

**INFORMATION**” section in, beginning in the 10th line, the words “acceleration of the time to a healed fracture for fresh, closed, distal” should read “the treatment of fresh, closed, posteriorly displaced distal.”

2. On page 55848, in the first column, in the first paragraph, in the 31st line, after the word “indication”, the following paragraph is added:

All other indications for the device will require additional data, and PMA supplements must be submitted for new indications. Furthermore, the applicant must conduct a study to gather additional information to validate some of the conclusions that were drawn from the PMA studies, based on a larger size.

3. On the same page, in the first column, in the 38th line, after the word “review”, the following paragraph is added:

In accordance with the Panel’s observation that differences exist in the rate of healing in different age groups, CDRH also directed the applicant to include a warning statement regarding the specific age range of the patients to be treated. CDRH concluded that based on the study’s success criteria (e.g., both radiographically and clinically healed), the results of study did show a statistically significant difference in the time to a healed fracture in favor of the active device.

4. On the same page, in the first column, in the 43d line, after the word “panel” the following phrase is added: “additional statistical analysis of the patient data stratified by age and gender.”

5. On the same page, in the first full paragraph, in the first line, “September 13, 1994” should read “October 5, 1994”.

Dated: March 17, 1995.

**Joseph A. Levitt,**

*Deputy Director for Regulations Policy, Center for Devices and Radiological Health.*

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## Health Care Financing Administration

[ORD-073-N]

### New and Pending Demonstration Project Proposals Submitted Pursuant to Section 1115(a) of the Social Security Act: January 1995

**AGENCY:** Health Care Financing Administration (HCFA), HHS.

**ACTION:** Notice.

**SUMMARY:** This notice lists new proposals for demonstration projects submitted to the Department of Health and Human Services during the month of January 1995 under the authority of section 1115 of the Social Security Act. This notice also lists approved, disapproved and pending proposals.

**COMMENTS:** We will accept written comments on these proposals. We will, if feasible, acknowledge receipt of all comments, but we will not provide written responses to comments. We will, however, neither approve nor disapprove any new proposal for at least 30 days after the date of this notice to allow time to receive and consider comments. Direct comments as indicated below.

**ADDRESSES:** Mail correspondence to: Susan Anderson, Office of Research and Demonstrations, Health Care Financing Administration, 2230 Oak Meadows, 6325 Security Boulevard, Baltimore, MD 21207.

**FOR FURTHER INFORMATION CONTACT:** Susan Anderson, (410) 966-3996.

#### SUPPLEMENTARY INFORMATION:

##### I. Background

Under Section 1115 of the Social Security Act (the Act), the Department of Health and Human Services (HHS) may consider and approve research and demonstration proposals with a broad range of policy objectives. These demonstrations can lead to improvements in achieving the purposes of the Act.

In exercising her discretionary authority, the Secretary has developed a number of policies and procedures for reviewing proposals. On September 27, 1994, we published a notice in the **Federal Register** (59 FR 49249) that specified (1) the principles that we ordinarily will consider when approving or disapproving demonstration projects under the authority in section 1115(a) of the Act; (2) the procedures we expect States to use in involving the public in the development of proposed demonstration projects under section 1115; and (3) the procedures we ordinarily will follow in reviewing demonstration proposals. We are committed to a thorough and expeditious review of State requests to conduct such demonstrations.

##### II. Listing of New and Pending Proposals for the Month of January 1995

As part of our procedures, we are publishing a monthly notice in the **Federal Register** of all new submissions, pending proposals, approvals, and disapprovals. Proposals submitted in response to a grant solicitation or other competitive process will be reported as received during the month that such grant or bid is awarded, so as to prevent interference with the awards process. We have added a new category in this notice entitled “Approved Grant Proposals” to identify grant and

cooperative agreement awards for development of demonstration projects that may involve section 1115 authority.

#### A. Comprehensive Health Reform Programs

##### 1. New Proposals

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

*Description:* Louisiana proposes to implement a fully capitated statewide managed care program. A basic benefit package and a behavioral health and pharmacy wrap-around would be administered through the managed care plans. The State intends to expand eligibility of persons with incomes up to 250 percent of the Federal poverty level (FPL), with persons with incomes above 133 percent of the FPL paying all or a portion of premiums. To fund the demonstration, the State is seeking a waiver of Federal Medical Assistance Payments (FMAP) requirements, which would effectively create a block grant whereby the Federal share of the demonstration would be fixed over the course of the demonstration and the State would assume the cost of increases as they occurred.

*Date Received:* January 3, 1995.

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

*Federal Project Officer:* Gina Clemons, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

*Demonstration Title/State:* SoonerCare—Oklahoma.

*Description:* Oklahoma proposes to implement a 5-year statewide managed care demonstration using both fully and partially capitated delivery systems. The emphasis of the program is to address access problems in rural areas by encouraging the development of rural-based managed care initiatives. The State will employ traditional fully capitated managed care delivery models for urban areas and will introduce a series of partial capitation models in the rural areas of the State. All currently eligible, non-institutionalized individuals will be enrolled during the first two years of the project.

*Date Received:* January 6, 1995.

*State Contact:* Dr. Garth Splinter, Oklahoma Health Care Authority, Lincoln Plaza, 4545 N. Lincoln Blvd., Suite 124, Oklahoma City, Oklahoma 73105.

*Federal Project Officer:* Helaine I. Fingold, Health Care Financing

Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

## 2. Pending Proposals:

*Demonstration Title/State:* The Diamond State Health Plan—Delaware.

*Description:* Delaware proposes to expand eligibility for Medicaid to persons with incomes up to 100 percent of the Federal poverty level and require that the Medicaid population enroll in managed care delivery systems. The State's current section 1115 demonstration project, the Delaware Health Care Partnership for Children, would be incorporated into the statewide program as an optional provider for eligible children.

*Date Received:* July 29, 1994.

*State Contact:* Kay Holmes, DSHP Coordinator, DHSS Medicaid Unit, Biggs Building, P.O. Box 906, New Castle, Delaware 19720, (302) 577-4900.

*Federal Project Officer:* Rosana Hernandez, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

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

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

*Date Received:* September 15, 1994.

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

*Federal Project Officer:* Gina Clemons, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

*Demonstration Title/State:* MassHealth—Massachusetts.

*Description:* Massachusetts proposes a range of strategies that would extend Medicaid coverage to its low-income and uninsured citizens, including the employed, the short-term unemployed, and the long-term unemployed. The proposed program would employ direct provision of health services as well as indirect strategies that would promote market forces to address the needs of the uninsured, by providing subsidies to employers and low-income employees with incomes up to 200 percent of the Federal poverty level.

*Date Received:* April 15, 1994.

*State Contact:* Laurie Burgess, Director, Managed Care Program

Development, Division of Medical Assistance, 600 Washington Street, Boston, Massachusetts 02111, (617) 348-5695.

*Federal Project Officer:* Ed Hutton, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

*Demonstration Title/State:* MinnesotaCare—Minnesota.

*Description:* Minnesota proposes to expand its use of managed care service delivery and to extend Medicaid eligibility to families and children with incomes up to 275 percent of the Federal poverty level. The State would also integrate Medicaid with other public entities that deliver health services.

*Date Received:* July 28, 1994.

*State Contact:* Maria Gomez, Commissioner, Health Care Services Delivery, Minnesota Department of Human Services, 444 Lafayette Road N, St. Paul, Minnesota 55155, (612) 297-4113.

*Federal Project Officer:* Penny Pine, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

*Demonstration Title/State:* Missouri.

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

*Date Received:* June 30, 1994.

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

*Federal Project Officer:* Suzanne Rotwein, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

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

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

*Date Received:* June 14, 1994.

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

*Federal Project Officer:* Maria Boulmetis, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

## 3. Approved Conceptual Proposals (Award of Waivers Pending)

No conceptual proposals were approved during the month of January.

## 4. Approved Grant Proposals (Award of Waivers Pending)

No grant proposals were awarded in the month of January. The following are proposals awarded since January 1, 1993:

*Demonstration Title/State:* MAINE-NET: Medicaid and Medicare Managed Care for the Elderly and Physically Disabled in Maine—Maine.

*Description:* This project is designed to demonstrate integrated models for the financing and delivery of managed health care and social services for elderly and physically disabled persons on Medicare and/or Medicaid in Maine. 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 project is in the early developmental stage.

*Date Received:* March 25, 1994.

*State Contact:* Carreen Wright, State of Maine Department of Human Services, State House Station #11, Augusta, Maine 04333.

*Federal Project Office:* Kay Lewandowski, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, Baltimore, Maryland 21207.

*Demonstration Title/State:* Project Demonstrating and Evaluating Alternative Methods to Assure and Enhance the Quality of Long Term Care Services for Persons with Developmental Disabilities through Performance-Based Contracts with Service Providers—Minnesota

*Description:* The purpose of this project is to determine whether and how well the implementation of new approaches to quality assurance, with outcome-based definitions and measures of quality, will replace the input and process measures of quality, and in the process contribute to improving quality of life for persons with developmental disabilities. The Minnesota Department of Human Services will seek Federal authority to waive necessary provisions of intermediate care facilities for the mentally retarded (ICFs/MR) regulations to permit alternative quality assurance mechanisms in selected demonstration, residential, and support service programs. The Department will enter into performance-based contracts with counties, and participating ICF/MR providers. Desirable outcomes include, among others, the enhancement of consumer choice and autonomy, employment, and integration into the community. This project is in the developmental stage.

*Date Received:* March 25, 1994.

*State Contact:* Helen M. Yates, Minnesota Department of Human Services, Health Care Administration, 44 Lafayette Road, St. Paul, Minnesota 55155-3853.

*Federal Project Officer:* Samuel M. Brown, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

#### 5. Approved Proposals

*Demonstration Title/State:* OhioCare—Ohio.

*Description:* Ohio will expand Medicaid eligibility to include uninsured persons with incomes up to 100 percent of the Federal poverty level. New and current eligibles in this statewide program will receive services through managed care. Certain special health related services, such as mental health and drug and alcohol addiction services, will also be provided through managed care.

*Date Received:* March 2, 1994.

*Date Awarded:* January 17, 1995.

*Implementation Date:* (Proposed) January 1, 1996.

*State Contact:* Kathi Glynn, Director, Ohio Medicaid, 30 East Broad Street, Columbus, Ohio 43266, (614) 644-0140.

*Federal Project Officer:* David Walsh, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

#### 6. Disapproved Proposals

No comprehensive health reform proposals have been disapproved since January 1, 1993.

#### B. Other Section 1115 Demonstration Proposals

##### 1. New Proposals

No new proposals were received during the month of January.

##### 2. Pending Proposals

*Demonstration Title/State:* Georgia's Children's Benefit Plan.

*Description:* The State of Georgia submitted a Section 1115 proposal entitled "Georgia Children's Benefit Plan" that provides preventive and primary care services for children 1 through 5 years of age who are between 133 and 185 percent of the Federal poverty level. The duration of the waiver is 5 years with proposed project dates of July 1, 1995 to June 30, 2000.

*Date Received:* December 12, 1994.

*State Contact:* Jacquelyn Foster-Rice, Georgia Department of Medical Assistance, 2 Peachtree Street NW, 201 South Grand Avenue East, Atlanta, Georgia 30303-3159, (404) 651-5785.

*Federal Project Officer:* Maria Boulmetis, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

*Demonstration Title/State:* High Cost User Initiative—Maryland.

*Description:* Maryland proposes to implement an integrated case management system for high-cost, high-risk Medicaid recipients.

*Date Received:* July 8, 1994.

*State Contact:* John Folkemer, Maryland Department of Health and Mental Hygiene, Office of Medical Assistance Policy, 201 West Preston Street, Baltimore, Maryland 21201, (410) 225-5206.

*Federal Project Officer:* Rosana Hernandez, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

*Demonstration Title/State:* Minnesota Long-Term Care Options Project—Minnesota.

*Description:* The State proposes to integrate long-term care and acute care services under combined Medicare and Medicaid capitation payments for elderly dual eligibles.

*Date Received:* April 18, 1994.

*State Contact:* Pamela Parker, Minnesota Department of Human Services, Human Services Building, 444

Lafayette Road North, St. Paul, Minnesota 55155, (612) 296-2140.

*Federal Project Officer:* Melissa McNiff, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

*Demonstration Title/State:* Family Planning Proposal—New Mexico.

*Description:* New Mexico proposes to extend Medicaid eligibility for family planning services to all women of childbearing age with incomes at or below 185 percent of the Federal poverty level.

*Date Received:* November 1, 1994.

*State Contact:* Bruce Weydemeyer, Director, Division of Medical Assistance, P.O. Box 2348, Santa Fe, New Mexico 87504-2348, (505) 827-3106.

*Federal Project Officer:* Alisa Adamo, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

*Demonstration Title/State:* Pay-in Spenddown Pilot—Ohio.

*Description:* Ohio proposes to implement a one-county pilot program to simplify Medicaid eligibility administration. It would allow the medically needy to pay in spenddown amounts in order to qualify for Medicaid.

*Date Received:* April 28, 1994.

*State Contact:* Jeanne Carroll, Ohio Department of Human Services, 30 East Broad Street, Columbus, Ohio 43266, (614) 466-6024.

*Federal Project Officer:* David Walsh, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

*Demonstration Title/State:* CHOICES—Citizenship, Health, Opportunities, Interdependence, Choices and Supports—Rhode Island.

*Description:* Rhode Island proposes to consolidate all current State and Federal funding streams for adults with developmental disabilities under one program using managed care/managed competition.

*Date Received:* April 5, 1994.

*State Contact:* Susan Babin, Department of Mental Health, Retardation, and Hospitals, Division of Developmental Disabilities, 600 New London Avenue, Cranston, Rhode Island 02920, (401) 464-3234.

*Federal Project Officer:* Melissa McNiff, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

*Demonstration Title/State:* Virginia.

*Description:* Virginia proposes to expand Medicaid eligibility to children in the State-funded KIDS CARE program, and provide them with a limited Medicaid benefit restricted to ambulatory services.

*Date Received:* May 18, 1994.

*State Contact:* Janet Kennedy, Suite 1300, 600 East Broad Street, Richmond, Virginia 23219, (804) 371-8855.

*Federal Project Officer:* Maria Boulmetis, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

*Demonstration Title/State:* Family Planning Demonstration—Washington.

*Description:* The State proposes to provide family planning services to low-income women for an additional 10 months postpartum, which will extend total coverage for such services to one year.

*Date Received:* April 21, 1994.

*State Contact:* Claudia Lewis, Medical Assistance Administration, Division of Client Services, P.O. Box 45530, Olympia, Washington 98504-5530, (206) 586-2751.

*Federal Project Officer:* Maria Boulmetis, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

*Demonstration Title/State:* Wisconsin.

*Description:* The State proposes to limit the amount of exempt funds that may be set aside as burial and related expenses for SSI-related Medicaid recipients.

*Date Received:* March 9, 1994.

*State Contact:* Jean Sheil, Division of Economic Support, Wisconsin Department of Health and Social Services, 1 West Wilson Street, Room 650, P.O. Box 7850, Madison, Wisconsin 53707, (608) 266-0613.

*Federal Project Officer:* J. Donald Sherwood, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

### 3. Approved Conceptual Proposals (Award of Waivers Pending)

No conceptual proposals were approved during the month of January.

### 4. Approved Proposals

The following projects were inadvertently omitted from the list of pending proposals published in the **Federal Register** on January 23, 1995 (60 FR 4418).

*Demonstration Title/State:* The Multistate Nursing Home Case-Mix and Quality Demonstration—Kansas.

*Description:* This demonstration tests a combined Medicare and Medicaid nursing home payment and quality monitoring system. The system significantly enhances the quality assurance process in SNFs. Data for measuring quality of care will come from an expanded version of the standardized resident assessment instrument currently used by States for all nursing home residents. The same tool that is used in care planning, which measures residents' needs, strengths, and preferences, will be used to determine Medicare and Medicaid payment. In the developmental phase of the demonstration, data from the assessment instruments were used to create 30 facility-level quality indicators. Under the demonstration, these indicators will help facilities benchmark their own performance and help Medicare and Medicaid target nursing home surveys.

*Date Received:* Winter 1989.

*Date Awarded:* January 1995.

*Implementation Date:* (Proposed) Summer 1995.

*State Contact:* Evelyn McCormick, R.N., Case Mix Demonstration Project Director, Department of Social And Rehabilitation Services Docking State Office Building, Room 628 South, 915 Southwest Harrison, Topeka, Kansas 66612-1570, (913) 296-4752.

*Federal Project Officer:* Elizabeth Cornelius, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

*Demonstration Title/State:* The Multistate Nursing Home Case-Mix and Quality Demonstration—Maine.

*Description:* This demonstration tests a combined Medicare and Medicaid nursing home payment and quality monitoring system. The system significantly enhances the quality assurance process in SNFs. Data for measuring quality of care will come from an expanded version of the standardized resident assessment instrument currently used by States for all nursing home residents. The same tool that is used in care planning, which measures residents' needs, strengths, and preferences, will be used to determine Medicare and Medicaid payment. In the developmental phase of the demonstration, data from the assessment instruments were used to create 30 facility-level quality indicators. Under the demonstration, these indicators will help facilities

benchmark their own performance and help Medicare and Medicaid target nursing home surveys.

*Date Received:* Winter 1989.

*Date Awarded:* January 1995.

*Implementation Date:* (Proposed) Summer 1995.

*State Contact:* Alison Moore, R.N., M.B.A., Case Mix Demonstration Project Director, Bureau of Medical Services, Maine Department of Human Services, State House Station 11, Augusta, Maine 04333, (207) 287-3838.

*Federal Project Officer:* Elizabeth Cornelius, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

*Demonstration Title/State:* The Multistate Nursing Home Case-Mix and Quality Demonstration—Mississippi.

*Description:* This demonstration tests a combined Medicare and Medicaid nursing home payment and quality monitoring system. The system significantly enhances the quality assurance process in SNFs. Data for measuring quality of care will come from an expanded version of the standardized resident assessment instrument currently used by States for all nursing home residents. The same tool that is used in care planning, which measures residents' needs, strengths, and preferences, will be used to determine Medicare and Medicaid payment. In the developmental phase of the demonstration, data from the assessment instruments were used to create 30 facility-level quality indicators. Under the demonstration, these indicators will help facilities benchmark their own performance and help Medicare and Medicaid target nursing home surveys.

*Date Received:* Winter 1989.

*Date Awarded:* January 1995.

*Implementation Date:* (Proposed) Summer 1995.

*State Contact:* Jamie Collier, Case Mix Demonstration Project Director Division of Medicaid, Robert E. Lee Building, Suite 801, 239 North Lamar Street, Jackson, Mississippi, (601) 359-6081.

*Federal Project Officer:* Elizabeth Cornelius, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

*Demonstration Title/State:* The Multistate Nursing Home Case-Mix and Quality Demonstration—New York.

*Description:* This demonstration tests a combined Medicare and Medicaid nursing home payment and quality monitoring system. The system

significantly enhances the quality assurance process in SNFs. Data for measuring quality of care will come from an expanded version of the standardized resident assessment instrument currently used by States for all nursing home residents. The same tool that is used in care planning, which measures residents' needs, strengths, and preferences, will be used to determine Medicare and Medicaid payment. In the developmental phase of the demonstration, data from the assessment instruments were used to create 30 facility-level quality indicators. Under the demonstration, these indicators will help facilities benchmark their own performance and help Medicare and Medicaid target nursing home surveys.

*Date Received:* Winter 1989.

*Date Awarded:* January 1995.

*Implementation Date:* (Proposed) Summer 1995.

*State Contact:* David H. Wilcox, CPA, Case Mix Demonstration Project Director, Bureau of Health Economics, 1143 Corning Tower, Empire State Plaza, Albany, New York 12237-0722, (518) 474-2881.

*Federal Project Officer:* Elizabeth Cornelius, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

*Demonstration Title/State:* The Multistate Nursing Home Case-Mix and Quality Demonstration—South Dakota.

*Description:* This demonstration tests a combined Medicare and Medicaid nursing home payment and quality monitoring system. The system significantly enhances the quality assurance process in SNFs. Data for measuring quality of care will come from an expanded version of the standardized resident assessment instrument currently used by States for all nursing home residents. The same tool that is used in care planning, which measures residents' needs, strengths, and preferences, will be used to determine Medicare and Medicaid payment. In the developmental phase of the demonstration, data from the assessment instruments were used to create 30 facility-level quality indicators. Under the demonstration, these indicators will help facilities benchmark their own performance and help Medicare and Medicaid target nursing home surveys.

*Date Received:* Winter 1989.

*Date Awarded:* January 1995.

*Implementation Date:* (Proposed) Summer 1995.

*State Contact:* Carol Job, R.N., Case Mix Demonstration Project Director,

Department of Social Services and Aging, 700 Governors Drive, Pierre, South Dakota 57501-2291, (605) 773-3656.

*Federal Project Officer:* Elizabeth Cornelius, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

*Demonstration Title/State:* The Multistate Nursing Home Case-Mix and Quality Demonstration—Texas.

*Description:* This demonstration tests a combined Medicare and Medicaid nursing home payment and quality monitoring system. The system significantly enhances the quality assurance process in SNFs. Data for measuring quality of care will come from an expanded version of the standardized resident assessment instrument currently used by States for all nursing home residents. The same tool that is used in care planning, which measures residents' needs, strengths, and preferences, will be used to determine Medicare and Medicaid payment. In the developmental phase of the demonstration, data from the assessment instruments were used to create 30 facility-level quality indicators. Under the demonstration, these indicators will help facilities benchmark their own performance and help Medicare and Medicaid target nursing home surveys.

*Date Received:* Winter 1989.

*Date Awarded:* January 1995.

*Implementation Date:* (Proposed) Summer 1995.

*State Contact:* Sue Wilson, Case Mix Demonstration Project Director Rate Analysis Department, Texas Department of Human Services P.O. Box 149030, Mailcode W-425, Austin, Texas 78714-9030 (512) 450-3744

*Federal Project Officer:* Elizabeth Cornelius, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

The following proposal was approved in January 1995.

*Demonstration Title/State:* Demonstration Project for Family Planning and Reproductive Services—Maryland.

*Description:* Maryland will extend Medicaid eligibility for family planning and preventive reproductive services for a 5-year period to women who are Medicaid eligible due to their pregnancy and remain Medicaid eligible 60-days post-partum.

*Date Received:* June 11, 1994.

*Date Awarded:* January 18, 1995.

*Implementation Date:* Not yet determined

*State Contact:* Jane Forman, Department of Health and Mental Hygiene Room 137, 201 West Preston Street, Baltimore, Maryland 21201, (410) 225-6538

*Federal Project Officer:* Alisa Adamo, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

The following are projects approved since January 1, 1993, in addition to those published in the **Federal Register** on January 23, 1995 (60 FR 4418).

*Demonstration Title/State:* Medicaid Direct Purchase Vaccine Program (MDPVP)—Arkansas.

*Description:* The MDPVP streamlines the reimbursement process for vaccines, by allowing States to directly reimburse vaccine manufacturers for vaccines. Vaccine manufacturers send a shipment of vaccines on consignment at no cost to each private physician who treats children on Medicaid. Physicians then bill Medicaid for the office visit when they inoculate children, but not for the cost of the vaccine. The Medicaid program will reimburse the manufacturer directly at a discounted rate, according to the number of vaccines administered. The manufacturer will then send replacement quantities of the vaccines to the private physicians.

*Date Received:* March 1993.

*Date Awarded:* June 1993.

*Implementation Date:* Not Yet Determined.

*State Contact:* Judy Kerr, Arkansas Department of Human Services, Division of Economic and Medical Services, Donaghey Plaza South, P.O. Box 1437 Little Rock, Arkansas 72203-1437, (501) 682-8360.

*Federal Project Officer:* Alisa Adamo, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

*Demonstration Title/State:* Improving Access to Care for Pregnant Substance Abusers—Massachusetts.

*Description:* This demonstration seeks to increase the number of Medicaid-eligible pregnant substance abusers who receive coordinated perinatal care services, substance abuse treatment, and other relevant services to promote better health outcomes for themselves and their offspring.

*Date Received:* 1991.

*Date Awarded:* July 1, 1993.

*Implementation Date:* July 1993.

*State Contact:* Milton Argeriou, Ph.D. Project Director, MOTHERS Project, 200

Lincoln Street, Suite 303, Boston, Massachusetts 02111, (617) 426-5997.  
*Federal Project Officer:* Debbie Van Hoven, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

*Demonstration Title/State:* Improving Access to Care for Pregnant Substance Abusers—New York.

*Description:* This demonstration seeks to increase the number of Medicaid-eligible pregnant substance abusers who receive coordinated perinatal care services, substance abuse treatment, and other relevant services to promote better health outcomes for themselves and their offspring.

*Date Received:* 1991.

*Date Awarded:* July 1, 1993.

*Implementation Date:* July 1993.

*State Contact:* Mr. Stuart Lefkovich, Assistant Commissioner, Bureau of Primary Care, Division of Health and Long Term Care, New York State Department of Social Services, 40 North Pearl Street, Albany, New York 12243-0001, (518) 473-5875

*Federal Project Officer:* Sherrie Fried, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

*Demonstration Title/State:* Health Access Plan—South Carolina.

*Description:* This project tests the effects on individuals' access to and cost of health care of eliminating categorical eligibility requirements and of raising the financial eligibility limits to 150 percent of the Federal poverty level.

*Date Received:* Spring 1991.

*Date Awarded:* February 1993.

*Implementation Date:* March 1993.

*State Contact:* Bruce Bondo, Health and Human Services Finance Commission, 1801 Main Street, Columbia, South Carolina 29201, (803) 253-6177.

*Federal Project Officer:* Jamie Hadley, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

*Demonstration Title/State:* Improving Access to Care for Pregnant Substance Abusers—South Carolina.

*Description:* This demonstration seeks to increase the number of Medicaid-eligible pregnant substance abusers who receive coordinated perinatal care services, substance abuse treatment, and other relevant services to promote better health outcomes for themselves and their offspring.

*Date Received:* 1991.

*Date Awarded:* July 1, 1993.

*Implementation Date:* July 1993.

*State Contact:* Bunny W. Jones, State Health and Human Services Finance Commission, Department of High Risk and Maternal Care, P.O. Box 8206, Columbia, South Carolina 29202-8206, (803) 253-6374.

*Federal Project Officer:* Debbie Van Hoven, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

*Demonstration Title/State:* Health Access Plan—Washington.

*Description:* This project tests the effects of eliminating categorical eligibility requirements and raising the financial eligibility limits to 200 percent of the Federal poverty level on individuals' access to and cost of health care.

*Date Received:* Spring 1991.

*Date Awarded:* February 1993.

*Implementation Date:* March 1993.

*State Contact:* Rochelle Salsman, Department of Health and Social Services, Medical Assistance Administration, Office of Recipient Services, 617 8th Avenue, SE., 4th Floor, P.O. Box 45530, Olympia, Washington 98504, (206) 753-7463.

*Federal Project Officer:* Jamie Hadley, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

*Demonstration Title/State:* Improving Access to Care for Pregnant Substance Abusers—Washington.

*Description:* This demonstration seeks to increase the number of Medicaid-eligible pregnant substance abusers who receive coordinated perinatal care services, substance abuse treatment, and other relevant services to promote better health outcomes for themselves and their offspring.

*Date Received:* 1991.

*Date Awarded:* July 1, 1993.

*Implementation Date:* July 1993.

*State Contact:* Kathy L. Apodaca, First Steps Plus Project, Medical Assistance Administration, Washington State Department of Health, P.O. Box 45730, Olympia, Washington 98504, (509) 575-2227.

*Federal Project Officer:* Alisa Adamo, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

##### 5. Disapproved Proposals

No proposals were disapproved during the month of January.

### III. Requests for Copies of a Proposal

Requests for copies of a specific Medicaid proposal should be made to the State contact listed for the specific proposal. If further help or information is needed, inquiries should be directed to HCFA at the address above.

(Catalog of Federal Domestic Assistance Program, No. 93.779; Health Financing Research, Demonstrations, and Experiments.)

Dated: March 21, 1995.

**Bruce C. Vladeck,**

*Administrator, Health Care Financing Administration.*

[FR Doc. 95-7848 Filed 3-29-95; 8:45 am]

BILLING CODE 4120-01-P

### National Institutes of Health

#### Division of Research Grants; Closed Meetings

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following Division of Research Grants Special Emphasis Panel (SEP) meetings:

*Purpose/Agenda:* To review individual grant applications.

*Name of SEP:* Chemistry and Related Sciences.

*Date:* April 7, 1995.

*Time:* 1:00 p.m.

*Place:* NIH, Westwood Building, Room 322, Telephone Conference.

*Contact Person:* Dr. Edmund Copeland, Scientific Review Admin., 5333 Westbard Ave., Room 322, Bethesda, MD 20892, (301) 594-7154.

*Name of SEP:* Chemistry and Related Sciences.

*Date:* April 14, 1995.

*Time:* 1:00 p.m.

*Place:* NIH, Westwood Building, Room 322, Telephone Conference.

*Contact Person:* Dr. Edmund Copeland, Scientific Review Admin., 5333 Westbard Ave., Room 322, Bethesda, MD 20892, (301) 594-7154.

*Name of SEP:* Behavioral and Neurosciences.

*Date:* April 21, 1995.

*Time:* 9:00 a.m.

*Place:* Rockefeller University, New York, NY.

*Contact Person:* Dr. Kenneth Newrock, Scientific Review Admin., 5333 Westbard Ave., Room 232, Bethesda, MD 20892, (301) 594-7123.

*Name of SEP:* Clinical Sciences.

*Date:* May 1, 1995.

*Time:* 2:00 p.m.

*Place:* NIH, Westwood Building, Room 349, Telephone Conference.

*Contact Person:* Ms. Jo Pelham, Scientific Review Administrator, 5333 Westbard Ave., Room 349, Bethesda, MD 20892, (301) 594-7254.

The meetings will be closed in accordance with the provisions set forth in section