

Addendum: Texas 1115 Medicaid Demonstration Waiver: Review of Behavioral Health Projects



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Advancing Resilience and Recovery in Systems of Care

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Overview of the Addendum

The initial report summarizing the behavioral health projects included in the Texas 1115(a) Medicaid Demonstration Waiver was published in September 2014 and is available at <http://sites.utexas.edu/mental-health-institute/files/2012/10/1115-Waiver-BH-Projects-Report-Final.pdf>. This initial report provides information on the purpose of the Waiver and the methodology used to identify and categorize behavioral health projects. In 2014, the Texas Health and Human Services Commission (HHSC) allowed the Regional Health Partnerships (RHP) to seek approval for additional waiver projects that would be implemented over the remaining 3 years of the waiver period. This addendum will describe the nature of the new 3-year projects that either focus on behavioral health or include a behavioral health component.

All procedures and methodologies remained the same for the review of 3-year projects. The project proposals were reviewed by an experienced team member who participated in the initial review. Project narratives were available on the HHSC website at <http://www.hhsc.state.tx.us/1115-recent-project-narratives.shtml> and were current as of November 2015. Project metrics and estimates of projected payments were obtained from the Category 1 & 2 Project Workbooks available at <http://www.hhsc.state.tx.us/1115-RHP-Plans.shtml>. The Workbooks were last updated on September 4, 2015. Each proposal was reviewed a second time by one of the lead investigators to ensure reliability and address unclear responses. Finally, in November 2015, a subset of variables for each proposal was sent to the RHP anchor contact for review and corrections if needed. The response rate was 58.8% and all data was updated to reflect changes identified by the RHP.

The 1115 projects are rapidly evolving over time. Negotiated modifications with HHSC are ongoing, and any summary of projects reflects only a point in time. Many proposals discussed utilizing the initial project year to conduct gap analyses, identify best practices, and gather stakeholder input to the initiative. Therefore, the information represented in this review reflects primarily the information available in these initial plans and does not capture additional project specificity that is likely to have occurred during the initial project period.

This addendum will provide summary information related to the 3-year behavioral health projects. Summary tables are provided in the appendix for each RHP and the state, incorporating both the 3- and 4-year projects, therefore reflecting all Category 1 and 2 behavioral health projects undertaken in the 2011-2016 1115 Medicaid Demonstration Waiver.

Results

Overview

A total of 83 additional DSRIP projects were identified that addressed behavioral health care, which increased the overall total to 478 projects. The total number of behavioral health projects represents 22.0% of the 2,171 active DSRIP Category 1 & 2 projects. Sixteen of the 20 RHPs submitted additional behavioral health projects, with the greatest number of projects (20.5%) coming from Region 3, which includes Harris County. The regions with the greatest proportion of projects including behavioral health components are Regions 18 (Collin, Grayson, and Rockwall) and 8 (Round Rock area). Table 1 presents the number and proportion of behavioral health projects in each regional health partnership.

Table 1. Number of 1115 Projects with Behavioral Health Component

RHP	Partnership Anchor	Total # 4-Year BH Projects	Total # 3-Year BH Projects	Total All BH Projects	% of All Projects that have BH Focus
1	University of Texas Health Science Center - Tyler	24	4	28	22.4%
2	University of Texas Medical Branch at Galveston	30	8	38	36.5%
3	Harris County Hospital District	46	17	63	21.9%
4	Nueces County Hospital District	22	3	25	21.2%
5	Hidalgo County (South Texas)	18	7	25	23.4%
6	University Health System (San Antonio)	35	7	42	22.1%
7	Healthcare District (Austin)	37	6	43	36.4%
8	Texas A&M Health Science Center (Round Rock)	25	2	27	50.0%
9	Dallas County Hospital District	21	8	29	13.1%
10	JPS Health Network (Ft. Worth)	26	7	33	14.7%
11	Palo Pinto General Hospital (Mineral Wells)	10	0	10	19.6%
12	Lubbock County Hospital District	20	1	21	13.8%
13	McCulloch County Hospital District (Brady)	11	0	11	25.0%
14	Medical Center Health System (Odessa)	6	3	9	10.8%
15	University Medical Center of El Paso	8	2	10	11.5%
16	Coryell Memorial Hospital (Gatesville)	15	3	18	32.1%
17	Texas A&M Health Science Center (College Station)	8	0	8	21.1%
18	Collin County (Collin, Grayson & Rockwall)	16	0	16	57.1%
19	Electra Hospital District (Electra)	10	1	11	24.4%
20	Webb County Indigent Health Care Services (Laredo)	7	4	11	28.9%
All	All RHPs	395	83	478	22.0%

Proposals were submitted within two categories developed by HHSC and approved by CMS: Infrastructure Development (Category 1) and Program Innovation and Redesign (Category 2). (Note that Category 3 reflected quality outcome measures for Category 1 and 2 projects and Category 4 reflected population-focused improvement outcomes reported by hospitals in the region). Categories 1 and 2 also had a menu of HHSC and CMS-approved project goal descriptions. For 3-year projects, a greater proportion of Category 2 Program Innovation and Redesign (60.2%) were submitted, which included a variety of new services or programs targeting behavioral health populations. The most common Category 2 goal description selected was to “provide an intervention for a targeted behavioral health population to prevent unnecessary services in other settings” (50.0%).

Infrastructure Development (Category 1) included projects that expand capacity within local mental health authorities (LMHAs) and other providers beyond the targeted priority population, that establish clinics in additional locations, or that add providers or technology to improve the system. “Enhancing service availability to appropriate levels of behavioral health care” was the most frequently identified goal description (60.6%) within Category 1. Table 2 summarizes the project goals and number of projects identifying each goal.

Table 2. Categorization of Project Goals

	Number of Projects	Percent
All Category 1 Projects	33	39.8%
<i>Category 1 - Goal Number and Description</i>		
1.12 Enhance service availability to appropriate levels of BH care	20	60.6%
1.13 Development of BH crisis stabilization services	6	18.2%
1.9 Expand specialty care	2	6.1%
1.7 Introduce, expand, or enhance telemedicine/health	2	6.1%
1.4 Enhance interpretation services and culturally competent care	1	3.0%
1.11 Implement technology assisted services to support or deliver BH services	1	3.0%
1.14 Develop workforce enhancement initiatives to support access to BH providers in underserved areas	1	3.0%
All Category 2 Projects	50	60.2%
<i>Category 2 – Goal Number and Description</i>		
2.13 Provide an intervention for a targeted BH population to prevent unnecessary services in other settings	25	50.0%
2.15 Integrate primary and BH care services	5	10.0%
2.9 Establish/expand a patient care navigation program	4	8.0%
2.7 Implement evidence-based disease prevention programs	3	6.0%
2.17 Establish improvements in care transition from the inpatient setting for MH/SA patients	3	6.0%
2.18 Recruit, train, and support consumers of MH services to provide peer support services	3	6.0%
2.19 Develop care management function that integrates PH and BH needs of individuals	2	4.0%
2.1 Enhance/expand medical homes	1	2.0%
2.2 Expand chronic care management models	1	2.0%
2.6 Implement evidence-based health promotion programs	1	2.0%
2.14 Implement person-centered wellness self-management strategies	1	2.0%
2.16 Provide virtual psychiatric and clinical guidance to PCPs delivering BH care	1	2.0%

Note: BH=behavioral health; MH=mental health; SA=substance abuse/use

Population of Focus

Age. The majority of 3-year projects targeted a general adult population ($n=65$; 78.3%) and a subset of these projects also included children ($n=16$; 19.3%). In some situations, it was unclear whether children were included or excluded ($n=9$; 10.8%). A moderate group of projects ($n=12$; 14.5%) focused exclusively on a general child population and another group focused on adolescents ($n=9$; 10.8%).

Types of Behavioral Health Issues or Populations. The 3-year projects followed a similar pattern to the 4-year projects, with the majority focusing on individuals with the most serious mental health needs. Projects were most likely to focus on individuals with severe mental illness ($n=47$; 56.6%) or serious emotional disturbance ($n=21$; 24.8%). Thirty projects (36.1%) focused on the general mental health population [i.e., not severe mental illness (SMI) or serious emotional disturbance (SED)] and 24 (28.9%) focused on a population with substance use problems. Children in foster care were specifically targeted in three projects within this review (3.6%) and projects that targeted the general public also arose in this review (2.4%).

Table 3. Populations of Focus for Behavioral Health Projects

Population	Number of Projects	Percent*
Targeted Age		
General adult population excluding children	49	59.0%
General adult population and children	16	19.3%
Children only	12	14.5%
Older adults (65 and older)	1	1.2%
Adolescents (12 to 17)	9	10.8%
Transition age young adults (18 to 25)	1	1.2%
Early childhood (0 to 5)	1	1.2%
Behavioral Issue or Specialty Populations		
Severe mental illness	47	56.6%
Serious emotional disturbance	21	25.3%
General mental health (non-SMI/SED)	30	36.1%
Substance use problems	24	28.9%
Medical populations	19	22.9%
Intellectual or developmental disabilities	11	13.3%
Autism	5	6.0%
Homeless population	3	3.6%
Criminal justice population	14	16.9%
Veterans	1	1.2%
Children in foster care	3	3.6%
General public	2	2.4%

Settings of Care

Table 4 provides information on the various service settings in which the behavioral health projects occur. As in the previous review, LMHA's and general hospitals were the most frequent provider organizations. Over 20% of the projects were collaborative and included more than one

health care provider or service setting. The collaborations represented a wide variety of partnerships, including LMHAs, mental health clinics, primary care clinics, general and psychiatric hospitals, detoxification units, and schools. In some cases, service providers were based in a clinic location, which was the setting reflected in the categorization, but actual services were being provided in consumer/client homes or other community settings.

Table 4. Settings for Behavioral Health Care

Service Setting	Number of Projects	Percent*
Local Mental Health Authority (LMHA)	54	65.1%
General Medical Hospital	13	15.7%
Primary Care Clinic (non-FQHC)	9	10.8%
Mental Health Clinic (non-LMHA)	6	7.2%
School	4	4.8%
General Medical Hospital – Psychiatric Unit	3	3.6%
Federally Qualified Health Clinic (FQHC)	3	3.6%
County Health and/or Human Services	3	3.6%
Inpatient Detoxification Facility	3	3.6%
Psychiatric Hospital	2	2.4%
Substance Abuse Clinic (non-LMHA)	1	1.2%
Obstetric Clinics	1	1.2%
Mobile Clinic	1	1.2%

Note: *Total is >100% reflecting collaborations between more than one provider or service setting.

New Staffing

The majority of the 3-year projects ($n=60$; 72.3%) indicated the need to recruit and hire new staff to support project goals. Licensed mental health practitioners, such as psychologists, professional counselors, and licensed social workers, were the most commonly identified personnel (27.7%). Qualified mental health providers were also a common staffing need (19.3%). In the 3-year projects, nursing staff (RNs and APNs) were another common staffing need. Project staffing is described in Table 5.

Table 5. Types of New Staff/Providers Identified in Projects

Staffing	Number of Projects	Percent
Licensed Mental Health Practitioner (Psychologist, LPC, LMSW, LCSW)	23	27.7%
Qualified Mental Health Practitioner	16	19.3%
Nurse(s)	11	13.3%
Psychiatrist(s)	10	12.0%
Administrative staff	10	12.0%
Advanced Nurse Practitioner	5	6.0%
Peer Specialist	5	6.0%
Physician(s) (non-psychiatrist)	4	4.8%
Licensed Chemical Dependency Counselor	4	4.8%
Certified Behavior Analyst	4	4.8%

Patient Navigators or Care Coordinators	2	2.4%
Law enforcement professionals	2	2.4%
Allied health professionals (speech, occupational, physical therapy)	2	2.4%
Community Health Worker or Promotor/a	1	1.2%
Family Partner (parent peer support provider)	1	1.2%
Pharmacist or pharmacy technician	1	1.2%

Evidence-Based and Promising Practices

A roughly equivalent proportion of the 3-year projects targeted specific interventions identified as empirically-supported or promising practices (n=35; 42.2%). Five proposals (14.3%) stated that an evidence-based practice would be selected during the initial planning year (year 3 of the waiver). There was a wide variety of models reflected in the proposals. The most commonly chosen were Cognitive Behavioral Therapy (n=6; 17.1%) and Applied Behavioral Analysis (n=4; 11.4%). Table 6 summarizes the best practices cited within the 3-year projects.

Table 6. Evidence-Based Practices Supported in Waiver Projects

Staffing	Number of Projects	Percent
Cognitive Behavioral Therapy	6	17.1%
Applied Behavioral Analysis	4	11.4%
Motivational interviewing	3	8.6%
Assertive Community Treatment	3	8.6%
Cognitive Adaptation Therapy	3	8.6%
Chronic Care Model	2	5.7%
Motivational Enhancement Therapy	1	2.9%
Screening, Brief Intervention, and Referral to Treatment	1	2.9%
Cognitive Processing Therapy	1	2.9%
Wellness Recovery Action Planning	1	2.9%
Whole Health and Resilience	1	2.9%
Whole Health Action Management	1	2.9%
Recovery Supports	1	2.9%
Seeking Safety	1	2.9%
Dialectical Behavior Therapy	1	2.9%
Wraparound Planning	1	2.9%
Trauma Focused CBT	1	2.9%
Strengthening Families	1	2.9%
Rainbow Days Kids	1	2.9%
Attachment, Self-Regulation, and Competency	1	2.9%
Care Transitions Intervention	1	2.9%

Common Project Categories

There are three areas in which many projects could be categorized, and those project areas are described in more detail in order to understand some of the commonalities and differences. These project areas include integrated care, technology enhancement, and crisis services.

Integrated Care

Table 6 summarizes project foci on populations with one or multiple health-related issues. The majority of projects include a focus on a singular population, such as mental health ($n=49$; 59.0%), substance use ($n=14$; 16.9%), or Intellectual or Developmental Disabilities (IDD; $n=7$; 8.4%). This represents a higher proportion of projects focused on IDD populations than within the 4-year projects.

Table 6. Project Focus

Project Focus	Number of Projects	Percent*
Mental health only	49	59.0%
Co-occurring behavioral health and physical health	21	25.3%
Co-occurring mental health and substance use	22	26.5%
Unspecified behavioral health	12	14.5%
Substance use disorders only	14	16.9%
Co-occurring intellectual or developmental disorders and behavioral health	4	4.8%
Intellectual or developmental disorders only	7	8.4%
Co-occurring intellectual or developmental disorders and physical health	1	1.2%

*Projects can target both a singular population and co-occurring populations, therefore the total can be greater than 100%.

Many projects planned to target individuals with co-occurring conditions to improve access to coordinated and integrated care. Information on targeting care to populations with co-occurring disorders and the nature of these integrated projects was one area in which RHPs were asked to review and modify information documented by reviewers, and the subjective nature of the categorization of these models should be taken into consideration. A roughly similar number of proposals targeted co-occurring mental health and substance use disorders ($n=22$; 26.5%) and co-occurring behavioral health and physical health conditions ($n=21$; 25.3%). This is a somewhat smaller proportion of behavioral health and physical health projects than was seen in the 4-year projects.

Integrated care projects can be further described by examining the Four-Quadrant Clinical Integration Model (Mauer, 2009), which describes the population to be served in terms of the complexity of health and behavioral health conditions. The model is described in more detail in the original report (see Appendix D). In integrated health and behavioral health projects, 38% ($n=8$) focused on providing services within one specific quadrant, focusing on those with individuals with lower physical health care needs. The majority of projects ($n=13$; 61.9%), however, chose to develop services targeting multiple quadrants of the model. Table 7 illustrates the frequency by which projects focused on each quadrant, reflecting the population, settings, and level of integration.

Most integrated behavioral health and physical health proposals focused on a population with significant behavioral health conditions, but fairly low intensity physical health needs (Quadrant II; $n=18$; 85.7%). One example of this model was developing a behavioral health and medical home for youth post-discharge from juvenile justice detention facilities. Nine projects (42.9%) include a focus on Quadrant I, which represents low behavioral health and physical health care needs. One example of a project within Quadrant I is the incorporation of screening, brief intervention, and referral (SBIRT) for substance use disorders into a primary care setting. A smaller proportion of projects ($n=6$; 28.6%) focused on Quadrant III for individuals with low behavioral health needs and high physical health issues. An example project is providing behavioral health assessments and consultation to patients served at a diabetes specialty clinic. Lastly, a slightly larger proportion of projects ($n=6$; 28.6%) focused on individuals with significant behavioral health and physical health needs, identified as Quadrant IV. An example project is the development of a mobile assessment and response team that can provide services within a hospital or emergency room setting when behavioral health issues arise.

Table 7. Integrated Care Quadrants

Project Focus	Number of Projects	Percent
Co-occurring behavioral health and physical health	$n=21$	
Quadrant I (Low BH / Low PH)	9	42.9%
Quadrant II (High BH / Low PH)	18	85.7%
Quadrant III (Low BH / High PH)	4	19.0%
Quadrant IV (High BH / High PH)	6	28.6%
Co-occurring mental health and substance use	$n=22$	
Quadrant I (Low MH / Low SA)	4	18.2%
Quadrant II (High MH / Low SA)	16	72.7%
Quadrant III (Low MH / High SA)	9	40.9%
Quadrant IV (High MH / High SA)	11	50.0%

Integrated mental health and substance use treatment was identified in 26.5% of projects ($n=22$), and these projects were also categorized into the four-quadrant model (see Appendix E in the original report). The most frequently represented quadrants included Quadrant II with high mental health need and low substance use need ($n=16$; 72.7%) and Quadrant IV with high mental health need and high substance use need ($n=11$; 50.0%). Example projects include a specialized program targeting individuals with co-occurring disorders in jail or on probation and increasing the capacity of a residential detoxification program for women and/or women with children. The other two quadrants were represented with less frequency, with 4 projects in Quadrant I (low mental health, low substance use; 18.2%) often focusing on screening for behavioral health concerns in primary care and 9 projects in Quadrant III (low mental health, high substance use; 40.9%).

Technology Enhancement

Technology enhancement was a component in 21.7% ($n=18$) of the 3-year projects. The majority of the technology projects focused on developing, expanding, or using a telemedicine or telehealth system ($n=11$; 61.1%) to expand access to behavioral health services. These projects include efforts to increase access to behavioral health specialists in new settings, such as schools, jails, and on mobile clinics, as well as to address special populations, such as

children in foster care and individuals involved in the justice system. Other projects ($n=5$; 27.8%) focused on developing data sharing capacity to support continuity across providers or for quality improvement. Several unique technology projects were noted, including the development of a shared electronic health record encompassing several child-serving systems (e.g., behavioral health, juvenile justice, child welfare) and the development of several internet-based strategies to inform the population about mental health issues and engage individuals in online support platforms. One program enhances the development and implementation of a software program used to identify, measure, and track depression symptoms and provide feedback to physicians to guide care. Table 8 provides a summary of 3-year technology projects.

Table 8. Types of Technology-Involved Projects

Service Setting	Number of Projects $n=18$	Percent
Telehealth	11	61.1%
Electronic Health Record – Primarily Medical	1	5.6%
Electronic Health Record – Primarily Behavioral Health	2	11.1%
Data Portals or data sharing platforms	5	27.8%
Other technology projects	2	11.1%

Crisis Services

A number of the 3-year projects focused on improving behavioral health crisis services ($n=17$; 20.5%). The most common crisis project involved expansion or use of a mobile crisis outreach team ($n=6$; 35.3%); one of the proposed teams will focus specifically on the population with IDD and comorbid behavioral health needs. Crisis telehealth was also a common option ($n=3$; 17.6%), primarily focused on providing access to behavioral health specialists within emergency departments and inpatient settings. Several projects included the development or expansion of crisis residential programs ($n=2$; 11.8%), crisis respite ($n=2$; 11.8%), and an inpatient detoxification program ($n=1$; 5.9%). Two projects include hiring and training mental health police officers to respond to crisis calls and collaborate with mental health professionals. One project focuses on the development of a medical clearance unit to be housed within an existing crisis observation unit, allowing individuals in crisis to be medically assessed and cleared prior to being transported to an appropriate treatment setting.

Table 9. Projects Involving Crisis Services

Type of Service	Number of Projects $n=17$	Percent
Mobile crisis outreach teams	6	35.3%
Crisis respite	2	11.8%
Crisis stabilization programs	2	11.8%
Crisis telehealth	3	17.6%
Crisis intervention or mental health officers	2	11.8%
Psychiatric consultation in emergency settings	2	11.8%
Detoxification unit	1	5.9%
Minor medical clearance unit	1	5.9%

Client Impact (Number of People to be Served)

The calculation of client impact from the behavioral health DSRIP projects is challenging, as lead organizations identified impact in a variety of ways. While the majority of 3-year projects identified the number of unique individuals served in each of the three years, some proposals measured impact in client visits or the number of individuals potentially impacted through provider training. Many DSRIP projects are intended to build upon one another; therefore, projects are likely to impact some of the same individuals, leading to “double-counting” of impact. Many of the 3-year projects are also likely to impact some of the same individuals identified as targets in the 4-year DSRIP projects.

The client impact estimates reflect the number of clients proposed to be served following negotiation with HHSC. Estimates were obtained from the most recently available workbook on the HHSC website at <http://www.hhsc.state.tx.us/1115-RHP-Plans.shtml> (posted September 4, 2015). These numbers may still be subject to change and HHSC will continue to update patient impact goals based on ongoing project modifications.

To provide the most interpretable estimate of patient impact, only those projects identifying unique individuals served or impacted are reported. The projected individuals served are presented for project years 4 and 5, as all projects are required to report on impact in these years. Estimates of individual impact from 3-year projects within each region are presented in Table 10.

Table 10. Estimates of Individuals Impacted by RHP Projects

RHP	Total # BH Projects	RHP Projects Reporting Individuals Served	Projected Individuals Served in Year 4	Projected Individuals Served in Year 5
1	4	3	175	265
2	8	8	2,782	3,862
3	17	17	7,639	8,598
4	3	3	122	195
5	7	6	3,840	5,096
6	7	7	1,138	1,321
7	6	3	468	703
8	2	2	116	167
9	8	8	14,441	17,775
10	7	7	6,386	6,288
11	0	N/A	N/A	N/A
12	1	1	150	175
13	0	N/A	N/A	N/A
14	3	3	475	695
15	2	2	1,033	1,315
16	3	3	160	210
17	0	N/A	N/A	N/A
18	0	N/A	N/A	N/A
19	1	1	100	100
20	4	3	88	141
All	83	77	39,113	46,906

Incentive Payments

DSRIP payments are based on successful completion of project goals and milestones, generally split across several specific metrics in each year and submission of Intergovernmental Transfer (IGT) to fund the state match for the payments. The three-year projects were eligible for incentive payments during project year 3 (Federal Fiscal Year 2013-14), project year 4 (FFY 2014-2015) and project year 5 (FFY 2015-2016). Projected incentive payments are based on values shared by HHSC through <http://www.hhsc.state.tx.us/1115-RHP-Plans.shtml> (posted September 4, 2015), but may still be adjusted as projects are modified. Project valuation represents the maximum of all funds a project may earn if it achieves all of its metrics in a given year.

The median individual project incentive per year for the behavioral health projects were:

- \$850,000 in Demonstration Year 3,
- \$1,041,077 in Demonstration Year 4, and
- \$900,000 in Demonstration Year 5.

The smallest one-year incentive payment for all projects is \$64,973 and the largest proposed one-year incentive payment is \$9,818,182, which is significantly larger than the highest proposed one-year incentive payment from the 4-year projects. The total projected payments for behavioral health projects across each project year are presented in Table 11. The 3-year projects represent an additional \$342,066,480 to support Category 1 and 2 behavioral health waiver projects. This funding would be in addition to the \$2,008,049,891 estimated to support the 4-year projects, resulting in an estimated total of \$2,350,116,371 in behavioral health potential funding as a result of the 1115 Waiver.

Table 11. Estimates of DSRIP Payments for 3-Year Behavioral Health Projects

RHP	Projected BH Payments Year 3	Projected BH Payments Year 4	Projected BH Payments Year 5	Projected BH Payments Years 3-5
1	\$511,595	\$533,865	\$502,384	\$1,547,844
2	6,660,000	\$5,860,000	\$7,430,000	\$19,950,000
3	\$24,188,161	\$30,182,523	\$28,977,831	\$83,348,515
4	\$1,375,346	\$1,909,606	\$1,830,817	\$5,115,769
5	\$14,817,117	\$15,980,053	\$17,474,407	\$48,271,577
6	\$3,311,338	\$4,409,843	\$4,025,731	\$11,746,912
7	\$8,291,752	\$8,733,617	\$7,222,131	\$24,247,500
8	\$1,628,105	\$1,472,426	\$1,522,162	\$4,622,693
9	\$20,887,193	\$24,511,141	\$30,623,089	\$76,021,423
10	\$12,952,313	\$12,505,304	\$9,625,761	\$35,083,378
11	\$0	\$0	\$0	\$0
12	\$294,055	\$310,332	\$203,319	\$807,706
13	\$0	\$0	\$0	\$0
14	\$1,501,108	\$1,387,108	\$1,092,874	\$3,981,090
15	\$2,378,000	\$2,450,808	\$2,367,968	\$7,196,776

16	\$1,665,426	\$3,287,688	\$1,959,209	\$6,912,323
17	\$0	\$0	\$0	\$0
18	\$0	\$0	\$0	\$0
19	\$890,000	\$830,000	\$630,000	\$2,350,000
20	\$4,014,600	\$3,702,025	\$3,146,351	\$10,862,976
State	\$105,366,109	\$118,066,338	\$118,634,033	\$342,066,480

Quality Improvement Targets

Providers were required to identify one or more Category 3 outcomes for each Category 1 or 2 project that will be tracked to measure quality improvements. These outcomes were selected from a list developed by HHSC and approved by CMS. This list, along with further description of each outcome, can be accessed at <http://www.hhsc.state.tx.us/1115-docs/CAT3/Cat3-Brief-Outcomes.xls>. The domains, or categories, for the outcomes chosen in the 3-year behavioral health projects are listed in Table 12. By far, the most frequently selected outcomes were in the Behavioral Health/Substance Abuse Care domain ($n=54$, 65.1%), which reflects changes on behavioral health measures. The most common measurement tools utilized are the Patient Health Questionnaire (PHQ) and the Adult Needs and Strengths Assessment (ANSA) or Child Assessment of Needs and Strengths (CANS).

Table 12. Category 3 Outcome Domains

Measure Name	Number of Projects	Percent
Domain 1: Primary Care and Chronic Disease Management	12	14.5%
Domain 2: Potentially Preventable Admissions	5	6.0%
Domain 3: Potentially Preventable Readmissions – 30-day Readmissions	5	6.0%
Domain 4: Potentially Preventable Complications, Healthcare Acquired Conditions, and Patient Safety	1	1.2%
Domain 6: Patient Satisfaction	15	18.1%
Domain 8: Perinatal and Maternal Child Health	4	4.8%
Domain 9: Right Care, Right Setting	15	18.1%
Domain 10: Quality of Life/Functional Status	12	14.5%
Domain 11: Behavioral Health/Substance Abuse Care	54	65.1%
Domain 14: Healthcare Workforce	1	1.2%
Domain 15: Infectious Disease Management	2	2.4%

Note: Some projects identified more than one Category 3 outcome.

Conclusions

Most regions of the state took advantage of the opportunity to propose 3-year behavioral health projects and expanded the number of individuals with behavioral health needs impacted by the 1115 Demonstration Waiver. Ultimately, behavioral health projects make up 22.0% of all DSRIP Category 1 & 2 projects. The types of projects proposed in this round were similar in many ways to the original 4-year proposals. However, they tended to be more inclusive of children and IDD populations. A smaller proportion of projects represented technology enhancements, crisis enhancements, or integrated care projects, although each of these were still well-represented. The number of clients impacted per year was generally proportional to those estimated for the

4-year projects, with wide variations occurring in both sets of proposals. Overall, the 3-year projects tended to have slightly higher minimum, median, and maximum incentive payments, possibly due to the more restricted timeframe in which to establish programs and begin achieving outcomes.

The general conclusions identified in the initial report remain. These included the potential challenges associated with staffing the projects, with many staffing needs focused on licensed behavioral health professionals, and the potential disruption that may result to traditional service systems, as demand for the behavioral health workforce increases. The primary remaining conclusion focuses on the unique opportunity offered by the 1115 Demonstration Waiver to evaluate the cost effectiveness of a variety of locally-developed programs to address community behavioral health needs. As communities enter their fourth year of the effort (Waiver Year 5), programs are likely to be more firmly established and have had the opportunity to use local data to address barriers and improve quality over time. This could be an ideal time to expand evaluation efforts to explore the impact on regional indicators of behavioral health and quality of life and to examine outcomes on reporting tools shared across similar projects. At a minimum, opportunities to document and share the nature and outcomes of individual projects should be encouraged. Effective communication of the challenges, lessons learned, and best practices in behavioral health initiatives from the 2011-2016 Medicaid Demonstration Waiver would set the stage for strong sustainability and continued growth of effective programs in Texas.

References

- Mauer, Barbara (2009). Behavioral Health / Primary Care Integration and the Person-Centered Healthcare Home. National Council for Community Behavioral Healthcare.
<http://www.allhealth.org/briefingmaterials/BehavioralHealthandPrimaryCareIntegrationandthePerson-CenteredHealthcareHome-1547.pdf>
- Substance Abuse and Mental Health Services Administration. Substance Abuse Treatment for Persons with Co-Occurring Disorders. Treatment Improvement Protocol (TIP) Series, No. 42. HHS Publication No. (SMA) 133992. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005.
<http://store.samhsa.gov/product/TIP-42-Substance-Abuse-Treatment-for-Persons-With-Co-Occurring-Disorders/SMA13-3992>

Appendix A
1115 Waiver Behavioral Health Projects
3- and 4-Year Projects
Summary Tables

1115 Waiver Behavioral Health Projects – Summary Tables

Statewide Summary	Number of Projects	Total Individuals Served (FFY15)	Potential Incentive Payment (FFY15)	Total Individuals Served (FFY15-16)	Potential Incentive Payment (FFY13-16)
Total Across All Category 1 & 2 Projects	478	223,642 ¹	\$653,671,638	509,586 ²	\$2,350,116,371
Projects Focused Across the Age Span	148	98,568 ³	\$194,549,048	221,611 ³	\$698,932,836
Projects Focused on Children Only	50	17,824 ⁴	\$70,676,199	39,272 ⁴	\$237,326,989
Projects Focused on Adults Only	280	107,250 ⁵	\$388,446,391	248,703 ⁶	\$1,413,856,545
Projects Focused on Mental Health**	287	146,806 ⁷	\$413,444,868	328,099 ⁸	\$1,488,100,107
Projects Focused on Substance Use Disorders**	77	52,194 ⁹	\$105,755,178	112,951 ⁹	\$378,230,238
Projects Focused on IDD**	21	3,377 ¹⁰	\$19,444,554	7,789 ¹⁰	\$64,944,072
Projects Focused on Co-occurring BH/PH	160	104,971 ¹¹	\$232,897,708	246,381 ¹²	\$848,088,282
Projects focused on Co-occurring MH/SA	104	60,437 ¹³	\$163,309,794	131,411 ¹³	\$584,548,303
Projects Focused on Co-occurring IDD/BH	37	3,678 ¹⁴	\$41,729,136	8,502 ¹⁴	\$154,163,016
Projects Enhancing Crisis Services	130	62,900 ¹⁵	\$195,748,381	134,475 ¹⁵	\$703,817,629
Projects Enhancing or Using Telehealth	96	41,007 ¹⁶	\$117,177,880	93,967 ¹⁶	\$430,611,737
Projects Enhancing Electronic Health Records	42	23,552 ¹⁷	\$59,258,239	55,061 ¹⁷	\$217,205,373
Projects Using Evidence-based/Promising Practices	208	87,532 ¹⁸	\$286,657,720	191,782 ¹⁹	\$1,034,034,352

Note: These tables reflect the Category 1 and 2 projects approved by the Center for Medicare and Medicaid Services (CMS) for three and four-year funding. Please see the full report for further information about the sample.

¹ Information provided on 421 projects. ² Information provided on 423 projects. ³ Information provided on 125 projects. ⁴ Information provided on 45 projects. ⁵ Information provided on 251 projects. ⁶ Information provided on 253 projects. ⁷ Information provided on 246 projects. ⁸ Information provided on 247 projects. ⁹ Information provided on 72 projects. ¹⁰ Information provided on 18 projects. ¹¹ Information provided on 149 projects. ¹² Information provided on 150 projects. ¹³ Information provided on 100 projects. ¹⁴ Information provided on 35 projects. ¹⁵ Information provided on 112 projects. ¹⁶ Information provided on 72 projects. ¹⁷ Information provided on 41 projects. ¹⁸ Information provided on 197 projects. ¹⁹ Information provided on 198 projects.

* This reflects projects targeting individuals with single diagnoses. Projects targeting individuals with co-occurring diagnoses are represented in a subsequent category. Some projects do identify targeting individuals with both single and co-occurring diagnoses, and these are reflected in both categories.

** This represents projects that explicitly referenced an evidence-based or promising practice in their planning documents; it is possible that projects adopted and implemented such practices later in the planning process.

Disclaimers: This data reflects a review of approved project proposals and so may not reflect the current status of 1115 projects. The table summarizes a variety of project characteristics; therefore, individual projects may be represented in multiple categories. Total number of individuals served is provided for the final two years of the project, when impact numbers are required to be tracked; however, projects may plan to serve individuals in earlier years. Total number of individuals served may be provided for a subset of proposals in which this information was provided in the proposal. Individuals may be served across multiple projects; therefore, “total individuals served” does not reflect unique individuals. In addition, estimated individuals to be served may not represent the most currently approved impact numbers. Potential incentive payments for project years 2 and 3 have been updated to reflect CMS-approved incentive payments; however, incentives for FFY15-16 were not finalized at the time of this analysis. Project valuation reflects the maximum of all funds a Category 1 or 2 project may earn if it achieves all metric targets.

1115 Waiver Behavioral Health Projects – Summary Tables

RHP 1 Summary	Number of Projects	Total Individuals Served (FFY15)	Potential Incentive Payment (FFY15)	Total Individuals Served (FFY15-16)	Potential Incentive Payment (FFY13-16)
Total Across All Category 1 & 2 Projects	28	5,336 ¹	\$19,647,288	11,437 ¹	\$74,179,691
Projects Focused Across the Age Span	5	195 ²	\$1,880,555	463 ²	\$8,447,365
Projects Focused on Children Only	0	N/A	N/A	N/A	N/A
Projects Focused on Adults Only	23	5,141	\$17,766,733	10,974	\$65,732,326
Projects Focused on Mental Health**	22	4,320 ³	\$17,963,339	9,176 ³	\$67,359,873
Projects Focused on Substance Use Disorders**	11	2,092 ⁴	\$6,656,508	4,367 ⁴	\$27,198,130
Projects Focused on IDD**	0	N/A	N/A	N/A	N/A
Projects Focused on Co-occurring BH/PH	10	2,499 ⁴	\$9,882,287	5,411 ⁴	\$37,529,429
Projects focused on Co-occurring MH/SA	12	3,175 ⁵	\$10,451,817	6,654 ⁵	\$39,318,404
Projects Focused on Co-occurring IDD/BH	0	N/A	N/A	N/A	N/A
Projects Enhancing Crisis Services	6	2,714	\$8,115,461	5,578	\$31,475,606
Projects Enhancing or Using Telehealth	5	2,322 ⁶	\$7,344,267	4,814 ⁶	\$29,955,721
Projects Enhancing Electronic Health Records	4	670	\$1,295,586	1,525	\$5,478,427
Projects Using Evidence-based/Promising Practices	10	1000	\$3,111,859	2,201	\$11,003,351

Note: These tables reflect the Category 1 and 2 projects approved by the Center for Medicare and Medicaid Services (CMS) for three and four-year funding. Please see the full report for further information about the sample.

¹ Information provided on 24 projects. ² Information provided on 2 projects. ³ Information provided on 18 projects. ⁴ Information provided on 9 projects. ⁵ Information provided on 11 projects. ⁶ Information provided on 4 projects.

* This reflects projects targeting individuals with single diagnoses. Projects targeting individuals with co-occurring diagnoses are represented in a subsequent category. Some projects do identify targeting individuals with both single and co-occurring diagnoses, and these are reflected in both categories.

** This represents projects that explicitly referenced an evidence-based or promising practice in their planning documents; it is possible that projects adopted and implemented such practices later in the planning process.

Disclaimers: This data reflects a review of approved project proposals and so may not reflect the current status of 1115 projects. The table summarizes a variety of project characteristics; therefore, individual projects may be represented in multiple categories. Total number of individuals served is provided for the final two years of the project, when impact numbers are required to be tracked; however, projects may plan to serve individuals in earlier years. Total number of individuals served may be provided for a subset of proposals in which this information was provided in the proposal. Individuals may be served across multiple projects; therefore, “total individuals served” does not reflect unique individuals. In addition, estimated individuals to be served may not represent the most currently approved impact numbers. Potential incentive payments for project years 2 and 3 have been updated to reflect CMS-approved incentive payments; however, incentives for FFY15-16 are still to be finalized. Project valuation reflects the maximum of all funds a Category 1 or 2 project may earn if it achieves all metric targets.

1115 Waiver Behavioral Health Projects – Summary Tables

RHP 2 Summary	Number of Projects	Total Individuals Served (FFY15)	Potential Incentive Payment (FFY15)	Total Individuals Served (FFY15-16)	Potential Incentive Payment (FFY13-16)
Total Across All Category 1 & 2 Projects	38	21,766 ¹	\$29,129,308	52,452 ¹	\$108,359,458
Projects Focused Across the Age Span	6	15,492	\$11,175,107	36,574	\$41,744,429
Projects Focused on Children Only	5	1,230	\$2,608,893	2,535	\$9,115,974
Projects Focused on Adults Only	27	5044 ²	\$15,345,308	13,343 ²	\$57,499,055
Projects Focused on Mental Health**	22	5,766 ³	\$16,509,075	16,312 ³	\$64,287,640
Projects Focused on Substance Use Disorders**	9	3,167	\$8,263,728	6,629	\$31,142,157
Projects Focused on IDD**	3	235	\$1,042,269	570	\$3,985,971
Projects Focused on Co-occurring BH/PH	10	14,434 ⁴	\$7,875,054	33,174 ⁴	\$30,103,669
Projects focused on Co-occurring MH/SA	12	3,252	\$9,079,982	7,054	\$34,729,004
Projects Focused on Co-occurring IDD/BH	2	28	\$597,336	65	\$2,278,573
Projects Enhancing Crisis Services	11	2,065	\$7,879,199	4,494	\$28,551,411
Projects Enhancing or Using Telehealth	7	3,992 ⁵	\$9,022,512	11,709 ⁵	\$34,139,464
Projects Enhancing Electronic Health Records	4	2,209	\$4,954,588	5,291	\$19,411,113
Projects Using Evidence-based/Promising Practices	19	4,624 ⁶	\$12,476,125	10,563 ⁶	\$46,478,405

Note: These tables reflect the Category 1 and 2 projects approved by the Center for Medicare and Medicaid Services (CMS) for three and four-year funding. Please see the full report for further information about the sample.

¹ Information provided on 36 projects. ² Information provided on 25 projects. ³ Information provided on 20 projects. ⁴ Information provided on 9 projects.

⁵ Information provided on 6 projects. ⁶ Information provided on 18 projects.

* This reflects projects targeting individuals with single diagnoses. Projects targeting individuals with co-occurring diagnoses are represented in a subsequent category. Some projects do identify targeting individuals with both single and co-occurring diagnoses, and these are reflected in both categories.

** This represents projects that explicitly referenced an evidence-based or promising practice in their planning documents; it is possible that projects adopted and implemented such practices later in the planning process.

Disclaimers: This data reflects a review of approved project proposals and so may not reflect the current status of 1115 projects. The table summarizes a variety of project characteristics; therefore, individual projects may be represented in multiple categories. Total number of individuals served is provided for the final two years of the project, when impact numbers are required to be tracked; however, projects may plan to serve individuals in earlier years. Total number of individuals served may be provided for a subset of proposals in which this information was provided in the proposal. Individuals may be served across multiple projects; therefore, “total individuals served” does not reflect unique individuals. In addition, estimated individuals to be served may not represent the most currently approved impact numbers. Potential incentive payments for project years 2 and 3 have been updated to reflect CMS-approved incentive payments; however, incentives for FFY15-16 are still to be finalized. Project valuation reflects the maximum of all funds a Category 1 or 2 project may earn if it achieves all metric targets.

1115 Waiver Behavioral Health Projects – Summary Tables

RHP 3 Summary	Number of Projects	Total Individuals Served (FFY15)	Potential Incentive Payment (FFY15)	Total Individuals Served (FFY15-16)	Potential Incentive Payment (FFY13-16)
Total Across All Category 1 & 2 Projects	63	35,758 ¹	\$155,159,599	74,809 ²	\$550,332,458
Projects Focused Across the Age Span	6	5,400 ³	\$19,435,784	11,130 ³	\$62,164,427
Projects Focused on Children Only	10	3,034 ⁴	\$24,917,346	6,376 ⁴	\$85,223,936
Projects Focused on Adults Only	47	27,324 ⁵	\$110,806,470	57,303 ⁶	\$402,944,096
Projects Focused on Mental Health**	39	24,780 ⁷	\$108,553,315	51,786 ⁸	\$386,144,896
Projects Focused on Substance Use Disorders**	7	11,305 ⁴	\$18,062,967	22,965 ⁴	\$61,165,994
Projects Focused on IDD**	5	1,104 ⁹	\$8,056,893	2,468 ⁹	\$27,452,794
Projects Focused on Co-occurring BH/PH	20	11,036 ¹⁰	\$40,646,030	23,227 ¹⁰	\$146,464,472
Projects focused on Co-occurring MH/SA	10	8,481 ¹¹	\$25,949,861	17,402 ¹¹	\$88,435,894
Projects Focused on Co-occurring IDD/BH	6	952 ³	\$7,887,310	2,017 ³	\$30,105,369
Projects Enhancing Crisis Services	16	14,724 ¹²	\$40,599,332	30,528 ¹²	\$143,426,861
Projects Enhancing or Using Telehealth	3	5,383	\$8,338,079	11,413	\$25,907,207
Projects Enhancing Electronic Health Records	3	1,750	\$4,172,330	3,850	\$12,530,422
Projects Using Evidence-based/Promising Practices	31	17,472 ¹³	\$78,609,663	36,302 ¹⁴	\$284,184,162

Note: These tables reflect the Category 1 and 2 projects approved by the Center for Medicare and Medicaid Services (CMS) for three and four-year funding. Please see the full report for further information about the sample.

¹ Information provided for 51 projects. ² Information provided for 52 projects. ³ Information provided for 5 projects. ⁴ Information provided on 6 projects. ⁵ Information provided on 40 projects. ⁶ Information provided on 41 projects. ⁷ Information provided on 30 projects. ⁸ Information provided on 31 projects. ⁹ Information provided on 3 projects. ¹⁰ Information provided on 16 projects. ¹¹ Information provided on 9 projects. ¹² Information provided on 14 projects. ¹³ Information provided on 26 projects. ¹⁴ Information provided on 27 projects.

* This reflects projects targeting individuals with single diagnoses. Projects targeting individuals with co-occurring diagnoses are represented in a subsequent category. Some projects do identify targeting individuals with both single and co-occurring diagnoses, and these are reflected in both categories.

** This represents projects that explicitly referenced an evidence-based or promising practice in their planning documents; it is possible that projects adopted and implemented such practices later in the planning process.

Disclaimers: This data reflects a review of approved project proposals and so may not reflect the current status of 1115 projects. The table summarizes a variety of project characteristics; therefore, individual projects may be represented in multiple categories. Total number of individuals served is provided for the final two years of the project, when impact numbers are required to be tracked; however, projects may plan to serve individuals in earlier years. Total number of individuals served may be provided for a subset of proposals in which this information was provided in the proposal. Individuals may be served across multiple projects; therefore, “total individuals served” does not reflect unique individuals. In addition, estimated individuals to be served may not represent the most currently approved impact numbers. Potential incentive payments for project years 2 and 3 have been updated to reflect CMS-approved incentive payments; however, incentives for FFY15-16 are still to be finalized. Project valuation reflects the maximum of all funds a Category 1 or 2 project may earn if it achieves all metric targets.

1115 Waiver Behavioral Health Projects – Summary Tables

RHP 4 Summary	Number of Projects	Total Individuals Served (FFY15)	Potential Incentive Payment (FFY15)	Total Individuals Served (FFY15-16)	Potential Incentive Payment (FFY13-16)
Total Across All Category 1 & 2 Projects	25	4,521 ¹	\$22,059,093	10,628 ¹	\$81,544,986
Projects Focused Across the Age Span	8	501 ²	\$3,296,711	1,299 ²	\$12,548,527
Projects Focused on Children Only	1	132	\$1,180,298	330	\$4,324,839
Projects Focused on Adults Only	16	3,888 ³	\$17,582,084	8,999 ³	\$64,671,620
Projects Focused on Mental Health**	9	1,047	\$6,920,708	2,745	\$24,637,768
Projects Focused on Substance Use Disorders**	4	595	\$4,072,888	1,525	\$14,919,977
Projects Focused on IDD**	1	30	\$481,842	90	\$1,231,374
Projects Focused on Co-occurring BH/PH	15	3,809 ³	\$13,090,645	8,797 ³	\$49,795,637
Projects focused on Co-occurring MH/SA	6	2,492	\$8,445,189	5,818	\$31,641,071
Projects Focused on Co-occurring IDD/BH	2	55	\$1,256,232	145	\$3,604,039
Projects Enhancing Crisis Services	6	375 ⁵	\$5,870,154	886 ⁵	\$20,128,960
Projects Enhancing or Using Telehealth	3	282 ⁶	\$3,694,334	780 ⁶	\$13,848,180
Projects Enhancing Electronic Health Records	4	2,238	\$6,362,033	5,108	\$24,210,560
Projects Using Evidence-based/Promising Practices	8	1,416	\$4,879,581	3,231	\$17,560,830

Note: These tables reflect the Category 1 and 2 projects approved by the Center for Medicare and Medicaid Services (CMS) for three and four-year funding. Please see the full report for further information about the sample.

¹ Information provided on 22 projects. ² Information provided on 7 projects. ³ Information provided on 14 projects. ⁴ Information provided on 14 projects. ⁵ Information provided on 5 projects. ⁶ Information provided on 2 projects.

* This reflects projects targeting individuals with single diagnoses. Projects targeting individuals with co-occurring diagnoses are represented in a subsequent category. Some projects do identify targeting individuals with both single and co-occurring diagnoses, and these are reflected in both categories.

** This represents projects that explicitly referenced an evidence-based or promising practice in their planning documents; it is possible that projects adopted and implemented such practices later in the planning process.

Disclaimers: This data reflects a review of approved project proposals and so may not reflect the current status of 1115 projects. The table summarizes a variety of project characteristics; therefore, individual projects may be represented in multiple categories. Total number of individuals served is provided for the final two years of the project, when impact numbers are required to be tracked; however, projects may plan to serve individuals in earlier years. Total number of individuals served may be provided for a subset of proposals in which this information was provided in the proposal. Individuals may be served across multiple projects; therefore, “total individuals served” does not reflect unique individuals. In addition, estimated individuals to be served may not represent the most currently approved impact numbers. Potential incentive payments for project years 2 and 3 have been updated to reflect CMS-approved incentive payments; however, incentives for FFY15-16 are still to be finalized. Project valuation reflects the maximum of all funds a Category 1 or 2 project may earn if it achieves all metric targets.

1115 Waiver Behavioral Health Projects – Summary Tables

RHP 5 Summary	Number of Projects	Total Individuals Served (FFY15)	Potential Incentive Payment (FFY15)	Total Individuals Served (FFY15-16)	Potential Incentive Payment (FFY13-16)
Total Across All Category 1 & 2 Projects	25	8,646 ¹	\$43,824,839	20,039 ¹	\$153,165,112
Projects Focused Across the Age Span	17	6,680 ²	\$27,173,217	15,442 ²	\$98,234,259
Projects Focused on Children Only	1	90	\$1,521,000	180	\$5,070,000
Projects Focused on Adults Only	7	1,876	\$15,130,622	4,417	\$49,860,853
Projects Focused on Mental Health**	12	5,067 ³	\$20,953,781	12,054 ³	\$73,316,038
Projects Focused on Substance Use Disorders**	4	830 ⁴	\$7,612,488	2,026 ⁴	\$23,104,454
Projects Focused on IDD**	0	N/A	N/A	N/A	N/A
Projects Focused on Co-occurring BH/PH	13	2,926 ⁵	\$22,632,667	6,709 ⁵	\$81,824,798
Projects focused on Co-occurring MH/SA	10	3,267 ³	\$21,337,543	7,581 ³	\$77,711,443
Projects Focused on Co-occurring IDD/BH	1	138	\$799,362	284	\$2,444,817
Projects Enhancing Crisis Services	12	2,060 ⁶	\$12,761,557	4,952 ⁶	\$49,246,353
Projects Enhancing or Using Telehealth	12	4,454 ³	\$11,312,074	10,701 ³	\$42,717,097
Projects Enhancing Electronic Health Records	11	2,673 ⁷	\$16,584,806	6,326 ⁷	\$63,537,538
Projects Using Evidence-based/Promising Practices	11	2,930 ⁸	\$21,064,172	6,758 ⁸	\$76,382,593

Note: These tables reflect the Category 1 and 2 projects approved by the Center for Medicare and Medicaid Services (CMS) for three and four-year funding. Please see the full report for further information about the sample.

¹ Information provided for 21 projects. ² Information provided on 13 projects. ³ Information provided on 9 projects. ⁴ Information provided on 3 projects ⁵ Information provided on 11 projects. ⁶ Information provided on 8 projects. ⁷ Information provided on 6 projects. ⁸ Information provided on 10 projects.

* This reflects projects targeting individuals with single diagnoses. Projects targeting individuals with co-occurring diagnoses are represented in a subsequent category. Some projects do identify targeting individuals with both single and co-occurring diagnoses, and these are reflected in both categories.

** This represents projects that explicitly referenced an evidence-based or promising practice in their planning documents; it is possible that projects adopted and implemented such practices later in the planning process.

Disclaimers: This data reflects a review of approved project proposals and so may not reflect the current status of 1115 projects. The table summarizes a variety of project characteristics; therefore, individual projects may be represented in multiple categories. Total number of individuals served is provided for the final two years of the project, when impact numbers are required to be tracked; however, projects may plan to serve individuals in earlier years. Total number of individuals served may be provided for a subset of proposals in which this information was provided in the proposal. Individuals may be served across multiple projects; therefore, “total individuals served” does not reflect unique individuals. In addition, estimated individuals to be served may not represent the most currently approved impact numbers. Potential incentive payments for project years 2 and 3 have been updated to reflect CMS-approved incentive payments; however, incentives for FFY15-16 are still to be finalized. Project valuation reflects the maximum of all funds a Category 1 or 2 project may earn if it achieves all metric targets.

1115 Waiver Behavioral Health Projects – Summary Tables

RHP 6 Summary	Number of Projects	Total Individuals Served (FFY15)	Potential Incentive Payment (FFY15)	Total Individuals Served (FFY15-16)	Potential Incentive Payment (FFY13-16)
Total Across All Category 1 & 2 Projects	42	23,000 ¹	\$66,756,301	63,983 ²	\$245,524,795
Projects Focused Across the Age Span	10	5,651 ³	\$8,605,968	15,518 ³	\$30,473,349
Projects Focused on Children Only	6	1,881	\$7,917,611	3,941	\$29,202,251
Projects Focused on Adults Only	26	15,468 ⁴	\$50,232,722	44,524 ⁵	\$185,849,195
Projects Focused on Mental Health*	21	17,279	\$33,308,773	40,251	\$121,470,963
Projects Focused on Substance Use Disorders*	5	3,000	\$5,688,823	7,400	\$20,846,289
Projects Focused on IDD*	0	N/A	N/A	N/A	N/A
Projects Focused on Co-occurring BH/PH	14	10,039 ⁶	\$23,821,932	35,744	\$86,820,011
Projects focused on Co-occurring MH/SA	12	8,280	\$20,042,067	17,728	\$74,435,312
Projects Focused on Co-occurring IDD/BH	4	212	\$4,826,657	580	\$17,397,799
Projects Enhancing Crisis Services	14	9,998 ⁷	\$24,568,457	21,273 ⁷	\$91,182,372
Projects Enhancing or Using Telehealth	6	994	\$8,179,162	2,371	\$30,130,251
Projects Enhancing Electronic Health Records	1	1,200	\$1,433,650	2,400	\$5,379,368
Projects Using Evidence-based/Promising Practices**	23	10,389	\$27,522,253	26,885	\$101,258,005

Note: These tables reflect the Category 1 and 2 projects approved by the Center for Medicare and Medicaid Services (CMS) for three and four-year funding. Please see the full report for further information about the sample.

¹ Information provided on 39 projects. ² Information provided on 40 projects. ³ Information provided on 9 projects. ⁴ Information provided on 24 projects. ⁵ Information provided on 25 projects. ⁶ Information provided on 13 projects. ⁷ Information provided on 13 projects.

* This reflects projects targeting individuals with single diagnoses. Projects targeting individuals with co-occurring diagnoses are represented in a subsequent category. Some projects do identify targeting individuals with both single and co-occurring diagnoses, and these are reflected in both categories.

** This represents projects that explicitly referenced an evidence-based or promising practice in their planning documents; it is possible that projects adopted and implemented such practices later in the planning process.

Disclaimers: This data reflects a review of approved project proposals and so may not reflect the current status of 1115 projects. The table summarizes a variety of project characteristics; therefore, individual projects may be represented in multiple categories. Total number of individuals served is provided for the final two years of the project, when impact numbers are required to be tracked; however, projects may plan to serve individuals in earlier years. Total number of individuals served may be provided for a subset of proposals in which this information was provided in the proposal. Individuals may be served across multiple projects; therefore, “total individuals served” does not reflect unique individuals. In addition, estimated individuals to be served may not represent the most currently approved impact numbers. Potential incentive payments for project years 2 and 3 have been updated to reflect CMS-approved incentive payments; however, incentives for FFY15-16 are still to be finalized. Project valuation reflects the maximum of all funds a Category 1 or 2 project may earn if it achieves all metric targets.

1115 Waiver Behavioral Health Projects – Summary Tables

RHP 7 Summary	Number of Projects	Total Individuals Served (FFY15)	Potential Incentive Payment (FFY15)	Total Individuals Served (FFY15-16)	Potential Incentive Payment (FFY13-16)
Total Across All Category 1 & 2 Projects	43	22,607 ¹	\$66,571,635	51,222 ¹	\$240,378,808
Projects Focused Across the Age Span	10	14,054 ²	\$24,540,544	31,909 ²	\$89,296,333
Projects Focused on Children Only	9	2,230 ²	\$9,054,071	5,279 ²	\$30,163,375
Projects Focused on Adults Only	24	6,323 ³	\$32,977,020	14,034 ³	\$120,919,100
Projects Focused on Mental Health*	23	16,654 ⁴	\$38,058,960	38,080 ⁴	\$138,817,804
Projects Focused on Substance Use Disorders*	5	6,303	\$9,297,463	14,060	\$35,829,754
Projects Focused on IDD*	3	60 ⁵	\$2,238,958	165 ⁵	\$7,326,461
Projects Focused on Co-occurring BH/PH	17	17,605	\$36,376,482	39,826	\$131,386,583
Projects focused on Co-occurring MH/SA	9	8,267	\$19,507,774	19,102	\$68,348,111
Projects Focused on Co-occurring IDD/BH	3	60 ⁵	\$1,952,785	165 ⁵	\$7,448,027
Projects Enhancing Crisis Services	13	4,657 ²	\$29,354,379	9,762 ²	\$102,401,661
Projects Enhancing or Using Telehealth	8	5,003 ⁶	\$14,763,650	11,181 ⁶	\$51,520,875
Projects Enhancing Electronic Health Records	3	1,060	\$4,353,175	2,498	\$14,201,986
Projects Using Evidence-based/Promising Practices**	23	12,376 ⁷	\$34,969,211	28,220 ⁷	\$124,897,907

Note: These tables reflect the Category 1 and 2 projects approved by the Center for Medicare and Medicaid Services (CMS) for three and four-year funding. Please see the full report for further information about the sample.

¹ Information provided on 35 projects. ² Information provided on 8 projects. ³ Information provided on 19 projects. ⁴ Information provided on 20 projects. ⁵ Information provided on 2 projects. ⁶ Information provided on 6 projects. ⁷ Information provided on 22 projects.

* This reflects projects targeting individuals with single diagnoses. Projects targeting individuals with co-occurring diagnoses are represented in a subsequent category. Some projects do identify targeting individuals with both single and co-occurring diagnoses, and these are reflected in both categories.

** This represents projects that explicitly referenced an evidence-based or promising practice in their planning documents; it is possible that projects adopted and implemented such practices later in the planning process.

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1115 Waiver Behavioral Health Projects – Summary Tables

RHP 8 Summary	Number of Projects	Total Individuals Served (FFY15)	Potential Incentive Payment (FFY15)	Total Individuals Served (FFY15-16)	Potential Incentive Payment (FFY13-16)
Total Across All Category 1 & 2 Projects	27	7,127 ¹	\$13,809,368	18,029 ¹	\$54,632,217
Projects Focused Across the Age Span	6	4,338	\$1,691,351	11,673	\$7,938,555
Projects Focused on Children Only	2	156	\$1,030,113	346	\$3,897,209
Projects Focused on Adults Only	19	2,633 ²	\$11,087,904	6,010 ²	\$42,796,453
Projects Focused on Mental Health*	16	6,142 ³	\$8,977,767	15,426 ³	\$36,691,547
Projects Focused on Substance Use Disorders*	2	1,850	\$911,469	4,550	\$3,366,094
Projects Focused on IDD*	4	1,560 ⁴	\$1,830,935	3,651 ⁴	\$6,707,013
Projects Focused on Co-occurring BH/PH	5	1,608	\$1,157,181	3,598	\$4,552,682
Projects focused on Co-occurring MH/SA	3	368	\$664,471	1,091	\$2,603,574
Projects Focused on Co-occurring IDD/BH	2	44	\$940,992	118	\$3,732,172
Projects Enhancing Crisis Services	5	1,136	\$4,952,703	2,616	\$19,701,954
Projects Enhancing or Using Telehealth	7	2,150 ⁵	\$4,443,010	5,025 ⁵	\$17,400,430
Projects Enhancing Electronic Health Records	5	3,808	\$1,712,277	10,198	\$7,958,498
Projects Using Evidence-based/Promising Practices**	11	1,498	\$3,848,247	3,628	\$15,020,464

Note: These tables reflect the Category 1 and 2 projects approved by the Center for Medicare and Medicaid Services (CMS) for three and four-year funding. Please see the full report for further information about the sample.

¹ Information provided on 25 projects. ² Information provided on 17 projects. ³ Information provided on 14 projects. ⁴ Information provided on 4 projects. ⁵ Information provided on 5 projects.

* This reflects projects targeting individuals with single diagnoses. Projects targeting individuals with co-occurring diagnoses are represented in a subsequent category. Some projects do identify targeting individuals with both single and co-occurring diagnoses, and these are reflected in both categories.

** This represents projects that explicitly referenced an evidence-based or promising practice in their planning documents; it is possible that projects adopted and implemented such practices later in the planning process.

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1115 Waiver Behavioral Health Projects – Summary Tables

RHP 9 Summary	Number of Projects	Total Individuals Served (FFY15)	Potential Incentive Payment (FFY15)	Total Individuals Served (FFY15-16)	Potential Incentive Payment (FFY13-16)
Total Across All Category 1 & 2 Projects	29	36,318 ¹	\$58,865,043	81,529 ¹	\$202,644,040
Projects Focused Across the Age Span	9	11,565	\$15,206,881	25,099	\$51,150,084
Projects Focused on Children Only	6	6,857	\$15,218,879	15,846	\$47,776,420
Projects Focused on Adults Only	14	17,896 ²	\$28,439,283	40,584 ²	\$103,717,536
Projects Focused on Mental Health*	17	26,210 ³	\$37,584,432	57,765 ³	\$132,384,129
Projects Focused on Substance Use Disorders*	6	7,609	\$7,492,533	15,969	\$24,975,918
Projects Focused on IDD*	1	60	\$3,533,847	150	\$10,243,670
Projects Focused on Co-occurring BH/PH	13	25,358	\$27,173,771	56,146	\$94,605,465
Projects focused on Co-occurring MH/SA	2	3,250	\$6,355,417	7,750	\$23,806,375
Projects Focused on Co-occurring IDD/BH	5	579	\$4,162,193	1,547	\$15,311,041
Projects Enhancing Crisis Services	8	8,708 ⁴	\$14,602,276	18,835 ⁴	\$52,234,856
Projects Enhancing or Using Telehealth	4	8,219	\$7,841,799	18,102	\$29,461,834
Projects Enhancing Electronic Health Records	5	4,481	\$8,432,675	10,496	\$28,729,190
Projects Using Evidence-based/Promising Practices**	12	11,702	\$17,835,349	23,935	\$57,032,938

Note: These tables reflect the Category 1 and 2 projects approved by the Center for Medicare and Medicaid Services (CMS) for three and four-year funding. Please see the full report for further information about the sample.

¹ Information provided on 28 projects. ² Information provided on 13 projects. ³ Information provided on 16 projects. ⁴ Information provided on 7 projects.

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1115 Waiver Behavioral Health Projects – Summary Tables

RHP 10 Summary	Number of Projects	Total Individuals Served (FFY15)	Potential Incentive Payment (FFY15)	Total Individuals Served (FFY15-16)	Potential Incentive Payment (FFY13-16)
Total Across All Category 1 & 2 Projects	33	23,111 ¹	\$74,426,047	47,260 ¹	\$267,268,979
Projects Focused Across the Age Span	18	14,987 ²	\$39,942,651	30,095 ²	\$143,632,698
Projects Focused on Children Only	2	530	\$2,964,937	1,090	\$8,864,538
Projects Focused on Adults Only	13	7,594	\$31,518,459	16,075	\$114,771,743
Projects Focused on Mental Health*	20	11,135 ³	\$46,493,759	21,836 ³	\$164,328,501
Projects Focused on Substance Use Disorders*	6	5,332	\$15,207,055	11,046	\$54,703,424
Projects Focused on IDD*	1	78	\$469,334	180	\$1,782,072
Projects Focused on Co-occurring BH/PH	12	6,493 ⁴	\$25,869,802	13,329 ⁴	\$90,383,958
Projects focused on Co-occurring MH/SA	11	10,209	\$24,434,869	21,476	\$82,187,866
Projects Focused on Co-occurring IDD/BH	4	708	\$10,599,129	1,490	\$40,236,095
Projects Enhancing Crisis Services	6	3,136	\$11,664,137	6,544	\$38,372,801
Projects Enhancing or Using Telehealth	7	1,738 ⁵	\$19,359,620	3,556 ⁵	\$71,949,206
Projects Enhancing Electronic Health Records	2	1,865	\$4,851,891	3,738	\$17,870,294
Projects Using Evidence-based/Promising Practices**	19	16,417 ³	\$53,185,916	33,029 ³	\$193,644,850

Note: These tables reflect the Category 1 and 2 projects approved by the Center for Medicare and Medicaid Services (CMS) for three and four-year funding. Please see the full report for further information about the sample.

¹ Information provided on 31 projects. ² Information provided on 16 projects. ³ Information provided on 18 projects. ⁴ Information provided on 11 projects. ⁵ Information presented on 6 projects.

* This reflects projects targeting individuals with single diagnoses. Projects targeting individuals with co-occurring diagnoses are represented in a subsequent category. Some projects do identify targeting individuals with both single and co-occurring diagnoses, and these are reflected in both categories.

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1115 Waiver Behavioral Health Projects – Summary Tables

RHP 11 Summary	Number of Projects	Total Individuals Served (FFY15)	Potential Incentive Payment (FFY15)	Total Individuals Served (FFY15-16)	Potential Incentive Payment (FFY13-16)
Total Across All Category 1 & 2 Projects	10	784 ¹	\$5,436,989	1,681 ¹	\$20,677,393
Projects Focused Across the Age Span	7	784 ¹	\$4,603,444	1,681 ¹	\$17,391,710
Projects Focused on Children Only	0	N/A	N/A	N/A	N/A
Projects Focused on Adults Only	3	Missing	\$833,545	Missing	\$3,285,683
Projects Focused on Mental Health*	9	745 ²	\$5,342,354	1,602 ²	\$20,320,982
Projects Focused on Substance Use Disorders*	1	39	\$94,635	79	\$356,411
Projects Focused on IDD*	0	N/A	N/A	N/A	N/A
Projects Focused on Co-occurring BH/PH	0	N/A	N/A	N/A	N/A
Projects focused on Co-occurring MH/SA	0	N/A	N/A	N/A	N/A
Projects Focused on Co-occurring IDD/BH	0	N/A	N/A	N/A	N/A
Projects Enhancing Crisis Services	3	695 ³	\$2,593,681	1,416 ³	\$9,777,866
Projects Enhancing or Using Telehealth	5	15 ⁴	\$2,474,401	31 ⁴	\$9,513,998
Projects Enhancing Electronic Health Records	0	N/A	N/A	N/A	N/A
Projects Using Evidence-based/Promising Practices**	1	Missing	\$454,346	Missing	\$1,715,238

Note: These tables reflect the Category 1 and 2 projects approved by the Center for Medicare and Medicaid Services (CMS) for three and four-year funding. Please see the full report for further information about the sample.

¹ Information provided on 5 projects. ² Information provided on 4 projects. ³ Information provided on 2 projects. ⁴ Information provided on 1 project.

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1115 Waiver Behavioral Health Projects – Summary Tables

RHP 12 Summary	Number of Projects	Total Individuals Served (FFY15)	Potential Incentive Payment (FFY15)	Total Individuals Served (FFY15-16)	Potential Incentive Payment (FFY13-16)
Total Across All Category 1 & 2 Projects	21	5,561 ¹	\$18,173,349	12,604 ¹	\$69,218,494
Projects Focused Across the Age Span	10	1,461 ²	\$3,726,345	3,203 ²	\$16,059,253
Projects Focused on Children Only	2	200	\$755,009	430	\$2,517,774
Projects Focused on Adults Only	9	3,900	\$13,691,995	8,971	\$50,641,467
Projects Focused on Mental Health*	13	4,604 ³	\$13,149,823	10,484 ³	\$48,083,582
Projects Focused on Substance Use Disorders*	3	934	\$4,494,915	2,034	\$15,851,243
Projects Focused on IDD*	0	N/A	N/A	N/A	N/A
Projects Focused on Co-occurring BH/PH	7	953	\$5,404,386	2,256	\$22,533,161
Projects focused on Co-occurring MH/SA	3	1,745	\$5,946,734	3,720	\$21,297,666
Projects Focused on Co-occurring IDD/BH	0	N/A	N/A	N/A	N/A
Projects Enhancing Crisis Services	5	1,012 ⁴	\$5,139,047	2,079 ⁴	\$19,358,097
Projects Enhancing or Using Telehealth	4	67 ⁵	\$768,311	210 ⁵	\$2,933,355
Projects Enhancing Electronic Health Records	1	770	\$4,061,384	1,705	\$14,178,069
Projects Using Evidence-based/Promising Practices**	6	2,270	\$7,228,780	4,870	\$25,824,864

Note: These tables reflect the Category 1 and 2 projects approved by the Center for Medicare and Medicaid Services (CMS) for three and four-year funding. Please see the full report for further information about the sample.

¹ Information provided on 20 projects. ² Information provided on 9 projects. ³ Information provided on 12 projects. ⁴ Information provided on 4 projects. ⁵ Information provided on 3 projects.

* This reflects projects targeting individuals with single diagnoses. Projects targeting individuals with co-occurring diagnoses are represented in a subsequent category. Some projects do identify targeting individuals with both single and co-occurring diagnoses, and these are reflected in both categories.

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1115 Waiver Behavioral Health Projects – Summary Tables

RHP 13 Summary	Number of Projects	Total Individuals Served (FFY15)	Potential Incentive Payment (FFY15)	Total Individuals Served (FFY15-16)	Potential Incentive Payment (FFY13-16)
Total Across All Category 1 & 2 Projects	11	444 ¹	\$2,301,569	920 ¹	\$8,768,370
Projects Focused Across the Age Span	4	219 ²	\$890,490	460 ²	\$3,236,863
Projects Focused on Children Only	0	N/A	N/A	N/A	N/A
Projects Focused on Adults Only	7	225 ³	\$1,411,079	460 ³	\$5,531,507
Projects Focused on Mental Health*	7	223 ⁴	\$1,101,146	518 ⁴	\$4,368,772
Projects Focused on Substance Use Disorders*	0	N/A	N/A	N/A	N/A
Projects Focused on IDD*	0	N/A	N/A	N/A	N/A
Projects Focused on Co-occurring BH/PH	2	93	\$520,140	143	\$1,960,815
Projects focused on Co-occurring MH/SA	2	14	\$144,326	35	\$583,603
Projects Focused on Co-occurring IDD/BH	1	122	\$627,069	243	\$2,219,087
Projects Enhancing Crisis Services	2	211	\$675,679	441	\$2,403,268
Projects Enhancing or Using Telehealth	2	Missing	\$300,074	Missing	\$1,144,481
Projects Enhancing Electronic Health Records	0	N/A	N/A	N/A	N/A
Projects Using Evidence-based/Promising Practices**	5	135	\$660,706	316	\$2,721,247

Note: These tables reflect the Category 1 and 2 projects approved by the Center for Medicare and Medicaid Services (CMS) for three and four-year funding. Please see the full report for further information about the sample.

¹ Information provided on 9 projects. ² Information provided on 3 projects. ³ Information provided on 6 projects. ⁴ Information provided on 5 projects.

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1115 Waiver Behavioral Health Projects – Summary Tables

RHP 14 Summary	Number of Projects	Total Individuals Served (FFY15)	Potential Incentive Payment (FFY15)	Total Individuals Served (FFY15-16)	Potential Incentive Payment (FFY13-16)
Total Across All Category 1 & 2 Projects	9	1,068 ¹	\$7,781,942	2,950 ¹	\$28,219,332
Projects Focused Across the Age Span	4	92 ²	\$2,071,888	276 ²	\$7,778,043
Projects Focused on Children Only	1	300	\$1,079,000	800	\$3,055,000
Projects Focused on Adults Only	4	676	\$4,631,054	1,874	\$17,386,289
Projects Focused on Mental Health*	6	636 ³	\$4,038,495	1,654 ³	\$13,768,173
Projects Focused on Substance Use Disorders*	2	120 ⁴	\$2,096,840	360 ⁴	\$7,511,590
Projects Focused on IDD*	0	N/A	N/A	N/A	N/A
Projects Focused on Co-occurring BH/PH	2	312	\$2,577,095	936	\$10,430,967
Projects focused on Co-occurring MH/SA	1	120	\$1,166,352	360	\$4,020,192
Projects Focused on Co-occurring IDD/BH	0	N/A	N/A	N/A	N/A
Projects Enhancing Crisis Services	1	20	\$90,000	60	\$296,000
Projects Enhancing or Using Telehealth	4	461 ²	\$3,730,387	1,284 ²	\$12,842,083
Projects Enhancing Electronic Health Records	0	N/A	N/A	N/A	N/A
Projects Using Evidence-based/Promising Practices**	3	275 ²	\$2,314,948	670 ²	\$8,141,680

Note: These tables reflect the Category 1 and 2 projects approved by the Center for Medicare and Medicaid Services (CMS) for three and four-year funding. Please see the full report for further information about the sample.

¹ Information provided on 7 projects. ² Information provided on 2 project. ³ Information provided on 4 projects. ⁴ Information provided on 1 projects.

* This reflects projects targeting individuals with single diagnoses. Projects targeting individuals with co-occurring diagnoses are represented in a subsequent category. Some projects do identify targeting individuals with both single and co-occurring diagnoses, and these are reflected in both categories.

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1115 Waiver Behavioral Health Projects – Summary Tables

RHP 15 Summary	Number of Projects	Total Individuals Served (FFY15)	Potential Incentive Payment (FFY15)	Total Individuals Served (FFY15-16)	Potential Incentive Payment (FFY13-16)
Total Across All Category 1 & 2 Projects	10	7,461	\$18,980,634	16,791	\$68,356,499
Projects Focused Across the Age Span	4	3,875	\$6,572,462	8,715	\$24,403,929
Projects Focused on Children Only	2	624	\$459,150	1,349	\$1,712,625
Projects Focused on Adults Only	4	2,962	\$11,949,022	6,727	\$42,239,945
Projects Focused on Mental Health*	9	7,261	\$18,022,012	16,391	\$64,774,744
Projects Focused on Substance Use Disorders*	3	1,333	\$3,242,028	3,148	\$9,996,014
Projects Focused on IDD*	1	200	\$958,622	400	\$3,581,755
Projects Focused on Co-occurring BH/PH	1	2,700	\$2,599,607	5,940	\$9,715,165
Projects focused on Co-occurring MH/SA	0	N/A	N/A	N/A	N/A
Projects Focused on Co-occurring IDD/BH	1	200	\$958,622	400	\$3,581,755
Projects Enhancing Crisis Services	5	5,552	\$14,035,347	12,361	\$51,214,633
Projects Enhancing or Using Telehealth	1	675	\$2,223,013	1,575	\$8,307,771
Projects Enhancing Electronic Health Records	0	N/A	N/A	N/A	N/A
Projects Using Evidence-based/Promising Practices**	2	224	\$1,187,536	449	\$4,430,461

Note: These tables reflect the Category 1 and 2 projects approved by the Center for Medicare and Medicaid Services (CMS) for three and four-year funding. Please see the full report for further information about the sample.

* This reflects projects targeting individuals with single diagnoses. Projects targeting individuals with co-occurring diagnoses are represented in a subsequent category. Some projects do identify targeting individuals with both single and co-occurring diagnoses, and these are reflected in both categories.

** This represents projects that explicitly referenced an evidence-based or promising practice in their planning documents; it is possible that projects adopted and implemented such practices later in the planning process.

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1115 Waiver Behavioral Health Projects – Summary Tables

RHP 16 Summary	Number of Projects	Total Individuals Served (FFY15)	Potential Incentive Payment (FFY15)	Total Individuals Served (FFY15-16)	Potential Incentive Payment (FFY13-16)
Total Across All Category 1 & 2 Projects	18	3,105 ¹	\$12,890,212	6,671 ¹	\$43,004,953
Projects Focused Across the Age Span	5	1,165 ²	\$4,583,821	2,371 ²	\$16,833,621
Projects Focused on Children Only	2	185	\$991,668	395	\$2,697,275
Projects Focused on Adults Only	11	1,755 ³	\$7,314,723	3,905 ³	\$23,474,057
Projects Focused on Mental Health*	14	1,575 ⁴	\$9,415,899	3,531 ⁴	\$29,627,243
Projects Focused on Substance Use Disorders*	1	60	\$511,625	156	\$1,862,095
Projects Focused on IDD*	0	N/A	N/A	N/A	N/A
Projects Focused on Co-occurring BH/PH	3	570	\$1,241,861	1,260	\$5,153,306
Projects focused on Co-occurring MH/SA	3	95 ⁵	\$1,946,421	205 ⁵	\$7,051,151
Projects Focused on Co-occurring IDD/BH	1	55	\$399,942	115	\$1,339,536
Projects Enhancing Crisis Services	7	930 ⁶	\$4,364,267	2,111 ⁶	\$15,255,082
Projects Enhancing or Using Telehealth	5	1,110 ⁵	\$4,411,453	2,256 ⁵	\$16,538,437
Projects Enhancing Electronic Health Records	1	640	\$870,994	1,440	\$3,071,255
Projects Using Evidence-based/Promising Practices**	5	420	\$1,563,399	930	\$6,219,982

Note: These tables reflect the Category 1 and 2 projects approved by the Center for Medicare and Medicaid Services (CMS) for three and four-year funding. Please see the full report for further information about the sample.

¹ Information provided on 14 projects. ² Information provided on 3 projects. ³ Information provided on 9 projects. ⁴ Information provided on 10 projects. ⁵ Information provided on 2 projects. ⁶ Information provided on 5 projects.

* This reflects projects targeting individuals with single diagnoses. Projects targeting individuals with co-occurring diagnoses are represented in a subsequent category. Some projects do identify targeting individuals with both single and co-occurring diagnoses, and these are reflected in both categories.

** This represents projects that explicitly referenced an evidence-based or promising practice in their planning documents; it is possible that projects adopted and implemented such practices later in the planning process.

Disclaimers: This data reflects a review of approved project proposals and so may not reflect the current status of 1115 projects. The table summarizes a variety of project characteristics; therefore, individual projects may be represented in multiple categories. Total number of individuals served is provided for the final two years of the project, when impact numbers are required to be tracked; however, projects may plan to serve individuals in earlier years. Total number of individuals served may be provided for a subset of proposals in which this information was provided in the proposal. Individuals may be served across multiple projects; therefore, “total individuals served” does not reflect unique individuals. In addition, estimated individuals to be served may not represent the most currently approved impact numbers. Potential incentive payments for project years 2 and 3 have been updated to reflect CMS-approved incentive payments; however, incentives for FFY15-16 are still to be finalized. Project valuation reflects the maximum of all funds a Category 1 or 2 project may earn if it achieves all metric targets.

1115 Waiver Behavioral Health Projects – Summary Tables

RHP 17 Summary	Number of Projects	Total Individuals Served (FFY15)	Potential Incentive Payment (FFY15)	Total Individuals Served (FFY15-16)	Potential Incentive Payment (FFY13-16)
Total Across All Category 1 & 2 Projects	8	937	\$6,346,059	2,342	\$18,207,725
Projects Focused Across the Age Span	2	350	\$2,475,114	900	\$6,186,625
Projects Focused on Children Only	0	N/A	N/A	N/A	N/A
Projects Focused on Adults Only	6	587	\$3,870,945	1,442	\$12,021,100
Projects Focused on Mental Health*	5	412	\$2,616,163	1,042	\$8,059,922
Projects Focused on Substance Use Disorders*	0	N/A	N/A	N/A	N/A
Projects Focused on IDD*	0	N/A	N/A	N/A	N/A
Projects Focused on Co-occurring BH/PH	2	225	\$1,590,482	525	\$4,882,878
Projects focused on Co-occurring MH/SA	1	50	\$335,700	125	\$921,700
Projects Focused on Co-occurring IDD/BH	1	50	\$337,880	100	\$1,151,178
Projects Enhancing Crisis Services	3	450	\$2,920,614	1,200	\$7,339,625
Projects Enhancing or Using Telehealth	1	147	\$750,000	307	\$2,948,607
Projects Enhancing Electronic Health Records	0	N/A	N/A	N/A	N/A
Projects Using Evidence-based/Promising Practices**	3	115	\$1,092,080	260	\$3,157,878

Note: These tables reflect the Category 1 and 2 projects approved by the Center for Medicare and Medicaid Services (CMS) for three and four-year funding. Please see the full report for further information about the sample.

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1115 Waiver Behavioral Health Projects – Summary Tables

RHP 18 Summary	Number of Projects	Total Individuals Served (FFY15)	Potential Incentive Payment (FFY15)	Total Individuals Served (FFY15-16)	Potential Incentive Payment (FFY13-16)
Total Across All Category 1 & 2 Projects	16	11,439	\$16,864,881	24,179 ¹	\$63,579,282
Projects Focused Across the Age Span	6	7,796	\$10,041,294	16,342	\$37,431,001
Projects Focused on Children Only	1	375	\$978,224	missing	\$3,705,774
Projects Focused on Adults Only	9	3,268	\$5,845,363	7,462	\$22,442,507
Projects Focused on Mental Health*	10	8,839	\$14,512,566	18,665 ²	\$54,710,201
Projects Focused on Substance Use Disorders*	5	7,273	\$11,119,595	15,872	\$41,913,055
Projects Focused on IDD*	1	42	\$254,354	96	\$965,796
Projects Focused on Co-occurring BH/PH	8	3,458	\$6,031,398	7,418 ³	\$23,147,369
Projects focused on Co-occurring MH/SA	4	7,166	\$6,604,134	14,853	\$24,647,002
Projects Focused on Co-occurring IDD/BH	2	444	\$5,010,482	1,168	\$18,704,411
Projects Enhancing Crisis Services	1	1000	\$1,199,020	2,027	\$4,498,915
Projects Enhancing or Using Telehealth	2	170	\$348,655	382	\$1,319,636
Projects Enhancing Electronic Health Records	1	128	\$94,301	286	\$353,840
Projects Using Evidence-based/Promising Practices**	7	1,943	\$8,052,479	4,381	\$30,229,882

Note: These tables reflect the Category 1 and 2 projects approved by the Center for Medicare and Medicaid Services (CMS) for three and four-year funding. Please see the full report for further information about the sample.

¹ Information provided for 15 projects in FFY16. ² Information provided on 9 projects. ³ Information provided on 7 projects.

* This reflects projects targeting individuals with single diagnoses. Projects targeting individuals with co-occurring diagnoses are represented in a subsequent category. Some projects do identify targeting individuals with both single and co-occurring diagnoses, and these are reflected in both categories.

** This represents projects that explicitly referenced an evidence-based or promising practice in their planning documents; it is possible that projects adopted and implemented such practices later in the planning process.

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1115 Waiver Behavioral Health Projects – Summary Tables

RHP 19 Summary	Number of Projects	Total Individuals Served (FFY15)	Potential Incentive Payment (FFY15)	Total Individuals Served (FFY15-16)	Potential Incentive Payment (FFY13-16)
Total Across All Category 1 & 2 Projects	11	715 ¹	\$3,961,915	1,595 ¹	\$14,103,709
Projects Focused Across the Age Span	6	405 ²	\$2,988,946	906 ²	\$10,450,914
Projects Focused on Children Only	0	N/A	N/A	N/A	N/A
Projects Focused on Adults Only	5	310	\$972,969	689	\$3,652,795
Projects Focused on Mental Health*	6	431	\$2,294,789	985	\$7,892,845
Projects Focused on Substance Use Disorders*	3	352	\$929,619	765	\$3,487,640
Projects Focused on IDD*	0	N/A	N/A	N/A	N/A
Projects Focused on Co-occurring BH/PH	3	276	\$802,820	611	\$3,014,395
Projects focused on Co-occurring MH/SA	2	176	\$253,637	397	\$952,236
Projects Focused on Co-occurring IDD/BH	1	23	\$795,645	46	\$2,941,951
Projects Enhancing Crisis Services	2	184	\$983,597	407	\$3,647,738
Projects Enhancing or Using Telehealth	3	125	\$759,969	334	\$2,896,144
Projects Enhancing Electronic Health Records	1	60	\$78,549	200	\$294,813
Projects Using Evidence-based/Promising Practices**	3	225	\$809,284	493	\$3,038,652

Note: These tables reflect the Category 1 and 2 projects approved by the Center for Medicare and Medicaid Services (CMS) for three and four-year funding. Please see the full report for further information about the sample.

¹ Information provided on 10 projects. ² Information provided on 5 projects.

* This reflects projects targeting individuals with single diagnoses. Projects targeting individuals with co-occurring diagnoses are represented in a subsequent category. Some projects do identify targeting individuals with both single and co-occurring diagnoses, and these are reflected in both categories.

** This represents projects that explicitly referenced an evidence-based or promising practice in their planning documents; it is possible that projects adopted and implemented such practices later in the planning process.

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1115 Waiver Behavioral Health Projects – Summary Tables

RHP 20 Summary	Number of Projects	Total Individuals Served (FFY15)	Potential Incentive Payment (FFY15)	Total Individuals Served (FFY15-16)	Potential Incentive Payment (FFY13-16)
Total Across All Category 1 & 2 Projects	11	3,938 ¹	\$10,685,567	8,465 ¹	\$37,950,070
Projects Focused Across the Age Span	5	3,558	\$3,646,475	7,555	\$13,530,851
Projects Focused on Children Only	0	N/A	N/A	N/A	N/A
Projects Focused on Adults Only	6	380 ²	\$7,039,092	910 ²	\$24,419,219
Projects Focused on Mental Health*	7	3,680 ³	\$7,627,712	7,796 ³	\$27,054,484
Projects Focused on Substance Use Disorders*	0	N/A	N/A	N/A	N/A
Projects Focused on IDD*	1	8	\$577,500	19	\$1,667,166
Projects Focused on Co-occurring BH/PH	3	577	\$3,604,068	1,331	\$13,783,523
Projects focused on Co-occurring MH/SA	1	30	\$643,500	60	\$1,857,700
Projects Focused on Co-occurring IDD/BH	1	8	\$577,500	19	\$1,667,166
Projects Enhancing Crisis Services	4	3,273	\$3,379,474	6,905	\$13,303,571
Projects Enhancing or Using Telehealth	7	3,700 ³	\$7,113,110	7,936 ³	\$25,136,960
Projects Enhancing Electronic Health Records	0	N/A	N/A	N/A	N/A
Projects Using Evidence-based/Promising Practices**	6	2,101	\$5,791,787	4,661	\$21,090,964

Note: These tables reflect the Category 1 and 2 projects approved by the Center for Medicare and Medicaid Services (CMS) for three and four-year funding. Please see the full report for further information about the sample.

¹ Information provided on 10 projects. ² Information provided on 5 projects. ³ Information provided on 6 projects.

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