

section 1115 demonstration. The plan would be implemented by regional boards that would contract with third party administrators to develop a network of behavioral health providers. The currently eligible Medicaid population would be enrolled in the program and would have access to a full range of behavioral health services. Once the program realizes savings, the State proposes to expand coverage to individuals who are not otherwise eligible for Medicaid.

*Date Received:* September 1, 1995.

*State Contact:* Margaret Taylor, Coordinator for Strategic Planning, Department of Medical Assistance, 1 Peachtree Street, NW, Suite 27-100, Atlanta, GA 30303-3159, (404) 657-2012.

*Federal Project Officer:* Nancy Goetschius, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-18-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

*Demonstration Title/State:* MediPlan Plus—Illinois.

*Description:* Illinois seeks to develop a managed care delivery system using a series of networks, either local or statewide, to tailor its Medicaid delivery system to the needs of local urban neighborhoods or large rural areas.

*Date Received:* September 15, 1994.

*State Contact:* Tom Toberman, Manager, Federal/State Monitoring, 201 South Grand Avenue East, Springfield, IL 62763, (217) 782-2570.

*Federal Project Officer:* Gina Clemons, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-18-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:* Community Care of Kansas—Kansas.

*Description:* Kansas proposes to implement a "managed cooperation demonstration project" in four predominantly rural counties, and to assess the success of a non-competitive managed care model in rural areas. The demonstration would enroll persons currently eligible in the Aid to Families with Dependent Children (AFDC) and AFDC-related eligibility categories, and expand Medicaid eligibility to children ages 5 and under with family incomes up to 200 percent of the Federal poverty level.

*Date Received:* March 23, 1995.

*State Contact:* Karl Hockenbarger, Kansas Department of Social and Rehabilitation Services, 915 Southwest Harrison Street, Topeka, KS 66612, (913) 296-4719.

*Federal Project Officer:* Jane Forman, Health Care Financing Administration,

Office of Research and Demonstrations, Mail Stop C3-21-04, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:* Louisiana Health Access—Louisiana.

*Description:* Louisiana proposes to implement a fully capitated statewide managed care program. A basic benefit package and a behavioral health and pharmacy wrap-around would be administered through the managed care plans. The State intends to expand Medicaid eligibility to persons with incomes up to 250 percent of the Federal poverty level; those with incomes above 133 percent of the Federal poverty level would pay all or a portion of premiums.

*Date Received:* January 3, 1995.

*State Contact:* Carolyn Maggio, Executive Director, Bureau of Research and Development, Louisiana Department of Health and Hospitals, P.O. Box 2870, Baton Rouge, LA 70821-2871, (504) 342-2964.

*Federal Project Officer:* Gina Clemons, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-18-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:* Missouri.

*Description:* Missouri proposes to require Medicaid beneficiaries to enroll in managed care delivery systems, and extend Medicaid eligibility to persons with incomes below 200 percent of the Federal poverty level. As part of the program, Missouri would create a fully capitated managed care pilot program to serve non-institutionalized persons with permanent disabilities on a voluntary basis.

*Date Received:* June 30, 1994.

*State Contact:* Donna Checkett, Director, Division of Medical Services, Missouri Department of Social Services, P.O. Box 6500, Jefferson City, MO 65102-6500, (314) 751-6922.

*Federal Project Officer:* Nancy Goetschius, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-18-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:* The Granite State Partnership for Access and Affordability in Health Care—New Hampshire.

*Description:* New Hampshire proposes to extend Medicaid eligibility to adults with incomes below the AFDC cash standard and to create a public insurance product for low-income workers. The State also seeks to implement a number of pilot initiatives to help redesign its health care delivery system.

*Date Received:* June 14, 1994.

*State Contact:* Barry Bodell, New Hampshire Department of Health and Human Services, Office of the Commissioner, 6 Hazen Drive, Concord, NH 03301-6505, (603) 271-4332.

*Federal Project Officer:* Maria Boulmetis, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-18-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:* The Partnership Plan—New York.

*Description:* New York proposes to move most of the currently eligible Medicaid population and Home Relief (General Assistance) populations from a primarily fee-for-service system to a managed care environment. The State also proposes to establish special needs plans to serve individuals with HIV/AIDS and certain children with mental illnesses.

*Date Received:* March 17, 1995.

*State Contact:* Richard T. Cody, Deputy Commissioner, Division of Health and Long Term Care, 40 North Pearl Street, Albany, NY 12243, (518) 474-9132.

*Federal Project Officer:* Debbie Van Hoven, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-18-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:* State of Texas Access Reform (STAR)—Texas.

*Description:* Texas is proposing a section 1115 demonstration that will restructure the Medicaid program using competitive managed care principles. A focal point of the proposal is to utilize local governmental entities (referred to as Intergovernmental Initiatives (IGIs)) and to make the IGI responsible for designing and administering a managed care system in its region. Approximately 876,636 new beneficiaries would be served during the 5-year demonstration in addition to the current Medicaid population. Texas proposes to implement the program in June 1996.

*Date Received:* September 6, 1995.

*State Contact:* Cathy Rossberg, State Medicaid Office, P.O. Box 13247, Austin, TX 78711, (512) 502-3224.

*Federal Project Officer:* Alisa Adamo, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-18-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:* Section 1115 Demonstration Waiver for Medicaid Expansion—Utah.

*Description:* Utah proposes to expand eligibility for Medicaid to all individuals with incomes up to 100 percent of the Federal poverty level