Demonstration to Maintain Independence and Employment (DMIE)

Project Summary

The following provides a summary of the active demonstration projects.

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

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

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

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

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

Kansas. This demonstration began in April 2006 and provides enhanced Medicaid benefits and other case management services to 200 working adults in the statewide high-risk insurance pool. The high-risk pool, administered by the Kansas Health Insurance Association (KHIA), covers state residents with pre-existing health conditions who are not eligible for group insurance and cannot buy, or are unable to afford, premiums for individual health coverage elsewhere. Most are ineligible for Medicaid or Medicare and about one-third of high-risk pool participants are employed.

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

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

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

County comprises the Houston-Sugar Land-Bayton metropolitan area and represents the most populous county in Texas.

Texas designed their project to use a public/private partnership in the provision of comprehensive behavioral health benefits to working adults at risk of becoming disabled. The insurance benefit will augment existing employer sponsored coverage and may provide full coverage for working individuals who do not have access to employer sponsored coverage (i.e., self-employed). The Texas DMIE evaluation will examine the effects of access to behavioral health services, case management and vocational services on economic and health outcomes for working individuals with potentially disabling behavioral disorders. The intervention is designed to prevent loss of employment and future disability due to complications of mental illness and/or substance use disorders. Texas is employing a randomized experimental design. The control group will consist of working adults in the Houston area matched according to key characteristics (age, sex, disability, work involvement).

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

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

Description of state DMIE target populations and interventions

State	Target Population	Intervention
Hawaii	Employed adults with diabetes who reside in reside in the city and county of Honolulu.	Includes management services provided by pharmacists and individualized life coaching services consisting of life and employment supports. The uninsured will have access to the state's Medicaid plan and participants with employer-based coverage will have access to any services that are not covered by their plan but that are available through Medicaid.
Kansas	Employed individuals who are enrolled in the Kansas Health Insurance Association (KHIA) high-risk insurance pool.	Includes coverage of services that "wrap-around" the existing high-risk pool benefits for treatment group members. It offers three main advantages relative to standard high-risk pool benefits: (1) lower out-of-pocket costs due to the elimination of deductibles and lower co-payments for existing high-risk pool benefits, with an estimated minimum savings of $550 per month; (2) "enhanced" benefits beyond Medicaid services, including home visits for assistance with personal care, exercise training, and individual psychotherapy; and (3) case management services to help individuals decide which benefits best meet their needs.
Minnesota	Employed individuals from five counties with serious mental illness.	Includes access to basic Medicaid behavioral health services provided by managed care organizations, peer support, and a "project navigator" who helps access designated employment support services.
Texas	Employed adults enrolled in the Harris County Hospital District (HCHD) medical program for uninsured residents with either (1) severe mental illness diagnosis (e.g., schizophrenia, bipolar disorder, or major depression) or (2) behavioral health diagnoses co-occurring with a physical diagnosis	Includes Medicaid-comparable coverage as well as access to an expanded set of services including (1) enhanced behavioral, medical, and dental services in addition to those the participant could receive through Medicaid; (2) improved access to mental health services; (3) case management; and (4) employment-related support.