

State of Utah

Section 1115 Demonstration Amendment

Long Term Services & Supports for Behaviorally Complex Individuals

Section I. Program Description and Objectives

Within the Medicaid population, there are individuals with behaviorally complex (BC) conditions that originate from a variety of complex medical, organic, cognitive, psychiatric and behavioral conditions. Individuals with BC conditions are a challenging population and present placement difficulties, especially when transitioning from inpatient to Long Term Services & Supports (LTSS) coverage and service options. Because limited options exist for individuals with BC conditions, transitions result in failed placements/discharges from inpatient facilities resulting in extended stays in higher levels of care than necessary. Examples include individuals discharged from the Utah State Hospital, or individuals discharged from a skilled nursing facility (SNF) who are later hospitalized but unable to return to a SNF due to significant behavioral issues. This amendment seeks approval from CMS to provide Long Term Services and Supports (LTSS) to individuals with behaviorally complex conditions. One LTSS provider will be selected through a Request for Proposal process.

Goals and Objectives

Under Section 1115 of the Social Security Act, States may implement "experimental, pilot or demonstration projects which, in the judgment of the Secretary [of Health and Human Services] is likely to assist in promoting the objectives of [Medicaid]". The State believes this demonstration is likely to promote the objectives of Medicaid by improving participant health outcomes and quality of life. Providing these services will make it possible for Medicaid eligible members with BC conditions to receive appropriate LTSS coverage and services that have not been previously available. The Utah State Legislature has appropriated funding to facilitate the transition of individuals with BC conditions from an inpatient setting to LTSS in NF's and home and community based settings. The State is seeking flexibility to offer treatment alternatives which promote integration and transition



to home and community-based placements where individuals may otherwise be placed in inpatient psychiatric settings due to lack of less-restrictive options.

Operation and Proposed Timeline

The demonstration will operate statewide. The State intends to implement the proposed benefit as soon as possible after approval, but not before January 1, 2024. The State requests to operate the demonstration through the end of June 30, 2027.

Demonstration Hypotheses and Evaluation

With the help of an independent evaluator, the State will develop a plan for evaluating the hypothesis indicated below. Utah will identify validated performance measures that adequately assess the impact of these demonstrations to beneficiaries. The State will submit the evaluation plan to CMS for approval.

The State will conduct ongoing monitoring of this demonstration, and will provide information regarding monitoring activities in the required quarterly and annual monitoring reports.

The following hypothesis will be tested during the approval period:

Hypothesis	Anticipated Measure(s)	Data Sources	Evaluation Approach
This demonstration facilitates timely transition of members with BC conditions to receive LTSS through institutional and home and community-based services. Each placement represents an individual moving from a more	Number of individuals served under this demonstration	• MMIS Data Warehouse	Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons.



setting of care.

Section II. Demonstration Eligibility

Medicaid eligible individuals eligible under this demonstration must meet the following requirement:

 Medicaid members who have one or more complex medical, organic, cognitive and psychiatric and/or behavioral conditions that result in difficulty finding appropriate LTSS options.

Projected Enrollment

The projected enrollment for the demonstration population is a maximum of 50 Medicaid members at a time..

Section III. Demonstration Benefits

If approved under this demonstration, qualified Medicaid members will be eligible to receive the following services:

Ability to receive rehabilitative services in a skilled nursing facility with professionals
who are licensed to provide care to individuals with substance use disorder, severe
mental illness, or other behaviorally complex conditions.

Section IV. Delivery System

Services for Demonstration members will be provided initially through fee for service (FFS). At a future date, the State may continue delivery of these services through FFS or may transition delivery of these services to managed care under 1915(b) authority or by amendment to the Demonstration.

Section V. Delivery System

Eligible individuals will be enrolled in the demonstration as of the implementation date of this amendment.

Section VI. Demonstration Financing and Budget Neutrality

Refer to Budget Neutrality- Attachment 1 for the State's historical and projected expenditures for the requested period of the demonstration.



Below is the projected enrollment and expenditures for the remaining demonstration years.

	DY22 (SFY 24)	DY23 (SFY 25)	DY24 (SFY 26)	DY25(SFY 27)
Enrollment	50	50	50	50
Expenditures	\$5,746,800	\$6,034,100	\$6,335,800	\$6,652,600

Section VII. Proposed Waiver and Expenditure Authority

The State requests the following proposed waivers and expenditure authority to operate the demonstration.

Waiver and Expenditure Authority	Reason and Use of Waiver
Section 1902(a)(10)(B)- Amount, Duration, and Scope of Services and Comparability	To enable the State to vary the amount, duration, and scope of services provided to individuals in the demonstration group.
Section 1902(a)(23)(A)- Freedom of Choice	To enable the State to restrict freedom of choice of providers for the population affected by this demonstration.

Expenditure Authority

The State requests expenditure authority to provide LTSS for individuals with BC conditions through institutional services.

Section VIII. Compliance with Public Notice and Tribal Consultation *Public Notice Process*



Public notice of the State's request for this demonstration amendment, and notice of public hearing will be advertised in the newspapers of widest circulation and sent to an electronic mailing list. In addition, the abbreviated public will be posted to the State's Medicaid website at https://medicaid.utah.gov/1115-waiver.

Two public hearings to take public comment on this request will be held. The first public hearing will be held on December 12, 2022 from 3:00 pm to 4:00 pm. The second public hearing will be held on December 15, 2022, from 2:00 to 4:00 pm, during the Medical Care Advisory Committee (MCAC) meeting. Both public hearings will be held via video and teleconferencing.

Public Comment

The public comment period will be held November 24, 2022 through December 23, 2022.

Tribal Consultation

In accordance with the Utah Medicaid State Plan, and section 1902(a)(73) of the Social Security Act and the Utah Department of Health (UDOH) Intergovernmental Policy 01.19 Formal UDOH Tribal Consultation and Urban Indian Organization Conferment Process Policy

https://healthnet.utah.gov/download/policies/edo-admin/01.19-Formal-UDOH-Tribal-Consultation-UIO-Conf-Policy.pdf, the State ensures that a meaningful consultation process occurs in a timely manner on program decisions or policy impacting Indian Tribes and the Urban Indian Organization (UIO) in the State of Utah. DMHF notified the UDOH Indian Health Liaison of the waiver amendment. As a result of this notification, DMHF will begin to engage in the tribal consultation process by attending the Utah Indian Health Advisory Board (UIHAB) meeting on December 9, 2022 to present this demonstration amendment.

Tribal Consultation & Conferment Policy Process

In the event that a grant, project, policy, waiver renewal or amendment is requested, the Office of Al/AN Health Affairs is contacted. If the request is within the 90 days of submission, the Office's Al/AN Health Liaison will provide an opportunity for presentation to the Utah Indian Health Advisory Board (UIHAB) Tribal and UIO representatives. The Liaison will request an executive summary of the materials to be included in the distribution of the meeting agenda and materials to the UIHAB representatives and Tribal leadership. The information is disseminated to the UIHAB representatives and leadership



at least 10 days prior to the meeting for review. During the UIHAB meeting, presenters will address any questions or concerns raised by the representatives. If the UIHAB representatives provide resolutions to or are in agreement with the changes, amendments they will make a motion to pass or support by a majority. If additional Consultation is required, the UIHAB will inform the presenters of that need at that time. If a Tribal or UIO representative would like to have the presentation provided to their leadership, they can also make a formal request at that time. The Office of Al/AN Health Affairs will coordinate with the presenter and the UIHAB representatives or the Tribe or UIO to schedule an additional Consultation or Conferment meeting on the issue(s) or concern(s) raised.

Section IX. Demonstration Administration

Name and Title: Jennifer Strohecker, Medicaid Director, Division of Integrated Healthcare

Telephone Number: (385) 280-3659 Email Address: jstrohecker@utah.gov

SAVINGS NEUTRALITY TEST - Last Five Years of Actuals

SPECIFY TIME PERIOD AND ELIGIBILITY GROUP DEPICTED:

Current Eligibles	D,	Y 11 (SFY13)	D١	(12 (SFY14)		DY 13 (SFY15)	D	Y 14 (SFY16)	D,	Y 15 (SFY17)	5-YEARS
TOTAL EXPENDITURES	\$	158,083,912	\$	159,441,228	\$	178,218,567	\$	168,248,999	\$	242,692,001	\$ 906,684,707
ELIGIBLE MEMBER MONTHS		394,625		395,252		377,798		393,110		377,866	1,938,651
РМРМ СОЅТ	\$	770.13	\$	812.82	\$	855.90	\$	901.26	\$	949.03	
TREND RATES											5-YEAR
					Αl	NNUAL CHANGE					AVERAGE
TOTAL EXPENDITURE				0.86%		11.78%		-5.59%		44.25%	11.31%
ELIGIBLE MEMBER MONTHS				0.16%		-4.42%		4.05%		-3.88%	-1.08%
PMPM COST				5.54%		5.30%		5.30%		5.30%	5.36%

Demo Pop I - PCN Adults w/Children (hypothetical)	DY	11 (SFY13)	DY	12 (SFY14)		OY 13 (SFY15)	D١	Y 14 (SFY16)	DY	/ 15 (SFY17)	5-YEARS
TOTAL EXPENDITURES	\$	4,157,701	\$	1,610,638	\$	7,090,280	\$	3,788,396	\$	4,841,116	\$ 21,488,131
ELIGIBLE MEMBER MONTHS		83,304		75,516		88,607		91,875		104,836	
PMPM COST	\$	49.91	\$	21.33	\$	80.02	\$	41.23	\$	46.18	
TREND RATES											5-YEAR
					AN	NUAL CHANGE					AVERAGE
TOTAL EXPENDITURE				-61.26%		340.22%		-46.57%		27.79%	3.88%
ELIGIBLE MEMBER MONTHS				-9.35%		17.34%		3.69%		14.11%	5.92%
PMPM COST				-57.27%		275.18%		-48.47%		11.99%	-1.92%

Demo Pop III/V - UPP Adults w/ Children (hypothetical)	Y 11 (SFY1:) D	Y 12 (SFY14)	D	Y 13 (SFY15)	D١	/ 14 (SFY16)	DY	15 (SFY17)	5-YEARS
TOTAL EXPENDITURES	\$ 209,18	7 \$	120,979	\$	642,057	\$	715,870	\$	910,549	\$ 2,598,642
ELIGIBLE MEMBER MONTHS	1,83	4	2,099		3,949		5,989		6,067	
PMPM COST	\$ 114.0	6 \$	57.64	\$	162.59	\$	119.53	\$	150.08	
TREND RATES										5-YEAR
				ANI	NUAL CHANGE					AVERAGE
TOTAL EXPENDITURE			-42.17%		430.72%		11.50%		27.19%	44.44%
ELIGIBLE MEMBER MONTHS			14.45%		88.14%		51.66%		1.30%	34.86%
PMPM COST			-49.47%		182.09%		-26.48%		25.56%	7.10%

Dental - Blind/Disabled (hypothetical)	Y 11 (SFY13)	DY	′ 12 (SFY14)		OY 13 (SFY15)	D,	14 (SFY16)	D١	Y 15 (SFY17)	5-YEARS
TOTAL EXPENDITURES	\$ 3,048,881	\$	3,128,468	\$	2,151,327	\$	2,164,872	\$	2,230,004	\$ 12,723,551
ELIGIBLE MEMBER MONTHS	120,972		122,940		123,996		125,700		117,204	
PMPM COST	\$ 25.20	\$	25.45	\$	17.35	\$	17.22	\$	19.03	
TREND RATES										5-YEAR
				AN	NUAL CHANGE					AVERAGE
TOTAL EXPENDITURE			2.61%		-31.23%		0.63%		3.01%	-7.52%
ELIGIBLE MEMBER MONTHS			1.63%		0.86%		1.37%		-6.76%	-0.79%
PMPM COST			0.97%		-31.82%		-0.73%		10.48%	-6.79%

Former Foster Care Youth (hypothetical)		DY 11 (SFY13)	D'	Y 12 (SFY14)		DY 13 (SFY15)	DY 14 (SFY16)	DY 15 (SFY17)	5-YEARS
TOTAL EXPENDITURES	9	1,903,229	\$	4,472,529	\$	6,297,288			\$ -
ELIGIBLE MEMBER MONTHS		2,174		4,451		5,849			
PMPM COST	9	875.45	\$	1,004.84	\$	1,076.64			
TREND RATES									5-YEAR
					Α	NNUAL CHANGE			AVERAGE
TOTAL EXPENDITURE				135.00%		40.80%	#DIV/0!	#DIV/0!	82.00%
ELIGIBLE MEMBER MONTHS				104.74%		31.41%	#DIV/0!	#DIV/0!	64.00%
PMPM COST				14.78%		7.15%	#DIV/0!	#DIV/0!	11.00%

SUD (hypothetical)	D١	/ 11 (SFY13)	D	Y 12 (SFY14)		DY 13 (SFY15)	D,	Y 14 (SFY16)	D	Y 15 (SFY17)		5-YEARS	
TOTAL EXPENDITURES	\$	49,226,448	\$	58,032,731	\$	58,061,234	\$	73,831,559	\$	108,542,677	\$	347,694,648	
ELIGIBLE MEMBER MONTHS		28,274		28,871		33,251		34,716		36,913			
PMPM COST	\$	1,741.05	\$	2,010.07	\$	1,746.15	\$	2,126.73	\$	2,940.50			
TREND RATES												5-YEAR	
		ANNUAL CHANGE											
TOTAL EXPENDITURE				17.89%		0.05%		27.16%		47.01%		21.86%	
ELIGIBLE MEMBER MONTHS				2.11%		15.17%		4.41%		6.33%		6.89%	
PMPM COST				15.45%		-13.13%		21.80%		38.26%		14.00%	

Savings Neutrality Test

ELIGIBILITY	TREND		IONSTRATION		. ,		V 00 (05)/ 05)	-	/ 0.4 / 0.5 \ / 0.6 \	5 1/		DY21-25 TOTAL
GROUP	RATE 1	DY	21 (SFY 23)	ים	7 22 (SFY 24)	D	Y 23 (SFY 25)	DY	24 (SFY 26)	DY	25 (SFY 27)	wow
[-												
Current Eligibles	Maratina int											
Pop Type:	Medicaid		040.070	_	040.070		040.070		040.070		040.070	
Eligible Member Months	0.0%		318,076		318,076		318,076		318,076		318,076	
PMPM Cost	5.3%	\$	1,293.75	\$	1,362.32	\$	1,434.52	\$	1,510.55	\$	1,590.61	
Total Expenditure	0.070	\$	•	\$	433,321,316		456,287,346		480,470,575		•	\$ 2,287,525,974
	-!								<u>_</u>	-		
Demo Pop I - PCN Adults with Children												
Pop Type:	Hypothetical											
Eligible Member Months	5.9%											
DADA O	5.00/											
PMPM Cost Total Expenditure	5.3%											-
Total Experiature	1	<u> </u>										-
Danie Ban IIIA/ LIBB Adulta with Obildran t		Π										
Demo Pop III/V - UPP Adults with Children *	Llynathatical											
Pop Type: Eligible Member Months	Hypothetical 34.9%		36,498	Г	49,222		66,380		89,520		120,727	
Lugible Method Motities	J4.3 /0		30,490	1	43,222		00,300		09,020		120,121	
PMPM Cost	5.3%	\$	388.58	\$	388.58	\$	388.58	\$	388.58	\$	388.58	
Total Expenditure		\$	14,182,519	\$	19,126,545		25,794,059		34,785,867	\$	46,912,221	140,801,211
Demo Pop I - PCN Childless Adults												
Pop Type:	Medicaid						-	1	-			
Eligible Member Months												
PMPM Cost												
Total Expenditure											;	-
David Barriera Addition												
<u>Demo Pop III/V - UPP Childless Adults *</u> Pop Type:	Medicaid											
Eligible Member Months	159		184		189		194		199		204	
Liigible Member Months	159		104		109				199		204	
PMPM Cost	68.45		388.58	\$	388.58	•	388.58		388.58	-	388.58	_
Total Expenditure		\$	71,651	\$	73,442	\$	75,278	\$	77,160	\$	79,089	376,620
Dontal Anad		т -										
<u>Dental - Aged</u> Pop Type:	Hypothetical											
Eligible Member Months	2.5%		68,396	1	70,106	1	71,858		73,655		75,496	
Eligible Member Months	2.570		00,390		70,100		7 1,030		73,033		73,490	
PMPM Cost	5.3%	\$	35.90	\$	37.81	\$	39.81	\$	41.92	\$	41.92	
Total Expenditure		\$	2,455,608		2,650,399		2,860,641		3,087,562		3,164,751	14,218,960
												·
Dental - Blind/Disabled												
Pop Type:	Hypothetical								_			
Eligible Member Months	2.5%		393,600	1	393,600		393,600		393,600		393,600	
PMPM Cost	E 20/	φ.	25.00	φ.	07.00	φ	20.00	φ	44.05	φ	44 47	
PMPM Cost Total Expenditure	5.3%	\$ \$	35.93 14,140,242		37.83 14,889,675		39.83 15,678,828		41.95 16,509,805		44.17 17,384,825	78,603,375
. Star Exportation	1	Ψ	17,170,242	Ψ	14,005,073	Ψ	10,070,020	Ψ	10,503,603	Ψ	17,007,020	, 10,000,010
Dental - Targeted Adults		Т										
Pop Type:	Expansion											
Eligible Member Months		1	39,737		40,731		41,749		42,793		43,863	
			-	1								
PMPM Cost	5.3%	\$	43.51	\$	45.82		48.24		50.80		53.49	
Total Expenditure	<u> </u>	\$	1,728,934	\$	1,866,081	\$	2,014,108	\$	2,173,877	\$	2,346,320	10,129,320
Employer Changered Incomes /FO!		_										
Employer Sponsored Insurance (ESI)	Uvnothatical			1								
Pop Type: Eligibile Member Months	Hypothetical	\vdash	145,638	\vdash	140 270	\vdash	152 011		156 026		160 757	
PMPM Cost	2.5% 4.7%	\$	264.70	\$	149,279 277.14	¢	153,011 290.17	\$	156,836 303.81	\$	160,757 318.08	
Total Expenditure	7.770	\$	38,550,492		41,371,424		44,398,778		47,647,659		51,134,277	223,102,631
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Expansion Parents <=100% FPL		Τ										
Pop Type:	Expansion											
		-										

ELIGIBILITY	TREND	DEI	DY21-25 TOT										
GROUP	RATE 1		Y 21 (SFY 23)		22 (SFY 24)	D	Y 23 (SFY 25)	DY	24 (SFY 26)	D	7 25 (SFY 27)	- '	WOW
Eligible Member Months	2.5%	+	365,958		375,106		384,484		394,096		403,949		
PMPM Cost	5.3%	\$	784.16	\$	825.72	\$	869.48	\$	915.56	\$	964.09		
Total Expenditure	0.070	\$	286,967,645	,	309,731,354		334,300,793	-		\$		\$	1,681,260,182
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Expansion Adults w/out Dependent Children <=1													
Pop Type:	Expansion	-	104 700	1	440.504		450.050		405.000	1	470.005		
Eligible Member Months	2.5%		431,799	 _	442,594	 _	453,658	•	465,000	 	476,625		
PMPM Cost Total Expenditure	5.3%	\$	1,094.21		1,152.20		1,213.26	ቅ	1,277.57		1,345.28	Φ	0.700.400.40
Total Expericiture	l	\$	472,476,451	\$	509,955,646	Ъ	550,407,877	\$	594,068,982	\$	641,193,504	Ъ	2,768,102,46
Expansion Parents 101-133% FPL		T											
Pop Type:	Expansion												
Eligible Member Months	5.25%	+	132,166	T T	139,105		146,408		154,094		162,184		
PMPM Cost	5.3%	\$	766.98	\$	807.63	\$	850.43	\$	895.51	\$	942.97		
Total Expenditure	0.070	\$	101,368,614		112,345,061	•	124,510,065	•	137,992,326		152,934,480	\$	629,150,54
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Expansion Adults w/out Dependent Children 101-													
Pop Type:	Expansion	┿	<u>.</u>		<u>.</u>		• · · · · •						
Eligible Member Months	5.25%		418,244	1.	440,201		463,312	_	487,636		513,237		
PMPM Cost	5.3%	\$	1,075.02		1,132.00		1,191.99		1,255.17		1,321.69		0 = 0 =
Total Expenditure		\$	449,621,028	\$	498,307,117	\$	552,265,058	\$	612,065,699	\$	678,341,703	\$	2,790,600,600
Former Foster		$\overline{1}$											
Pop Type:	Hypothetical												
Eligible Member Months	0.0%		10		10		10		10		10		
PMPM Cost	4.8%	\$	1,252.63	\$	1,312.76	\$	1,375.77	\$	1,441.81	\$	1,511.01		
Total Expenditure		\$	12,526	\$	13,128	\$	13,758	\$	14,418	\$	15,110	\$	68,940
Housing Residential Support Services (HRSS)													
Pop Type:	Expansion												
Eligible Member Months	2.5%		33,508		34,346		35,205		36,085		36,987		
PMPM Cost	5.3%	\$	7,318.35	\$	7,706.22	\$	8,114.65	\$	8,544.73	\$	8,997.60		
Total Expenditure		\$	245,225,284	\$	264,677,780	\$	285,673,345	\$	308,334,383	\$	332,793,008	\$	1,436,703,800
Intense Stabilization Services (ISS)													
Pop Type:	Hypothetical												
Eligible Member Months	0.0%		1,440		1,440		1,440		1,440		1,440		
PMPM Cost	5.3%		\$2,328.50	١.	\$2,451.91	١.	\$2,581.86	_	\$2,718.70	١.	\$2,862.79		
Total Expenditure		\$	3,353,038	\$	3,530,749	\$	3,717,879	\$	3,914,927	\$	4,122,418	\$	18,639,012
In-Vitro Fertilization (IVF) Treatment													
Pop Type:	Hypothetical												
Eligible Member Months	13.5%		162		184		209		237		269		
PMPM Cost	5.0%	\$	20,588.98	\$	21,620.64	\$	22,703.99	\$	23,841.63	\$	25,036.27		
Total Expenditure		\$	3,341,461	\$	3,982,315	\$	4,746,077	\$	5,656,320	\$	6,741,137	\$	24,467,310
Medicaid for Justice-Involved Populations													
Pop Type:	Hypothetical	+-	^		46 4= :				** *==	1	46.5.5		
Eligible Member Months	1.75%		39,756	_	40,451]	41,159	•	41,880	_	42,613		
PMPM Cost	3.0%	\$	551.67		568.22		585.26		602.82		620.91	_	400 = 45 55
Total Expenditure		\$	21,931,981	\$	22,985,264	\$	24,089,131	\$	25,246,012	\$	26,458,452	\$	120,710,839
Mental Health Institutions for Mental Disease (IM	D)	T											
Pop Type:	Hypothetical												
Eligible Member Months	2.5%	+	11,043	1	11,319	I	11,602		11,892	I	12,190		
Eligible Member Months PMPM Cost	5.3%	\$	14,339.69		15,099.69		15,899.97		16,742.67		17,630.03		
Total Expenditure	5.570	\$	158,356,552		170,918,185		184,476,270		199,109,850		214,904,239	Ф	927,765,096
- Components	<u> </u>	Φ	100,000,002	Ψ	170,810,100	ψ	104,410,210	ψ	199,109,000	φ	Z 14,304,Z39	φ	3L1,103,090
Sorious Montal Illnoon (SMI)				1		1							
Serious Mental Illness (SMI) Pop Type:	Hypothetical			1									
· · · · · · · · · · · · · · · · · · ·	Hypothetical	1		1		I				I			

ELIGIBILITY	TREND	DE	MONSTRATION	I YEA	ARS (DY)							DY	21-25 TOTAL
GROUP	RATE 1	D,	Y 21 (SFY 23)	DY	22 (SFY 24)	D	OY 23 (SFY 25)	D,	Y 24 (SFY 26)	D	Y 25 (SFY 27)		WOW
Eligibile Member Months	2.5%		17,688		18,130		18,583		19,048		19,524		
PMPM Cost	5.3%	\$	14,998.85	\$	15,793.79	\$	16,630.86	\$	17,512.30	\$	18,440.45		
Total Expenditure		\$	265,296,529	\$	286,341,176	\$	309,055,190	\$	333,570,993	\$	360,031,512	\$	1,554,295,400

Substance Use Disorder (SUD)							
Pop Type:	Hypothetical						
Eligible Member Months	6.9%	49,527	52,940	56,587	60,486	64,654	
PMPM Cost	5.0%	\$ 4,239.75	\$ 4,451.74	\$ 4,674.33	\$ 4,908.05	\$ 5,153.45	
Total Expenditure		\$ 209,983,503	\$ 235,674,067	\$ 264,507,781	\$ 296,869,197	\$ 333,189,497	\$ 1,340,224,045

Targeted Adults					ase when the crite ividuals with court		s expanded to incl ered treatment.	ude	victims of		
Pop Type:	Expansion	PM	IPM will increase	due t	o adding the new	man	aged care directe	d pay	/ments		
Eligible Member Months	2.5%		180,918		185,441		190,077		194,828	199,699	
PMPM Cost	5.3%	\$	1,495.83	\$	1,575.11	\$	1,658.59	\$	1,746.50	\$ 1,839.06	
Total Expenditure		\$	270,622,011	\$	292,089,289	\$	315,259,114	\$	340,267,965	\$ 367,258,823	\$ 1,585,497,203

Withdrawal Management							
Pop Type:	Hypothetical						
Eligible Member Months	0.0%	4,018	4,018	4,018	4,018	4,018	
PMPM Cost	5.0%	\$ 850.85	\$ 893.40	\$ 938.07	\$ 984.97	\$ 1,034.22	
Total Expenditure		\$ 3,418,520	\$ 3,589,446	\$ 3,768,918	\$ 3,957,364	\$ 4,155,233	\$ 18,889,482

Long-Term Support Services (LTSS)							
Pop Type:	Hypothetical						
Eligible Member Months	0.0%		600	600	600	600	•
PMPM Cost	5.0%	\$	9,578.00	\$ 10,056.90	\$ 10,559.75	\$ 11,087.73	
Total Expenditure		\$	5,746,800	\$ 6,034,100	\$ 6,335,800	\$ 6,652,600	\$ 24,769,300

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											7	OTAL WW
ELIGIBILITY GROUP	DY	² 21 (SFY 23)	DY 2	22 (SFY 24)	DY	23 (SFY 25)	DY :	24 (SFY 26)	DY	25 (SFY 27)		
Current Eligibles												
Current Eligibles												
Pop Type:		240.076		240.076		240.076		240.076	ı	240.076		
Eligible Member Months PMPM Cost	•	318,076	_c	318,076 1,362.32	φ	318,076 1,434.52	¢.	318,076	¢.	318,076		
Total Expenditure	\$ \$	1,293.75 411,511,221				456,287,346		1,510.55 480,470,575		1,590.61 505,935,516	ф	2 207 525 074
Total Experiolitire	Ψ	411,311,221	φ 4	33,321,310	Φ	430,207,340	φ 2	+60,470,575	φ	505,955,516	φ	2,287,525,974
Demo Pop I - PCN Adults w/Children												
Pop Type:												
Eligible Member Months		_		_		_				_		
PMPM Cost				_		_				_		
Total Expenditure	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
<u>Demo Pop III/V - UPP Adults with Children</u> Pop Type:												
Eligible Member Months	\$	36,498	¢	49,222	\$	66,380	¢	89,520	\$	120,727		
PMPM Cost		388.58		388.58		388.58	-	388.58		388.58		
Total Expenditure	\$ \$	366.56 14,182,519		19,126,545		388.58 25,794,059		366.56	\$ \$		\$	140,801,211
Total Experiatore	Ψ	14,102,313	Ψ	19,120,040	Ψ	25,754,055	Ψ	34,703,007	Ψ	40,912,221	Ψ	140,001,211
Demo Pop I - PCN Childless Adults												
Pop Type:												
Eligible Member Months		-		-		-		-		-		
PMPM Cost	\$	-	\$	-	\$	-	\$	-	\$	-		
Total Expenditure	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Domo Don III// LIDD Childless Adults												
Demo Pop III/V - UPP Childless Adults												
Pop Type:	Φ.	404	۱ ۵	100	Φ.	404	•	400	Φ.	004		
Eligible Member Months	\$		\$	189	\$	194		199	\$	204		
PMPM Cost Total Expenditure	\$	388.58		388.58	\$	388.58		388.58	\$	388.58	φ	276 620
Total Experiditure	Ф	71,651	Ф	73,442	Ф	75,278	Ф	77,160	\$	79,089	Ф	376,620
Dental - Aged												
Pop Type:												
Eligible Member Months		68,396		70,106		71,858		73,655		75,496		
PMPM Cost	\$	35.90	\$	37.81	\$	39.81	\$	41.92	\$	41.92		
Total Expenditure	\$	2,455,608	\$	2,650,399	\$	2,860,641	\$	3,087,562	\$	3,164,751	\$	14,218,960
Dental - Blind/Disabled												
Pop Type:			•						-			
Eligible Member Months		393,600		393,600		393,600		393,600		393,600		
PMPM Cost	\$	35.93		37.83		39.83		41.95		44.17		
Total Expenditure	\$	14,140,242	\$	14,889,675	\$	15,678,828	\$	16,509,805	\$	17,384,825	\$	78,603,375
Dental - Targeted Adults												
Pop Type:												
Eligible Member Months		39,737		40,731		41,749		42,793		43,863		
PMPM Cost	\$	43.51		45.82		48.24	_	50.80	_	53.49		
Total Expenditure	\$	1,728,934	\$	1,866,081	\$	2,014,108	\$	2,173,877	\$	2,346,320	\$	10,129,320
Employer Sponsored Insurance (ESI)	T T											
Pop Type:												
Eligible Member Months		145,638		149,279		153,011		156,836		160,757		
PMPM Cost	\$	264.70	\$	277.14	\$	290.17	\$	303.81	\$	318.08		
Total Expenditure	\$	38,550,492		41,371,424		44,398,778		47,647,659	\$	51,134,277	\$	223,102,631
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										•	TOTAL WW
ELIGIBILITY GROUP	DY 21 (SF	Y 23) I	DY 22 (SFY 24)	D١	7 23 (SFY 25)	DY 24 (SF	Y 26)	DY 2	25 (SFY 27)		
Expansion Parents <=100% EDI	1										
Expansion Parents <=100% FPL											
Pop Type:	261	0.50	275 106	П	204 404	20	4.006		402.040	Ī	
Eligible Member Months PMPM Cost		5,958 34.16	375,106 \$ 825.72	φ.	384,484 869.48		4,096 15.56	.	403,949 964.09		
Total Expenditure	\$ 78 \$ 286,96				334,300,793				89,441,187	\$	1,681,260,182
Total Experiature	φ 200,90	,045	φ 309,731,33 4	Ψ	334,300,793	φ 300,01	9,204	ψυ	03,441,107	Ψ	1,001,200,102
Expansion Adults w/out Dependent Children <=100% FPL											
Pop Type:											
Eligible Member Months	43	,799	442,594		453,658	46	5,000		476,625		
PMPM Cost		94.21	•	\$	1,213.26		77.57	\$	1,345.28		
Total Expenditure	\$ 472,476				550,407,877				41,193,504	\$	2,768,102,461
•	,	,	· , ,		, ,	,	,		, ,		, , , ,
Expansion Parents 101-133% FPL											
Pop Type:											
Eligible Member Months	132	2,166	139,105		146,408	15	4,094		162,184		
PMPM Cost		66.98	·		850.43		-	\$	942.97		
Total Expenditure	\$ 101,368	3,614			124,510,065	\$ 137,99			52,934,480	\$	629,150,545
								-		-	
Expansion Adults w/out Dependent Children 101-133% FPL											
Pop Type:											
Eligible Member Months	418	3,244	440,201		463,312	48	7,636		513,237		
PMPM Cost	\$ 1,07	75.02	\$ 1,132.00	\$	1,191.99	\$ 1,2	55.17	\$	1,321.69		
Total Expenditure	\$ 449,62	1,028	\$ 498,307,117	\$	552,265,058	\$ 612,06	5,699	\$ 6	78,341,703	\$	2,790,600,606
Former Foster Care											
Pop Type:											
Eligible Member Months		10	10		10		10		10		
PMPM Cost		52.63			1,375.77		41.81		1,511.01		
Total Expenditure	\$ 12	2,526	\$ 13,128	\$	13,758	\$ 1	4,418	\$	15,110	\$	68,940
Housing Residential Support Services (HRSS)											
Pop Type:	1			_		_				ı	
Eligible Member Months		3,508	34,346		35,205		6,085		36,987		
PMPM Cost		7,318	7,706		8,115		8,545		8,998	_	
Total Expenditure	\$ 245,22	5,284	\$ 264,677,780	\$	285,673,345	\$ 308,33	4,383	\$ 3	32,793,008	\$	1,436,703,800
Interne Otabilization Complete (ICO)											
Intense Stabilization Services (ISS)											
Pop Type:				_				1	4 4 4 4	ī	
Eligible Member Months		1,440	1,440		1,440		1,440		1,440		
PMPM Cost		28.50	\$2,451.91		\$2,581.86		718.70		\$2,862.79		10 000 010
Total Expenditure	\$ 3,350	3,038	\$ 3,530,749	þ	3,717,879	\$ 3,91	4,927	\$	4,122,418	þ	18,639,012
In Vitro Fortilization (IVE) Treatment	1										
In-Vitro Fertilization (IVF) Treatment Pop Type:											
	+	162	184		209		237		260		
Eligible Member Months PMPM Cost	\$ 20,58	162 38.98			209		23 <i>1</i> 41.63		269 25,036.27		
Total Expenditure		1,461			4,746,077		6,320		6,741,137	\$	24,467,310
	Ψ 0,04	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	φ 0,002,010	Ψ	7,170,011	Ψ 0,00	5,520	Ψ	J, 1 T 1, 101	Ψ	∠ ¬,¬∪1,∪1∪
Medicaid for Justice-Involved Populations											
Pop Type:											
Eligible Member Months	30	9,756	40,451	Î	41,159	Δ	1,880		42,613		
PMPM Cost		51.67	-	\$	585.26		02.82	\$	620.91		
Total Expenditure		1,981	•		24,089,131	•	6,012		26,458,452	\$	120,710,839
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											Т	OTAL WW
ELIGIBILITY GROUP	D	7 21 (SFY 23)	D	Y 22 (SFY 24)	D١	Y 23 (SFY 25)	D,	Y 24 (SFY 26)	D	Y 25 (SFY 27)		
Mental Health Institutions for Mental Disease (IMD)	-											1
Pop Type:												
Eligible Member Months	-	11,043		11,319		11,602		11,892		12,190		
PMPM Cost	\$	14,339.69	\$	15,099.69	\$	15,899.97	\$	16,742.67	\$	17,630.03		
Total Expenditure	\$	158,356,552	_ `	170,918,185		184,476,270		•	_ `	214,904,239	\$	927,765,096
Serious Mental Illness (SMI)												
Pop Type:												
Eligible Member Months		17,688		18,130		18,583		19,048		19,524		
PMPM Cost	\$	14,998.85		15,793.79		16,630.86		17,512.30	_	18,440.45		
Total Expenditure	\$	265,296,529	\$	286,341,176	\$	309,055,190	\$	333,570,993	\$	360,031,512	\$	1,554,295,400
Substance Use Disorder (SUD)	1											
Pop Type:												
Eligible Member Months		49,527		52,940		56,587		60,486		64,654		
PMPM Cost	\$	4,239.75	\$	4,451.74	\$	4,674.33	\$	4,908.05	\$	5,153.45		
Total Expenditure	\$	209,983,503	\$	235,674,067	\$	264,507,781	\$	296,869,197	\$	333,189,497	\$	1,340,224,045
Targeted Adults												
Pop Type:									•	•		
Eligible Member Months		180,918		185,441		190,077		194,828		199,699		
PMPM Cost		1,496	_	1,575	Φ.	1,659	φ.	1,747	_	1,839	Φ.	4 505 407 000
Total Expenditure	\$	270,622,011	\$	292,089,289	\$	315,259,114	\$	340,267,965	\$	367,258,823	\$	1,585,497,203
Withdrawal Management												
Pop Type:												
Eligible Member Months		4,018		4,018		4,018		4,018		4,018		
PMPM Cost	\$	850.85		893.40			\$	984.97		1,034.22		40.000.400
Total Expenditure	\$	3,418,520	\$	3,589,446	\$	3,768,918	\$	3,957,364	\$	4,155,233	\$	18,889,482
Long-Term Support Services (LTSS)	T											
Pop Type:												
Eligible Member Months	i	-		600		600		600		600		
PMPM Cost	\$	-		9,578		10,057		10,560		11,088		
Total Expenditure	\$	-	\$	5,746,800	\$	6,034,100	\$	6,335,800	\$	6,652,600	\$	24,769,300

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	_										TOTAL WW
ELIGIBILITY GROUP	DY 21 (SFY 23)		OY 22 (SFY 24)	ים	Y 23 (SFY 25)	DY 24	(SFY 26)	D	Y 25 (SFY 27)		
<u>Current Eligibles</u>											
Pop Type:											
Eligible Member Months	318,076		318,076		318,076		318,076		318,076		
PMPM Cost	1,294		1,362		1,435		1,511		1,591	_	
Total Expenditure	411,511,221		433,321,316		456,287,346	4	80,470,575		505,935,516	\$	2,287,525,974
Demo Pop I - PCN Adults w/Children											
Pop Type:											
Eligible Member Months											
PMPM Cost											
Total Expenditure										\$	
Demo Pop III/V - UPP Adults with Children											
Pop Type:											
Eligible Member Months	\$ 36,498	3 \$	49,222	\$	66,380	\$	89,520	\$	120,727		
PMPM Cost	\$ 389		389	\$	389		389		389		
Total Expenditure	\$ 14,182,519	\$	19,126,545	\$	25,794,059	•	34,785,867		46,912,221	\$	140,801,21
Demo Pop I - PCN Childless Adults											
Pop Type:											
Eligible Member Months											
PMPM Cost											
Total Expenditure										\$	
Demo Pop III/V - UPP Childless Adults											
Pop Type:											
Eligible Member Months	\$ 184	. \$	189	\$	194	\$	199	\$	204		
PMPM Cost	\$ 389		389	\$	389	\$	389		389		
Total Expenditure	\$ 71,651	\$	73,442	\$	75,278	\$	77,160		79,089	\$	376,62
Dental - Aged											
Pop Type:											
Eligible Member Months	\$ 68,396	3 \$	70,106	\$	71,858	\$	73,655	\$	75,496		
PMPM Cost	\$ 36		38	\$	40		42		42		
Total Expenditure	\$ 2,455,608		2,650,399	\$	2,860,641		3,087,562		3,164,751	\$	14,218,960
Dental - Blind/Disabled											

												TOTAL WW
ELIGIBILITY GROUP		OY 21 (SFY 23)		OY 22 (SFY 24)		DY 23 (SFY 25)	١,	DY 24 (SFY 26)		DY 25 (SFY 27)		
Pop Type:												
Eligible Member Months	\$	393,600	\$	393,600	\$	393,600	\$	393,600	\$	393,600		
PMPM Cost	\$	36	\$	38	\$	40	\$	42	\$	44		
Total Expenditure	\$	14,140,242	\$	14,889,675	\$	15,678,828	\$	16,509,805	\$	17,384,825	\$	78,603,375
Dental - Targeted Adults												
Pop Type:												
Eligible Member Months												
PMPM Cost												
Total Expenditure											\$	
Employer Sponsored Insurance (ESI)												
Pop Type:												
Eligible Member Months	\$	145,638	\$	149,279	\$	153,011	\$	156,836	\$	160,757		
PMPM Cost	\$	265	\$	277	\$	290	\$	304	\$	318		
Total Expenditure	\$	38,550,492	\$	41,371,424	\$	44,398,778	\$	47,647,659	\$	51,134,277	\$	223,102,631
Expansion Parents <=100% FPL												
Pop Type:												
Eligible Member Months	\$	365,958	\$	375,106		384,484	\$	394,096	\$	403,949		
PMPM Cost	\$	784.16	\$	825.72		869.48		915.56		964.09		
Total Expenditure	\$	286,967,645	\$	309,731,354	\$	334,300,793	\$	360,819,204	\$	389,441,187	\$	1,681,260,182
Expansion Adults w/out Dependent Children <=100	% FPL	:										
Pop Type:	PMF	PM will decrease for	non-i	medically frail individu	ıals	removing certain ben	efits	from the traditional pa	acka	age.		
Eligible Member Months	\$	431,799	\$	442,594	\$	453,658	\$	465,000	\$	476,625		
PMPM Cost	\$	1,049.68	\$	1,105.32	\$	1,163.90	\$	1,225.58	\$	1,290.54		
Total Expenditure	\$	453,251,506	\$	489,205,681	\$	528,011,922	\$	569,896,468	\$	615,103,505	\$	2,655,469,082
												_
	Assu	ımes start date of 1/	1/20 a	and a 3.4% reduction	in r	member months as an	estii	mate for nonpayment	of p	oremiums. Further red	luctio	n of 8.3% to account
Expansion Parents 101-133% FPL	for p	remium payment req	uirea	I prior to enrollment.	Fun	ther reduction of 1.4%	to a	ccount for removal of	f ret	roactive enrollment.		
Pop Type:							_					
Eligible Member Months		119,499		125,773		132,376		139,326		146,640		
PMPM Cost	\$	730.74		769.47		810.25		853.19		898.41		
Total Expenditure	\$	87,322,808	\$	96,778,340	\$	107,257,740	\$	118,871,877	\$	131,743,621	\$	541,974,385

										T	TOTAL WW
ELIGIBILITY GROUP	ום	′ 21 (SFY 23)	D,	Y 22 (SFY 24)		OY 23 (SFY 25)		OY 24 (SFY 26)	D	Y 25 (SFY 27)	
	Assun	nes start date of 1/	1/20 ai	nd a 3 4% reduction	in m	emher months as an	estin	nate for nonnavment	of nre	emiums Further redu	ction of 8.3% to account
Expansion Adults w/out Dependent Children 1											clion of 0.078 to account
Pop Type:	PMPI	M will decrease for	non-m	nedically frail individu	uals r	emoving certain bend	efits f	rom the traditional pa	ackaqı	e	
Eligible Member Months		378,160		398,013		418,909		440,902		464,049	
PMPM Cost	\$	1,030.50	\$	1,085.12	\$	1,142.63	\$	1,203.19	\$	1,266.95	
Total Expenditure	\$	389,693,459	\$	431,890,441		478,656,618		530,486,753		587,929,185	\$ 2,418,656,458
Former Foster Care											
Pop Type:											
Eligible Member Months		10		10		10		10		10	
PMPM Cost	\$	1,252.63	\$	1,312.76	\$	1,375.77	\$	1,441.81	\$	1,511.01	
Total Expenditure	\$	12,526	\$	13,128	\$	13,758	\$	14,418	\$	15,110	\$ 68,940
Housing Residential Support Services (HRSS) Pop Type:											
Eligible Member Months		33,508		34,346		35,205		36,085		36,987	
PMPM Cost	\$	7,318.35	\$	7,706.22	\$	8,114.65	\$	8,544.73	\$	8,997.60	
Total Expenditure	\$	245,225,284	\$	264,677,780	\$	285,673,345	\$	308,334,383	\$	332,793,008	\$ 1,436,703,800
Intense Stabilization Services (ISS)											
Pop Type:											
Eligible Member Months		1,440		1,440		1,440		1,440		1,440	
PMPM Cost		2,328		2,452		2,582		2,719		2,863	
Total Expenditure		3,353,038		3,530,749		3,717,879		3,914,927		4,122,418	\$ 18,639,012
In-Vitro Fertilization (IVF) Treatment											
Pop Type:											
Eligible Member Months		162		184		209	· <u> </u>	237	·	269	
PMPM Cost	\$	20,588.98	\$	21,620.64		22,703.99	\$	23,841.63	\$	25,036.27	
Total Expenditure	\$	3,341,461	\$	3,982,315	\$	4,746,077	\$	5,656,320	\$	6,741,137	\$ 24,467,310
Medicaid for Justice-Involved Populations											
Pop Type:											
Eligible Member Months		39,756		40,451		41,159	· <u> </u>	41,880	·	42,613	
PMPM Cost	\$	551.67		568.22		585.26		602.82		620.91	
Total Expenditure	\$	21,931,981	\$	22,985,264	\$	24,089,131	\$	25,246,012	\$	26,458,452	\$ 120,710,839

	_										•	TOTAL WW
ELIGIBILITY GROUP	D,	Y 21 (SFY 23)	D	Y 22 (SFY 24)	[OY 23 (SFY 25)	[OY 24 (SFY 26)	D	Y 25 (SFY 27)		
Mental Health Institutions for Mental Disease (IMD)											
Pop Type:	_											
Eligible Member Months		11,043		11,319		11,602		11,892		12,190		
PMPM Cost	\$	14,339.69	\$	15,099.69	\$	15,899.97	\$	16,742.67	\$	17,630.03		
Total Expenditure	\$	158,356,552		170,918,185		184,476,270		,	\$	214,904,239	\$	927,765,096
Serious Mental Illness (SMI)												
Pop Type:												
Eligible Member Months		17,688		18,130		18,583		19,048		19,524		
PMPM Cost	\$	14,998.85	\$	15,793.79	\$	16,630.86	\$	17,512.30	\$	18,440.45		
Total Expenditure	\$	265,296,529	\$	286,341,176	\$	309,055,190	\$	333,570,993	\$	360,031,512	\$	1,554,295,400
Substance Use Disorder (SUD)												
Pop Type:												
Eligible Member Months		49,527		52,940		56,587		60,486		64,654		
PMPM Cost	\$	4,239.75	\$	4,451.74	\$	4,674.33	\$	4,908.05	\$	5,153.45		
Total Expenditure	\$	209,983,503	\$	235,674,067	\$	264,507,781	\$	296,869,197	\$	333,189,497	\$	1,340,224,045
Targeted Adults Pop Type:	individ mana	duals on probation o ged care directed p M will decrease due	or paro ayme	ole. Also, member m nts.	onth	s will decrease due to	o the	removal of continuou	s elig	als with court ordered gibility. PMPM will incl moving certain benefit	rease	due to adding new
Eligible Member Months	paone	163,378		163,378		163,378		163,378		163,378		
PMPM Cost	\$	1,495.82	Ф	1,575.10	Ф	1,658.58	Ф	1,746.49	\$	1,839.05		
Total Expenditure	\$ \$	244,384,294		257,336,662		270,975,505	•	285,337,207	\$	300,460,079	\$	1,358,493,746
Withdrawal Management												
Pop Type:												
Eligible Member Months		4,018		4,018		4,018		4,018		4,018		
PMPM Cost	\$	850.85		893.40		938.07		984.97		1,034.22		
Total Expenditure	\$	3,418,520	\$	3,589,446	\$	3,768,918	\$	3,957,364	\$	4,155,233	\$	18,889,482
Long-Term Support Services (LTSS)												
Pop Type:				Start after 7/1/23								
Eligible Member Months	_	-		600		600		600		600		
PMPM Cost	\$	-	\$	9,578.00	\$	10,056.90	\$	10,559.75	\$	11,087.73		

	ı					TOTAL WW
ELIGIBILITY GROUP	DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	
Total Expenditure	\$ -	\$ 5,746,800	\$ 6,034,100	\$ 6,335,800	\$ 6,652,600	\$ 24,769,300

Budget Neutrality Summary

Without-Walver Total Expenditures								
	ı	DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	[OY 25 (SFY 27)	TOTAL
Medicaid Populations Current Eligibles	\$	411,511,221	\$ 433,321,316	\$ 456,287,346	\$ 480,470,575	\$	505,935,516	\$ 2,287,525,974
TOTAL	\$	411,511,221	\$ 433,321,316	\$ 456,287,346	\$ 480,470,575	\$	505,935,516	\$ 2,287,525,974

With-Waiver Total Expenditures										
										TOTAL
Medicaid Populations Current Eligibles	\$	411,511,221	\$ 433,321,316	•	456,287,346	\$ 480,470,575	o	505,935,516	¢.	2,287,525,974
Current Eligibles	Ψ	411,311,221	φ 433,321,310	٩	430,287,340	φ 460,470,575	Ψ	303,933,310	φ	2,201,323,914
Expansion Populations										
Excess Spending From Hypotheticals										
Other WW Categories										
Category 4									\$	-
Category 4									Φ	-
TOTAL	\$	411,511,221	\$ 433,321,316	\$	456,287,346	\$ 480,470,575	\$	505,935,516	\$	2,287,525,974

4,575,051,948

*Note: If Variance in line 34 is positive, the state may keep 25% of Such variance.

DY11-15 CARRYOVER

*Note: If Variance in line 34 is positive, the state may keep 25% of Such variance.

TOTAL VARIANCE (WITH CARRYOVER)**

**Note: if state spending for the hypotheticals populations/services exceeds the hypotheticals WOW limit, such spending may count against the total variance in line 37.

HYPOTHETICALS ANALYSIS

Without-Waiver Total Expenditures

							TOTAL
	DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	[OY 25 (SFY 27)	
Demo Pop I - PCN Adults with Children	\$ -	\$ -	\$ -	\$ -	\$	-	\$ -
Demo Pop III/V - UPP Adults with Children *	\$ 14,182,519	\$ 19,126,545	\$ 25,794,059	\$ 34,785,867	\$	46,912,221	\$ 140,801,21
Dental - Aged	\$ 2,455,608	\$ 2,650,399	\$ 2,860,641	\$ 3,087,562	\$	3,164,751	\$ 14,218,96
Dental - Blind/Disabled	\$ 14,140,242	\$ 14,889,675	\$ 15,678,828	\$ 16,509,805	\$	17,384,825	\$ 78,603,37
Expansion Parents <=100% FPL	\$ 286,967,645	\$ 309,731,354	\$ 334,300,793	\$ 360,819,204	\$	389,441,187	\$ 1,681,260,18
Expansion Adults w/out Dependent Children <=100% FPL	\$ 472,476,451	\$ 509,955,646	\$ 550,407,877	\$ 594,068,982	\$	641,193,504	\$ 2,768,102,46
Expansion Parents 101-133% FPL	\$ 101,368,614	\$ 112,345,061	\$ 124,510,065	\$ 137,992,326	\$	152,934,480	\$ 629,150,54
Expansion Adults w/out Dependent Children 101-133% FPL	\$ 449,621,028	\$ 498,307,117	\$ 552,265,058	\$ 612,065,699	\$	678,341,703	\$ 2,790,600,60
Former Foster	\$ 12,526	\$ 13,128	\$ 13,758	\$ 14,418	\$	15,110	\$ 68,94
Intense Stabilization Services (ISS)	\$ 3,353,038	\$ 3,530,749	\$ 3,717,879	\$ 3,914,927	\$	4,122,418	\$ 18,639,01
In-Vitro Fertilization (IVF) Treatment	\$ 3,341,461	\$ 3,982,315	\$ 4,746,077	\$ 5,656,320	\$	6,741,137	\$ 24,467,31
Medicaid for Justice-Involved Populations	\$ 21,931,981	\$ 22,985,264	\$ 24,089,131	\$ 25,246,012	\$	26,458,452	\$ 120,710,83
Mental Health Institutions for Mental Disease (IMD)	\$ 158,356,552	\$ 170,918,185	\$ 184,476,270	\$ 199,109,850	\$	214,904,239	\$ 927,765,09
Substance Use Disorder (SUD)	\$ 209,983,503	\$ 235,674,067	\$ 264,507,781	\$ 296,869,197	\$	333,189,497	\$ 1,340,224,04
Withdrawal Management	\$ 3,418,520	\$ 3,589,446	\$ 3,768,918	\$ 3,957,364	\$	4,155,233	\$ 18,889,48
Long-Term Support Services (LTSS)	\$ -	\$ 5,746,800	\$ 6,034,100	\$ 6,335,800	\$	6,652,600	\$ 24,769,30
TOTAL	\$ 1,741,609,689	\$ 1,913,445,751	\$ 2,097,171,235	\$ 2,300,433,333	\$	2,525,611,356	\$ 10,578,271,36

With-Waiver Total Expenditures							
							TOTAL
Demo Pop I - PCN Adults w/Children	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -
Demo Pop III/V - UPP Adults with Children	\$	14,182,519	\$ 19,126,545	\$ 25,794,059	\$ 34,785,867	\$ 46,912,221	\$ 140,801,211
Dental - Aged	\$	2,455,608	\$ 2,650,399	\$ 2,860,641	\$ 3,087,562	\$ 3,164,751	\$ 14,218,960
Dental - Blind/Disabled	\$	14,140,242	\$ 14,889,675	\$ 15,678,828	\$ 16,509,805	\$ 17,384,825	\$ 78,603,375
Expansion Parents <=100% FPL	-						
Expansion Adults w/out Dependent Children <=100% FPL							
Expansion Parents 101-133% FPL							
Expansion Adults w/out Dependent Children 101-133% FPL							
Former Foster Care	\$	12,526	\$ 13,128	\$ 13,758	\$ 14,418	\$ 15,110	\$ 68,940
In-Vitro Fertilization (IVF) Treatment	\$	3,341,461	\$ 3,982,315	\$ 4,746,077	\$ 5,656,320	\$ 6,741,137	\$ 24,467,310
Medicaid for Justice-Involved Populations	\$	21,931,981	\$ 22,985,264	\$ 24,089,131	\$ 25,246,012	\$ 26,458,452	\$ 120,710,839
Mental Health Institutions for Mental Disease (IMD)	\$	158,356,552	\$ 170,918,185	\$ 184,476,270	\$ 199,109,850	\$ 214,904,239	\$ 927,765,096
Substance Use Disorder (SUD)	\$	209,983,503	\$ 235,674,067	\$ 264,507,781	\$ 296,869,197	\$ 333,189,497	\$ 1,340,224,045
Withdrawal Management	\$	3,418,520	\$ 3,589,446	\$ 3,768,918	\$ 3,957,364	\$ 4,155,233	\$ 18,889,482
Long-Term Support Services (LTSS)	\$	-	\$ 5,746,800	\$ 6,034,100	\$ 6,335,800	\$ 6,652,600	\$ 24,769,300

TOTAL	\$ 427,822,912 \$	479,575,824 \$	531,969,563 \$	591,572,196 \$	659,578,064 \$	2,690,518,558
HYPOTHETICALS VARIANCE	\$ 1,313,786,777 \$	1,433,869,927 \$	1,565,201,672 \$	1,708,861,138 \$	1,866,033,292 \$	7,887,752,806

	DY11	(SFY13)	DY1	12 (SFY14)	DY	13 (SFY15)	DY	14 (SFY16)	DY1	5 (SFY17)	Sum	
Current Eligibles BN Ceiling	\$	303,912,551	\$	321,268,731	\$	323,357,104	\$	354,295,156	\$	358,605,801	\$	1,661,439,344
Current EligibleTotal Computable Costs	\$	158,083,912	\$	159,441,228	\$	178,218,567	\$	168,248,999	\$	242,692,001	\$	906,684,707
Demo Pop I PCN Childless Adults Total Computable Costs	\$	6,925,024	\$	679,104	\$	18,481,025	\$	6,439,590	\$	5,957,509	\$	38,482,252
Demo Pop III/IV ESI Childless Adults Total Computable Costs	\$	5,022	\$	12,198	\$	18,416	\$	15,096	\$	21,614	\$	72,346
5-Year Savings to be Carried Forward	\$	138,898,593	\$	161,136,201	\$	126,639,096	\$	179,591,471	\$	109,934,677	\$	716,200,039

			STC PMPM	STC PMPM Trend	Rev	vised PMPM	Revised PMPM Trend
SFY - Start	SFY - End D	Υ					
7/1/2012	6/30/2013	11	\$770.13	6.30%	\$	770.13	6.30%
7/1/2013	6/30/2014	12	\$ 812.82	5.54%	\$	812.82	5.54%
7/1/2014	6/30/2015	13	\$ 853.46	5.00%	\$	855.90	5.30%
7/1/2015	6/30/2016	14	\$ 895.28	4.90%	\$	901.26	5.30%
7/1/2016	6/30/2017	15	NA	NA	\$	949.03	5.30%
			New I	Demo Period Begins	_		
7/1/2017	6/30/2018	16			\$	999.33	5.30%
7/1/2018	6/30/2019	17			\$	1,052.29	5.30%
7/1/2019	6/30/2020	18			\$	1,108.07	5.30%
7/1/2020	6/30/2021	19			\$	1,166.79	5.30%
7/1/2021	6/30/2022	20			\$	1,228.63	5.30%

Note: The last time we established a trend rate with a full renewal was in 2010 (this trend rate lasted through 2013). The rate at that time (2010) was 6.3%. During the state's temporary extensions, we updated the state's trend rates to 5.54% in DY12, 5.00% in DY 12 and 4.9% in DY14. We do not believe this was consistent with CMS policy to only revise trends at the time of full renewal, so we thought it appropriate to use a trend rate that captures DY12-DY20 (2013-2022 in the President's Budget), which includes the temporary extensions and this full extension period. However, this PB trend was 5.1%, which is lower than what we agreed to with the state in DY12, which was a trend of 5.54%. Since it was our mistake to revise the PMPMs from 6.3% during the temporary extension years, and we do not want to penalize the state for CMS's error, we are using a PB trend rate that captures DY13-20 (2014-2022 in the President's Budget), which is 5.3%. We used this 5.3% to trend off of the agreed to PMPM for DY12 (\$812.82). The PMPMs in column F are what will be included in the STCs.

Updated: October 2017



Cost Justification - Medicaid Expansion

Milliman PMPM estimates used with an estimated 12% medically frail among the population.

Adult Expansion I (Parents >45% FPL and Childless Adults >0% FPL) 1	FY19	FY20	FY21	FY22
Enrollment	43,155	43,155	65,924	75,368
Member months per year	517,860	517,860	791,088	904,416
Costs	\$280,721,549	\$280,721,549	\$451,561,131	\$543,611,159
PMPM	\$542.08	\$542.08	\$570.81	\$601.06
% Change		0.00%	5.30%	5.30%
Utah Medicaid's experienced PMPM for limited premium assistance program. Employee Sponsored Insurance (ESI) 0-95% FPL Enrollment Member months per year Costs PMPM % Change	FY19 6,630 79,564 \$18,349,892 \$230.63	FY20 6,630 79,564 \$18,349,892 \$230.63 0.00%	FY21 10,450 125,401 \$30,454,166 \$242.85 5,30%	FY22 11,840 142,086 \$36,334,799 \$255.72 5.30%

¹ Includes residential treatment costs

	DY18	DY19	DY20
Adults with Dependent Children up to 100% FPL			
Enrollment	28,319	29,027	29,753
Member Months	339,828	348,324	357,036
Childless Adults up to 100% FPL			
Enrollment	33,414	34,250	35,106
Member Months	400,968	411,000	421,272
Adults with Dependent Children over 100% FPL			
Enrollment	9,779	10,292	10,832
Member Months	117,348	123,504	129,984
Childless Adults over 100% FPL			
Enrollment	30,946	32,570	34,280
Member Months	371,352	390,840	411,360

Dental - Blind & Disabled

	DY 19	DY 20
Enrollment	32,000	32,800
Member Months	384,000	393,600
Expenditures	12,440,000	\$13,420,241
PMPM	\$32.40	\$34.10

COST JUSTIFICATION

Increase in the number of member months due to approximately 7,600 clients moving over from dental Blind/Disabled PMPM increase due to coverage of procelains and crowns.

AGED DENTAL

	DY 19 (7/1/20 -		
	DY 18	6/30/21)	DY 20
Enrollment	9000	9225	9456
Member Months	54,000	110,700	113,472
Expenditures	\$3,321,000	\$3,584,438	\$3,868,774
PMPM	\$61.50	\$32.38	\$34.09

Cost Justification - Other Populations

Dental - Targeted Adults (Childless Adults 0% FPL receiving SUD treatment)

The following estimates were provided by Dr. Glen R. Hanson, D.D.S., Ph.D, Associate Dean, Professor of Pharmacology, School of Dentistry, University of Utah on April 10, 2018

Approximate # of patients per year: 3,000

Member months per year: 36,000

Approximate cost per patient per year: \$400

Approximate cost per year: \$1,200,000

PMPM (\$1.2M / 36,000) \$33.33

Porcelain Crowns

DY 19 (7/1/20 -DY 18 6/30/21) DY 20 Member Months 362 378 394 Expenditures \$111,460 \$116,386 \$121,313 **PMPM** \$307.90 \$307.90 \$307.90

Intense Stabilization Services (System of Care Children/Youth) <22 years old

The following information and estimates were provided by Ruth Wilson, Assistant Division Director, Utah Department of Human Services on April 18, 2018

Target population is children/youth under the age of 22.

Who will be eligible?

- Are Medicaid eligible and their families
- Receive CHIP insurance who require crisis stabilization services with incomes up to 200% FPL
- Receive services from mulitple providers, or are at risk of...
 - Experiencing significant emotional and/or behavioral challenges
 - Being placed into custody of the state
 - Not returning home from state's custody
 - Placement in residential, inpatient or state hospital

Approximate # of patients per year:	720 ¹
Members served per month	120
Members months per year	1,440
Approximate cost per episode (8-week treatment) ²	\$4,200
Approximate cost per year:	\$3,024,000
PMPM (\$3,024,000 / 1,440)	\$2,100

^{1.} During fiscal year 2015, there were approximately 7,200 children/youth in custody. Estimated that 10% would use stabilization services.

². Episode includes psycho-social rehabilitation services, psychoeducation, individual skills training and development, case management, family and youth peer support, respite, behavior management, individual and family therapeutic behavioral services, crisis stabilization related transportation, coordination of care, other behavioral support as needed to maintain stabilization.

Withdrawal Management Adults >18

The cost per bed and number of beds used by Medicaid clients were provided by Volunteers of America, the provider for the social detox services.

Target population: adults greater than 18 Starts May 1, 2019

Who will be eligible?

- Medicaid males without children	1
- Medicaid females (Parent, Caretaker, Relative)	1
- Medicaid females without children	1

# of beds available	96
Beds used by Medicaid clients per month	77 ²
Medicaid bed days per month (77 x 365.25 / 12)	2,344
Average number of Medicaid bed days per month per client	7
Average number of Medicaid clients per month (2,344 / 7)	335
Estimated cost per bed per day	\$100
Estimated Medicaid annual cost (2,344 x \$100 x 12)	\$2,812,425
Number of Medicaid member months per year (335 x 12)	4,018
PMPM (\$2,812,425 / 4,018)	\$700

¹ Resides in Salt Lake County

² Assumes 100% occupancy once the State implements full Medicaid Expansion

Dental - Targeted Adults (Childless Adults 0% FPL receiving SUD

The following estimates were provided by Dr. Glen R. Hanson, D.D.S., Ph.D, Associate Dean, Professor of Pharmacology, School of Dentistry, University of Utah on April 10, 2018

Approximate # of patients per year: 3,000

Member months per year: 36,000

Approximate cost per patient per year: \$400

Approximate cost per year: \$1,200,000

PMPM (\$1.2M / 36,000) \$33.33

Porcelain Crowns

DY 19

(7/1/20 -

DY 18 6/30/21) DY 20

 Member Months
 362
 378
 394

 Expenditures
 \$111,460
 \$116,386
 \$121,313

 PMPM
 \$307.90
 \$307.90
 \$307.90

Withdrawal Management Adults >18

The cost per bed and number of beds used by Medicaid clients were provided by Volunteers of America, the provider

Target population: adults greater than 18

Starts May 1, 2019 Who will be eliqible?

The Will be engine.	
- Medicaid males without children	1
- Medicaid females (Parent, Caretaker, Relative)	1

- Medicaid females without children

# of beds available	96
Beds used by Medicaid clients per month	77 ²

Medicaid bed days per month (77 x 365.25 / 12) 2,344

Average number of Medicaid bed days per month per client 7

Average number of Medicaid clients per month (2,344 / 7) 335

Estimated cost per bed per day \$100

Estimated Medicaid annual cost (2,344 x \$100 x 12) \$2,812,425

Number of Medicaid member months per year (335 x 12) 4,018

PMPM (\$2,812,425 / 4,018) \$700

¹ Resides in Salt Lake County

² Assumes 100% occupancy once the State implements full Medicaid Expansion

HRSS

Demonstration Years	DY 17 (SFY 19) (Historical)	DY 18 (SFY 20) (Historical)	DY19 (SFY 21) (Historical)	DY 20 (SFY 22) (Projection)
Enrollment	2,286	2,469	2,569	2,724
Member Months	27,434	29,630	30,828	32,691
PMPM	5816	6459	6564	6950
Total Expenditures	\$ 159,556,144	\$ 191,380,170	\$ 202,354,992	\$ 227,202,450

Cost Justification

PMPM and projected expenditures based on similar residential support services delivered through the state's 1915(c) Community Supports demonstration.

 $\label{thm:considered} \textbf{Experience considered for the SMI budget neutrality includes inpatient hospitalizations with the following diagnoses:} \\$

Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders

Manic episode

Bipolar disorder

Major depressive disorder, recurrent

Conduct disorders

Homicidal and suicidal ideations

Historical

2017 - 2019

Experience among Adult SMI recipients*

Experience among	Addit Sivil recipients		
YEARQRTR	MEMBERMONTHS	TOTALCOMPUTABLE	PMPM
2017-4	15	\$160,929	\$10,729
2018-1	45	\$492,861	\$10,952
2018-2	72	\$814,718	\$11,316
2018-3	74	\$992,727	\$13,415
2018-4	86	\$1,211,392	\$14,086
2019-1	89	\$1,196,866	\$13,448
2019-2	626	\$7,734,741	\$12,356
2019-3	699	\$8,218,375	\$11,757
2019-4	719	\$8,871,702	\$12,339

 $[\]hbox{*Experience used for budget neutrality estimate includes Targeted Adults and Adult Expansion}.$

Member Months limited to those with inpatient stays with diagnoses most commonly associated with SMI.

	Cyear-Qtr									Projected		
Values	2017-4	2018-1	2018-2	018-3 2	018-4	2019-1	2019-2	2019-3	2019-4	2020	2021	2022
Member Months	15	45	72	74	86	89	626	699	719	16,425	16,835	17,256
PMPM	\$10,729	\$10,952	\$11,316	\$13,415	\$14,086	\$13,448	\$12,356	\$11,757	\$12,339	\$12,846	\$13,527	\$14,244

Projected	DY19.5 (SFY21.5)	DY20 (SFY 22)
Member Months	8,418	17,256
PMPM	\$13,527	\$14,244
Total Expenditures	\$113.866.796	\$245,798,558

Intense Stabilization Services (System of Care Children/Youth) <22 years old

The following information and estimates were provided by Ruth Wilson, Assistant Division Director, Utah Department of Human Services on April 18, 2018

Target population is children/youth under the age of 22.

Who will be eligible?

- Are Medicaid eligible and their families
- Receive CHIP insurance who require crisis stabilization services with incomes up to 200% FPL
- Receive services from mulitple providers, or are at risk of...
 - Experiencing significant emotional and/or behavioral challenges
 - Being placed into custody of the state
 - Not returning home from state's custody
 - Placement in residential, inpatient or state hospital

Approximate # of patients per year:	720 ¹
Members served per month	120
Members months per year	1,440
Approximate cost per episode (8-week treatment) ²	\$4,200
Approximate cost per year:	\$3,024,000
PMPM (\$3,024,000 / 1,440)	\$2,100

During fiscal year 2015, there were approximately 7,200 children/youth in custody. Estimated that 10% would use stabilization services.
 Episode includes psycho-social rehabilitation services, psychoeducation, individual skills training and development, case management, family and youth peer support, respite, behavior management,

Experience among Adult SMI recipients*

Experience among Addit Sivil recipients				
YEARQTRR	MONTHS	TOTALFUNDS	PMPM	
2017-4	12	\$97,542	\$8,128	
2018-1	50	\$483,466	\$9,669	
2018-2	74	\$718,363	\$9,708	
2018-3	93	\$914,180	\$9,830	
2018-4	111	\$992,929	\$8,945	
2019-1	127	\$1,211,295	\$9,538	
2019-2	495	\$6,054,128	\$12,231	
2019-3	587	\$6,944,986	\$11,831	
2019-4	625	\$7,180,314	\$11,489	

	CYear									Projected		
Values	2017-4	2018-1	2018-2	2018-3	2018-4	2019-1	2019-2	2019-3	2019-4	2020	2021	2022
Member Months	12	50	74	93	3 111	127	495	587	625	10,255	10,511	10,774
PMPM	\$8,128	\$9,669	9 \$9,708	\$9,830	\$8,945	\$9,538	\$12,231	\$11,831	\$11,489	\$12,282	\$12,933	\$13,618

Projected	DY19.5 (SFY21.5)	DY20 (SFY 22)
Member Months	<i>5,256</i>	10,774
PMPM	\$12,933	\$13,618
Total Expenditures	\$67,967,542	\$146,718,135

*Experience used for budget neutrality estimate includes Targeted Adults and Adult Expansion.

Individuals in the subgroups limited to those with the highest acuity and diagnoses most commonly associated with SMI.

SERVICE	YE. AIDGROUP MEM	IBERMONT TO	OTALFUNDS P	MPM
2016	Adult with	8,348	\$36,072,275	\$4,321
2016	Non-Disabl	1,443	\$2,829,500	\$1,961
2017	Adult with	7,579	\$33,556,283	\$4,428
2017	Non-Disabl	1,215	\$2,278,335	\$1,875
2017	Targeted A	12	\$97,542	\$8,128
2018	Adult with	7,341	\$32,863,852	\$4,477
2018	Non-Disabl	1,270	\$2,191,336	\$1,725
2018	Targeted A	330	\$3,117,095	\$9,446
2019	Adult with	7,052	\$31,871,548	\$4,520
2019	Expansion .	1,302	\$15,996,948	\$12,286
2019	Non-Disabl	1,138	\$2,023,710	\$1,778
2019	Targeted A	529	\$5,367,481	\$10,146

Without Waiver Calculation

SFY	Expenses	MemberMonths	PMPM
2018	\$1,240,350	79	\$15,701
2019	\$1,438,617	84	\$17,126
2020	\$1.985.602	113	\$17,572

Trended	Expenses	Member Months	PMPM
2021	\$2,352,502	126	\$18,671
2022	\$2,803,684	143	\$19,606

*Expenses and member months are Medicaid children with one of the following diagnoses:

Cystic Fibrosis

Morquio Syndrome Spinal Muscular Atrophy Sickle-Cell Disorders

And child is on Utah's 1915(c) Technology Dependent Waiver
These expenses are considered for "Without Waiver" budget neutrality calculation, as the proposed demonstration is intended to reduce inherited genetic disorders.

G:\Legislative and GOMB Items\2022 General Session\Building Blocks\Business Cases\Building Block Back-up.xlsx; see "LTSS" tab Number of Beds

Psychiatric Medical Director	\$36,000
Mental Health Program Director	\$107,977
Mental Health Counselors	\$124,800
Substance Use Disorder Counselor	\$67,392
Activity Staff	\$132,787
Additional RN/psychiatric nurse	\$210,240
Psychiatric Case Manager	\$99,840
Other costs including GLPL, marketing, Resident incentives, consultants	\$30,000

\$809,036

Daily Rate to Cover Staff Costs (Assumes Fully Staffed) \$809,036.00 \$44.33

Long Term Care in HCBS outside of the facility

\$133,533.06 Daily rate * 1.2 \$111,277.55 Daily rate Residential Tier 1 Rate \$1,097,532 \$366 Residential Tier 2 Rate \$305 305 \$4,649,268 \$5,746,800

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Annual Amount Grand Total

AA Personnel Services LGAA (LGC)	Est Hourly Rate I	est. Fixed E	B. Est. Var	iable Ben	Est Avg	Units		Total	Match Rate	State Share	Federal Share
Health Program Manager II	\$37.89	\$701.20		0.3861	\$129,656.21		1 9	S129,700.00	50%	\$64,850.00	\$64,850.00
Health Program Specialist III	\$26.88	\$701.20		0.3861	\$97,278.55			3194,600.00	50%	\$97,300.00	\$97,300.00
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DD Current Expense LGAA (LGC)	Monthly	<u>Hourly</u>	Hours		Est Avg	<u>Units</u>		<u>Total</u>	Match Rate	State Share	Federal Share
Phone	\$32.20				\$386.40		3	\$1,200.00	50%	\$600.00	\$600.00
Voicemail	\$0.00				\$0.00		3	\$0.00	50%	\$0.00	\$0.00
Long Distance	\$7.80				\$93.60		3	\$300.00	50%	\$150.00	\$150.00
Limited Liability Insurance	\$31.57				\$378.84		3	\$1,100.00	50%	\$550.00	\$550.00
UTA Pass	\$10.00				\$120.00		3	\$360.00	50%	\$180.00	\$180.00
					Current Expense Total			\$2,960.00		\$1,480.00	\$1,480.00
EE Data Processing Current Expense - LGAA (LGC)	Monthly	<u>Hourly</u>	Hours		Est Avg	<u>Units</u>		<u>Total</u>	Match Rate	State Share	Federal Share
Computer (every 3 years)	\$49.99				\$599.88		3	\$1,800.00	50%	\$900.00	\$900.00
Network Services	\$46.92				\$563.04		3	\$1,700.00	50%	\$850.00	\$850.00
Network Security	\$21.44				\$257.28		3	\$800.00	50%	\$400.00	\$400.00
Desktop Support	\$66.36				\$796.32		3	\$2,400.00	50%	\$1,200.00	\$1,200.00
Email	\$4.95				\$59.40		3	\$200.00	50%	\$100.00	\$100.00
Email Encryption	\$1.57				\$18.84		3	\$100.00	50%	\$50.00	\$50.00
				ı	OP Current Expense Total			\$7,000.00		\$3,500.00	\$3,500.00

Match Rate State Share Federal Share <u>Total</u> \$809,036 \$268,357 **NH Program** 66.83% **HCBS Program** \$5,746,800 66.83% \$1,906,213 \$3,840,586 Admin \$139,660.00 50.00% \$69,830 \$69,830 \$50,000 \$50,000 **Waiver Evalution** \$100,000.00 50.00% \$6,795,496 \$2,294,401 \$4,501,095

\$540,679 * Does not include the present daily rate paid