versions of this solicitation concentrated on progressive impairments (e.g., HIV/AIDS). This version continues with the new groups of individuals added in the 2006 solicitation: those with conditions that, but for the fact that the individuals are working, would qualify them for Social Security disability benefits. These individuals have a severe disability but are earning above the substantial gainful activity (SGA) level set by the Social Security Administration (SSA). Section 1614(a) of the Act defines disability as "the inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or last for a continuous period of not less than 12 months."³

This demonstration project may not supplant existing state funds that are provided for workers with potentially severe disabilities in effect at the time of the approval of the

¹Dale, SB and Verdier, JM. *Elimination of Medicare's Waiting Period for Seriously Disabled Adults: Impact on Coverage and Costs*. Issue Brief, Task Force on the Future of Health Insurance, The Commonwealth Fund. Available at www.cmwf.org. (#660).

² Social Security Bulletin, Annual Statistical Supplement, 2002, p. 207.

³ 20 CFR 404.1505.

demonstration project. For example, individuals eligible for a Medicaid buy-in, medically needy, or other Medicaid options, may not be served by this demonstration instead of Medicaid. This grant provides the opportunity to concentrate prevention efforts on a sub-state region such as a city, county, or labor market area. For example, a grantee might choose to work with employers and other service providers in a specific geographic location. Yet another possibility is that this demonstration be used as a “wrap around” for employer-provided private insurance plans.

Examples

The following are hypothetical examples of individuals who might benefit from this demonstration:

- A man, Dan, is in his early 50s. Dan had been self-employed as a cabinet-maker and made a reasonable living for many years. Dan began to have serious heart problems that were difficult to diagnose and, consequently, to treat because he had no health insurance. Dan applied for SSDI and consequently for Medicare and Medicaid because he was unable to pay the medical bills related to his heart condition. He still does woodworking, but at a level below SGA. If he had medical assistance available after the onset of his heart attack, there is a high probability that he could have continued his wood working business, perhaps at a somewhat reduced level. But, he would have avoided the stigma of seeking public assistance from his local community and applying for SSDI. Dan is an example of an individual who enrolled in the Social Security disability program because he did not have access to health insurance.
- Sally is in her 30s. She has a job as an account executive with an advertising agency. Recently, she has begun to have bouts with severe depression. Unfortunately, the company for which she works does not have a mental health benefit. Without psychiatric treatment and support, she is at risk of losing her job and having to apply for SSDI and, perhaps, SSI.
- Joe is 21 years old and has been working as an apprentice to an electrician. Joe was recently diagnosed with paranoid schizophrenia. He was initially hospitalized for several days and is receiving ongoing psychiatric services under his parents' health plan. However, his health benefits will run out when he turns 22 in a few months. Joe loves his work and wants to someday obtain his electrician's license. He currently lives at home with his parents, who help him stay organized and get to work on time. Joe appreciates the support, but plans on moving into his own apartment soon. His parents are worried they will not be able to continue to provide their daily support when he moves and are trying to convince him to stay. The stress generated by the pending lack of insurance and Joe's desire to move has exacerbated the symptoms of his illness. He has begun to socially withdraw again, and takes more days off from work due to the stress. His boss is generally supportive, but is concerned that Joe's productivity is falling off. Joe believes that if he could move into his own apartment, continue to see his doctor, and receive some daily support, he would be able to stay employed and obtain his electrician's license. Without medical and other support, Joe is at risk

of reducing his employment in order to qualify for Medicaid assistance based on SSI eligibility.

- Ray works as a construction worker for a small general contractor. He has recently had severe back problems—so severe that he cannot do his job. His employer cannot afford to carry him so he has been laid off. Unless he can get his back condition under control quickly, he will be forced to apply for SSDI and possibly SSI.

Goal

The goal of this solicitation is to demonstrate the effects on their continued employment and independence by providing medical assistance and other supportive services to individuals with potentially disabling conditions.

Demonstration Priorities

The CMS is especially interested in demonstrations that address the following priority areas. The demonstration may be sub-state, statewide, or multi-state in nature.

1. Projects that focus on individuals with job-threatening serious mental illnesses. Such projects would focus on early mental health screening, assessment, and referral while maintaining individuals' connections to their employers.
2. A comprehensive community-based employment maintenance effort for individuals across disability categories at high risk of becoming disabled (i.e., becoming unemployed).
3. A targeted impairment model that focuses on individuals who have progressive impairments that, without early intervention and treatment, have a high probability as becoming disabling.
4. Demonstrations that provide wrap-around services for individuals with potentially disabling conditions who have employer-sponsored private insurance.

Proposals must clearly indicate which of these priorities they are addressing. In addition, CMS will give special consideration to proposals from states that are not participating in other Ticket to Work incentive programs. States with existing DMIE grants may not apply.

C. Fundamentals of the Demonstration

1. Problem Statement

Describe the population that is the focus of the demonstration. Discuss its “potential” for becoming disabled. Include incidence and prevalence statistics for the target area to the extent they are available. The applicant must clearly define the participants to be served by the project in terms of their current employment situation, demographics, and geographic location. Those applications that are addressing Priority 3 must describe the specific impairment(s) to be included. If the impairments are not listed in Appendix One, provide evidence that the impairment is likely to lead to a potentially severe disability. Examples of evidence include: decreased life expectancy, appearance on the SSA listings used as part of the disability determination process (described in 20 CFA 404.1525 Appendix 1, printed in SSA Pub. No. 64-039), or the likelihood of disabling co-morbidity factors.

2. Demonstration Design

As a demonstration, rigor is expected in the planning, conduct, and evaluation of these projects. Successful projects may become models for replication and further legislation. While CMS recognizes there are practical realities to operating a demonstration program in a natural setting, attention to design is critical. Which priority(s) has been selected? How are the effects of the demonstration to be evaluated? The proposal should describe the type of evaluation design to be used (i.e., experimental, quasi-experimental, or non-experimental). CMS does not support one approach over another; however, the approach selected must be well reasoned and robust.

Applicants should provide evidence that the pool of potential demonstration participants within the proposed project area is adequate to provide for a project that will reach valid conclusions about the effectiveness of the intervention. Further, the applicant must provide for a valid comparison or control group against which to contrast the intervention. A statistical power analysis should also be provided. Participants and comparison group members must be employed at intake into the project. Proponents that do not use control or comparison groups must provide justification for the efficacy of the alternative approach. Applicants must define their employment criteria. Employment can either be defined as not less than 40 hours per month at Federal minimum wage or an acceptable equivalent. Equivalent definitions of employment may include clearly defined ramp-up periods in order to allow participants to meet the minimum employment level or grace periods for temporary loss of employment (e.g., for short-term hospitalization). States may set a higher minimum income threshold for participation (e.g., SGA); however, they may not propose a maximum earnings threshold.

3. Participant Recruitment

Key to this demonstration is the strategy to recruit and retain participants. This is true of treatment, control, and comparison groups. Proponents will be expected to have a well-thought-out method for recruiting and retaining participants and control group members. To the degree that third parties are involved in recruitment, their roles must be specified and letters of commitment attached.

4. Determination of Potentially Disabling Conditions

Individuals who participate in the demonstration must have a medically determinable physical or mental impairment that is potentially disabling. The applicant must describe the medical process for making these determinations for both the participant and the comparison or control groups and keep in mind that participants will not usually have gone through the Social Security or Medicaid disability determination process.

5. Project Location

The applicant should describe the project and comparison (control) group catchment areas. CMS is particularly interested in the employment opportunities, economic climate, and employment support infrastructure within the areas selected. The proponent should indicate partnerships that are integral to the demonstration within this section. Applicants should explain the rationale for choosing the project location and provide evidence that any control/comparison location will provide a valid comparison.

6. Intervention

The proposal should clearly describe the interventions proposed. They may range from the provision of basic Medicaid services as provided for in the state's Medicaid plan, to the provision of a comprehensive system of services and supports. The proposal should describe the use of premiums and other financial mechanisms as part of the intervention.

7. Non-Federal Funding

CMS will provide 100 percent funding for all administrative, support, evaluation, and other costs, except for medical assistance services included in the state's Medicaid plan for the optionally categorical needy population. These medical assistance costs will be reimbursed at a rate equal to the state's FMAP for its Medicaid program. The grantee is responsible for paying for the remainder of the medical assistance costs from other sources. The applicant must provide evidence with supporting documentation as to how this obligation will be met. CMS is interested in innovative approaches including premiums, co-pays, other cost shares, employer contributions, private foundation participation, municipal contributions, in addition to state funds. So long as not required for match, other non-Medicaid Federal funds may be used as well. Clear documentation and approval by the Federal agency would be required prior to approval of the proposal.

8. Independent Evaluation

States must prove in their application that the evaluation is being conducted by an organization that has the necessary expertise and independence from those, conducting the demonstration to ensure a high quality evaluation. The prospective evaluator should develop this section of the proposal and be integrally involved in the overall design of the proposed project to ensure that it meets generally accepted criteria for demonstration project evaluations.

9. Data Collection

The applicant and the evaluator must demonstrate that they can collect, maintain, and access person-specific data in order to evaluate the project. Note that CMS may want access to these data for purposes of project-to-project comparisons and further evaluation using national databases (e.g., Medicaid, SSA, Medicare). For each participant and comparison (control) group member, the grantee must provide wage and employment information for the prior 2 years including name of employer, employer type, job type, and quarterly wages. Person level data on health care and other support costs must be provided by source of payment, also on a quarterly basis. These data should come from administrative records and, generally, not be self-reported. Generally, demographic information will need only be provided at enrollment and will include, name, address, SSN, date of birth, race, ethnicity, disabling condition(s), and any prior public assistance. Use and access to these data will be limited to the specific research purposes of these projects and shall adhere to CMS provisions concerning data release policies, the Privacy Act of 1974, and the Health Insurance Portability and Accountability Act of 1996.

10. Annual and Quarterly Reports

Grantees must electronically file annual and quarterly progress report according to an outline to be provided by CMS. Each report shall include enrollment and financial statistics on the total population of workers with potentially severe disabilities served by the demonstration project, including comparison group members. States must certify that the expenses related to the annual report are less than 0.8 percent of the CMS-provided funding for the year covered by the annual report. Awardees are also required to submit an SF-269a (Financial Status Report) quarterly in hard copy to: Nicole Nicholson, Grants Management Specialist, OAGM, CMS, MS C2-21-15, 7500 Security Blvd., Baltimore, MD 21244-1850 with a copy to the Project Officer.

11. Initial Meeting and Time Table

Within the first 2 weeks of grant awards, each grantee and his or her independent evaluator must coordinate a meeting with CMS personnel to review the designs, implementation strategies, data collection, and evaluation plans of each grant. After all plans/protocols are approved, grantees are approved to begin operation of the demonstration. Grants will operate from the date of the award to the end of the demonstration program (currently designated in the statute as September 30, 2009). The grantees will have 6 months after the end of the program to produce final data

submissions and reports. Proponents should include a timetable for implementation, operation, and reporting of results of the demonstration.

12. Organizational Plan and Staffing

Provide a description of the Medicaid agency's capacity and commitment to this demonstration. If the applicant will require legislation for demonstration medical assistance funding, describe the likelihood that it will be supported. Describe how other agencies and organizations will participate in the demonstration. List key staff, their organizational affiliations, the role they will play, and the percentage of their time committed to the project. Describe how the various organizations will interact contractually and programmatically.

13. Budget

In preparing budget form 424A, Section A should be completed using the following activities: 1. Medicaid-Eligible Services; 2. Other Services and Supports; 3. Evaluation and Data Collection; and, 4. Administration and Management. Use the same breakdowns in Section B. In the two service costs sections, provide cost estimates for the maximum number of participants in the demonstration project and their projected annual service costs. If the applicant has chosen to require premiums or employer contributions, indicate the expected program income in Section B. Please indicate the CMS and non-CMS share of each budget category and provide evidence of funding commitments for the non-CMS share. Indicate any additional actions that are required to secure non-CMS funding (e.g., legislative appropriation, approval of a pending grant). A detailed budget narrative accompanied by a detailed budget spreadsheet is required to support the 424A.

II. – Award Information

Funding for the Demonstration to Maintain Independence and Employment may be distributed through fiscal year 2009 and \$250 million in funding has been appropriated for the program. There are no minimum or maximum grant awards per state or per project; however, CMS reserves the right to negotiate the size of any demonstration project proposed by a state. CMS anticipates making awards on July 1, 2008. States with existing DMIE grants may not apply.

1. Funding

According to the current statute, the Demonstration to Maintain Independence and Employment has been funded by Congress through September 30, 2009, after which no new payments may be made.

With the exception of services equivalent to those included in the state's Medicaid plan for optionally categorical needy populations, all costs including administration, non-covered medical services, other services and supports, outreach and recruitment, and other necessary costs will be covered at 100 percent reimbursement.

2. Maintenance of Effort

Federal funds paid to the states under this demonstration may be used to supplement, but not supplant, state funds expended for workers with potentially severe disabilities at the time the demonstration project is approved. As indicated in Appendix Two, states receiving awards must provide annual assurances that the level of state spending on workers with potentially severe disabilities is being maintained throughout the life of the demonstration.

III. – Eligibility Information

1. Eligible Applicants

All states are eligible to participate in the Demonstration to Maintain Independence and Employment. For purposes of this program, “state” is defined as any entity qualified to submit a Medicaid state plan under title XIX of the Act. Demonstration proposals must be submitted by the Single State Medicaid Agency and funds will be distributed only to the Single State Medicaid Agency. States are limited to one overall Demonstration to Maintain Independence and Employment proposal. A state may choose to work with other states to assure a larger study population. In this instance, each state should describe its portion of the project and indicate the broader partnership in the narrative section of the state's application.

A state may also choose to partner with a foundation, university, Federal agency, or other entity that is willing to pay part or all of the cost for demonstration administration or services after the Federal medical assistance percentage is applied. While these partnerships are allowable, demonstration funding will still be distributed only to the Single State Medicaid Agency. The overall scope and purpose of the demonstration, to provide Medicaid equivalent services to working people with a condition that is likely to lead to a disability, must also remain in tact.

2. Cost Sharing or Matching

Medical assistance costs, as defined in sec. 1905(a) of the Act, will be reimbursed quarterly at a rate equal to the state's FMAP. All other necessary expenses associated with the demonstration will be paid quarterly with 100 percent Federal funds. For example, if the state can demonstrate that providing a non-medical assistance service constitutes reasonable and necessary administrative expenses, e.g., vocational counseling services, CMS can fully fund these services. There is no other match requirement associated with this demonstration.

3. Other: Civil Rights

All grantees receiving awards under this grant program must meet the requirements of Title VI of the Civil Rights Act of 1964; section 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975; Hill-Burton Community Services nondiscrimination provisions; and, Title II, Subtitle A, of the Americans with Disabilities Act of 1990.

IV. – Application and Submission Information

1. Application Package

All materials including this solicitation are available through Grants.gov and the CMS Web site. The URL addresses are: <http://www.grants.gov> or <http://cms.hhs.gov/twwiia/>

2. Content and Form of Application Submission

The narrative application should provide a concise and complete description of the proposed project. The complete narrative application is limited to 35 typewritten double-spaced pages. Those applying under priority 3 should provide narrative sections for each physical or mental impairment, clearly separated so that they may be evaluated individually. If necessary, appendices may be attached to each narrative section but please do not rely on appendices to describe key details. The narrative sections should contain the information necessary for reviewers to fully understand the proposed project and should be organized according to the topics in Section I. C. (Demonstration Requirements).

Please note that applications **must** be submitted electronically through <http://www.grants.gov>. At <http://www.grants.gov>, applicants will be able to download a copy of the application packet, complete it offline, and then upload and submit the application. **Applications submitted in hard copy will not be accepted or reviewed.** Grant applications will be due by March 15 2008.

You must download the [application package](#) using [PureEdge](#) or [Adobe Reader 8.1.1](#), complete the forms within the application package as provided by the awarding agency, and submit it in its entirety*.

*Grants.gov recommends downloading both PureEdge and Adobe Reader 8.1.1 (current standard version for Grants.gov) to seamlessly apply for grants. Grants.gov is currently transitioning to phase out of PureEdge software to using Adobe Reader software exclusively. For a period of time applicants will still be able to use PureEdge as it is applicable.

Please note the following information as it pertains to the electronic submission of applications through <http://www.grants.gov>:

- A. When entering the <http://www.grants.gov> website, you will find information about submitting an application electronically through the site, as well as the hours of operation. We strongly recommend that you do not wait until the

application due date to begin the application process through <http://www.grants.gov>. Please begin the registration process now. It will take at least two weeks or more for the registration process to be complete.

- B. To use <http://www.grants.gov>, you, as the applicant, must have a Dun and Bradstreet Number (DUNS) and register in the Central Contractor Registry (CCR). (See Section 6 below, *Other Submission Requirements*, for information on obtaining a DUNS number. To register for the CCR, go to <http://www.ccr.gov> and click on the appropriate option. **You should allow a minimum of five days to complete the CCR registration process.**
- C. Applicants must submit all documents electronically, including all information included on the SF-424 and all necessary assurances and certifications. However, forms in this grant application that require a signature will need to be signed by the appropriate State Official and mailed to the CMS Grants Officer Section VII of this Announcement. Signed forms are due the same time as the electronic application. It is important to note that Applicants should not delay submission of the electronic application while obtaining signatures. All forms requiring an authorized signature must be received before a grant can be awarded.

In the event that the electronic submission of the application has failed through <http://www.grants.gov>, please mail the complete paper application and CD to Nicole Nicholson. You **must** include a copy of the failed submission notice from <http://www.grants.gov> with the paper application as evidence of attempted submission. If you have successfully submitted an electronic application through <http://www.grants.gov>, please do **not** mail in a paper application as well. Only the signed SF-424 form should be mailed.

- D. Your application must comply with any page limitation requirements described in this Program Announcement.
- E. Please note that grant applications submitted by the applicants to Grants.gov may take up to 48 hours to process before they are available to the agencies for download. Once a submission is received, Grants.gov sends two email messages to the applicants. The first email confirms receipt of the application by Grants.gov. The second email indicates that the application has either been successfully validated by Grants.gov or has been rejected due to errors.

If the application is successfully validated and subsequently retrieved by CMS from Grants.gov, the applicant receives an additional email. This email may be delivered to the applicant several days or weeks from the original date of their submission, depending on when CMS retrieves the application from Grants.gov.

- F. You may access the electronic application for this Program on <http://www.grants.gov>. Click on Apply for Grants to download the application package. Enter the appropriate CFDA number (93.769) **OR** the Funding

Opportunity Number (HHS-2008-CMS- -TTWD-0003) and click the Download Package button. Please note that there is no Funding Opportunity Competition ID associated with this solicitation.

- G. For Grants.gov help or assistance, please contact Grants.gov directly at 1-800-518-4726, Monday through Friday, 7:00am through 9:00pm, Eastern Standard Time. You may also contact Grants.gov at support@grants.gov. For additional assistance with completing an application or downloading the PureEdge Viewer, please refer to the Grants.gov User Guide (www.grants.gov/CustomerSupport) and/or “Complete Application Package Training Demo” (www.grants.gov/Apply). Also, please visit the “FAQ” on the Grants.gov website to find answers to common questions. Please note that all trouble shooting matters should be directed to Grants.gov.

3. Submission Dates and Times

Date of Issue	January 15, 2008
Proposal Due Date	March 15, 2008 11:59pm Eastern Standard Time
Demonstration Period	July 1, 2008 – September 30, 2009

4. Intergovernmental Review

Executive Order 12372 or “Intergovernmental Review of Federal Programs” (45 CFR Part 100) is not applicable to this demonstration program.

5. Funding Restrictions

If CMS judges that it has received more applications that merit funding than funding permits, alternates will be selected. These alternates will be eligible to receive funding if demonstration award winners fail to develop their proposals.

6. Other Submission Requirements

- A. Beginning October 1, 2003, applicants are required to have a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a nine-digit identification number, which uniquely identifies business entities. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the following Web site: www.dunandbradstreet.com or call 1-866-705-5711. This number should be

entered in the block with the applicant's name and address on the cover page of the application (Item 5 on the Form SF-424, Application for Federal Assistance), with the annotation "DUNS" followed by the DUNS number that identified the applicant. The name and address in the application should be exactly as given for the DUNS number.

B. Please include brief biographies (approximately one-half page) of key project staff.

C. Additional Assurances: Submit a signed copy of the *Additional Assurances* found at: http://apply.grants.gov/forms/sample/SSA_AdditionalAssurances-V1.0.pdf as part of the electronic application submission through <http://www.grants.gov>.

V. – Application Review Information

1. Criteria

a. Problem Statement (10 Percent)

The application should provide a clear statement of the problem to be addressed. It should be quantitative as well as qualitative. It should demonstrate that the applicant has a strong grasp of the situation.

b. Demonstration Design (10 Percent)

The application should describe an overall program design that leads to a strong evaluation design. The design should be of a quality that the findings will clearly demonstrate that the intervention was or was not successful. The design should clearly address the question: can a program of medical assistance and support forestall or prevent the loss of employment due to a medically determinable physical or mental impairment? The design should also be achievable considering the resources allocated to the project, the locations proposed, and the availability of program participants.

c. Participant Recruitment (5 Percent)

Is the proposed strategy for recruiting participants (treatment, control, comparison, etc.) effective and practical? To the extent that third parties are involved, is their commitment assured? Will the strategy generate sufficient participants to meet the evaluation design requirements?

d. Determination of Potentially Disabling Conditions (5 Percent)

Is the means of determining the potentially disabling conditions sufficiently rigorous to ensure that individuals selected have medically determined diagnoses that have a high probability of leading to SSA-defined disability?

e. Project Location (10 Percent)

Does the applicant have an in-depth understanding of the project catchment area? If using another geographic area as a comparison, are the two areas, indeed, equivalent?

f. Intervention (10 Percent)

Is the intervention well-planned? Is it realistic, and are all of the resources, including other organizations, in place to provide the best chance for the intervention being successful? Has provision been made for start-up problems that might adversely affect outcomes?

g. Non-CMS Funding (5 Percent)

Are the commitments in place for non-CMS funding to address the remainder of the costs of medical assistance services? Is the plan realistic and clearly explained?

h. Independent Evaluation (15 Percent)

Does the evaluation design ensure that the impacts of the demonstration can be clearly determined? Are the procedures in place for the evaluator to access data in a timely way? Does the evaluation plan address the key dependent and independent variables associated with the project? How well is the evaluation plan integrated into the overall proposal? Do the evaluators have the necessary background to evaluate the project? Are they truly independent of those operating the intervention?

i. Data Collection (10 Percent)

The key to the evaluation of the demonstration projects lies in the ability to acquire high quality data about participants (and control and comparison group members). Are Data collection strategies regarding quantitative employment, health care, and other service provision clear and objective? Does the applicant have access to the data systems necessary to supply the data? Are qualitative data collection strategies carefully planned? Have provisions been made to comply with all privacy and informed consent requirements?

j. Organization and Staffing (10 Percent)

Does the applicant have the organizational structure, staff, and inter-agency agreements in place to successfully carry out the demonstration? Are the organization and staff qualified to carry out the goals and objectives of the project?

k. Budget (10 Percent)

Is the budget well-formulated and adequate to complete the demonstration? Does the applicant clearly understand budgeting? Is the budget excessive? Is there a budget narrative that explains each line item in the budget?

2. Review and Selection Process

The number of projects selected for funding will be determined by the number, scope, and uniqueness of the proposals submitted as well as by the availability of funding. CMS will place a limit on each project's budget to assure that the total funding is not exceeded.

An independent review of all applications will be conducted by a panel of experts including members of the disability community, experts in the clinical conditions, and staff from Federal agencies including CMS. The review panel will assess each application to determine the merits of the proposal and the extent to which it furthers the purposes of the demonstration program. The panel will evaluate each application for further review by CMS. CMS reserves the right to request that states revise or otherwise modify certain sections of their proposals based on the recommendations of the panel and the budget. A low score in one or two areas, even if offset by high scores in other areas, may result in a rejection of the proposal. Final approval of demonstration projects will be made by the Administrator of CMS after consideration of the comments and recommendations of the review panelists, program office recommendations, and the

availability of funds. CMS reserves the right to approve or deny any or all proposals for funding.

3. Anticipated Announcement and Award Dates

Date of Issue	January 15, 2008
Proposal Due Date	March 15, 2008 11:59pm Eastern Standard Time
Demonstration Period	July 1, 2008 – September 30, 2009

VI. Award Administration Information

1. Award Notices

Award notices will be made in writing to the State Medicaid Director. Award letters will include a Notice of Award (NoA) and Terms and Conditions for the grant. The NoA signed by the Grants Officer is the authorizing document. This NoA will be sent through the U.S. Postal Services.

2. Administrative and National Policy Requirements

a. Waivers

The Demonstration to Maintain Independence and Employment provides Medicaid-equivalent services to non-Medicaid eligible individuals. It is not authorized under Title XIX of the Act, and as such it is not bound by the Medicaid requirements for statewideness in sec. 1902(a)(1) of the Act and comparability in sec. 1902(a)(10)(B) of the Act. There is no need for a state to submit waivers to these traditional Medicaid requirements. The demonstration may be operated on a less than statewide basis. The service package is defined in statute as equal to what the state provides to Medicaid-eligible individuals under sec. 1902(a)(10)(A)(ii)(XIII) of the Act. If a state does not cover individuals under sec. 1902(a)(10)(A)(ii)(XIII) of the Act, a state must propose services that are an appropriate equivalent to the services that would be offered under sec. 1905(a) of the Act to individuals who would qualify for SSI. For purposes of this demonstration, equivalent services are those that are equal to or greater in amount, duration, and scope than those offered under the state plan for individuals qualifying for SSI. As part of the demonstration proposal, the state must define the geographic participation in the demonstration and list the services that will be offered under the demonstration.

3. Reporting

Grantees must electronically file an annual progress report according to an outline to be provided by CMS. Each report shall include enrollment and financial statistics on the total population of workers with potentially severe disabilities served by the demonstration project, including comparison group members. States must certify that the expenses related to the annual report are less than 0.8 percent of the CMS-provided funding for the year covered by the annual report. Awardees are also required to submit an SF-269a (Financial Status Report) quarterly in hard copy to: Nicole Nicholson, OAGM, CMS, MS C2-21-15, 7500 Security Blvd., Baltimore, MD 21244-1850 with a copy to the Project Officer.

VII. – Agency Contacts

For additional Information or questions regarding this demonstration program, please send an e-mail or call to the following:

For administrative questions:

Nicole Nicholson, Grants Officer
Centers for Medicare & Medicaid Services
OAGM, Grants Management Staff
MS C2-21-15
7500 Security Boulevard
Baltimore, MD 21244-1850
Phone: (410) 786-5158
Fax: (410) 786-9088
E-mail: nicole.nicholson@cms.hhs.gov

For programmatic questions:

Steve Hrybyk, Project Officer
Centers for Medicare & Medicaid Services
Center for Medicaid State Operations
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Baltimore, MD 21244-1850
Phone: (410) 786-1058
E-Mail: stephen.hrybyk@cms.hhs.gov

Information is also available on CMS' dedicated Ticket to Work and Work Incentives Improvement Act Web site at the following address:

<http://cms.hhs.gov/twwiia/>

VIII. – Other Information

Appendix One: Examples of Potentially Severe Physical or Mental Impairments

Chronic Diseases

Diabetes

Neurological Diseases

Stroke
Brain Injury
Multiple Sclerosis
Parkinson's
Epilepsy

Mental Illness

Depression
Bipolar Disorder (both I & II)
Schizophrenia and other Psychotic Disorders
Anxiety Disorders
Anorexia Nervosa

Communicable Diseases

HIV/AIDS
Hepatitis C

Respiratory Diseases

Chronic Obstructive Pulmonary Disease
Asthma
Congestive Heart Failure

Musculo-skeletal Diseases

Rheumatoid Arthritis

Cancers

Appendix Two: Application Guidelines

The following guidelines are intended to assist states in preparing applications for funding under the Demonstration to Maintain Independence and Employment. Applications must be submitted in hard copy format although electronic versions of proposals that receive funding may be requested later.

- The narrative portion of the proposal should not exceed 35 double-spaced typewritten pages. Of this limit, the evaluation and data collection sections should not exceed 10 pages. Please use 1-inch margins and 12-point font. This page limit does not include the cover letter, project abstract, budget, maintenance of effort assurance, standard forms, or letters of support. Appendices to the proposal can be used for additional supporting, but non-critical, information.
- Additional documentation may be appended; however, material should be limited to information relevant to the specific scope and purpose of the demonstration project. Please do not include critical details in an appendix as appendices will not be scored.

Proposed Format

A complete proposal consists of one or more narrative application(s) plus the required material noted below. Application materials should be organized as follows:

1. State Medicaid Agency's Cover Letter

A letter from the Director of the State Medicaid agency is required identifying the principle contact person, the focus of the project, the maximum number of individuals with each impairment that will be enrolled, the duration of the project and the total anticipated budget.

2. Project Abstract

A project abstract limited to one page. The abstract should serve as a succinct description of the proposed project and should include:

- A succinct description of the demonstration including the goals, the measures, and the research questions to be addressed.
- Annual services and administrative costs.

3. Narrative Application

The narrative application should provide a concise and complete description of the proposed project. The complete narrative application is limited to 35 typewritten double-spaced pages. Those applying under priority 3 should provide a narrative section for each physical or mental impairment, clearly separated so that they may be evaluated individually. If necessary, appendices may be attached to each narrative section but please do not rely on appendices to describe key details. The narrative sections should contain the information necessary for reviewers to fully understand the proposed project

and should be organized according to the topics in Section III (Demonstration Requirements).

4. Budget

In addition to Form 424A, include a detailed annual budget divided into Medicaid plan services, other medical services, other services and supports, administration, evaluation, and other costs. In each service costs section, provide cost estimates for the maximum number of participants in the demonstration project and their projected annual service costs. If the state has chosen to require premiums, indicate the expected premium collections. Additionally, provide an administrative budget including routine administration and monitoring activities directly related to the provision of services and benefits. Finally, provide an estimate of the cost of the evaluation activities the state is proposing. Please indicate the CMS and non-CMS shares of each budget category and provide evidence of the commitment of the state to support the non-CMS share of the Medicaid plan services. Indicate any additional actions that are required to secure state funding (appropriation by the legislature, etc.)

5. Maintenance of Effort Assurance

States must provide an assurance that state funds used on the Demonstration to Maintain Independence and Employment are being used to supplement rather than supplant state funds used for people with potentially disabling physical or mental impairments as of October 1, 2003. Please provide a letter summarizing any funding for such individuals as of that date. The letter should testify that these funds will not be used for the Demonstration to Maintain Independence and Employment and that this level of state spending will be maintained for unrelated programs over the lifetime of the demonstration. States receiving awards will be required to submit an annual report of the amount of state spending on unrelated programs for people with potentially disabling physical or mental impairments, assuring that this funding is not being supplanted by the demonstration.

Appendix Three: Background and Current Status

The following provides a summary of the active demonstration projects.

District of Columbia. This demonstration began in September 2002 and provides participants with a full range of Medicaid benefits, including anti-retroviral drug therapy to 420 persons who have early HIV infection, and are not yet disabled under SSA criteria. Persons being served are primarily male, African-American, and between 25 and 44 years of age. Approximately 80 percent of program expenditures were used for prescription drugs between September 2002 and June 2006.

Although the demonstration has not yielded definitive evaluation results to date, evidence suggests that disenrollments have been consistent with the intent of the program. In April 2004, the program reached its enrollment cap of 420 participants and the District of Columbia instituted a waiting list for the program. Most beneficiaries were enrolled in the program for at least 12 months. However, there was a steady drop-off in enrollment around the annual recertification cycle and only 52 percent of beneficiaries were still enrolled after 18 months. Loss of employment was not a significant reason for disenrollment.

Because most DMIE enrollees were already receiving HIV medications and HIV-related care through the AIDS Drug Assistance Program and Ryan White clinics, both beneficiaries and case managers reported good access to HIV medications and testing prior to and after enrollment in DMIE. However, they noted that enrollment in DMIE improved access to treatment for non-HIV-related conditions. In addition, beneficiaries had improved access to inpatient and specialty care, as well as access to a broader range of, and potentially better, quality providers.

Mississippi. This demonstration began in June 2002 and provides Medicaid equivalent services, including case management for up to 500 people diagnosed with HIV or AIDS, but who are not yet disabled under SSA criteria. Participants are drawn from nine counties in the Mississippi Delta region, one of the poorest and underserved in the state.

Mississippi had difficulty in recruiting participants despite having a recruitment plan that used existing provider networks with strong connections to their communities. The program staff had developed and implemented several changes to enhance recruitment including streamlining the application form, expanding the program to additional counties, and implementing an enhanced marketing program. However, Mississippi was only able to recruit 47 participants and has recently decided to phase down its demonstration. The scarcity of employment in this region and reluctance to switch from coverage under the Ryan White CARE Act may have constrained the number of DMIE enrollees. The demonstration ended in September 2007.

Kansas. This demonstration began in April 2006 and provides enhanced Medicaid benefits and other case management services to 200 working adults in the statewide high-risk insurance pool. The high-risk pool, administered by the Kansas Health Insurance Association (KHIA), covers state residents with pre-existing health conditions

who are not eligible for group insurance and cannot buy, or are unable to afford, premiums for individual health coverage elsewhere. Most are ineligible for Medicaid or Medicare and about one-third of high-risk pool participants are employed.

The goals of the project are to improve the health and quality of life of individuals in the intervention group and to demonstrate that, compared to a carefully matched control group of 200 individuals also in the pool, they maintain a higher rate of employment and are less likely to become dependent on public assistance benefits. . The Kansas DMIE intervention provides coverage of services that “wrap-around” the existing high-risk pool benefits for treatment group members. The intervention offers three main advantages for treatment group members relative to standard high-risk pool benefits: (1) lower out-of-pocket costs due to the elimination of deductibles and lower co-payments for existing high-risk pool benefits, with an estimated minimum savings of \$550 per month; (2) “enhanced” benefits beyond Medicaid services, including home visits for assistance with personal care, exercise training, and individual psychotherapy; and (3) case management services to help individuals decide which benefits best meet their needs.

Minnesota. This demonstration began in December 2006 and provides health insurance coverage and employment support to people diagnosed with serious mental illness. The Department of Human Services is using this demonstration as an opportunity to build on its history of creating public-private partnerships to better serve the needs of Minnesotans coping with mental illness. The program has an enrollment target of 1,500 employed people diagnosed with serious mental illness in five counties in the Minneapolis/St. Paul region and northern section of the state. Employment-related services include ongoing contact with a project navigator, a peer support program, and employment counseling. Medical services and employment interventions will be delivered through a network of partnering health plans and community mental health service providers. The State sends an enrollment application packet to individuals identified from a list based on Department of Human Services (DHS) claims data, and to self-identified persons who learn about the demonstration from community mental health organizations and clinicians. The intervention provides access to Medicaid services and employment-related support. Upon enrollment, treatment group members are matched with a “project navigator” who helps them to access designated employment services. Treatment group members also have access to basic Medicaid behavioral health services provided by managed care organizations and to peer support.

Texas. This demonstration began in April 2007 and is being implemented in the Harris County Health District (HCHD), a public healthcare system that serves approximately 500,000 Harris County residents. In Harris County as a whole, it has been estimated that about 134,205 adults, or 5.4% of the population, have been diagnosed with a serious mental illness (primarily schizophrenia, major depression or bipolar disorder). Harris County comprises the Houston-Sugar Land-Bayton metropolitan area and represents the most populous county in Texas.

Texas designed their project to use a public/private partnership in the provision of comprehensive behavioral health benefits to working adults at risk of becoming disabled. The insurance benefit will augment existing employer sponsored coverage and may provide full coverage for working individuals who do not have access to employer

sponsored coverage (i.e., self-employed). The Texas DMIE evaluation will examine the effects of access to behavioral health services, case management and vocational services on economic and health outcomes for working individuals with potentially disabling behavioral disorders. The intervention is designed to prevent loss of employment and future disability due to complications of mental illness and/or substance use disorders. Texas is employing a randomized experimental design. The control group will consist of working adults in the Houston area matched according to key characteristics (age, sex, disability, work involvement).

Hawaii. This demonstration is expected to begin enrolling participants in early 2008 and will provide pharmacist counseling and life coaching services to employed adults with diabetes. The Hawaii DMIE project is a joint endeavor between the Hawaii State Department of Human Services (DHS), the University of Hawaii at Manoa – Center on Disability Studies (UHCDS), the Hawaii State Department of Health (DOH) and the Hawaii Business Health Council (HBHC). These agencies will engage in a collaborative effort with public and private employers, employee groups, and their healthcare providers in a comprehensive community-based effort to assist individuals who are at high risk of becoming disabled/unemployed as a result of diabetes.

Conducted in the City and County of Honolulu, island of Oahu, the project randomly assigns 534 participants to the following two equally sized study groups of 267 participants: (1) a control group consisting of persons not receiving any intervention services, supports, or effects other than those for which they are eligible either through standard work practices or other means, and (2) an intervention group who will receive pharmacist counseling to assist with medication adherence, Life Coaching services to support lifestyle changes such as dieting and exercise, and other employment support services.. The project will demonstrate whether there is a differential impact between the intervention and control groups on the following outcomes: 1) improved health status; 2) continued employment; and 3) maintenance of independence from Social Security Disability Income (SSDI) or Supplemental Security Income (SSI) benefits.

Description of state DMIE target populations and interventions

State	Target Population	Intervention
Hawaii	Employed adults with diabetes who reside in the city and county of Honolulu.	Includes management services provided by pharmacists and individualized life coaching services consisting of life and employment supports. The uninsured will have access to the state’s Medicaid plan and participants with employer-based coverage will have access to any services that are not covered by their plan but that are available through Medicaid.
Kansas	Employed individuals who are enrolled in the Kansas Health Insurance Association (KHIA) high-risk insurance pool.	Includes coverage of services that “wrap-around” the existing high-risk pool benefits for treatment group members. It offers three main advantages relative to standard high-risk pool benefits: (1) lower out-of-pocket costs due to the elimination of deductibles and lower co-payments for existing high-risk pool benefits, with an estimated minimum savings of \$550 per month; (2) “enhanced” benefits beyond Medicaid services, including home visits for assistance with personal care, exercise

		training, and individual psychotherapy; and (3) case management services to help individuals decide which benefits best meet their needs.
Minnesota	Employed individuals from five counties with serious mental illness.	Includes access to basic Medicaid behavioral health services provided by managed care organizations, peer support, and a “project navigator” who helps access designated employment support services.
Texas	Employed adults enrolled in the Harris County Hospital District (HCHD) medical program for uninsured residents with either (1) severe mental illness diagnosis (e.g., schizophrenia, bipolar disorder, or major depression) or (2) behavioral health diagnoses co-occurring with a physical diagnosis	Includes Medicaid-comparable coverage as well as access to an expanded set of services including (1) enhanced behavioral, medical, and dental services in addition to those the participant could receive through Medicaid; (2) improved access to mental health services; (3) case management; and (4) employment-related support.