

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	Appointees With Disabilites (partial, DOB) (5 pages)	00/00/0000	b(6)

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Diana Fortuna
OA/Box Number: 12024

FOLDER TITLE:

Appointees 3/96 [1]

2018-0525-S

ry2248

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	Appointees With Disabilites (partial, DOB) (5 pages)	00/00/0000	b(6)

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Diana Fortuna
OA/Box Number: 12024

FOLDER TITLE:

Appointees 3/96 [1]

2018-0525-S

ry2248

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Group 120H 52

Add Imperato
(b)(6) (b)(6)

APPOINTEES WITH DISABILITIES

✓ **The Honorable Michela Alioto** Fax: 456-6231
Deputy Assistant to the Vice-President Ph: 456-6265 ✓
for Domestic Policy
Room 284, OEOB

✓ **The Honorable Bob Boorstin** Fax: 456-6485
Special Assistant to the President Ph: 456-6485 ✓
for Policy
Room 164, OEOB

✓ **John W. Cressman** Fax: 395-7279
Assistant Director Ph: 395-1273 ✓
Office of Administration
Room 480, OEOB

✓ **Deidre Davis** Fax: 647-4969
EEOC - Office of Civil Rights Ph: 647-9294 ✓
1801 L Street, N.W.
Washington, D.C. 20507

✓ **Michael Grant** Fax: 606-3557
Deputy Chief of Staff Ph: 606-2086 ✓
Office of Personnel Management
1900 E Street, N.W., Room 5305
Washington, D.C. 20415

✓ **Paul Steven Miller** Fax: 663-7101
Commissioner, EEOC (b)(6) Ph: 663-4036 ✓
1801 L Street, N.W.
Washington, D.C. 20507

✓ **Andy Imperato** Department of Agriculture:

✓ **Michael Derian** Fax: 720-9286
Confidential Assistant to the Ph: 720-2406
Special Assistant to the President for
Agriculture and White House Liaison
Administration Building - Room 216A
Department of Agriculture
14th and Independence Avenue
Washington, D.C. 20250

Department of Education:

✓ **Judy Heumann** Fax: 205-9252
Assistant Secretary Ph: 205-5465 ✓
Office of Special Education and
Rehabilitative Services
U.S. Department of Education
330 C Street, S.W.
Room 3006
Washington, D.C. 20202

[001]

Add:

Christine Griffin

(b)(6)

663-4033

SA to Vice-Chair

Paul Igaraki

✓ **Howard Moses**
Deputy Assistant Secretary
Office of Special Education and
Rehabilitative Services
U.S. Department of Education
330 C Street, S.W.
Room 3006
Washington, D.C. 20202

Fax: 205-9252
Ph: 205-5465

(b)(6)

Handwritten: m
Fredric Schroeder
Office of Special Education and
Rehabilitative Services
U.S. Department of Education
330 C Street, S.W.
Room 3028
Washington, D.C. 20202

Fax: 205-9874
Ph: 205-5482

(b)(6)

(Susan Benson)

(b)(6)

X
Dr. Katherine D. Seelman
Director, NIDRR
U.S. Department of Education
330 C Street, S.W.
Room 3060
Washington, D.C. 20202

Fax: 205-8997
Ph: 205-8134

(b)(6)

*Q. Paul Acham
205-8468*

✓ **Theda Zawaiza**
Special Assistant to the Assistant
Secretary
Office of Special Education and
Rehabilitative Services
U.S. Department of Education
330 C Street, S.W.
Room 3006
Washington, D.C. 20202

Fax: 205-9252
Ph: 205-5465

*Tam Hehir
205-5507
Office of
Dispersed Ed.*

✓ **Patricia Parisi**
Deputy Secretary, Regional Representative
Department of Education, Region II
Office of SRR
26 Federal Plaza
New York, New York 10278

Fax: 212/264-4427
Ph: 212/264-7005

637-6284

(b)(6)

Department of Health and Human Services:

✓ cm
The Honorable Fernando M. Torres-Gil
Assistant Secretary of Aging
Department of Health and Human Services
Hubert Humphrey Building
200 Independence Avenue, S.W.
Room 309F
Washington, D.C. 20201

Fax: 401-7741
Ph: 401-4634

(b)(6)

✓ **Bob Williams** (b)(6)
Commissioner, Administration on
Developmental Disabilities
Department of Health and Human Services
Hubert Humphrey Building
200 Independence Avenue, S.W.
Room 351D
Washington, D.C. 20201

690-690x
Fax: ~~401-9507~~
Ph: 690-6500 set

also 690-5806
Sandia Posey

✓ **Nancy Eustis**
Special Assistant to the Deputy Assistant Secretary for Family, Community & Long-Term Care Policy
Department of Health and Human Services
Hubert Humphrey Building
200 Independence Avenue, S.W.
Room 424E
Washington, D.C. 20201

Fax: 401-7733
Ph: 234-7948/
690-6443

left govt

* **Gary Blumenthal**
Executive Director
President's Committee on Mental Retardation
W.J. Cohen Building
330 Independence Avenue, S.W.
Room 5325
Washington, D.C. 20201

Fax: 205-9519
Ph: 619-0634

✓ **Susan Daniels**
Associate Commissioner for Disability
Social Security Administration
Office of Disability
6401 Security Boulevard
Baltimore, Maryland 21235

Fax: 410-965-6503
Ph: 410-965-3424

Andy
Imparato
ph - 202-663-
4037

fax -

Department of Housing and Urban Development:

✓ **Cynthia Spires**
Special Assistant, Regional Housing
Department of HUD
451 7th Street, S.W.
Room 7106
Washington, D.C. 20410

Fax: 708-1558
Ph: 708-2426

Department of Justice:

✓ **Liz Savage** (b)(6)
Special Assistant Attorney General
Department of Justice
Room 5639
P.O. Box 65808
Washington, D.C. 20035-5808

Fax: 514-0293
Ph: 514-4279

X Richard Schiffrin
Deputy Assistant Attorney General
Office of Legal Counsel
Department of Justice
Room 5235
10th and Constitution Avenue
Washington, D.C. 20530

Fax: 514-0563
Ph: 514-2046

1m Michael Tecklenberg (b)(6)
Special Assistant to the Assistant
Attorney General for Anti-Trust Division
Department of Justice
10th & Constitution Avenue
Suite 3114
Washington, D.C. 20530

Fax: 616-2645
Ph: 514-2452

Department of State:

✓ The Honorable Janet Allen
Chief of Staff
Bureau for for Management
Agency for International Development
320 21st Street, N.W.
Room 3948
Washington, D.C. 20523

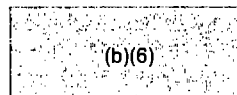
Fax: 736-4147
Ph: 736-4618

left govt

Department of Transportation:

✓ The Honorable Donald Itzkoff
Deputy Administrator
Federal Railroad Administration
Department of Transportation
Room 8206
400 7th Street, S.W.
Washington, D.C. 20590

Fax: 366-7009
Ph: ~~366-0857~~



632-3115

✓ Michael Winter
Special Assistant to the Associate
Deputy Secretary and Director of the
Office of Intermodal Transportation
Room 10200
Department of Transportation
400 7th Street, S.W.
Washington, D.C. 20590

Fax: 366-7952
Ph: 366-5781

Department of Veterans Affairs:

X Raymond Vogel
Undersecretary for Benefits
Department of Veterans Affairs
Room 811 TECH
810 Vermont Avenue, N.W.
Washington, D.C. 20420

Fax: 275-3591
Ph: 273-6761

X Eugene Brickhouse Fax: 273-4914
Assistant Secretary for Human Resources Ph: 273-4901
and Administration
Department of Veterans Affairs
Room 1227 TECH
810 Vermont Avenue N.W.
Washington, D.C. 20420

X Robert L. Jones Fax: 273-4876
Speical Assistant to the Secretary Ph: 273-4836
Department of Veterans Affairs 456-2930
Room 1141
810 Vermont Avenue, N.W.
Washington, D.C. 20420

W H clearance

Presidents Committee for Employment of Persons with Disabilities:

X Tony Coehlo *Coehlo Associates* Fax: 212/492-6423 Phone
Chairperson - PCEPD Managing Director Ph: 212/492-7037 Fax
1331 F Street, N.W. Wertheim Schroder & Co., Inc.
Washington, D.C. Equitable Center
20004 787 Seventh Avenue
New York, NY 10019-6016

212-424-2610 P
212-424-2660 f

lim Eddie Espinosa (b)(6) Fax: 376-6219
Special Assistant to the Chairperson Ph: 376-6200
President's Committee on Employment of People With Disabilities
1331 F Street, Room 300
Washington, D.C. 20004

Add John Lancaster

lim Neil Jacobson Neil Jacobson Fax: 415/477-7721
Vice Chair Vice President Ph: 415/477-7778
PCEPD Corporate System Architect
1331 F Street, N.W. Wells Fargo Bank
Washington, D.C. MAC #0187-050
20004 420 Montgomery Street
San Francisco, CA 94163

(b)(6)

lim Karen Meyer Karen Meyer Fax: 312/477-8422
Vice Chair 1834 North Halsted Ph: 312/787-2783 -hus band #
PCEPD Chicago, IL 60614 312/528-8533
1331 F Street, N.W.
Washington, D.C. 20004

National Council on Disability:

✓ Speed Davis Fax: 272-2022
Acting Executive Director Ph: 272-2004
National Council in Disability
1331 F Street, N.W.
Roome 1050
Washington, D.C. 20004

(b)(6)

Marca Bristo - Chair
Acting Executive Director
National Council in Disability
1331 F Street, N.W.
Roome 1050
Washington, D.C. 20004

Chicago - Access Linking
312-226-5900 office
312-226-2030 fax
Fax: 272-2022
Ph: 272-2004

Access Board:

✓ Jack Catlin
Chair
Access Board
1331 F Street, N.W.
Washington, D.C. 20004

Fax: 272-5447
Ph: 272-5434 ext:714

REVISED 4/18/95

saved as: appoint

Chicago
312-565-4571
312-565-5912 P
fax

EXECUTIVE OFFICE OF THE PRESIDENT

15-Mar-1996 05:49pm

TO: Diana M. Fortuna

FROM: Carol H. Rasco
Domestic Policy Council

SUBJECT: RE: managed care meeting

I thought it was a terrific meeting! Of course the warmth in the room was beyond anyone's control but given as you say the varying levels of understanding I thought it was great. Thank you for setting it up.

I like Andy's idea and think it is a good way to involve this group. I would love to host or at least kick off the advocates meeting. We might even think about more than one small group...I like the idea of small so we can really talk. We should get Skila involved in the follow up to see if she wants to include mental health advocates. Let's talk as the paper is developed on how we might structure the small group(s). *

Itz karl - Telecom - cal
Fix Bob W on dist list *

THE WHITE HOUSE
WASHINGTON

APPOINTEES WITH DISABILITIES
AGENDA

March 15, 1996
2:30 - 4:00 p.m.

- I. Welcome and Introductions: Carol Rasco
- II. Presentations on Developments in Managed Care for People with Disabilities, and HHS's Approach
- o Bruce Vladeck, Administrator, Health Care Financing Administration, HHS 2:40
 - o Robyn Stone, Deputy Assistant Secretary, Office of Disability, Aging, and Long Term Care Policy, Office of the Assistant Secretary for Planning and Evaluation, HHS. 3:05
- III. Discussion of Managed Care
- IV. Open Forum on Other Issues - ~~IDEA~~ Budget Hrg's

10% MC; much less dis MC
Behavioral health

Have in advocates - TN, Mass
* Next steps - circ Andy, paper draft
BV: gd provider-driven models
AZ - choice of plans
- 3rd party brokers for enrollment, not plans

* Itzkoff - ck calendar

Here's encounter data

* TY to BV, RS

* Tech Act? - Seelman

* How know if bad things happen's?

~~How~~
~~FACE adapt to~~

* How are states weighing adding D - sup vs diffc
MH

* How fold in comm-based care? - varying costs

Can Kate say a few words re NODRP's research

Quality measurement - HEDIS

Mgt care - practice guidelines - MA HEDIS

- perf based

- basis of col. accredit.

* R - Can you talk more re probs w/ integ of acute + ltr

* Fed role beyond MA/MC

* Who are states signing up?

Stanley Jones
Consultant

Net 11 Conf Nov - not show + tell

~~Choice~~ Choice among plans

HCFA INITIATIVES RELATED TO MANAGED CARE AND PERSONS WITH DISABILITIES

DEMONSTRATION PROJECTS

- ▶ **Program of All-Inclusive Care for the Elderly (PACE)**
The Program of All-inclusive Care for the Elderly (PACE) demonstration is a fully integrated model that incorporates all acute and long term care services available through Medicare and Medicaid under full provider financial risk. Enrollment is limited to the frail elderly who are either dually entitled or who have the financial resources to pay a premium equal to the Medicaid capitation rate. Nine sites are currently operational, and additional sites are under development. Reflective of an interest in identifying broad, common solutions to service delivery across the disability spectrum, several PACE sites are currently receiving funds from the Robert Wood Johnson Foundation (RWJF) to determine whether a PACE-like model can be tailored to meet the service and financing needs of various non-elderly disabled groups. Efforts are focused toward persons with AIDS (East Boston, Massachusetts), children with severe disabilities (Columbia, South Carolina), and the non-elderly, primarily physically disabled (Bronx, New York and Madison, Wisconsin) [HCFA Lead Contact: Steve Miller, ORD, (410) 786-6656]
- ▶ **Social Health Maintenance Organization (Social HMO)**
The Social Health Maintenance Organization (Social HMO) demonstration supplements the existing Medicare benefit package available through TEFRA-risk HMOs with expanded benefits such as prescription drugs and long term care benefits such as homemaker, transportation, and home health services. Financing is accomplished through prepaid capitation, pooling funds from Medicare, member premiums, and Medicaid (for the limited number of Medicaid eligible enrollees). Three sites are currently operational. HCFA recently selected six organizations to participate in the second generation Social HMO. **Social HMO II** will focus on refining the targeting and financing methodologies and benefit design of a Social HMO, with an emphasis on geriatric care and the expansion of the model to special populations, including the non-elderly disabled, beneficiaries living in rural settings, and those who are dually entitled to Medicare and Medicaid. Approximately 85,000 individuals are expected to enroll in Social HMO II. [HCFA Lead Contact: Melissa McNiff Hulbert, ORD, (410) 786-8494 and Dennis Nugent, ORD, (410) 786-6663]
- ▶ **End Stage Renal Disease Managed Care Demonstration**
The Deficit Reduction Act of 1984 authorized Social HMO demonstrations and the Omnibus Budget Reconciliation Act of 1990 authorized additional sites, including a

project to provide integrated acute and chronic care management of ESRD beneficiaries. Prior work included a Rand study to design an ESRD capitation rate-setting method, based on whether the patient receives maintenance dialysis, has transplant surgery, or remains Medicare-eligible with a functioning graft. For the current project, Brandeis University's Institute for Health Policy is assisting HCFA with the further development of concepts for an ESRD Managed Care Demonstration solicitation [Lead Contact: Paul Eggers, ORD, (410) 786-6691]

- ▶ **MAINE-NET**

The State of Maine was recently awarded a grant to develop a Medicare and Medicaid managed care program for the elderly and physically disabled. Entitled **MAINE-NET**, the project is designed to demonstrate integrated models for the financing and delivery of managed health care and social services for Medicare and Medicaid elderly and physically disabled. The project seeks to promote the development of regional service delivery networks or health plans, particularly in rural areas of the State, that would be responsible for the management, coordination and integration of services including multi-disciplinary approaches to care planning and service delivery. The demonstration will provide a comprehensive package of primary, acute and long term care (institutional and noninstitutional) services as part of a prepaid capitated health plan for the target populations. The State expects to implement MAINE-NET in January 1997, following a 2-year development period. [HCFA Lead Contact: Kay Lewandowski, ORD, (410) 786-6657]

- ▶ **Minnesota Long-Term Options Project**

The State of Minnesota has received approval for a waiver proposal entitled the Long-Term Care Options Project (LTCOP). The LTCOP is a 5-year demonstration designed to test delivery systems which integrate long-term care and acute care services for elderly dual eligibles. All services provided under Medicare Parts A and B, Minnesota's current Medicaid program, and the State's current Elderly Waiver (1915c waiver) will be provided under LTCOP. The integrated service delivery system is expected to facilitate more efficient and economical clinical approaches for services to the elderly which will result in the same or lower costs than the current system. The LTCOP demonstration will begin on January, 1996 and continue through December, 2000. [HCFA Lead Contact: Melissa McNiff Hulbert, ORD, (410) 786-8494]

- ▶ **Rhode Island CHOICES**

The State of Rhode Island was recently awarded a grant to develop an 1115 waiver project to serve adults with developmental disabilities using a managed care network. Under the Rhode Island CHOICES waiver program, the State intends to consolidate all current State and Federal funding streams for approximately 4,000 adults with developmental disabilities under one managed care Title XIX waiver program. Each eligible person will be enrolled in a private health maintenance organization or approved health plan for acute health care and a clinical management system will also assist

individuals in obtaining long-term supports. For long-term care services, the State will assess each eligible person's needs and past service use and ascribe a dollar amount for the procurement of long-term care services. Each eligible person will then, with technical assistance from a broker or other source, choose to manage the long-term care cap amount directly themselves via a voucher or choose an agency that can support a person's needs within the identified resources available. Rhode Island believes this approach represents an opportunity to transform the current provider driven system to a consumer driven model. [HCFA Lead Contact: Thomas Theis, ORD, (410) 786-6654]

► **Health Services for Children with Special Needs, Inc. (HSCSN)**

HCFA approved a waiver to the District of Columbia to enroll in a managed care program Medicaid-eligible children who are disabled and youth with special needs. The District will sponsor the demonstration through Health Services for Children with Special Needs, Inc. (HSCSN), a non-profit managed care corporation established for the purpose of coordinating care for children who are disabled and youth with special needs who are eligible for Medicaid. HSCSN will contract with physicians as primary care case managers to coordinate care. Other case managers employed by HSCSN will develop expertise in managing care for specific sub-populations, such as children with spina bifida or those who are dependent upon technology. The District hopes to use the program to eliminate both barriers to access and other health care delivery problems that children who are disabled and their families encounter in the current Medicaid fee-for-service system. Approximately 3,600 children are targeted for enrollment, with implementation planned for 1995. [HCFA Lead Contact: Phyllis Nagy, ORD, (410) 786-6646]

► **Wisconsin Special Care Initiative.**

HCFA is supporting, with the Pew Charitable Trusts, RWJ Foundation, and the Medicaid Working Group, a demonstration initiative to develop integrated care models primarily for non-elderly persons with disabilities, all of whom are eligible for Medicaid, and about 40% of whom are dually entitled. Initiatives are in various phases in the States of Wisconsin, Missouri, New York and Ohio. The most fully developed of these initiatives is the Wisconsin Special Care Initiative.

Focusing on the SSI population, this demonstration is designed to provide Medicaid-covered medical services and additional social services such as respite, family training, long-term planning, referral and medication services to up to 3,000 Medicaid eligible SSI recipients in Milwaukee County. About 75 percent of projected enrollees are between 21 and 64 years of age, most have never been employed, and many receive some form of day programming either through the Milwaukee Public schools (if school-aged) or through a community-based organization. Capitation payments are being made to an HMO-like provider for these services. Central to the model is a physician panel of experienced providers, case management services through a multi-disciplinary team, and specialized clinics. Enrollment in the 3-year demonstration began in July 1994, and in January, enrollment was approximately 1,500 individuals. [HCFA Lead Contact: Sam Brown,

ORD, (410) 786-6667]

- ▶ **Evaluation of the Community Supported Living Arrangements (CSLA) Program**
The CSLA program is designed to test the effectiveness of developing a continuum of care concept as an alternative to the Medicaid-funded residential services provided to individuals with mental retardation and related conditions as an optional State Plan service. CSLA was implemented in 8 States. The evaluation of the CSLA program will assist HCFA and the Congress in considering the policy options regarding the continuation and expansion of the Medicaid State Plan optional service. [HCFA Lead Contact: Sam Brown, ORD, (410) 786-6667]
- ▶ **Arizona Long Term Care System**
Arizona has implemented an innovative program to provide Medicaid long term care services in a managed care environment. The project, called the Arizona Long Term Care System (ALTCS), is the long term care component of the Arizona Health Care Cost Containment System (AHCCCS), the State's Medicaid demonstration implemented in 1982. AHCCCS began phasing in long term care services for persons with mental retardation and developmental disabilities (MR/DD) in December, 1988, and for the elderly and physically disabled (EPD) in January, 1989. The Arizona Department of Economic Security provides services to the MR/DD population, and Program Contractors provide services to the EPD population. All long term care, acute care, and behavioral health services are included as part of a single capitation rate. Approximately 60 percent of the EPD population are institutionalized; 40 percent receive home and community-based services (HCBS). The MR/DD clients are almost completely de-institutionalized--over 95 percent receive HCBS. The ALTCS program has produced substantial cost savings compared to the estimated cost of a traditional Medicaid program in Arizona.
- ▶ **Oregon Health Plan**
The Oregon Health Plan, which has been operational since February, 1994, enrolls Medicaid-eligible individuals and persons living below the poverty level into managed care programs and offers benefits according to a prioritized list of services. In January, 1995 the State began Phase II of the program, integrating the aged, disabled, foster children into the demonstration. The aged, disabled, and foster children will receive the same benefit package that was offered in Phase I, plus enhanced services as appropriate. These additional services include long-term care and home and community-based waiver services; institutional care in State facilities; community mental health program care; personal care in residential settings; and case management services. Phase II population members can enroll in a State-approved managed care plan or with a primary care case manager. Additional safeguards have also been implemented for this populations, such as medical case management services, ombudsman services, and exceptional needs case management.

RESEARCH PROJECTS

- ▶ **Medicaid-Capitated Managed Care Program for the Supplemental Security Income Disabled.**

This project is a case study of eight States that provide Medicaid managed care programs to working age persons eligible for SSI, and a survey of health plan administrators who manage capitated plans in the States where they are offered. The draft final report has been submitted to HCFA and reports on such issues as: implications for collaborations among existing community-based service systems and mainstream managed care programs; effects of gate-keeping approaches on access and health/social outcomes; and rate structure and payment mechanisms that will provide incentives to serve special populations. [HCFA Lead Contact: Rose Hatten, ORD, (410) 786-6630]

- ▶ **Working-Age Persons With Disabilities**

The proposed study will use the Medicare Current Beneficiary Survey (MCBS) to examine various target populations of working-age persons with disabilities. The goals of this study are to (1) describe the health care utilization experience of the working-age population; (2) to evaluate the working-age disabled population's access to health care services; (3) to evaluate the extent and adequacy of health insurance coverage for working-age disabled persons from both public and private sector sources; and (4) to consider the implications of this research for the future of health services policy. [HCFA Lead Contact: Sam Brown, ORD, (410) 786-6667]

- ▶ **Access in Managed Care**

ORD will be conducting a study to address the issues relevant to measuring access in managed care. The principal goal of this project is to develop and test a framework for monitoring access in the managed care sector. These access measures will incorporate aspects of quality and outcomes of care. Ultimately, this framework could be used to measure whether vulnerable segments of the Medicare population, such as the disabled enrolled in managed care plans, experience access problems. [HCFA Lead Contact: Renee Mentnech (410) 786-6692]

WORKGROUPS AND COMMISSIONS

- ▶ **National Steering Committee on Managed Care for Older Persons and Persons with Disabilities**

Kathy Buto and Sally Richardson represent HCFA on this Committee convened by the National Academy for State Health Policy. Many states are turning their attention to expanding managed care for Medicaid beneficiaries who are elderly or have disabilities, now that they have some experience with AFDC beneficiaries in managed care. The group was convened to assess and advance the state-of-the-art regarding managed care for persons who need primary, acute, and long-term health services. The Committee is

focusing some of its efforts on examining the barriers to managed care for dually-eligible beneficiaries. [HCFA Contacts: Kathy Buto, AAP, (202) 690-7063; and Sally Richardson, MB, (410) 786-3230]

► **Dual Eligibles**

The Office of Managed Care has formed a workgroup to develop policy on managed care for dual-eligibles. The purpose is to create a managed care environment in which dual-eligibles will be identified, access to care enhanced, and the efficient and appropriate use of Federal funds ensured. The workgroup is comprised of representatives from four OMC Teams (Beneficiary Access and Education, Data Development and Support, Medicaid Managed Care, and Program Policy and Improvement), ORD, and Regions I, III, and X). The dually-eligible beneficiaries are entitled to Medicare and Medicaid and typically include the elderly and disadvantaged, or disabled and low-income beneficiaries. However, the workgroup is focusing specifically on the Qualified Medicare Beneficiaries (QMB) who are in managed care programs because the States want to impose cost-sharing incentives on the QMBs under managed care waiver programs (using Section 1915(b) and 1115 waiver authority). [HCFA Lead Contact: Melodie Janes, OMC (410) 786-7614]

OUTREACH ACTIVITIES

► **ADAPT Initiative**

This initiative is a joint effort between HCFA Central offices and the Regional offices. This initiative began last May, when both the Secretary and the Administrator met with representatives of the advocacy group ADAPT. The Administrator agreed to a number of action steps to improve relations with ADAPT. These activities include:

- Holding quarterly meetings with ADAPT (the last meeting was held on November 8, 1995).
- Every HCFA regional office has identified staff to serve as coordinators for the ADAPT initiative, as well as to work on outreach to other disabled populations. All the regions have held meetings with local ADAPT chapters in order to identify issues of concern to their constituency. A summary of all the meetings was compiled into a national report. The chart outlines each issue, indicates the states where the issue was raised, and states what action was taken, either by HCFA regional offices or HCFA central headquarters, or other entities. The chart is used to track progress on issues critical to ADAPT.
- Provide ADAPT with copies of HCFA issuances which have an impact on the disabled.
- Provide opportunities for ADAPT to comment or participate in discussion on policy development in areas related to the disabled community.

[HCFA Lead Contacts: Dave Selleck, Denver Regional Office (303) 844-2121 X375,

Paul Mendelsohn, OBS, (410) 786-3213, and Tom Hoyer, BPD, (410) 786-5661]

► **Beneficiary Outreach Focus Groups**

HCFA's Office of the Associate Administrator for Policy has been coordinating a series of focus-group style meetings with beneficiary advocacy groups, with each meeting centered on specific policy topics. The first meeting, held in September 1995, was coordinated with HCFA Region VIII in Denver, Colorado and HCFA's Office of Beneficiary Services, and was with local disability advocacy groups and beneficiaries with disabilities. The topics addressed at the meeting were managed care for people with disabilities and assistive technology coverage issues. One of the goals of the meeting was to learn about the experiences of disabled populations and their advocates in dealing with managed care plans and the types of suggestions they may have to improve the responsiveness of managed care programs for disabled beneficiaries. [AAP Contact: Margie Davis, (202) 690-7864]

► **HCFA customer disability awareness, sensitivity, and outreach issues.**

The Office of the Associate Administrator for External Affairs is charged with the coordination of HCFA customer disability awareness, sensitivity, and outreach issues. As part of this activity, AAEA assures that all publications are available in formats which can be used by the visually impaired and the deaf-blind. This includes the production of materials in large print, WordPerfect diskette, audiocassette, and braille. All new HCFA publications are being designed to be sensitive to color blindness. All videocassettes produced by HCFA are captioned. In addition, most materials will be available in Spanish, and special requests for other foreign languages can be met.

AAEA has a direct TDD access number -- 410-966-7581 -- which is answered by Paul Mendelsohn, of the Office of Beneficiary Services, and has a voice message capability. [AAEA Contact: Paul Mendelsohn, (410) 786-3213.]

► **HCFA Hotline**

HCFA has established a new 800 Medicare hotline number, 1-800-820-1202, for use by persons with hearing and/or speech impairment. The voice hotline number has been sensitized to better serve persons with disabilities, particularly those with visual impairments. HCFA is required by law [Section 1882 (42 U.S.C. 1395)] to operate this toll-free telephone hotline for receiving beneficiary complaints of Medigap sales practices. Also, the Omnibus Budget Reconciliation Act of 1990 requires HCFA to provide information to beneficiaries to assist in selecting Medigap policies. The Office of the Inspector General (OIG) takes complaints of suspected Medicare fraud, abuse and waste, but has requested that HCFA first screen the calls and eliminate those that can be handled by Medicare carriers and intermediaries before referring the calls to the OIG. Calls to the agency regarding second opinions for surgery had been taken on a HCFA contractor-operated hotline for the past 11 years. Although these are now being referred to Medicare carriers, many public information materials still carry the old hotline number, and the

agency still receives many of these calls.

For individuals who are hearing impaired, deaf and speech impaired, the contractor must provide access for computer and TDD (Telephone Device for the Deaf) phone calls. This may require a separate telephone number and specialized computer hardware and software. This system must provide services similar to the general system.

For those who are visually impaired or blind, copies of material in large print and audiocassette (provided to Contractor by Project Officer) shall be offered and mailed out on request by the contractor.

► **Information, Counseling, and Assistance Grants Program**

The Office of the Associate Administrator for External Affairs administers the ICA Grants program which has a specific charge to focus on special needs populations. HCFA is authorized to make grants to States for health insurance advisory services programs for Medicare beneficiaries. The grants are available to support information, counseling, and assistance activities relating to Medicare and Medicaid as well as Medicare supplemental policies, long-term care insurance and other health insurance benefit information.

The purpose of the ICA Grants Program is to strengthen the capability of States to provide Medicare beneficiaries with information, counseling, and assistance on adequate and appropriate health insurance coverage. Some areas of special focus are Medicare physician payment reform, Medicare Secondary Payer, Qualified Medicare Beneficiaries, information, counseling, and assistance in rural areas, and coordinated care options for Medicare beneficiaries. ICA Grant funds are intended to help States plan, develop, and implement programs designed to provide those services. While the programs strive to serve the various minority and hard to reach populations through outreach activities, there is no measure of the proportion of individuals with disabilities served. [AAEA Contact: Paul Mendelsohn, (410) 786-3213.]

MANAGED CARE AND PEOPLE WITH DISABILITIES

**Robyn I. Stone
Deputy Assistant Secretary
for Disability, Aging and
Long-Term Care Policy/ASPE**

**Presentation to
Appointees with Disabilities
March 15, 1996**

What is Managed Care?

- ◆ **Integrating the financing and/or delivery of health care services.**
- ◆ **Some form of capitation.**
- ◆ **Emphasis on primary and preventive care services.**
- ◆ **Disincentives for unnecessary hospitalization and institutionalization.**

primary & secondary prevention

Types of Managed Care

- ◆ **Primary care case management.**

- ◆ **Risk-based models.**
 - **Primary and acute care only (e.g., Medicare HMOs, Medicare Select, Evercare, Community Medical Alliance).**
 - **Long-term care only (CNO).**
 - **Integration of primary, acute and long-term care (PACE, SHMO II, ALTCS “for MR/DD”).**

Managed Care's Great Promise for People with Disabilities

- ◆ **Expanded services.**
- ◆ **Protection from high copayments and deductibles.**
- ◆ **Increased coordination and case management.**
- ◆ **Continuity of care.**
- ◆ **Less restrictive forms of care.**
- ◆ **More prevention and primary care.**
- ◆ **Reduced incentives for institutional care.**

Potential Disadvantages for Older Persons and Persons with Disabilities

- ♦ **Risk selection.**

- ♦ **Inadequate access to specialty care.**
 - **Gate keepers**
 - **Defined provider networks**

- ♦ **Decreased access to core services.**
 - **Home health care**
 - **Rehabilitation**

Potential Disadvantages (Continued)

♦ **Disruption of important care relationships.**

♦ **“Medicalization” of long-term care.**

integrate acute & lt care - can't be done

♦ **Greater use of nursing homes.**

because of desire to reduce hospitalization

Barriers to Development of Managed Care for Elderly and Disabled

- ◆ **Fragmentation of funding source.**
- ◆ **Risk issues.**
- ◆ **Lack of comprehensive service coverage.**
- ◆ **Fragmented service delivery system.**
- ◆ **Lack of education and training.**

*Models - geriatric
- rehab*

Key Design Issues

◆ Target population.

- **Generic versus specialty plans.**
- **Which disabilities to include?**

◆ Degree of financial integration.

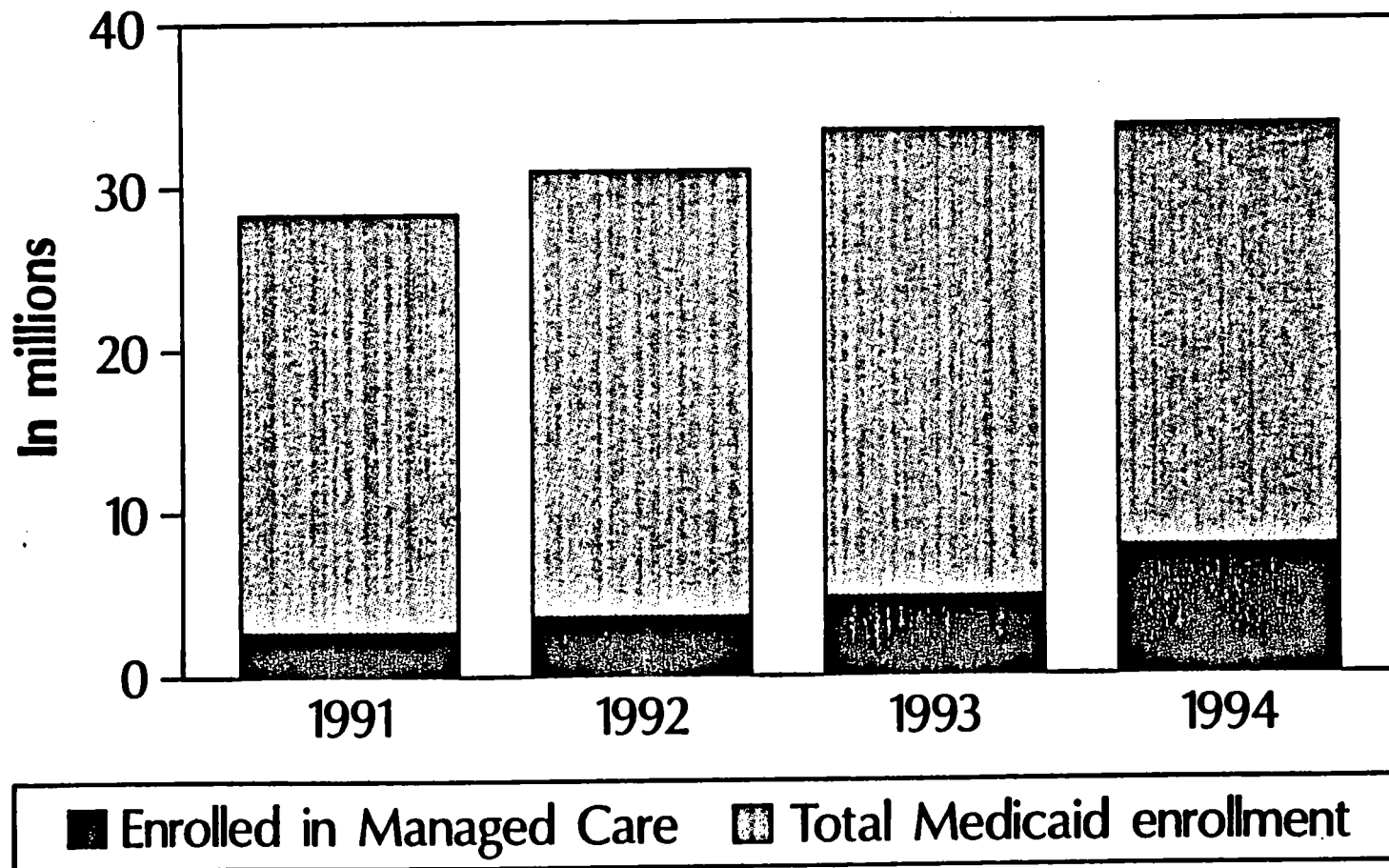
◆ Service coverage.

- **Primary, acute, post acute, long-term care.**
- **Integration versus coordination.**
- **Case management.**

Key Design Issues (continued)

- ◆ **System organization
(horizontal versus
vertical).**
- ◆ **Degree of consumer
choice.**
 - **Voluntary versus
mandatory.**
 - **Choice among plans.**
 - **Choice of practitioners/
services.**
 - **Consumer role in decision
making.**
- ◆ **Information systems
development.**
- ◆ **Quality assurance.**

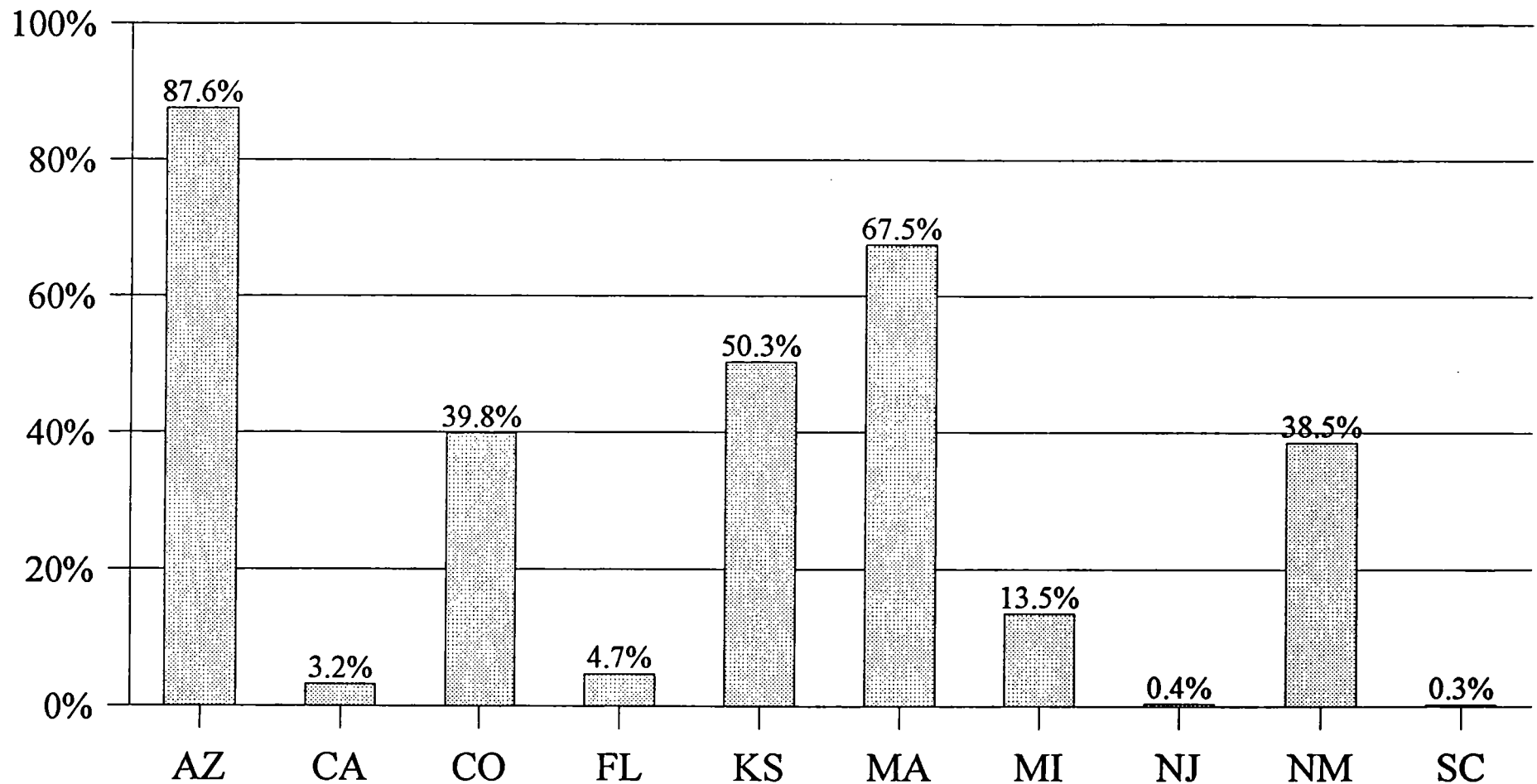
Medicaid Beneficiaries Enrolled in Managed Care



SOURCE: HCFA, Office of the Actuary

115H/pa9195-c

Percent of SSI Disabled Enrolled in Managed Care



SOURCE: Institute for Health Policy, Brandeis University, August 1994.

Managed Care and People with Disabilities

Joint Research Agenda

Planned	Ongoing
Managed Care for Disabled Elderly	Models of Managed Care for Children with Disabilities
Study of Dually Eligible	Health and Expenditure Patterns of Children with Disabilities
DC Waiver Evaluation	Innovative Practices and Plans Project
Disability Survey Analysis	Disability Supplement
	Interdisciplinary Training Project
	Statewide Evaluations (HCFA & ASPE)
	Employer-Based Study
	Managed Care Grant
	National Conference (HCFA & ASPE)
	Synthesis of HHS Related Managed Care Research

1994/1995 Disability Survey

- ♦ ***Phase I:* Collect disability information on 250,000 persons nationally; data available June 1996.**
- ♦ ***Phase II:* Collect detailed medical and nonmedical information on service use, housing, transportation, employment, etc. for 40,000 persons with disabilities.**

***Results:* Detailed information on cost, coverage, satisfaction, functioning, health care access.**

***Analyses:* Over a dozen papers planned; session scheduled at APHA.**

Project on Health and Expenditure Patterns for Children with Disabilities

- ◆ **Measuring disabilities by diagnosis as well as disabling condition under SSI.**
- ◆ **Analyzing utilization and expenditure patterns under Medicaid.**
- ◆ **Comparing analyses with private employer data bases.**

Project on Model Managed Care Systems for Children with Disabilities

- ♦ **Examine innovative models serving children with disabilities.**
- ♦ **Identify and explore financing arrangements, quality assurance activities, organizational models, benefits and coverage.**
- ♦ **Data/information collected and summarized from four States.**
- ♦ **Final report due by May.**

Project on Innovative Practices and Plans Serving Disabled Populations

Areas of interest include:

- ♦ **Risk management strategies.**
- ♦ **Provider training models.**
- ♦ **Quality assurance activities.**
- ♦ **Enrollment and marketing practices.**
- ♦ **Consumer participation.**
- ♦ **Provider recruitment and retention.**

Interdisciplinary Education and Team Training Task

- ◆ **Case studies to identify and describe interdisciplinary training programs.**
- ◆ **Review and synthesize literature on interprofessional and team training.**

Medicaid 1115 Waiver Evaluation Supplements

- ◆ **Oregon and Tennessee.**
- ◆ **Pre/post comparisons (access, quality, cost, outcomes).**
- ◆ **Linking Medicaid claims data with Social Security files and State functional data when available.**
- ◆ **Descriptive case studies (infrastructure, delivery systems, provider training...)**
- ◆ **Baseline and follow-up satisfaction survey of consumers and providers.**

Employer-Based Study

- ◆ **Identify employers/payers interested in sharing data on disabled.**
- ◆ **Develop methodology to identify people with disabilities using MCOs in large private payers.**
- ◆ **Supplement existing employer data base(s), and data collection instruments.**
- ◆ **Track enrollment, utilization and cost data on people with disabilities in managed care.**
- ◆ **Analyze data from employers.**

National Conference on Research on Managed Care and People with Disabilities

- ♦ **Scheduled for November 1996.**
- ♦ **Interdepartmental planning group.**
- ♦ **To synthesize and share research results on the impact of managed care on people with disabilities.**
- ♦ **To disseminate information on successful practices of managed care plans and providers serving the disabled.**
- ♦ **To stimulate debates on the implications of research and practice for policy development around managed care and disability.**

Managed Care Research Grants

- ◆ **Comparative study of FFS and HMO use by nonelderly Medicare disabled (Fallon Health Care and Kaiser in Portland, Oregon)**
- ◆ **Managed care models for children with special needs in Florida.**
- ◆ **Risk adjustment for people with disabilities in managed care (with NIDRR).**

Projects Planned for 1996-1997

- ◆ **Medicare managed care for people with disabilities.**
- ◆ **Delivery of Medicare and Medicaid services to the dually eligible.**
- ◆ **Early implementation evaluation of the DC 1115 waiver.**
 - **Providing acute and long-term care to children with disabilities.**
- ◆ **Ongoing analyses of the Disability Survey.**

MANAGED CARE & PEOPLE WITH DISABILITIES



Research Inventory February, 1996

Office of the Assistant Secretary for Planning and Evaluation

Division of Disability, Aging and Long-Term Care Policy
Hubert H. Humphrey Building
200 Independence Ave. S.W. -- Room 424-E
Washington, D.C. 20201

For Additional Information Please Contact Andreas Frank at (202) 690-6443

First draft

**Managed Care for People With Disabilities
Research Inventory**

Table of Contents

I. RESEARCH ON MANAGED CARE FOR PEOPLE WITH AIDS

Medicaid AIDS Capitated Care Program	1
HIV Cost and Service Utilization Settings	2
New York State Managed Care Demonstration Project	3
Capitated Baseline Demonstration Project for Individuals with End-stage AIDS.	4
Development of an HIV/AIDS Service Delivery Model	5

II. RESEARCH ON MANAGED CARE FOR CHILDREN WITH SPECIAL HEALTH NEEDS

The Managed Care Enhancement Project for Children with Special Health Care Needs.	6
Integrated Service Systems for Children with Disabilities	7
Health Services for Children with Special Needs, Inc., Washington D.C.	8
Secondary and Associated Conditions of Children with Cerebral Palsy (CP) or Spina Bifida (SP)	9
Insuring Quality: Monitoring the Impact of Managed Care and Health Care Reform on Children with Special Health Care Needs and Their Families.	10
The Pediatric Alliance for Coordinated Care at Children's Hospital	11
Management of Child Psychosocial Problems in Primary Care	12
Selection Analysis: Children with Special Care Needs in Michigan	13
Monitoring and Evaluating Managed Care for Children with Chronic Illness and Disability	14
Health Care Program and Children with Special Health Care Needs: Quality, Access, and Satisfaction	15
The Impact of Managed Care Arrangements on Caregiver Out-of-Pocket Expenses When Caring for Children With Special Health Care Needs	16
A Comparative Analysis of Children with Special Health Care Needs in Managed Care: The Development of Empirically-based Models	17
Integrated Services in an HMO for Children with Chronic Disease and Disabilities	18
Functional Consequences	19
1-day Childhood and Managed Care Conference with United Hospital Fund March '96 (N.Y.C.)	20
Michigan Evaluation of Children with Special Health Care Needs (CSHCN) Managed Care Arrangements	21

III. RESEARCH ON MANAGED CARE FOR PEOPLE WITH MENTAL ILLNESS

Evaluating Managed Mental Health Services: The Fort Bragg Experiment	22
Capitating Medicaid Mental Health Services for Individuals with Severe and Persistent Mental Illness	23
Evaluation of the Massachusetts Medicaid Mental Health/Substance Abuse Program ...	24
Evaluation of the Utah Prepaid Mental Health Plan	25
Massachusetts Medicaid	26
Managed Care: The Impact of Mental Health Carve-Outs	27
Survey of Managed Care for People with Complex Mental Disorders	28
Cost of Care for Severely Mentally Ill HMO Members	29

Managed Care for Persons with Mental Illness and Substance Abuse	30
Managed Care for Iowa Medicaid Recipients with Mental Illness	31
IV. RESEARCH ON MANAGED CARE FOR PEOPLE WITH MR/DD	
Rhode Island CHOICES	32
Medicaid Managed Care Project	
UCP - NY State	33
V. RESEARCH ON MANAGED CARE FOR FRAIL ELDER	
Maine NET Demonstration Program	34
Synthesis of What We Know About Managed Long-Term Care	35
Medicare Select	36
Social HMO II	37
PACE Demonstration	38
Community Nursing Organization (CNO) Demonstration	39
A Study of Home Care Quality under Capitated and Fee-for-Service Payment	
Arrangements.	40
EverCare	41
VI. RESEARCH ON MANAGED CARE FOR PEOPLE WITH CHRONIC CARE CONDITIONS	
Evaluation and Replication of Metro Medical	
Group's Managed Care College	42
Care Coordination for Working Age Adults with Chronic Conditions	43
Chronic Care Performance Measures for External Reporting Requirements	44
A New Primary Care Model for Chronic Illness Care	45
VII. RESEARCH ON MANAGED CARE FOR PEOPLE WITH DISABILITIES, IN GENERAL	
1994/1995 Disability Supplement to the National Health Interview Survey	46
Innovative Care Plans Serving Adults with Disabilities	47
Survey of Persons in Managed Care and Fee For Service	48
Maryland Medicaid Reform	49
Medicare DCG Project	50
Comparison of Physician and Hospital Use among the Non-Elderly Covered by HMOs	
and Indemnity Insurance.	51
Measuring Quality in Managed Care for Persons with Disabilities	52
The Medicare Disabled Populations in HMOs and FFS: A Comparative Study	53
Medicaid Managed Care and the Disabled	54
Plan Choice Among Michigan Medicaid Recipients	55
Evaluation of Wisconsin's special care Initiative (I-CARE)	56
Evaluation of Implementation Issues for the Medicaid Working Group	
Project	57
Application of Diagnostically — Adjusted Payment System to NY, Ohio, Minnesota,	
Milwaukee County & Colorado	58
Medicaid Working Group — Missouri Rate Setting Project	59
Access to Health Care in Rural America	60
Managed Care for Adults with Spinal Cord Injuries	61
Disability Supplement to Existing HCFA Evaluation of the Oregon 1115	
Demonstration	62
Medicaid Managed Care Contracting	63
Functional Related Groups (FRG)	64

Evaluation of The State Health Reform Demonstration (Tennessee, Hawaii, Rhode Island, Oklahoma and Vermont.)	65
Evaluation of Medicaid Health Reform Projects (Minnesota and four other states.)	66

I. Research on Managed Care for People with AIDS

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Iris Posner

Organization: HRSA

Telephone: (301) 443-6861

Name of Study: Medicaid AIDS Capitated Care Program

Project Director/PI: John Bartlett, Johns Hopkins University School of Medicine

Funding Source: HRSA—Special Projects Of National Significance (SPNS) Managed Care Models

Project Dates: 1993-1998

Research Questions/Goals

This project will establish and evaluate a capitated care program for Medicaid recipients utilizing the Johns Hopkins AIDS Care Service.

Program Description:

The care program includes primary care, subspecialty care, substance abuse care, mental health, social services, specialized procedures, laboratory support, and all medical care related to HIV.

Brief Description of Methods and Data

Data on cost effectiveness, clinical outcomes evaluated by events (AIDS-defining diagnoses), survival, and quality of life will be used to analyze the program. Survival analyses will be used, and demographic data will be correlated with Medicaid payment data.

Availability of Results

The program has not yet started; it should begin in March 1996.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Sam Bizetti
Organization: RAND
Telephone: (619) 552-4325
Name of Study: HIV Cost and Service Utilization Settings
Project Director/PI: Sam Bizetti and Martin Shapiro (UCLA)
Funding Source: 33 States and AHCPR, RAND, RWJ, NIDA, NIMH, NOA, HRSA,
Project Dates: September 1994 - September 1999

Research Questions/Goals

This extensive study will examine managed care environments with Medicaid and private payers, comparing service delivery for patients with HIV. Across different models other outcomes of interest include: access, women's issues, and costs.

Brief Description of Methods and Data

Patients are randomly selected (a national probability sample) and have four rounds of interviews. Clinicians and care sites - primary or specialty providers - are also interviewed.

Availability of Results

They are currently analyzing data and will have data available for presentation at the conference.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Iris Posner

Organization: HRSA

Telephone: (301) 443-6861

Name of Study: New York State Managed Care Demonstration Project

Project Director/PI: Humberto Cruz, New York State Department of Health AIDS Institute
(212) 613-2492

Funding Source: HRSA—Special Projects Of National Significance (SPNS) Managed Care Models

Project Dates: 1993-1997

Research Questions/Goals

How does the transition from a fee-for-service to a managed care system affect cost, quality, and access to care for persons with HIV/AIDS in NY State? The information will be used to establish HIV adjusted actuarial rates, evaluate utilization thresholds, monitor quality of care and access to care, and monitor changes in service delivery systems.

Brief Description of Methods and Data

There are three design components to the project:

- a demonstration of HIV/AIDS managed care within 24 existing managed care plans
- broad data collection on cost and patterns of service from a variety of fee-for-service providers from across New York State
- a cohort study of 2,000 to 2,500 HIV/AIDS clients as they transition from fee-for-service to managed care, to be followed for the duration of the project.

Availability of Results

They will have preliminary data in March 1996 and will have data available to present at the conference.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: David Cherin

Organization: Visiting Nurse Association- Los Angeles

Telephone: (213) 386-7200

Name of Study: Capitated Baseline Demonstration Project for Individuals with End-stage AIDS.

Project Director/PI: W. June Simmons

Funding Source: HRSA- Special Projects Of National Significance (SPNS)

Project Dates: October 1994-September 1997

Research Questions/Goals

Objective:

To build a capitated model of home care services for those with end-stage HIV/AIDS.

Question:

Does the continuity of care model produce lower costs, higher quality of life (as rated by patients) and more appropriate use of hospice services than the fee-for-service models?

Brief Description of Methods and Data:

The continuity of care model, which includes a hospice trained team of nurses and social workers, will be compared to a more traditional home care model through a randomized experimental/control group study. Researchers will collect data on demographic characteristics, cost and use of services, and quality of life.

Data sources: MMIS, monthly phone interviews, and weekly RN visits.

Availability of Results

Preliminary results in September of 1996.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Terry Field

Organization: East Boston Neighborhood Health Center

Telephone: (617) 568-4871

Name of Study: Development of an HIV/AIDS Service Delivery Model

Project Director/PI: Judith Steinberg/Jim Taylor, M.D.

Funding Source: HRSA- Special Projects Of National Significance (SPNS) Managed Care Models

Project Dates: October 1994 - September 1999

Research Questions/Goals

To develop a community-based, coordinated comprehensive care plan for patients with HIV.

To develop appropriate capitated rates and explore risk sharing arrangements with providers and payers.

Project Description

A multidisciplinary provider team will coordinate care for high-risk, underserved individuals; services will include primary and specialty care, inpatient and home care, case management, client support services and HIV counseling and testing.

Brief Description of Methods and Data

Patient care costs will be evaluated at three stages of infection (asymptomatic, symptomatic, and full-blown AIDS), and costs under managed, capitated care will be compared to fee-for-service costs.

Cost comparison and the development of capitated rates will be based in the following sources of data: an extensive information system containing data on all clients; encounter and billing data; and the review of externally used services. These data services will provide the basis for cost comparisons and the development of capitated rates.

Availability of Results

Not yet determined.

II. Research on Managed Care for Children with Special Health Care Needs

**MANAGED CARE FOR THE PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Debbie Allen

Organization: Massachusetts Department of Public Health, Family and Community Health Division

Telephone: (617) 727-6941

Name of Study: The Managed Care Enhancement Project for Children with Special Health Care Needs.

Project Director/PI: Debbie Allen

Funding Source: Maternal and Child Health Bureau -- SPRANS Grant

Project Dates: October 1993 - September 1997

Research Questions

What are the characteristics of children with disabilities on Medicaid?

What are their health care utilization patterns in both fee-for-service Medicaid and Medicaid managed care plans?

How do parents of children with special health care needs perceive managed care?

How do primary care physicians perceive managed care?

Brief Description of Methods and Data

Medicaid claims data analysis.

Survey of parents and providers.

Availability of Results

Data analysis and survey findings will be available in February 1996.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Sally Bachman
Organization: The MEDSTAT Group
Telephone: (617) 492-9318
Name of Study: Integrated Service Systems for Children with Disabilities
Project Director/PI: Sally Bachman
Funding Source: ASPE
Project Dates: Spring 1995

Research Questions/Goals

Are children with disabilities more likely to disenroll from managed care plans than able-bodied children?

Do children with disabilities enrolled in HMOs use out-of-plan services differently than able-bodied children?

What are current and future policies for serving children with disabilities through managed care among four states?

Brief Description of Methods and Data

Descriptive analysis of 1992 Medicaid claims and enrollment dates from the tape-to-tape files.

Site visits to California, Florida, Massachusetts and Michigan to interview state officials, HMO administrators and advocacy groups.

Availability of Results

Study completed in summer of 1995.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Don Blanchon

Organization: Health Services for Children with Special Needs, Inc.

Telephone: (202) 466-2145

Name of Study: Health Services for Children with Special Needs, Inc.,
Washington D.C.

Project Director/PI: Don Blanchon

Funding Source: HCFA

Project Dates: December 1, 1995 - November 30, 1998

Research Questions/Goals

What impact does a specialized managed care plan have on Medicaid-eligible children with complex medical needs?

Brief Description of Methods and Data

The program is now collecting baseline data through in-person surveys of families on: family structure, past health care utilization, use of other public assistance programs, general access to health care, and the home environment. These survey findings, together with the care plan, which is developed by the primary care physician, child, and family; data on the child's prior year utilization in the Medicaid FFS system; and other information pertaining to care coordination, follow-up or visits, will form a child's service delivery record. In addition, they will have consent forms for the release of medical record information. These data sources will form a child's profile for research and evaluation purposes.

Availability of Results

By September or October of 1996, they will have a snapshot of the first 6 months of program experience. They will be able to look at the use of specific services (e.g. E.R. and community-based); and will have general cost and utilization data which they will analyze by diagnosis. Project analysts also will have tracked enrollment and disenrollment rates.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Gary Edwards

Organization: UCP of Greater Birmingham

Telephone: (205) 251-0165

Name of Study: Secondary and Associated Conditions of Children with Cerebral Palsy (CP) or Spina Bifida (SP)

Project Director/PI: Gary Edwards

Funding Source: CDC-Funded Alabama Disabilities Prevention State Capacity Building Grant.

Project Dates: October 1994-September 1996

Research Questions/Goals

To identify secondary and associated conditions in children with CP or SB. In addition to secondary and associated conditions, analyses will focus on caregiver stress and socialization, social integration of the child, services and resources, health care utilization, and cost. Additional analyses will assess differences in the health care utilization between children in HMOs and children in non-HMO health plans.

Brief Description of Methods and Data

Personal interviews were conducted with 126 parent/guardian caregivers. The personal interview instrument contained items on the child, the caregiver, the family unit, and resource utilization. Focus groups with caregivers were also conducted, addressing the effects of secondary conditions on children's daily lives. Preliminary analysis of the above issues focused on three age cohorts: birth to 5 years, 6 to 10 years, and 11 to 15 years.

Availability of Results

A draft report will be sent to COC in the Spring of 1996.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Susan Epstein

Organization: New England SERVE

Telephone: (617) 574-9493

Name of Study: Insuring Quality: Monitoring the Impact of Managed Care and Health Care Reform on Children with Special Health Care Needs and Their Families.

Project Director/PI: Susan Epstein

Funding Source: MCH Bureau — SPRANS Grant

Project Dates: October 1994 to September 1998

Research Questions/Goals

What indicators are necessary for monitoring the quality of family-centered care provided to children with special health care needs (SHCNs) in managed care plans?

Brief Description of Methods and Data

Survey of parents, primary care providers, and managed care organizations throughout four of six New England states. Descriptive data analysis of survey results. Task Force of state Title V agency representatives, families of children with SHCNs, health care providers, state Medicaid program representatives, insurance regulators and managed care plans are advising project methods and the development of quality indicators.

Availability of Results

Preliminary findings from family and provider survey — March of 1996.

Initial priorities for quality indicators to be used by families, providers, and managed care plans in fall of 1996.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Dr. Lynn Haynie
Organization: Children's Hospital
Telephone: (617) 355-6394
Name of Study: The Pediatric Alliance for Coordinated Care at Children's Hospital
Project Director/PI: Dr. Lynn Haynie
Funding Source: RWJ
Project Dates: January 1995 - December 31, 1995

Research Questions/Goals

To develop a community-based clinic model of care delivery for children with special health care needs.

To develop a risk-adjusted pediatric capitation rate.

Brief Description of Methods and Data

Focus groups of parents, physicians, and nurses.

1994 Medicaid claims data analyses of children on SSI.

Availability of Results

The pediatric nurse practitioner clinical model will be used by primary care pediatricians in the community.

As a second phase to this project, researchers hope to evaluate changes in utilization, cost and satisfaction associated with the use of the community-based clinical model.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Cille Kennedy

Organization: NIMH

Telephone: (310) 443-3648

Name of Study: Management of Child Psychosocial Problems in Primary Care

Project Director/PI: Kelly Kelleher (Child Services Research and Development),
(612) 692-7840

Funding Source: NIMH

Project Dates: June 1994 - April 1997

Research Questions/Goals

To identify and examine the types of management strategies used by pediatricians and other office-based primary care physicians who provide care to children with emotional disorders and other psychosocial problems.

To assess patient outcomes associated with the different management strategies. Outcomes of interest are family functioning and the global health scale behavioral symptoms.

Brief Description of Methods and Data

Using a sample of 400 office-based primary care physicians, researchers will collect information from clinicians and parents on treatment provided to children with emotional disorders in three different systems of care: managed care, fee for service, and the Canadian national health insurance. Parents, clinicians, and office staff will fill out surveys, and 1,500 children will be followed for up to six months to determine if they used the services recommended by their physicians.

Availability of Results

Researchers have submitted an abstract to NIMH and will present results on variation in treatment rates at the NIMH fall conference. They will also be presenting results at the Society for Pediatric Research Conference in May.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Rick Kronick
Organization: UCSD
Telephone: (619) 534-4273

Name of Study: Selection Analysis: Children with Special Care
Needs in Michigan

Project Director/PI: Rick Kronick

Funding Source: ASPE/NIDDR

Project Dates:

Research Questions/Goals

To detect whether selection occurred in the types of managed care plans (HMO vs. Primary Care Case Management) that the population enrolled in.

Brief Description of Methods and Data

1993 Tape-to-Tape data from Michigan - will probably be based on diagnosis and prior utilization.

Population is Title V/Medicaid children with special care needs from Wayne County.

Availability of Results

Next fall; research just beginning.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Paul Newacheck

Organization: Institute for Health Policy Studies

Telephone: (415) 476-3896

Name of Study: Monitoring and Evaluating Managed Care for Children with Chronic Illness and Disability

Project Director/PI: Paul Newacheck

**Organization
(if different than above):** Research Consortium for Children with Chronic Illness

Funding Source: Material and Child Health Bureau

Project Dates: October '94 to September '96

Research Questions/Goals

This is not an empirical study, but a description of indicators to monitor kids with disabilities in managed care.

Brief Description of Methods and Data

They outline 7 domains (including access to care, quality and health outcomes), used to identify a set of indicators (such as waiting time).

Evaluation methods to measure care plans are described.

Availability of Results

To be published in Pediatrics in 1996 (in about 8 months), and a less applied paper on the same topic will be finished in another couple of months.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: James Perrin
Organization: Massachusetts General Hospital
Telephone: (617) 726-1885
Name of Study: Health Care Program and Children with Special Health Care Needs:
Quality, Access, and Satisfaction
Project Director/PI: James Perrin
Funding Source: MCHB - SPRANS Grant
Project Dates: September 1, 1994 - September 1996

Research Questions/Goals

What are the issues involved in monitoring the quality of care provided to children with special health care needs in managed care settings?

How can and should Medicaid HEDIS measures be adapted for this population?

Brief Description of Methods and Data

Conceptual papers

Availability of Results

First paper template and accepted for publication.

2nd paper will be completed by summer.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Betsy Shenkman

Organization: Institute for Child Health Policy

Telephone: (904) 392-5904

Name of Study: The Impact of Managed Care Arrangements on Caregiver Out-of-Pocket Expenses When Caring for Children With Special Health Care Needs.

Project Director/PI: Betsy Shenkman

Funding Source: ASPE

Project Dates: October 1995 - September 30, 1997

Research Questions/Goals

The study will measure the influence of the organizational features of managed care firms, provider characteristics, and characteristics of child and family on out-of-pocket expenditures.

Brief Description of Methods and Data

A telephone survey of families with children with special health care needs linking these data to health care use data obtained from the managed care plans.

Regression techniques to measure the effects.

Availability of Results

Preliminary findings will be available in January of 1997.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Betsy Shenkman

Organization: Institute for Child Health Policy

Telephone: (904) 392-5904

Name of Study: A Comparative Analysis of Children with Special Health Care Needs in Managed Care: The Development of Empirically-based Models

Project Director/PI: John Reiss and Betsy Shenkman

Funding Source: Maternal and Child Health Bureau

Project Dates: September 1994 - September 1998

Research Questions/Goals

Do the organizational features of a health care plan, provider characteristics, or family and child characteristics affect health care use?

Brief Description of Methods and Data

Primary data collection through 45 minute telephone interviews with families. They are obtaining person-level health care use data from the managed care companies participating in the project. They will use various modelling and regression techniques to predict use.

Availability of Results

Preliminary study findings will be available in mid-fall of 1996.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Barbara Staub

Organization: Group Health Foundation

Telephone: (612) 653-2145

Name of Study: Integrated Services in an HMO for Children with Chronic Disease and Disabilities

Project Director/PI: Barbara Staub and Dr. Brooks Donald

Funding Source: RWJ Planning Grant

Project Dates: April 1, 1995 - December 31, 1995

Research Questions/Goals

To improve services for children with disabilities (diabetes, muscular dystrophy, autism, cerebral palsy, and cystic fibrosis) who are members of Health Partners, a mixed-model HMO.

Research Questions: How often do children with disabilities use primary care clinicians, the ER, and home health service, and how often are they hospitalized?

Brief Description of Methods and Data

In-person in-home interviews with 35 children with disabilities (who have one or two diagnoses) enrolled in Health Partners. Interviews with 15 parents of children with disabilities and with a community group. Researchers will obtain basic demographic and financial information, and will track the service utilization and health outcomes of this population.

Availability of Results

A report will be issued to RWJ in February or March 1996.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Ruth Stein

Organization: Albert Einstein University Medical Center

Telephone: (718) 918-5304

Name of Study: Functional Consequences

Project Director/PI: Ruth Stein

**Organization
(if different than above):** Study data part of the National Child Health Assessment Project.

Funding Source: ASPE

Project Dates: September '94 - May '96

Research Questions/Goals

Determining definitions of chronic illness and disability (including factors such as functional limitations, compensatory mechanisms, and increased use of health care services) as a way to identify children with disabilities, and implications of these compared to ADA standards.

Brief Description of Methods and Data

Random-digit dialing surveys of both local and national populations (N=1300), as well as populations in Arizona (N= about 1300, and samples are community and deliberate). In Arizona, looking at Title V children.

Availability of Results

Published in Pediatrics in 1993, Further results to be submitted to Pediatrics this spring. Children who meet ADA criteria have both single and multiple components of the above definitions.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Ruth Stein

Organization: Albert Einstein University Medical Center

Telephone: (718) 918-5304

Name of Study: 1-day Childhood and Managed Care Conference with United Hospital Fund March '96 (N.Y.C.)

Project Director/PI: Ruth Stein

**Organization
(if different than above):** Study data part of the National Child Health Assessment Project.

Funding Source: ASPE

Project Dates: September '94 - May '96

Research Questions/Goals

The conference is not exclusively about children with disabilities, although there will be a session on how vulnerable populations (excluding children with mental impairments) fare under managed care.

Brief Description of Methods and Data

A 1-day conference about balancing personal and community health issues in managed care. (The United Hospital Fund is an advocacy and philanthropy group.)

Availability of Results

Results to be submitted following conference.

MANAGED CARE FOR PEOPLE WITH DISABILITIES RESEARCH INVENTORY

Contact Person Name: Carol Keefe
Organization: Michigan Public Health Institute
Telephone: (517) 347-3145
Name of Study: Michigan Evaluation of Children with Special Health Care Needs (CSHCN) Managed Care Arrangements
Project Director/PI: Ronald Uken, Michigan Department of Public Health
Funding Source: Maternal and Child Health Bureau -- SPRANS Grant
Project Dates: October 1994 - September 1998

Research Questions/Goals

To develop a model for the systematic evaluation of service delivery and outcomes for children with special health care needs (CSHCNs) under three managed care arrangements: primary care case management, a partial-risk plan, and a full-risk capitated plan.

Research Questions for baseline information:

- Are families of children with special health care needs in Michigan satisfied with their current health care arrangements?
- What are the structural characteristics of the health care system that these families currently use?

Brief Description of Methods and Data

Phase 1: Mail survey of stratified sample of families of children with special health care needs.

Phase 2: Development of evaluation tools, e.g., patient satisfaction measures, and licensing and contract standards.

Phase 3: Field test, evaluate, and disseminate the evaluation model.

Availability of Results

Results from baseline survey will be available in early 1996. Evaluation model is being developed. It will be field-tested in the PCCM program adapted for CSHCNs once the adapted PCCM program is implemented (sometime in 1996).

III. Research on Managed Care for People with Mental Illness

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Len Bickman

Organization: Vanderbilt Institute of Public Policy Studies

Telephone: (615) 322-8694

Name of Study: Evaluating Managed Mental Health Services: The Fort Bragg Experiment

Project Director/PI: Len Bickman

Funding Source: NIMH and Department of Defense

Project Dates: 1989 - ongoing

Research Questions/Goals

Did a managed continuum of care decrease costs and improve clinical outcomes for children and adolescents with mental illness?

Brief Description of Methods and Data

Quasi-experimental design to compare individuals receiving traditional CHAMPUS services to those receiving a full range of non-institutional services.

Conducted 6 wave in-person, phone, and mail surveys of 1,000 families on clinical status, functional status and health service use. Also conducted analyses of claims and MIS data.

Availability of Results

Results currently available.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Joan Bloom

Organization: University of California, Berkeley

Telephone: (510) 642-4458

Name of Study: Capitating Medicaid Mental Health Services for Individuals with Severe and Persistent Mental Illness

Project Director/PI: Joan Bloom

Funding Source: NIMH

Project Dates: August 1994 - July 1998

Research Questions/Goals

What impact does providing mental health services in capitated managed care settings have on costs, cost-effectiveness and access to services?

What impact does capitation have on the innovation of services delivered to the severely mentally ill?

Brief Description of Methods and Data

Four data sources:

- Phone survey of people requesting services at community mental health centers (CMHCs).
- Four in-person interviews of 800 consumers; the first at baseline and three following implementation of the capitated programs.
- Interviews with clinicians and administrators in each CMHC throughout the state.
- Claims records

The 800 consumers in the study with either randomly selected from a capitated for-profit partnership or a CMHC, or were identified as a matched control in the fee-for-service sector. Researchers are using qualitative methods to assess innovation and are developing econometric models to analyze and interpret the data.

Availability of Results

They currently have qualitative findings on the impact of capitation in the mental health delivery system and other organizational issues related to transitioning to managed care. By fall of 1996 they will have preliminary data findings of the first 9 months.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: James Callahan

Organization: Brandeis University - Heller School

Telephone: (617) 736-3900

Name of Study: Evaluation of the Massachusetts Medicaid Mental Health/Substance Abuse Program

Project Director/PI: James Callahan

Funding Source: Massachusetts Division of Medical Assistance

Project Dates: January 1994 - (report date)

Research Questions/Goals

How did the managed mental health care program reduce costs and affect access and quality for the Medicaid population enrolled (AFDC & SSI)?

Brief Description of Methods and Data

Claims data were used to evaluate impact on costs. Access issues were assessed through analysis of utilization levels and through a provider survey. Quality indicators included readmission rates, reports from providers, and discussions with consumers.

Availability of Results

Completed. Results in report form.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Jon Christianson

Organization: University of MN Institute for Health Services Research

Telephone: (612) 624-6151

Name of Study: Evaluation of the Utah Prepaid Mental Health Plan

Project Director/PI: Jon Christianson

Funding Source: HCFA and NIMH

Project Dates: October 1992 - August 1996

Research Questions/Goals

What is the impact of the prepaid plan on services used and expenditures by Medicaid beneficiaries?

What is the impact of the plan on mental health status, service use and access for people with schizophrenia?

What is the impact of the plan on the operations and finances of participating community mental health centers?

Brief Description of Methods and Data

Medicaid claims data, medical records data, in-person interviews at 5 points in time, program records.

Mix of quantitative statistical analyses and qualitative research methods.

Availability of Results

Preliminary results available; the first year experience of the evaluation is about to be published. Within the next year will complete the evaluation.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Edward Norton
Organization: RTI
Telephone: (919) 541-6996
Name of Study: Massachusetts Medicaid
Project Director/PI: Barbara Dickey, Harvard Medical School
Funding Source: NIMH
Project Dates: 1994 - 1997

Research Questions/Goals

Studying how Massachusetts Medicaid will implement a statewide system for the severely mentally ill, and how it will affect cost, access to care, and quality of care.

Brief Description of Methods and Data

Studying adults pre-1990 and after (about 10,000 subjects/year) to see how changes in the system affected them. Methods include longitudinal analysis, fixed effects estimation, prior use models, and hierarchical modeling.

Availability of Results

One paper is about to come out in a RWJ book, *Series of Advances in Health Economics*. Other papers will be available in the spring of 1996.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Kyle Grazier
Organization: Cornell University
Telephone: (608) 255-2504
Name of Study: Managed Care: The Impact of Mental Health Carve-Outs
Project Director/PI: Kyle Grazier
Funding Source: NIMH
Project Dates: August 1994 - July 1996

Research Questions/Goals

To determine the extent and nature of changes in the use and cost of mental health services before and after the introduction of a mental health carve out.

To identify the role of biased selection on the observed effects.

To explore the offset effects between mental health and non-mental health service use.

Brief Description of Methods and Data

Researchers are using a three-stage model, based on the economic theory of demand, to examine determinants of mental health and medical care use for three years prior to and three years following the introduction of the carve out.

Data: Six years of inpatient and outpatient claims data from 19,200 employees of a private sector company.

Availability of Results

Preliminary findings on a subsample are currently available.

Final results expected in August 1996.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Joseph Manes
Organization: Bazelon Center for Mental Health Law
Telephone: (202) 467-5730

Name of Study: Survey of Managed Care for People with Complex Mental Disorders

Project Director/PI: Chris Koyanagi

Funding Source: Various — mostly private monies and donations

Project Dates: July 1995 - present

Research Questions/Goals

Implementation of managed care for adults and children with complex mental disorders, and how much consumer and advocacy involvement there is in these plans.

Brief Description of Methods and Data

Across all states - looking at public sector programs.

Availability of Results

Initial report will be available early in 1996, although it's hard to say what the format (length, presentation, etc.) will be like at this point.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Cille Kennedy

Organization: NIMH

Telephone: (310) 443-3648

Name of Study: Cost of Care for Severely Mentally Ill HMO Members

Project Director/PI: Bentson McFarland (Kaiser Foundation Hospital, OR)

Funding Source: NIMH

Project Dates: September 1990 - April 1996

Research Questions/Goals

What is the use and cost of HMO services and public mental health services by persons with severe mental illness, and how does it influence their duration of enrollment in the HMO? Is this population appropriately served by "mainstream" HMOs as compared to more specialized HMOs?

Brief Description of Methods and Data

The research focused on 250 persons with schizophrenia or bipolar disorder enrolled in the Northwest Region of Kaiser Permanente, which serves 25 percent of the population of metropolitan Portland, Oregon. The control group consisted of 500 age- and sex-matched HMO enrollees; survival analysis was used to compare enrollment duration between subjects and controls, and proportional hazards models were used to measure how cost and use of public mental health services influence length of care in HMOs.

Availability of Results

The results were presented at the annual APHA convention last November, and abstracts will be submitted to the Archives of General Psychiatry.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Edward Norton
Organization: RTI
Telephone: (919) 541-6996
Name of Study: Managed Care for Persons with Mental Illness and Substance Abuse
Project Director/PI: Tony Peppitone
Funding Source: SAMHSA
Project Dates: October 1995 - October 1997

Research Questions/Goals

Looking at differences in outcomes in these populations between managed care and fee-for-service.

Brief Description of Methods and Data

Data from all 50 states combining Medicare, Medicaid, and private data -- longitudinal analyses.

Availability of Results

Some preliminary data may be available by November 1996, although it probably will not be ready for the conference.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Dan Russell
Organization: Iowa State University
Telephone: (515) 294-7081

Name of Study: Managed Care for Iowa Medicaid Recipients with Mental Illness

Project Director/PI: Dan Russell

Funding Source: State of Iowa

Project Dates: March 1995 - September 1996

Research Questions/Goals

To evaluate Iowa's managed care program for Medicaid-eligible people with mental illness.

Brief Description of Methods and Data

Medicaid claims data to look at changes in utilization and cost.

Survey of Medicaid recipients: pre- and post-implementation (follow-ups in spring).

Survey of practitioners (psychologists, psychiatrists and LICSWs): baselines and follow-up to obtain perceptions on how the system is working.

Availability of Results

They will issue a report to the state in fall 1996 and will have data available for presentation.

IV. Research on Managed Care for People with MR/DD

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Nancy Miller

Organization: HCFA (ORD)

Telephone: (410) 786-6648

Name of Study: Rhode Island CHOICES

Project Director/PI: Christy Ferguson, State Medicaid Director

Funding Source: HCFA Division of Aging and Disability

Project Dates: Spring 1995 to Spring 1996

Research Questions/Goals

This 1115 waiver project will serve adults with developmental disabilities using a managed care network with the goal of transforming a provider-driven system to a consumer-driven one.

Project Description

The State will consolidate all current State and Federal funding streams for approximately 4,000 developmentally disabled adults under one managed care Title XIX waiver program. Eligible enrollees will be enrolled in a private HMO or approved health plan for acute health care. A clinical management system will assist enrollees in obtaining long-term supports. The State will assess long-term care services use and ascribe a dollar amount for procurement of these services. Enrollees will be assisted by brokers or another source in managing the long-term care capitation amount (via a voucher or an agency).

Brief Description of Methods and Data

To be determined.

Availability of Results

To be determined.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Deb Williams/Joanne Genovese

Organization: United Cerebral Palsy Association of NY State, Inc.

Telephone: (518) 436-0178 Fax: (518) 436-8619

Name of Study: Medicaid Managed Care Project
UCP - NY State

Project Director/PI: Joanne Genovese

Funding Source: NY State Dept. of Health/PEW/RWJ - (MWG)

Project Dates: Current

Research Questions/Goals

Main goal is to develop a reimbursement strategy for 6 UCP affiliates who are interested in enrolling Medicaid recipients with MR/DD who are attending their clinics in a partially capitated managed care organization under development with these affiliates.

Subsidiary goals include examination of functional status of high/low utilizers and utilization patterns of those living in/outside of a residential setting.

Brief Description of Methods and Data

Population — 7,300 Medicaid recipients within OMRDD who attend the 6 UCP affiliates clinics. Majority have CP, but some are MR only. Of the MR only group, most are medically complex cases with severe physical disabilities.

Reimbursement Methodology will be regression — based. Have adjudicated Medicaid claims. Have conducted Medical Record reviews (includes utilization data) and have functional data from assessment interviews. Rick Kronick has adjudicated medical claims for all MRDD recipients for 2 years; eventually the plan is to compare their results based on the 7300 with Rick's results based on N of 90,000 known to MRDD.

Availability of Results

They expect to have at least some preliminary results by summer.

V. Research on Managed Care for Frail Elders

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Julie Fralich

Organization: University of Southern Maine; Muskie Institute

Telephone: (207) 780-4848

Name of Study: Maine NET Demonstration Program

Project Director/PI: Julie Fralich of the Muskie Institute and Correen Wright of the ME Dept of Human Services

Funding Source: HCFA - ORD

Project Dates: September 1994 to September 1997

Research Questions/Goals

To develop a rate methodology for the elderly and the physically disabled who will enroll in Maine NET.

Project Description

The Maine NET program will demonstrate the use of integrated acute and long-term care models for the financing and delivery of health and social services, and will promote the development of regional service delivery networks or health plans, particularly in rural areas of the state. It will provide comprehensive package of primary, acute and long-term care (institutional and non-institutional) as part of a prepaid capitated health plan and will include multidisciplinary approaches to care planning and service delivery. They are in year two of the Demonstration. Last year was a planning year and this year is the pre-implementation phase. The Demonstration is preliminary to a HCFA 1115 waiver application.

Brief Description of Methods and Data

Using Medicaid and Medicare claims data.

Availability of Results

By summer 1996 will have results related to predictions of utilization and cost.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Robert Friedland
Organization: National Academy on Aging
Telephone: (202) 408-3375
Name of Study: Synthesis of What We Know About Managed Long-Term Care
Project Director/PI: Robert Friedland
Funding Source: Administration on Aging
Project Dates: June of 1995 to February 1996

Research Questions/Goals

What is managed long-term care? What do we know about it? What is status of relevant research activity?

Brief Description of Methods and Data

Literature review, phone calls to gather information about public and private sector grant awards.

Availability of Results

Winter 1995 compendium of research on managed long-term care. February 1996 Research synthesis.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Edward Norton
Organization: RTI
Telephone: (919) 541-6996
Name of Study: Medicare Select
Project Director/PI: Steve Garfinkel
Funding Source: HCFA
Project Dates: 1990 - 1995

Research Questions/Goals

Working with Health Economics Research, RTI, is looking at the Medicare Select Plan, what Medigap policies the elderly on Medicare buy, and whether Select helps them save money.

Brief Description of Methods and Data

Data from multiple states are analyzed (from 1990 on) to look at cost, access to care, and quality of care. Methods include longitudinal analyses and fixed effects estimation.

Availability of Results

The final report was just submitted to HCFA, and will turn into a series of journal articles.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Nancy Miller
Organization: HCFA (ORD)
Telephone: (410) 786-6648
Name of Study: Social HMO II
Project Director/PI: Robert Kane, University of Minnesota
Funding Source: Division of Aging and Disability
Project Dates: Current

Research Questions/Goals

To develop a predictive model of costs, using functional measures, health status measures, data on medical conditions, and demographic information for the Social HMO II sites (second generation Social HMOs).

Project Description

HCFA recently selected six organizations to participate in the second generation Social HMO. Social HMO II will focus on the refining the targeting and financing methodologies and benefit design of a Social HMO, with an emphasis on geriatric care and the expansion of the model to special populations, such as beneficiaries living in rural settings and those who are dually entitled to Medicare and Medicaid. Approximately 85,000 individuals are expected to enroll in Social HMO II.

Brief Description of Methods and Data

Coefficients from the predictive model will be used to create risk-adjusted AAPCC payments for enrollees, replacing the current AAPCC rate cell structure.

Availability of Results

Findings will be available for presentation for Fall 1996.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Elizabeth Mauser (Project Officer)

Organization: HCFA, ORD

Telephone: (410) 786-6665

Name of Study: PACE Demonstration

Project Director/PI: David Kidder, Abt Associates

Funding Source: HCFA

Project Dates: June 1991 - December 1997

Research Questions/Goals

What factors influence the decision to enroll in PACE?

What is the impact of PACE on service utilization, patient functioning and health status, and patient and care-giver satisfaction?

Project Description

The PACE model includes as core services the provision of adult day health care and multidisciplinary team case management.

Brief Description of Methods and Data

Quantitative and qualitative methods.

Data Sources:

- DataPACE, a data management system from PACE sites
- Medicare and Medicaid claims data
- Survey of potential PACE enrollees when considering applying for PACE and every 6 months thereafter
- Site visits to all PACE sites

Availability of Results

Spring 1996: Preliminary results on decision to enroll analysis.

Summer 1996: Preliminary results on impact analysis

If continue with data collection, final results will be available at the end of 1997.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Nancy Miller

Organization: HCFA (ORD)

Telephone: (410) 786-6648

Name of Study: Community Nursing Organization (CNO) Demonstration

Project Director/PI: Robert Schmitz

Funding Source: HCFA Division of Aging and Disability

Project Dates: September 1992 to September 1997

Research Questions/Goals

To test the impact of nurse-directed home health care and nurse case management on enrollees' use of home health care and certain ambulatory services. Of central interest is the degree to which a partially-capitated service package and nurse case management can be used to integrate care across the full range of CNO and Medicare services in multiple settings.

Brief Description of Methods and Data

Four sites completed a 15-month development phase and implemented programs in January 1994; 8,000 Medicare beneficiaries are expected to participate in this three-year demonstration.

There will be 12-month pre and 18-month post impact analysis related to health status, functional status, utilization, and expenditures for CNO enrollees compared to a randomly selected control group.

Availability of Results

Findings will be available for presentation for Fall 1996. Two completed annual site reports are available, containing qualitative site-specific material.

MANAGED CARE FOR PEOPLE WITH DISABILITIES RESEARCH INVENTORY

Contact Person Name: Elizabeth Mauser
Organization: HCFA
Telephone: (410) 786-6665
Name of Study: A Study of Home Care Quality under Capitated and Fee-for-Service Payment Arrangements.
Project Director/PI: Peter Shaughnessey
Funding Source: HCFA
Project Dates: Completed in February 1994.

Research Questions/Goals

To compare the cost and quality of home health care services between Medicare HMO and fee-for-service patients. Comparisons were made among four groups:

- Medicare risk HMO enrollees who received home care from HMO-owned home health agencies
- Medicare risk HMO enrollees who received care from Medicare-certified agencies that also provided home care to FFS patients
- Medicare FFS patients receiving care from contractual agencies that provided care to both HMO and FFS patients
- Medicare FFS patients who received home health care from agencies that provided care (almost) exclusively to FFS patients.

Brief Description of Methods and Data

Longitudinal primary data on health status and service use were collected on-site for a random sample of 1,632 Medicare patients who received care from 38 certified home health agencies.

Availability of Results

Study completed in 1994.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Steve Miller
Organization: HCFA (ORD)
Telephone: (410) 786-6656

Name of Study: EverCare
Project Director/PI: Marsha Smith, President of EverCare

Funding Source:

Project Dates: 1995 - 2000

Research Questions/Goals

A demonstration initiative to study the effectiveness of managing the acute care needs of nursing home residents within a capitated managed care model. Major goals are to reduce medical complications and dislocation trauma resulting from hospitalization, and to save the expense of hospital care by managing patient care safely in nursing homes.

Project Description

Physicians will be paired with geriatric nurse practitioners who will function as primary medical caregivers and case managers; intensity and availability of medical services will increase. EverCare will be paid a fixed capitation payment for all nursing home residents enrolled and will be at full financial risk for the cost of acute care services for the enrollees. Physician incentive plans will be structured to offer a higher reimbursement rate for a nursing home visit and a lower reimbursement rate for services in their offices or other settings. Nine sites have implemented the demonstration.

Brief Description of Methods and Data

HCFA will issue an RFP for an evaluation this spring.

Availability of Results

To be determined

VI. Research in Managed Care for People with Chronic care Conditions

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Jennifer Elston Lafata

Organization: Center for Health Systems Studies, Henry Ford
Health System

Telephone: (313) 874-5480

Name of Study: Evaluation and Replication of Metro Medical
Group's Managed Care College

Project Director/PI: Jennifer Elston Lafata and John Wisniewski, MD

Funding Source: RWJ Chronic Care Initiatives in HMOs

Project Dates: September 1, 1994 - August 31, 1997

Research Questions/Goals

Did the Managed Care College, a continuing medical education program, change the knowledge, attitudes, behavior and professional satisfaction, of participating physicians? Did it affect patient outcomes?

The Managed Care College has a clinical track that is focused on developing guidelines for adult asthma and diabetes.

Brief Description of Methods and Data

Randomized pre-post study design.

Knowledge, attitude, and professional satisfaction changes will be measured by written surveys administered before and after the course.

Behavior changes will be measured through surveys and encounter level data.

Patient outcomes will be measured through medical record review.

Availability of Results

Will have preliminary results on knowledge, attitudes and professional satisfaction by mid-fall 1996.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Douglas Roblin

Organization: Kaiser Foundation Health Plan

Telephone: (510) 271-6418

Name of Study: Care Coordination for Working Age Adults with Chronic Conditions

Project Director/PI: Douglas Roblin

Funding Source: Sidney Garfield MD Memorial Fund and RWJ Chronic Care

Project Dates: July 1, 1995 - July 1996

Research Questions/Goals

What is the variation in disease prevalence (diabetes, heart disease, hypertension, asthma and COPD) and medical service use across the four Kaiser sites?

What factors related to disease epidemiology and disease management explain the variation in medical service use?

Are any of these factors potentially modifiable in a managed care organization with the potential to reduce use or costs of medical services while maintaining or improving quality?

Are any of these factors potentially modifiable with the potential of reducing morbidity attributable to coexisting chronic diseases?

Brief Description of Methods and Data

Descriptive Analyses of 3 data sources:

- Administrative data collected from 1/1/93 to present.
- Supplemental enrollee survey on health status and health perception.
- Provider survey to identify the characteristics of the existing organization of care for these enrollees.

Availability of Results

June/July 1996

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Tricia Kurtz

Organization: The National Committee for Quality Assurance

Telephone: (202) 955-5185

Name of Study: Chronic Care Performance Measures for External Reporting Requirements

Project Director/PI: Cary Sennett

Funding Source: RWJ Chronic Care Initiatives in HMOs

Project Dates: January 1, 1996 - June 1997

Research Questions/Goals

What performance measures should be used to assess how well health plans are caring for their members with the following conditions: major depression, coronary artery disease, childhood asthma, and diabetes?

Brief Description of Methods and Data

NCQA is coordinating the work of health plan-based research centers. The centers are organized into teams around the four chronic conditions listed above. The teams have collaborated on a methodology for identifying and developing the measures. Once developed, the measures will be reviewed by an NCQA-HEDIS committee on performance measurement.

Availability of Results

Reports describing the performance measures are due in June of 1997.

MANAGED CARE FOR PEOPLE WITH DISABILITIES RESEARCH INVENTORY

Contact Person Name: Mike Hindmarsh
Organization: Center for Health Studies Group Health Cooperative at Puget Sound
Telephone: (206) 287-2872
Name of Study: A New Primary Care Model for Chronic Illness Care
Project Director/PI: Edward Wagner, M.D., M.P.H.
Funding Source: RWJ Chronic Care Initiatives in HMOs.
Project Dates: September 1994 - August 31, 1997

Research Questions/Goals

To develop a chronic care model for diabetes and multi-problem geriatric patients and test its feasibility and acceptability to patients and providers in Group Health primary care practices.

To assess whether the intervention provides increased adherence to self-management behaviors, improvements in clinical data with respect to quality of life, lowered hospital and ER use and health care costs, and improvements in patient and primary care provider satisfaction.

Brief Description of Methods and Data

Randomized clinical trial with about 70 central region primary care practices as the unit of randomization, and about 1200 patients.

3 levels of intervention:

- Training and population-based care (i.e. specific to certain conditions or populations) with registries of diabetes and frail elderly
- Same as above, but supplemented with training in how to deliver patient education
- Training and population-based care, registries, and chronic care clinics.

Availability of Results

In June 1996 there should be preliminary data available for presentation. They will get baseline survey data (satisfaction survey) with 6-month follow-up for 2 years. Utilization and cost data will be pulled from their automated system.

VII. Research on Managed Care for People with Disabilities, In General

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Michele Adler

Organization: ASPE

Telephone: (202) 690-6443

Name of Study: 1994/1995 Disability Supplement to the National Health Interview Survey

Project Director/PI: Michele Adler

Funding Source: ASPE; National Center for Health Statistics

Project Dates:

Research Questions

This study, the only national comprehensive survey of children's disability and persons with developmental disabilities, will provide information on research and policy issues related to disability, including the prevalence of disability, the characteristics of people with disabilities (e.g. demographic, socio-economic, health, participation in Federal programs), their service use and expenditures, and aspects of their daily lives (housing, transportation, employment, personal assistance).

Brief Description of Methods and Data

The sample is 100,000 households or 240,000 individuals over two years. The survey involves personal interviews and self-reports. There are two phases, Phase I (January 1994-December 1995) is asked along with the core NHIS interview to the 240,000 respondents and collects data on the prevalence, severity, type, duration, and disabling conditions. Phase II(Fall 1994-Fall 1996) is administered six months later to 40,000 respondents with serious disabilities and collects data on service use and expenditures and aspects of daily life (housing, long-term care services, home care, personal assistance, respite care, transportation, employment, accommodations, work history, vocational rehabilitation, relationships, family structure, family impact, and child care). Data linkages with SSA and Medicare records can be made.

Availability of Results

Public-use tapes and publications will be available.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Sally Bachman

Organization: The MEDSTAT Group

Telephone: (617) 492-9330

Name of Study: Innovative Care Plans Serving Adults with Disabilities

Project Director/PI: Sally Bachman

Funding Source: ASPE

Project Dates: February 1995- February 1996

Research Questions/Goals

The goals of this project are to gather qualitative data about public and private managed care plans that provide efficient and clinically appropriate care to working age adults with disabilities.

Brief Description of Methods and Data

Researchers are conducting telephone interviews of ten health plans and additional data gathering through site visits to six of the ten plans. Interview questions cover the following broad array of topics: consumer involvement, provider training and recruitment, quality of care, risk adjustment and risk sharing arrangements, service delivery models, disease-specific practice guidelines, and outcome measurement.

Availability of Results

All site visits will be completed by February 1996, followed by a written report in April 1996.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Bob Blendon
Organization: Harvard University
Telephone: (617) 432-9400
Name of Study: Survey of Persons in Managed Care and Fee For Service
Project Director/PI: Bob Blendon
Funding Source: RWJ
Project Dates: Finished

Research Questions/Goals

Utilization and satisfaction of the "sick" in the fee-for-service sector and in HMOs.

Brief Description of Methods and Data

National telephone survey of 2,374 adults randomly selected, including subsample of 473 non-elderly with "significant illnesses".

Availability of Results

Project is complete; paper will be issued in the spring. Press release being sent (Mark Caplan - RWJ -(609) 243-5937).

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Michael Collins

Organization: University of Maryland/Baltimore County

Telephone: (410) 455-6852

Name of Study: Maryland Medicaid Reform

Project Director/PI: Michael Collins

Funding Source: State of Maryland Dept. of Health and Mental Hygiene

Project Dates: current

Research Questions/Goals

Developing new capitation rates and risk adjusters for the state of Maryland, with provisions for people with disabilities. They will also look at catastrophic case management carve outs.

Brief Description of Methods and Data

Similar to the Medicaid Working Group approach.

Availability of Results

In about a year, they will have comparisons of various risk adjustment and capitation methods, and will have data on testing different carve-out strategies.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Randy Ellis
Organization: Boston University
Telephone: (617) 353-2741
Name of Study: Medicare DCG Project
Project Director/PI: Randy Ellis
Funding Source: HCFA
Project Dates: Will be finished in Spring 1996

Research Questions/Goals

Classify Medicare elderly and disabled into Diagnostic Cost Groups and generate cost weights for calculating payments.

Brief Description of Methods and Data

Medicare administrative claims in 89,000 disabled and 1.3 million elderly used (diagnoses and procedures conducted by physicians).

Hierarchical Co-existing Conditions and Procedures approach employed.

Model imposes hierarchies on diagnoses and procedures.

Availability of Results

Identified 34 81 groups/conditions. Results for disabled and elderly look very similar with the exception of the conditions (e.g. mental illness, neurological conditions).

Results and papers will be ready in the spring. R. Ellis will be out of the country next fall - Greg Pope at HER is Project Manager and could present (617) 487-0200.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Teresa Fama

Organization: Group Health Foundation

Telephone: (202) 778-3285

Name of Study: Comparison of Physician and Hospital Use among the Non-Elderly Covered by HMOs and Indemnity Insurance.

Project Director/PI: Teresa Fama

Funding Source: RWJ

Project Dates September 1995 - December 1995

Research Questions/Goals

Do HMO and FFS enrollees use the same level of physician and hospital services?

Do chronically ill HMO and FFS enrollees use the same level of physician and hospital services?

Brief Description of Methods and Data

Descriptive and multivariate statistical techniques. 1992 National Health Interview survey.

Availability of Results

Preliminary Results available. In process of writing paper.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Bob Gris

Organization: Albert Einstein-Rose F. Kennedy Center University Affiliated Program

Telephone: (202) 842-4408

Name of Study: Measuring Quality in Managed Care for Persons with Disabilities

Project Director/PI: Bob Gris

**Organization
(if different than above):** Center on Disability and Health

Funding Source: U.S. DHHS Administration on Developmental Disability and the Centers for Disease Control.

Project Dates: July 1995-June 1996

Research Questions

What is the impact of various quality measures on people with disabilities?

What instruments can effectively measure quality for people with disabilities in managed care plans?

Brief Description of Methods and Data

Literature review and the review of quality measures in the field.

Development of quality of care survey instruments for health plans, which will include an interview protocol for HMO staff; protocols for focus groups of health plan enrollees with disabilities; and protocols for medical record review of sentinel conditions.

Availability of Results

Final report and quality instruments available in June of 1996.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Lenny Gruenberg

Organization: DataChron Health Systems, Inc.

Telephone: (617) 661-1133

Name of Study: The Medicare Disabled Populations in HMOs and FFS: A Comparative Study

Project Director/PI: Lenny Gruenberg/Edie Walsh

Funding Source: ASPE

Project Dates: October 1995-October 1996

Research Questions/Goals

To learn more about utilization patterns, health status, access to care and patient satisfaction for people under the age of 65 with disabilities. Medicare population in FFS and managed care systems. HMO Case-mix and cost issues will also be examined.

Brief Description of Methods and Data

They will analyze utilization patterns of 2300 Medicare recipients with disabilities under the age of 65 in 2 TEFRA HMOs (Kaiser Oregon and Fallon) compared with 2000 Medicare members with disabilities for the years 1991-1995 in FFS who participated in the Medicare Current Beneficiary Survey. Descriptive statistics on utilization, costs, patient characteristics, and satisfaction will be provided, and case-mix typologies will be developed. Multivariate analyses will be conducted.

Availability of Results

Reports to ASPE from April 1996 to October 1996: Longitudinal Analyses to compare utilization case mix, and outcomes across plan types, also on satisfaction, access to care, selection effects.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Tony Hausner
Organization: HCFA Office of Managed Care
Telephone: (410) 786-1093
Name of Study: Medicaid Managed Care and the Disabled
Project Director/PI: Tony Hausner
Funding Source: HCFA
Project Dates: September 1995 - September 1996

Research Questions/Goals

What proportion of Medicare beneficiaries enrolled in HMOs have disabilities?

What factors might account for the differences in the proportions of disabled Medicare beneficiaries served by HMOs?

What services and programs do HMOs provide to this population?

Brief Description of Methods and Data

Case studies of up to 15 HMOs that serve high, medium and low percents of Medicare recipients with disabilities will be conducted.

In-person or telephone interviews with HMO staff will cover the following areas:

- special health care services
- case management approaches
- marketing strategies
- financial considerations
- family/home care arrangements
- special access considerations, e.g. transportation

Availability of Results

Final results expected in September of 1996.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Dominic Hodgkins
Organization: Brandeis University - Heller School
Telephone: 617-736-8551

Name of Study: Plan Choice Among Michigan Medicaid Recipients

Project Director/PI: Dominic Hodgkins

Funding Source: Kaiser Foundation/Center for Vulnerable Populations
Project Dates: Current

Research Questions/Goals

What are the predictors of enrollment choice in Wayne County, Michigan after mandatory managed care was implemented. Recipients had to choose between an HMO & PCCM.

Brief Description of Methods and Data

Will be examining plan choice as a function of expenditures in prior year, age, sex, race, and whether the recipient had enrolled in managed care prior to mandatory enrollment instituted.

Availability of Results

Internal draft of results due in Winter '96. Results should be ready for presentation by summer.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: David Hughes
Organization: H.S.R.I.
Telephone: (617) 876-0426
Name of Study: Evaluation of Wisconsin's special care Initiative (I-CARE)
Project Director/PI: David Hughes/Steve Leff
Funding Source: HCFA grant to Wisconsin State University -- H.S.R.I. received subcontract.
Project Dates: May 1994 - December 1996

Research Questions/Goals

1. Did the I-CARE program cost less than providing services to people with disabilities through fee-for-service Medicaid?
2. Did I-CARE increase access to physical health, mental health and social services?
3. Did I-CARE maintain or improve quality of care and quality of life?

Brief Description of Methods and Data

1. Claims data analysis -- Medicaid claims data for the control group; I-CARE HMO data for the study group.
2. Developed and fielded a cross-disability integrated health outcomes survey. Used survey to measure prior health care use, functional level, access to care, satisfaction and quality of life. Fielded to 150 I-CARE enrollees and 150 members in control group (from adjacent county).
3. Assessed enrollment and implementation issues, convened focus groups of enrollees, disenrollees, and non-enrollees and interviewed key informants.

Availability of Results

Currently available: Reports on the enrollment and implementation experience of consumers and stakeholders. Reports on the following topics to be completed some time between June and December of 1996.

1. Quality of Care: comparison of I-CARE to state contract standards.
2. Quality of Care: appropriateness of care claims data analysis and chart review.
3. I-CARE cost analysis and savings to the state.
4. Typology of characteristics of persons on Medicaid most likely to yield cost-savings.
5. Family satisfaction report.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Bob Hurley
Organization: Medical College of Virginia
Telephone: (804) 828-1891

Name of Study: Evaluation of Implementation Issues for the Medicaid Working Group Project

Project Director/PI: Bob Hurley

Funding Source: RWJ/PEW

Project Dates: 1994-1998

Research Questions/Goals

How well are the states doing in implementing managed care projects for disabled funded by RWJ/PEW?

How proficient is the MWG technical advisory team?

Brief Description of Methods and Data

Projects will probably not be advanced enough to conduct an impact analysis.

Availability of Results

Probably not for conference '97 - '98?? maybe?

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Rick Kronick

Organization: UCSD

Telephone: (619) 534-4273

Name of Study: Application of Diagnostically — Adjusted Payment System to NY, Ohio, Minnesota, Milwaukee County & Colorado

Project Director/PI: Rick Kronick

Funding Source: NDIRR/Colorado

Project Dates: current

Research Questions/Goals

How well does the diagnostically - adjusted payment system developed for Missouri fit data from the SSI (and AFDC for Michigan) population from other states?

Brief Description of Methods and Data

Regression-based approach using FFS claims.

Availability of Results

Should be available — at least preliminary data — by mid-summer.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Rick Kronick
Organization: UCSD
Telephone: (619) 534-4273
Name of Study: Medicaid Working Group — Missouri Rate Setting Project
Project Director/PI: Rick Kronick
Funding Source: PEW/RWJ
Project Dates: Completed

Research Questions/Goals

Developed a diagnostically-adjusted payment system for the Missouri SSI population (under age 64 disabled). The benefit package will include home and community-based services (HCBS), and personal care, but will not include institutional care and behavioral mental health.

Brief Description of Methods and Data

Regression-based approach using prior year FFS claims including acute care claims and HCBS claims (clients in waiver programs excluded from the analysis). Researchers used an additive model with severity built into diagnosis (somewhat) and without adjustment for functional status.

Availability of Results

Research currently available.

State is scheduled to implement payment system in early 1996.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Phyl Levine
Organization: University of Washington -- Center for Disability Policy and Research
Telephone: (206) 685-7260
Name of Study: Access to Health Care in Rural America
Project Director/PI: Phyl Levine
Funding Source: AHCPR
Project Dates: November 1993 - November 1995

Research Questions/Goals

How do people with disabilities in rural communities obtain health and social services?

Brief Description of Methods and Data

Researches conducted a literature review, held focus groups and completed telephone interviews to look at the strategies used to deliver services to people with disabilities in three rural states: Montana, Missouri, and Kansas.

Availability of Results

Summary report is now available.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Allan Meyers
Organization: Boston University School of Public Health
Telephone: (617) 638-4510
Name of Study: Managed Care for Adults with Spinal Cord Injuries
Project Director/PI: Allan Meyers
Funding Source: National Institute for Disability and Rehabilitation Research
Project Dates: October 1995 - October 2000

Research Questions/Goals

What are the outcomes associated with different models of managed care for people with spinal cord injuries in Medicaid Working Group programs? All programs studied are based on Medicaid Working Group models.

Brief Description of Methods and Data

A controlled comparison: people in managed care versus fee-for-service Medicaid in five study sites: Missouri, Michigan (Detroit and Ann Arbor), Ohio, and Wisconsin.

Availability of Results

Data will be available for presentation by conference time.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Andreas Frank, John Drabek

Organization: ASPE

Telephone: (202) 690-6443

Name of Study: Disability Supplement to Existing HCFA Evaluation of the Oregon 1115 Demonstration

Project Director/PI: Margo Rosenbach at Health Economics Research, Inc.

Funding Source: ASPE

Project Dates: July 1995-July 2000

Research Questions/Goals

How has Oregon's 1115 waiver demonstration affected disabled children and adults, including the physically disabled, mentally retarded, developmentally disabled, and severely mentally ill? Outcomes of interest are cost, expenditures, access to services, coordination of services, and quality of life.

Brief Description of Methods and Data

Researchers will examine cost and utilization data, which they will link to functional status data collected by state agencies. A survey of consumers and providers will yield information on satisfaction, access, quality, health status, and functioning. Site visits will be conducted to assess implementation and operational issues.

Availability of Results

They will have site visit findings by the time of the conference.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Sara Rosenbaum
Organization: GWU Health Policy Research
Telephone: (202) 246-6922
Name of Study: Medicaid Managed Care Contracting
Project Director/PI: Sara Rosenbaum
Funding Source: Pen Charitable Trust
Project Dates: March 1995 - September 1996

Research Questions/Goals

To evaluate Iowa's managed care program for Medicaid-eligible people with mental illness.

Brief Description of Methods and Data

1st data source: Medicaid claims tape-to-tape to look at changes in utilization and cost.
2nd data source: Survey of Medicaid recipients: pre- and post-implementation (follow-ups in spring).
3rd data source: Survey of practitioners (psychologists, psychiatrists and LICSWs): baselines and follow-up to see how they feel the system is working.

Availability of Results

They will issue a report to the state in fall 1996 and will have data available for presentation.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Margaret Stineman
Organization: U Penn Medical School; Rehab Dept.
Telephone: (215) 898-6272
Name of Study: Functional Related Groups (FRG)
Project Director/PI: Margaret Stineman
Funding Source: Originally rehab hospitals; since June 1993 by AHCPR.
Project Dates: 1989 - (although the work goes back further)

Research Questions/Goals

The development of a patient classification system (inpatient only) based on functional status, impairment, and age - The system was designed for payment purposes and quality improvement outcomes, and is being considered by HCFA.

Brief Description of Methods and Data

Multi-site study across the country - working with RAND.

Availability of Results

First published in Medical Care in 1994, further results not out yet.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Craig Thornton

Organization: Mathematica

Telephone: (609) 799-3535

Name of Study: Evaluation of The State Health Reform Demonstration (Tennessee, Hawaii, Rhode Island, Oklahoma and Vermont.)

Project Director/PI: Judith Wooldridge at Mathematica

Funding Source: HCFA

Project Dates: September 30, 1994 - September 30, 1999

Research Questions/Goals

What is the impact of the 1115 waivers on health care access, costs, satisfaction, quality, and use, for SSI-eligible Medicaid beneficiaries?

Brief Description of Methods and Data

In formative stages. Possible data sources: site visits, document review, focus groups, interviews of administrators, claims and enrollment data, social security data, and surveys of consumers. Researchers will use qualitative and quantitative methods and a pre-post study design.

Availability of Results

Fall 1996: Preliminary findings from site visits on operational issues will be available.

**MANAGED CARE FOR PEOPLE WITH DISABILITIES
RESEARCH INVENTORY**

Contact Person Name: Craig Thornton

Organization: Mathematica

Telephone: (609) 799-3535

Name of Study: Evaluation of Medicaid Health Reform Projects (Minnesota and four other states.)

Project Director/PI: Steve Zuckerman, Urban Institute

Funding Source: HCFA

Project Dates: September 30, 1994 - September 30, 1999

Research Questions/Goals

What is the impact of the 1115 waiver on access, costs, satisfaction, quality, and use, for SSI-eligible Medicaid beneficiaries?

Brief Description of Methods and Data

In formative stages. Possible data sources: site visits, document review, focus groups, interviews of administrators, claims and enrollment data, social security data, and surveys of consumers. Researchers will use qualitative and quantitative methods and a pre-post study design.

Availability of Results

They will not have preliminary findings until 1997.