

Revised Instructions for Completing the CMS Web-based Quarterly and Annual Reports for the Medicaid Infrastructure Grants (MIG)

Background

In prior years Medicaid Infrastructure grantees were responsible for completing narrative annual and quarterly reports. These reports varied widely in content and scope, and using the reports to look at specific information across grants was difficult, if not impossible. In our effort to streamline and simplify the reporting process, each grantee is now being asked to provide annual and quarterly report information through a contractor-maintained web site. These reports will remain on the site to provide reference material for other grantees, public officials, researchers, and advocates.

The rationale for this change:

- It represents less work for grantees; consequently, more resources can be spent on the goals and objectives of the grants;
- It substantially reduces the amount of paperwork for grantees and CMS;
- It allows project officers and evaluators to review information in a condensed form, saving resources and increasing accuracy;
- It provides all of the pertinent information about each grant in a consistent format that can be easily shared among grantees; and
- It provides a basis for both qualitative and quantitative policy research on the employment of people with disabilities.

States have now completed entering their annual reports from 2002 and the first quarterly report for 2003. Using these reports as the basis for its review, CMS, in partnership with the two technical assistance providers, is updating and clarifying instructions for completing the *content* of the requested items. In the fall the web-site will be redesigned to include these instructions. Until then, the following instructions are provided to assist the states in submitting its grant documentation

Purpose

The web-based Medicaid Infrastructure Grant reporting system has multiple purposes including:

- Provide states a uniform and simplified means of meeting the Federal grant reporting requirements.
- Provide CMS with a standard and accessible set of reports in order to appropriately manage the MIG program.

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- Provide a means for individual states to make available to other states information on their activities, accomplishments and strategies* .
- Provide individual states with a means of reporting MIG status to advocates and policy makers within the state.
- Enable the Medicaid Infrastructure Grant Technical Assistance Centers and CMS to identify common goals, accomplishments, problems and issues, research findings and strategies which can help direct and prioritize technical assistance activities.
- Provide reports to other researchers and other policy analysts on the status of MIGs* .

General Description of the Reporting Format and Content

The report is laid out in major sections. The first section, BASIC INFORMATION, provides basic background about the grant and the grantee. It will enable CMS to have access to up-to-date information on key contacts for grant activities, and will foster the periodic updating of critical information. The MAJOR MILESTONES section provides a format for grantees to discuss up to 10 goals and objectives and how they are being met. Milestones are divided into areas dealing with the *Buy-In, PAS, Other Medicaid Services, Comprehensive Employment Efforts, Other Infrastructure Building, and Research and Evaluation*. Grantees may have goals and milestones in one or more of these areas and more than one goal within an area. These milestones/goals must accurately reflect the grant as originally approved, or as amended through discussion with the applicable CMS project officer.

The CONSUMER INVOLVEMENT section provides an opportunity for grantees to briefly describe how people with disabilities and other groups within the state have participated in grant activities. In the RESEARCH AND EVALUATION section grantees can enter up to 5 formal research and evaluation studies being entirely or partially funded by the state’s Medicaid Infrastructure grant. This will provide access to research results across grants. The PAS section asks for information about the state’s participation in the provision of Medicaid funded personal assistance services (PAS) as described in the grant legislation. The primary objective of the BUY-IN section is to record information about each state’s buy-in program in a common form that will allow CMS and researchers to compare state program variations. It also addresses the need for CMS to collect quarterly enrollment data.

The TA PARTNERSHIPS section provides an opportunity to describe grant-related technical assistance activities, while the OUTCOME DATA section is designed to annually record key outcome indicators of interest to CMS and Congress. The final section, RESOURCE UTILIZATION, requests the overall expenditures and carry-over balances and is completed only for the annual report.

* In its current “beta-test” version, the web-site is not designed for more public access. Access is protected by unique usernames and passwords. Once the site is migrated to a new web-site and additional security added, access by these users will be possible.

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In order to keep responses brief, there is a limit of **300** characters on text responses. Responses longer than 300 characters will be cut off (truncated) after the 300th character.

General Instructions

- After the annual report of 2002, each quarterly report will stand as a report of that quarter. Accomplishments toward a goal will be different in the second quarter than they were in the first. Problems might stay the same or change. When a goal is accomplished in a quarter, it can be removed from the following quarter's report. Research and evaluation reports that are completed in one quarter must be deleted from the next quarter. The same approach is taken with consumer involvement: although the consumer groups stay the same, the number of hours in the quarter changes. The number of enrollees in the Buy-In changes each quarter. The annual report is the sum of the four quarterly reports.
- There should be a logical consistency within the report. For example, if the state is not actively pursuing a buy-in program (Buy-In Section), then there will probably be no goals in the Buy-In area. If the state has no research studies underway or completed, there will not be goals in the research and evaluation area.
- Unless otherwise directed, all items must be completed (e.g., "funds budgeted annually to goal" and "planned completion date.")
- Do not use state-specific acronyms. Readers from CMS and other states will not be familiar with them. Use the actual titles.
- Quarterly updates must be carefully reviewed for changes. Because the last report is the default content of the new report, it is easy to overlook changes that need to be made. With the exception of the final two sections, OUTCOME DATA and RESOURCE UTILIZATION, grantees are to keep the reports accurate and up-to-date for each quarter.
- Always save the information you have entered by printing out the report.
- Once the report has been agreed to by the CMS project officer, it need not be changed further.
- Be sure that the 300-character limit is adhered to. If a response is cut-off, it needs to be revised to bring it within the limit.

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Section-by-Section Instructions

Basic Information

Basic information is the information that provides readers the critical information on the organization of the grant and key personnel.

1. **State.** The state receiving the grant.
2. **Quarter.** The quarter on which the state is reporting. The annual report is synonymous with a 4th quarter report, but there is some additional information required in the annual report.
3. **Grant number.** The number assigned to the grant by CMS. It appears on the Award Profile Sheet issued in the grant award package.
4. **Lead Agency.** The formal organization of state government that has the responsibility for the grant. This is the organization that the grantee signatory represents.
5. **Agency mailing address.** The complete address that is used in mailing official documents from CMS to the lead agency and, specifically, the signatory.
6. **Grantee signatory.** The individual empowered by the state to receive and sign (approve) MIG grant agreements between CMS and the state receiving the grant. The individual ultimately responsible to CMS for the conduct of the grant.
7. **Grantee title.** The title of the grantee signatory.
8. **Grantee telephone number.** The telephone number at which CMS officials can reach the grantee signatory.
9. **Grantee e-mail address.** The e-mail address with which CMS can send e-mail correspondence to the grantee signatory.
10. **Grantee fax number.** A number at which CMS can send official documents to the grantee signatory.
11. **Project director name.** The name of the individual responsible for the day-to-day operation of the grant.
12. **Project director telephone number.** The telephone number of the project director.

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13. **Project director e-mail address.** The e-mail address of the project director.
14. **Report preparer name.** The name of the person who is responsible for the content of this report. This is the person whom CMS will contact with questions about a particular report.
15. **Report preparer telephone number.** The phone number at which CMS can reach the report preparer.
16. **Report preparer e-mail address.** The e-mail address that CMS and others use to communicate with the project about the progress reports.

Major Milestones

This section allows a state to include up to ten major milestones. These milestones must closely track with the grantees' approved proposal for funding. While up to 10 goals can be included, most grantees will use considerably fewer. As a goal is met, it can be excluded from the following quarter's report. Accomplishments and problems relate to the quarter in which they occur and are reported. They should not be repeated; however, problems may persist from quarter to quarter and should be reported each quarter they are at play.

1. **Goal area.** The 6 goal areas are:
 - a. *Buy-in.* Use when the goal is designed to develop, implement, improve, or in some way support individuals who take advantage of the Medicaid buy-in.
 - b. *PAS.* Use this category to identify goals that are aimed at expanding, improving, or in some way impacting the states' Personal Assistance Services in order to support more individuals with disabilities in employment efforts.
 - c. *Other Medicaid services* covers those goals that are designed to directly impact Medicaid services, other than the Buy-In or PAS, to better support people with disabilities who work or are attempting to work.
 - d. *Comprehensive employment efforts.* The *Comprehensive Employment Efforts* (Total System Change) sub-section is reserved for those grantees with goals or milestones specifically geared to comprehensive systems change as envisioned in the Comprehensive Employment Opportunity (CEO) program described in the 4th round grant solicitation. While this goal area is generally reserved for CEO grantees, other grantees may have goals specifically focused on promoting the employment of people with disabilities through partnerships among multiple agencies.
 - e. *Research and Evaluation.* This goal area is reserved for formal research and evaluation efforts of PAS or Buy-In services that are

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already in place. Reports need to differentiate between studies designed to determine the feasibility for PAS or Buy-In programs (which fall under those goal areas) and formal research efforts designed to evaluate the outcomes of these programs. Products of these latter efforts will be formal reports available to CMS and other interested parties.

- f. *Other infrastructure.* If the goal does not fall in one of the other 5 categories, other infrastructure can be used.
- g. *Blank.* Blank is the default for no goal at all. For example, if a state's report has 5 goals, Goal area 6 will be "blank." Blank must never be used to describe a grant goal.

- 2. **Workplan goal.** Goals are high-level statements that are action oriented and have specific outcomes or results that can be achieved in the course of the grant year; thus, the grantee must specify the date on which the goal is anticipated to be accomplished. They should provide the reader with a clear understanding of what is to be accomplished and how achievement of the goal will contribute to achieving the overall goal specified by the goal area. Grants management and administration activities shall not be included as goals. A goal is not simply the conduct of an activity. It generally describes the product of a set of activities. Good goals are difficult to write, but they are critical in accurately communicating to CMS and others what the grant is intending to accomplish. There are excellent resources to assist grantees in setting realistic, outcome specific goals. Grantees' Technical Assistance providers can be of great assistance in this area.

Acceptable goal: "In order to promote non-working Medicaid eligibles to work, institute an outreach program consisting of mailings and public service announcements tied to the implementation of the Buy-In Program."

Unacceptable goal: "Conduct Medicaid Buy-In outreach program," or "Continue our outreach program."

- 3. **Funds budgeted annually to goal.** Grantees are asked to divide their grant funds among their listed goals and their technical assistance contribution. The total of funds budgeted to all goals and technical assistance must equal the amount budgeted for the year (including carryover). Management and administrative expenses are distributed to the goals. CMS recognizes that the budgeted amount may change as the year progresses. If no funds are to be used to meet this goal, enter "0."
- 4. **Planned completion date.** This is the date on which the grantee plans to achieve the goal that has been set. (Grantees are encouraged not to set goals that they cannot reach within the grant year).

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5. **Status.** Status indicates where in time the grantee is toward achieving the goal. The choices are: completed, on time, behind schedule, and abandoned. “Completed” indicates that the stated goal has been achieved. “On time” indicates that the grant managers judge that goal will be reached on or about the planned completion date. “Behind schedule” indicates that the goal will not be reached on the planned date, but that it will be reached at a later date. “Abandoned” is used when the grantee judges that it will not be able to accomplish the goal within the lifetime of the grant. Use of this last category will generally lead to a negotiation with CMS for a revised or different goal.
6. **Accomplishments.** Accomplishments are those results that have been achieved for the reporting period toward reaching the goal. Grantees should describe events that positively impacted the achievement of the goal once it has been met.

Some examples of accomplishments are:

- Entered into a contract with a public relations firm to prepare public service announcements.
- Sent out the first wave of letters to potential buy-in enrollees.
- New workers increased by 20% during the quarter.

7. **Problems/Issues.** Problems and issues are the roadblocks that grantees encounter in working toward the goal. Some may be catastrophic making the goal impossible, others may affect the schedule, yet others may impact the budget, but the problems should have a direct negative impact on achieving goal.

Some examples of problems/issues are:

- State freeze on new contracts delayed hiring contactor.
- Legislative committee did not support the buy-in legislative proposal.
- State Medicaid agency would not accept any expansion proposals until further notice.

Consumer Involvement

The report format provides for the description of up to five groups working with the grantee.

1. **Name.** Insert the name of a consumer group or organization that is involved with the project and is primarily composed of and controlled by consumers.

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2. **Role.** Describe the role and purpose of the group or organization generally. If the group's role is only to interact with the Medicaid infrastructure grant, indicate that here and describe its role in relation to the grant in the next item (3).
3. **Relationship to the Grant.** Describe the group or organization's role with respect to the grant.
4. **Percent of members with a disability.** The intention is to determine the proportion of the group or organization that are, or are potential, consumers of services and supports contemplated within the scope of the grant.
5. **Hours spent last quarter.** Include the total hours spent by members of the group. For example, if 5 members in all each spent 6 hours, the total hours for the quarter would be 30.

Research and Evaluation

The function of this section is to inform CMS and others of ongoing and completed formal research and evaluation efforts. Up to five studies can be entered. Once a study is completed, it can be removed from the next quarter's report. By formal we mean that there will be results reported that are suitable for public consumption. Do not include data tracking, surveying, or other efforts unless there is an anticipation that these efforts will result in a research or evaluation product. In combination, the description (2) and summary of findings (5) could constitute an abstract of the study.

1. **Name.** Insert the name of the research or evaluation effort or project.
2. **Description.** Include a concise description of the research or evaluation project.
3. **Status.** Indicate whether the research or evaluation project is ongoing or completed.
4. **Report location.** Indicate how and where a person interested in the report can acquire a copy. It is critical that the source be precise. If the report is available on the Internet, indicate the web address for the report. If there is a charge, so indicate. Hard copies of these reports need to be submitted to CMS upon their completion.
5. **Summary of findings.** For completed research or evaluations, indicate the key findings and conclusions.

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Personal Assistance Services (PAS)

The Medicaid Infrastructure grant program requires that participating states provide a level of personal assistance services (PAS) sufficient for people with disabilities to maintain employment. This section of the report describes the state's PAS level. PAS may be provided through a state plan amendment or through waivers. Because of the legislative requirements requiring states to provide PAS services, CMS is requesting specific counts of people covered under the relevant waivers and state plan amendment.

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Deleted: Generally, this section will not change from quarter to quarter.

Personal assistance services are defined in the TWWIA legislation as “a range of services, provided by 1 or more persons, designed to assist an individual with a disability to perform daily activities on and off the job that the individual would typically perform if the individual did not have a disability. Such services shall be designed to increase the individual's control in life and ability to perform everyday activities on and off the job.”

STATE PLAN

1. **State Plan PAS.** Are PAS available through an amendment to the state's Medicaid Plan? If the answer is yes, complete the remaining items.
2. **Location.** Indicate whether the state plan provides for PAS only in an individual's home, in home and for medical appointments, or outside the home, including the worksite.
3. **Hours allowed per month.** Choose among the three choices: less than 40 hours per month; 40 to 160 hours per month; and unlimited, based on need. The last choice will be used whenever the allowed hours are greater than 160. {In future versions, the third choice will be changed to “over 160 or unlimited, based on need.”}
4. **Population limited to.** If all Medicaid population groups are included, insert “unlimited.” Otherwise list each specific eligible group that is included in the PAS plan.
5. **Included services list.** List each of the services that is included in the PAS state plan.
6. **Are PAS consumer directed?** If PAS are under the direct control of the consumer (e.g., the consumer hires and can fire the provider), select yes, otherwise, select no.
7. Number served with mental illness? Include the number of individuals with mental illness that were served by the waiver during the past quarter. (Note: in states where figures are not available on a quarterly basis, this figure may be for the immediately prior year.
8. Number served with developmental disabilities? Include the number of individuals with mental retardation or developmental disabilities that were

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served by the waiver during the past quarter. (Note: in states where figures are not available on a quarterly basis, this figure may be for the immediately prior year.

9. Number served with physical disabilities? Include the number of individuals with physical (other) disabilities that were served by the waiver during the past quarter. (Note: in states where figures are not available on a quarterly basis, this figure may be for the immediately prior year.

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WAIVERS

Each personal assistance services waiver must be separately described. Include only waivers directed at adults with disabilities. Do not include waivers that are exclusively for children or elderly individuals. Include only those waivers that provide PAS services. Space has been provided for up to 5 PAS waivers. If the state has no PAS waivers, skip this section.

7. **Brief description of the waiver.** Briefly describe the nature of the waiver.
8. Waiver number. Insert the waiver number assigned by CMS and used to report to CMS
8. **Is the waiver statewide?** Indicate whether the waiver is statewide (“Yes”) or only covers a portion of the state (“No”).
9. **Does the waiver include the buy-in.** Indicate whether or not the waiver has been amended to include the buy-in population. If the State does not currently have a buy-in the answer is, “No.”
10. **Is this an Independence Plus waiver?** If this waiver is an Independence Plus waiver, select “Yes”; otherwise, select “No.”
11. **Location.** Indicate whether the state plan provides for PAS only in an individual’s home, in home and for medical appointments, or outside the home, including the worksite.
12. **Hours allowed per month.** Choose among the three choices: less than 40 hours per month; 40 to 160 hours per month; and unlimited, based on need. The last choice is used whenever the allowed hours are greater than 160. {In future versions, the third choice will be changed to “over 160 or unlimited, based on need.”}

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13. **Population limited to.** If all Medicaid population groups are included, insert “unlimited.” Otherwise list each specific eligible group that is included in the PAS plan.
14. **Included services list.** List each of the services that is included in the PAS state plan.
15. **Are PAS consumer directed?** If PAS are under the direct control of the consumer (e.g., the consumer hires and can fire the provider), select yes, otherwise, select no.
16. **Number served with mental illness? Include the number of individuals with mental illness that were served by the waiver during the past quarter. (Note: in states where figures are not available on a quarterly basis, this figure may be for the immediately prior year.**
17. **Number served with developmental disabilities? Include the number of individuals with mental retardation or developmental disabilities that were served by the waiver during the past quarter. (Note: in states where figures are not available on a quarterly basis, this figure may be for the immediately prior year.**
18. **Number served with physical disabilities? Include the number of individuals with physical (other) disabilities that were served by the waiver during the past quarter. (Note: in states where figures are not available on a quarterly basis, this figure may be for the immediately prior year.**

Medicaid Buy-In

After responding to the first item in this section, only those states that have Buy-In programs need to complete the rest of this section. For those states with Buy-Ins provide as accurate and complete descriptions as possible since states reading this section may be trying to define or redefine their own program.

1. **Buy-In Status.** There are four choices here: Actively pursuing a Buy-In; Not Actively pursuing Buy-In; Attempted Buy-In but was unsuccessful; Adopted the Buy-In; Buy-In rescinded The first two are for states that do not have a buy-in and are planning (or not planning) a buy-in. States that have attempted to create a buy-in but were unsuccessful in the effort will select the third choice. The “Adopted the Buy-In” choice is always used by those states with a buy-in, and the final choice is for any state that has had a buy-in but has eliminated it.
2. **Program name.** Enter the name by which the buy-in is known in your state.

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3. **Implementation date.** This is the date that the buy-in was officially opened to enrollment in the state.
4. **State legislative authority.** Indicate the state enabling statute that created the buy-in in the state.
5. **Federal authority.** There are four possible choices: 1115 waiver (applies only to Massachusetts); the Balanced Budget Act of 1997; the Ticket to Work and Work Incentives Act (TWWIA) Basic; and TWWIA Medical Improvement. Choosing the Medical Improvement option includes the TWWIA Basic option.
6. **Income eligibility.** Select the appropriate option. This choice was made in the Medicaid State Plan amendment creating the Buy-In.
7. **Income eligibility other.** If the “other” choice was appropriate in 6., then the income eligibility criteria must be spelled out as specifically as possible within the 300 character limitation.
8. **Countable income for eligibility.** There are two choices here: gross and net. Select the one appropriate for the state’s program.
9. **Does countable income for eligibility include spousal income?** Select the appropriate choice for the state’s program.
10. **Method for counting earned income.** As appropriate, select either the SSI methodology or other methodology.
11. **Method for counting earned income (other).** Describe as accurately and specifically as possible the method used with the state’s buy-in program.
12. **Method for counting unearned income.** As appropriate, select either the SSI methodology or other methodology.
13. **Method for counting unearned income (other).** Describe as accurately and specifically as possible the method used with the state’s buy-in program.
14. **Resource (asset) for individual limit.** Enter “2000” for SSI methodology, or the actual limit in the state plan amendment.
15. **Resource limit includes spousal resource.** Select “Yes” or “No” depending upon state plan.

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16. **Additional savings accounts are excluded.** Select “Yes” or “No” depending upon whether savings accounts (e.g., Individual development accounts) are excluded from the resource limits.
17. **Additional savings accounts are portable.** If savings accounts are excluded (16. above), can these savings be kept should the person leave the buy-in program. Select “Yes” or “No” depending upon state plan.
18. **Cost sharing policy.** How does the individual “buy-in?” There are three choices: premiums for those states collecting premium payments; co-pays that the eligible person pays to the provider; and other. These are co-pays tied specifically to the Buy-In. Do not consider Medicaid co-pays that effect all Medicaid eligibles (e.g., prescription drug co-pay).
19. **Premium payments begin at.** Indicate the percentage of the federal poverty level at which premiums (or other cost-sharing) starts. For “other” include the amount in the next item (20).
20. **Method to calculate monthly premiums, co-pays, or other cost sharing.** Provide the specific methodology including income cut-off points, sliding fee scales, percentages of income. Be as specific and detailed as space allows.
21. **Medicaid eligibility review.** Indicate the appropriate period between eligibility reviews from the four choices: monthly, every 6 months, every 12 months, or other. [There is no place to “specify.”]
22. **Enrollees at the beginning of year.** This is the number of enrollees that were eligible under the Medicaid Buy-In on December 31st of the prior year, as of that date. This figure must not include individuals who were made retroactively eligible or ineligible at a later date.
23. **Enrollees at the end of period.** Enter the number of enrollees (eligibles) on the last day of the reporting period (March 31, June 30, September 31, or December 31). This figure must include those who were eligible on the last day of the quarter. This figure must not include individuals who were made retroactively eligible or ineligible at a later date.
24. **Major outreach activities.** Report significant and specific outreach activities that occurred during the three-month period.

Technical Assistance (TA) Partnerships

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- 1–3. **Membership.** Indicate with a “yes” or “no” with which of the partnerships the grantee is affiliated.
4. **Funds devoted to TA.** Enter the total amount of grant funds that you contribute to one or more of the TA providers.
5. **FTEs devoted to TA.** Enter the number of full-time equivalent (FTE) positions that the grant donates to providing technical assistance to other states. If the grant has an individual who spends a half-day a week on average assisting other states, the FTE amount is “0.1” (4hours / 40 hour week).
6. **Most valuable TA partnership activity.** Indicate the single most valuable service provided to you by the TA provider. If multiple activities are listed, we will assume that the first one is the most valuable.
7. **Suggestions for TA partnership improvement.** This item provides an opportunity for the grantee to raise problems or concerns they might be facing where technical assistance might be relevant.

Outcome Data (Annual Report Only)

In addition to enrollments in the Medicaid buy-ins, Medicaid Infrastructure Grants touch the lives of other people with disabilities who are working or are considering work. Some of them will become employed, change employment, or stay employed, at least in part because of the Medicaid Infrastructure Grant. Some people will choose not to work, but the decision will be an informed one based on their direct or indirect interaction with the grant. The first item requires that the grantee estimate the number of people with disabilities impacted by the grant. The second and third items are specific to the TWWIA legislation that requires annual reports that include the percentage increase in the number of SSI and SSDI beneficiaries who are working. **These figures need only be updated for the annual report.**

1. **Unduplicated count of individuals supported by MIG activities.** This figure is calculated by the grantee based upon the amount of interaction the grant has had with people with disabilities around the issue of employment. If the grantee conducted a benefits counseling training session for benefits planners, the grantee might count the number of planners trained multiplied by the average number of people with disabilities each planner saw. It would include the individuals in the buy-in if the state has one, and it might include the SSI worker population since these individuals could benefit from efforts to reform the Medicaid infrastructure. Retain back-up documentation for these estimates.
3. **Percentage increase in the number of Title II beneficiaries who returned to work.** At this time no method for determining this figure is

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available to CMS; however, we are continuing to explore data sources for making this calculation.

4. **Percentage increase in the number of Title XVI beneficiaries who returned to work.** This number can be calculated from the SSA publications, *SSI Disabled Recipients who Work* for December of the preceding and current year of the annual report. Table 3 of these publications lists “All disabled working recipients” by state. To calculate the increase, subtract the prior year figure from the current year figure and divide by the prior year figure. Multiply the result by 100 to arrive at the percentage increase. If the result is a negative number there was a percentage decrease over the year.

Resource Utilization (Annual Report Only)

1. **Grant funds expended.** Include the actual grant funds expended for the year based upon official State accounting records.
2. **Carry-over funds (actual).** Include the actual amount of carry-over funds as determined by official State accounting statements.

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