

## State of Utah

### Section 1115 Demonstration Amendment Behavioral Health Services for Adults with Serious Mental Illness Amendment #22

#### Section I. Introduction

In SFY2019, Utah's public behavioral health system provided services to 20,327 youth and 36,326 adults. Of the youth served, 61.8% met the qualification for a serious emotional disturbance, and 52.4% of the adults served met the qualifications for a serious mental illness. Treatment of those with serious emotional disturbances and serious mental illness remains a priority for the State. Utah's Strategic Plan created by the Utah Division of Substance Abuse and Mental Health, outlines Utah's commitment to providing comprehensive behavioral health services.

Currently, Utah has approval through the State's 1115 demonstration waiver to cover the full continuum of substance use disorder treatment services. The State also has an extensive continuum of mental health services, and the Utah legislature invests millions annually across the state to cover inpatient psychiatric care, hospital diversion programs, peer services, crisis stabilization, housing supports, and more.

During the Utah 2020 General Legislative Session, House Bill 219 "Mental Health Amendments", was passed. This bill directs the Utah Department of Health to "apply for a Medicaid waiver or a state plan amendment with CMS to offer a program that provides reimbursement for mental health services that are provided in an institution for mental diseases that includes more than 16 beds and to an individual who receives mental health services in an institution for mental diseases for a period of more than 15 days in a calendar month." Despite Utah's efforts, immediate access to inpatient psychiatric treatment beds and sufficient residential mental health treatment beds remains a concern.

Inpatient psychiatric beds remain hard to access due to the low numbers of beds and high census numbers on the psychiatric units. At times, non-psychiatric beds have to be temporarily used until an appropriate bed can be made available, or even worse, beneficiaries are waiting in emergency rooms for hours. In some cases, it takes days before a bed in a psychiatric unit is available.

Utah has four hospitals that have a total of 365 inpatient psychiatric beds that meet the regulatory definition of an Institutions for Mental Disease (IMD). Due to federal financial participation (FFP) not being available for these beds, beneficiaries needing inpatient psychiatric beds are unable to use them, and therefore end up waiting for the appropriate level of care, while there are available beds nearby that can't be used. Having access to FFP for these beds in an IMD hospital allows for beneficiaries to get the appropriate level of care in a timely manner.

In order to help fill the gap of available inpatient psychiatric beds, Utah has used the 2016 Managed Care Final Rule that allows up to 15 day stays in IMD hospitals for beneficiaries in managed care plans.

However, this has created issues with incentivizing discharge after 15 days instead of relying on medical necessity due to payment issues. Also, Utah's fee for service (FFS) beneficiaries, which are some of Utah's most vulnerable and needy, do not have access to this exception.

As part of Utah's extensive continuum of mental health care, Utah also has residential mental health treatment programs. Currently, the number of residential mental health treatment programs accessible to Medicaid beneficiaries remains artificially low because Medicaid cannot cover services in facilities with more than 16 beds, therefore programs are unable to grow beyond 16 beds. By allowing facilities to increase the number of beds on the same campus, the provider can benefit from economies of scale and will be able to achieve sustainability while expanding services to more beneficiaries. A recent University of Utah analysis of Utah's mental health system found that, "Federal rules do not allow Medicaid to reimburse mental health facilities with more than 16 beds, which limits the supply of available residential facilities (participants noted these facilities financially break even at about 30 beds). Utah currently has a waiver to reimburse SUD residential treatment facilities larger than 16 beds. Obtaining a similar waiver for mental health residential treatment facilities could improve the supply of mental health residential treatment options in the state".<sup>1</sup>

## **Section II. Program Description and Objectives**

With this amendment, the State is requesting waiver authority to claim federal financial participation (FFP) for payment of services to Medicaid beneficiaries, age 21 through 64, receiving inpatient psychiatric treatment or residential mental health treatment in an IMD. The state is also seeking the authority to make capitation payments to state contracted managed care entities to pay for services to Medicaid beneficiaries regardless of the length of stay in an IMD. Utah is requesting that the waiver authorities described in this amendment apply to Medicaid beneficiaries in both Utah's managed care and FFS service delivery systems. Application of the waiver to both systems would ensure equal access to this benefit for all Medicaid beneficiaries. Specifically, Utah seeks a waiver of the following requirements:

1. Allow Utah to make capitated payments to managed care entities for Medicaid beneficiaries receiving inpatient or residential mental health treatment in an IMD. The average length of stays under this amendment will be no more than 30 days. Capitated payments may be used to pay for treatment in these settings and services provided before or after discharge from the facility during the calendar month.
2. To allow for FFP in expenditures for services provided to managed care and FFS Medicaid beneficiaries in inpatient psychiatric hospitals or residential mental health treatment facilities with more than 16 beds.

### **Maintenance of Effort Commitment**

Utah is committed to a maintenance of effort (MOE) on funding for outpatient community-based mental health services as part of this amendment. Under the terms of this demonstration, the State assures that resources will not be disproportionately drawn into increasing access to treatment in inpatient or residential settings at the expense of community-based services. Utah understands the expectation under the demonstration is to maintain a level of state appropriations and local funding for outpatient

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<sup>1</sup> Utah's Mental Health System: A collaborative endeavor of the Kem C. Gardner Policy Institute and the Utah Hospital Association. Final Report August 2019

community-based mental health services for Medicaid beneficiaries for the duration of this demonstration that is no less than the amount of funding provided at the beginning of the demonstration.

All beneficiaries will continue to have access to an array of mental health services throughout the state, including crisis stabilization services. Listed below are some of the available crisis stabilization services:

- Intensive Stabilization Services
- Statewide Crisis Line
- Mobile Crisis Outreach Teams
- Assertive Community Treatment
- Psychotherapy for Crisis

Additionally, Utah House Bill 32 “Crisis Services Amendments” (2020) requires Utah to establish Behavioral Health Receiving Centers in order to increase access for beneficiaries needing crisis stabilization services. These centers will closely follow the national guidelines put forth by SAMHSA.

### Goals and Objectives

The objective of this demonstration is to allow Utah to expand access to inpatient psychiatric treatment and residential mental health treatment. The overall goal of this amendment request is to maintain and enhance the flexibility and availability of mental health treatment supports, and to supplement the comprehensive and integrated continuum of mental health treatments Utah provides.

### Operation and Proposed Timeline

The demonstration will operate statewide. The State intends to implement the demonstration beginning January 1, 2021. The State requests to operate the demonstration through the end of the current waiver approval period, which is June 30, 2022.

### Milestones

The demonstration will be implemented through a series of milestones outlined below and in greater detail in the State’s Implementation Plan, which will be submitted at a later date.

#### **Milestone 1: Ensuring Quality of Care in Psychiatric Hospitals and Residential Settings**

1. Participating hospitals and residential settings are licensed by the state to primarily provide treatment for mental illnesses and are accredited by a nationally recognized accreditation entity including the Joint Commission or the Commission on Accreditation of Rehabilitation Facilities (CARF) prior to receiving FFP for services provided to beneficiaries;
2. Establishment of an oversight and auditing process that includes unannounced visits for ensuring participating psychiatric hospitals and residential treatment settings meet state licensure or certification requirements as well as a national accrediting entity’s accreditation requirements;

## **Milestone 2: Improving Care Coordination and Transitions to Community-Based Care**

1. Implementation of a process to ensure that psychiatric hospitals and residential treatment settings provide intensive pre-discharge, care coordination services to help transition beneficiaries out of these settings and into appropriate community-based outpatient services - as well as requirements that community-based providers participate in these transition efforts (e.g., by allowing initial services with a community-based provider while a beneficiary is still residing in these settings and/or by hiring peer support specialists to help beneficiaries make connections with available community-based providers, including, where applicable, plans for employment);
2. Implementation of a process to assess the housing situation of individuals transitioning to the community from psychiatric hospitals and residential treatment settings and connect those who are homeless or have unsuitable or unstable housing with community providers that coordinate housing services where available;
3. Implementation of a requirement that psychiatric hospitals and residential treatment settings have protocols in place to ensure contact is made by the treatment setting with each discharged beneficiary within 72 hours of discharge and to ensure follow-up care is accessed by individuals after leaving those facilities by contacting the individuals directly and by contacting the community-based provider the person was referred to;
4. Implementation of strategies to prevent or decrease the lengths of stay in emergency departments (EDs) among beneficiaries with serious mental illness (SMI) or serious emotional disturbance (SED) (e.g., through the use of peers and psychiatric consultants in EDs to help with discharge and referral to treatment providers);
5. Implementation of strategies to develop and enhance interoperability and data sharing between physical, substance use disorder (SUD), and mental health providers with the goal of enhancing care coordination so that disparate providers may better share clinical information to improve health outcomes for beneficiaries with SMI or SED;

## **Milestone 3: Increasing Access to Continuum of Care Including Crisis Stabilization Services**

1. Annual assessments of the availability of mental health services throughout the state, particularly crisis stabilization services and updates on steps taken to increase availability;
2. Commitment to a financing plan approved by CMS to be implemented by the end of the demonstration to increase availability of non-hospital, non-residential crisis stabilization services, including services made available through crisis call centers, mobile crisis units, coordinated community crisis response that involves law enforcement and other first responders, and observation/assessment centers as well as on-going community-based services, e.g., intensive outpatient services, assertive community treatment, xciii and services in integrated care settings such as the Certified Community Behavioral Health Clinic model described in Part I of State Medicaid Director letter #18--011 issued on November 13, 2018, as well as consideration of a self-direction option for beneficiaries;
3. Implementation of strategies to improve the state's capacity to track the availability of inpatient and crisis stabilization beds to help connect individuals in need with that level of care as soon as possible;

4. Implementation of a requirement that providers, plans, and utilization review entities use an evidence-based, publicly available patient assessment tool, preferably endorsed by a mental health provider association, e.g., LOCUS or CASII, to help determine appropriate level of care and length of stay;

#### **Milestone 4: Earlier Identification and Engagement in Treatment Including Through Increased Integration**

1. Implementation of strategies for identifying and engaging individuals, particularly adolescents and young adults, with serious mental health conditions, in treatment sooner including through supported employment and supported education programs;
2. Increasing integration of behavioral health care in non-specialty care settings, including schools and primary care practices, to improve identification of serious mental health conditions sooner and improve awareness of and linkages to specialty treatment providers;
3. Establishment of specialized settings and services, including crisis stabilization services, focused on the needs of young people experiencing SMI or SED.
4. Use of a utilization review entity (e.g., a managed care organization or administrative service organization) to ensure beneficiaries have access to the appropriate levels and types of care and to provide oversight to ensure lengths of stay are limited to what is medically necessary and only those who have a clinical need to receive treatment in psychiatric hospitals and residential treatment settings are receiving treatment in those facilities;
5. Participating psychiatric hospitals and residential treatment settings meet federal program integrity requirements, and the state has a process for conducting risk-based screening of all newly enrolling providers, as well as revalidating existing providers (specifically, under existing regulations, states must screen all newly enrolling providers and reevaluate existing providers pursuant to the rules in 42 CFR Part 455 Subparts B and E, ensure treatment providers have entered into Medicaid provider agreements pursuant to 42 CFR 431.107, and establish rigorous program integrity protocols to safeguard against fraudulent billing and other compliance issues);
6. Implementation of a state requirement that participating psychiatric hospitals and residential treatment settings screen enrollees for comorbid physical health conditions and SUDs and demonstrate the capacity to address comorbid physical health conditions during short-term stays in these treatment settings (e.g., with on-site staff, telemedicine, and/or partnerships with local physical health providers);

#### **Demonstration Hypotheses and Evaluation**

With the help of an independent evaluator, the State will develop a plan for evaluating the hypotheses indicated below. Utah will identify validated performance measures that adequately assess the impact of the demonstration 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.

Hypothesis	Anticipated Measure(s)	Data Sources	Evaluation Approach
<p>The demonstration will reduce utilization and lengths of stay in EDs among Medicaid beneficiaries with SMI or SED while awaiting mental health treatment in specialized settings</p>	<ul style="list-style-type: none"> <li>● All-Cause Emergency Department Utilization Rate for Medicaid Beneficiaries who may Benefit From Integrated Physical and Behavioral Health Care</li> <li>● Follow-Up After Emergency Department Visit for Mental Illness</li> </ul>	<p>Medicaid Data Warehouse</p>	<p>Independent evaluator will design quantitative and qualitative measures to include experimental or quasi-experimental comparisons</p>
<p>The demonstration will reduce preventable readmissions to acute care hospitals and residential settings</p>	<ul style="list-style-type: none"> <li>● 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility</li> </ul>	<p>Medicaid Data Warehouse</p>	<p>Independent evaluator will design quantitative and qualitative measures to include experimental or quasi-experimental comparisons</p>
<p>The demonstration will improve availability of crisis stabilization services including services made available through call centers and mobile crisis units, intensive outpatient services, as well as services provided during acute short-term stays in residential crisis stabilization programs, psychiatric hospitals, and residential treatment settings throughout the state</p>	<ul style="list-style-type: none"> <li>● Mental Health Services Utilization</li> <li>● Beneficiaries With SMI/SED Treated in an IMD for Mental Health</li> <li>● Per Capita Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED</li> </ul>	<p>Medicaid Data Warehouse</p>	<p>Independent evaluator will design quantitative and qualitative measures to include experimental or quasi-experimental comparisons</p>
<p>The demonstration will improve access to community-based services to address the chronic mental health care</p>	<ul style="list-style-type: none"> <li>● Access to Preventive/Ambulatory Health Services for</li> </ul>	<p>Medicaid Data Warehouse</p>	<p>Independent evaluator will design quantitative and qualitative measures to include</p>

needs of beneficiaries with SMI or SED including through increased integration of primary and behavioral health care	<p>Medicaid Beneficiaries With SMI</p> <ul style="list-style-type: none"> <li>• Diabetes Care for Patients with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (&gt;9.0%)</li> <li>• Follow-Up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication</li> </ul>		experimental or quasi-experimental comparisons
The demonstration will improve care coordination, especially continuity of care in the community following episodes of acute care in hospitals and residential treatment facilities	<ul style="list-style-type: none"> <li>• Follow-up After Hospitalization for Mental Illness</li> <li>• Medication Continuation Following Inpatient Psychiatric Discharge</li> </ul>	Medicaid Data Warehouse	Independent evaluator will design quantitative and qualitative measures to include experimental or quasi-experimental comparisons

### Section III. Demonstration Eligibility

This demonstration will include all Medicaid eligible individuals, age 21-64, approved for full Medicaid benefits under the Utah Medicaid State Plan and the State’s 1115 Demonstration Waiver. The eligibility groups below will be excluded from this demonstration waiver, due to their limited Medicaid eligibility status:

- Qualified Medicare Beneficiaries (QMB);
- Special Low-Income Medicare Beneficiaries (SLMB);
- Qualified Individual Special Low-Income Medicare Beneficiaries (QI/SLMB2); and
- Non-citizens qualifying for emergency services only benefits.

Although eligible for the benefits available through this amendment, all beneficiaries receiving services through this amendment must meet medical necessity criteria. Utilization management procedures will ensure all eligible beneficiaries have access to the appropriate levels of care with appropriate lengths of stay in inpatient and residential settings based on defined clinical criteria for medical necessity.

### Section IV. Demonstration Benefits and Cost Sharing Requirements

Under this demonstration, eligible individuals will have access to high quality, evidence-based SMI/SED treatment in short term residential and inpatient settings. The following services are currently covered under the Utah Medicaid State Plan:

- Crisis Stabilization Services
- Mobile Crisis Outreach Team

- Assertive Community Treatment
- Psychiatric Diagnostic Evaluation
- Mental Health Assessment
- Psychological Testing
- Psychotherapy
- ASAM LOC 1.0 - 4.0
- Therapeutic Behavioral Services
- Pharmacologic Management
- Psychosocial Rehabilitative Services
- Services Provided in Intensive Outpatient Treatment
- Peer Support Services
- Inpatient Psychiatric Services
- Treatment Provided in Residential Treatment Programs

**Cost Sharing**

This amendment does not impose new cost sharing requirements. Cost sharing will not differ from those provided under the state plan.

**Section V. Delivery System**

No modifications to the current Utah Medicaid FFS or managed care arrangements are proposed through this amendment; all enrollees will continue to receive services through their current delivery system.

**Section VI. Enrollment and Implementation of Demonstration**

Eligible individuals may receive services authorized under this demonstration as of the implementation date of this amendment.

**Section VII. 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.

**Projected Enrollment and Expenditures**

Currently, Utah Medicaid provides inpatient and residential mental health treatment for all beneficiaries. This demonstration will expand the availability and access to needed treatment for all beneficiaries. The State anticipates the waiver amendment will have no impact on annual Medicaid enrollment.

Below is the projected enrollment and expenditures for each demonstration year.

	DY19 (SFY 21)*	DY 20 (SFY 22)
Member Months	8,400	17,300
Expenditures	\$113,900,000	\$245,800,000



\*Represents half year estimate January 2021 - June 2021

## **Section VIII. Proposed Waiver and Expenditure Authority**

The State requests expenditure authority for Medicaid state plan services furnished to otherwise eligible individuals who are primarily receiving treatment for a SMI who are short-term residents in facilities that meet the definition of an IMD. No additional waivers of Title XIX or Title XXI are requested through this amendment.

## **Section IX. 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 notice 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 June 18, 2020 from 4:00 p.m. to 6:00 p.m., during the Medical Care Advisory Committee (MCAC) meeting. The second public hearing will be held on June 23, 2020 from 4:00 p.m. to 5:00 p.m. Due to the COVID-19 emergency and state social distancing guidelines, both public hearings will be held via video and teleconferencing.

### *Public Comment*

The public comment period will be held June 16, 2020 through July 16, 2020.

### *Tribal Consultation*

In accordance with the Utah Medicaid State Plan, and section 1902(a)(73) of the Social Security Act, the State ensures that a meaningful consultation process occurs in a timely manner on program decisions impacting Indian Tribes 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 the tribal consultation process by attending the Utah Indian Health Affairs Board (UIHAB) meeting on July 10, 2020 to present this demonstration amendment.

The consultation process will include, but is not limited to:

- An initial meeting to present the intent and broad scope of the policy and waiver application to the UIHAB.
- Discussion at the UIHAB meeting to more fully understand the specifics and impact of the proposed policy initiation or change;
- Open meeting for all interested parties to receive information or provide comment;
- A presentation by tribal representatives of their concerns and the potential impact of the proposed policy;
- Continued meetings until concerns over intended policy have been fully discussed;
- A written response from the Department of Health to tribal leaders as to the action on, or outcome of tribal concerns.

Tribal consultation policy can be found at: <http://health.utah.gov/indianh/consultation.html>.

**Section X. Demonstration Administration**

Name and Title: Nate Checketts, Deputy Director, Utah Department of Health

Telephone Number: (801) 538-6689

Email Address: [nchecketts@utah.gov](mailto:nchecketts@utah.gov)

DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	TREND RATE 1	MONTHS OF AGING	BASE YEAR DY 15 (SFY 17)	TREND RATE 2	DEMONSTRATION YEARS (DY)					TOTAL WOW
					DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
<b>Current Eligibles</b>										
<i>Parent Caretaker Relative (PCR) population 45-60% FPL: transferred to Expansion Parents effective 4/1/19</i>										
<b>Pop Type: Medicaid</b>										
Eligible Member Months	0.0%	0	377,866	0.0%	377,866	364,366	320,957	319,534	318,076	
PMPM Cost	5.3%	0	\$ 949.03	5.3%	\$ 999.33	\$ 1,052.29	\$ 1,108.07	\$ 1,166.79	\$ 1,228.63	
Total Expenditure					\$ 377,612,830	\$ 383,420,334	\$ 355,641,571	\$ 372,830,227	\$ 390,798,881	\$ 1,880,303,842
<b>Demo Pop I - PCN Adults with Children</b>										
<i>PCN ends 3/31/19</i>										
<b>Pop Type: Hypothetical</b>										
Eligible Member Months	5.9%	0	104,836	5.9%	111,042	88,212	-	-	-	
PMPM Cost	5.3%	0	\$ 46.18	5.3%	\$ 48.63	\$ 51.21	\$ 53.92	\$ 56.78	\$ 59.79	
Total Expenditure					\$ 5,399,987	\$ 4,517,106	\$ -	\$ -	\$ -	\$ 9,917,093
<b>Demo Pop III/V - UPP Adults with Children</b>										
<i>Anticipated start of 9/1/20</i>										
<b>Pop Type: Hypothetical</b>										
Eligible Member Months	34.9%	0	6,067	34.9%	8,182	11,034	14,881	16,723	27,064	
PMPM Cost	5.3%	0	\$ 150.08	5.3%	\$ 158.03	\$ 166.41	\$ 175.23	\$ 1,166.79	\$ 1,228.63	
Total Expenditure					\$ 1,293,029	\$ 1,836,200	\$ 2,607,542	\$ 19,512,792	\$ 33,251,572	\$ 58,501,135
<b>Demo Pop I - PCN Childless Adults</b>										
<i>PCN ends 3/31/19</i>										
<b>Pop Type: Medicaid</b>										
Eligible Member Months		0		2.5%	73,812	58,293	-	-	-	
PMPM Cost		0		5.3%	\$ 51.57	\$ 54.30	\$ 57.18	\$ 60.21	\$ 63.40	
Total Expenditure					\$ 3,806,153	\$ 3,165,223	\$ -	\$ -	\$ -	\$ 6,971,376
<b>Demo Pop III/V - UPP Childless Adults</b>										
<i>Anticipated start of 9/1/20</i>										
<b>Pop Type: Medicaid</b>										
Eligible Member Months	159	0		2.5%	163	167	171	146	180	
PMPM Cost	68.45	0		5.3%	\$ 72.08	\$ 75.90	\$ 79.92	\$ 1,166.79	\$ 1,228.63	
Total Expenditure					\$ 10,702	\$ 11,237	\$ 11,799	\$ 12,388	\$ 13,008	\$ 59,133
<b>Targeted Adults</b>										
<i>Member months will increase when the criteria is expanded to include victims of domestic violence and individuals with court ordered treatment. PMPM will increase due to adding the housing support benefit and new managed care directed payments</i>										
<i>Started 11/1/17</i>										
<b>Pop Type: Expansion</b>										
Eligible Member Months		0	0	2.5%	78,000	78,000	126,000	172,200	176,505	
PMPM Cost		0	\$ -	5.3%	\$ 979.53	\$ 1,031.45	\$ 1,522.79	\$ 1,603.50	\$ 1,688.48	
Total Expenditure					\$ 76,403,340	\$ 80,452,717	\$ 191,871,540	\$ 276,122,333	\$ 298,025,737	\$ 922,875,668
<b>Dental - Targeted Adults</b>										
<i>Started 3/1/19 Porcelain crowns anticipated start date of 1/1/20 increases PMPM</i>										
<b>Pop Type: Expansion</b>										
Eligible Member Months		0		2.5%	-	12,000	36,900	37,823	38,768	
PMPM Cost	5.3%	0		5.3%	\$ -	\$ 333.33	\$ 37.27	\$ 39.24	\$ 41.32	
Total Expenditure					\$ -	\$ 400,000	\$ 1,375,111	\$ 1,484,192	\$ 1,601,925	\$ 4,861,228
<b>System of Care</b>										
<i>Anticipated start date of 1/1/20</i>										
<b>Pop Type: Hypothetical</b>										
Eligible Member Months		0			-		720	1,440	1,440	
PMPM Cost	5.3%	0		5.3%	\$ -	\$ -	\$ 2,100.00	\$ 2,211.30	\$ 2,328.50	
Total Expenditure					\$ -	\$ -	\$ 1,512,000	\$ 3,184,272	\$ 3,353,038	\$ 8,049,310
<b>Dental - Blind/Disabled</b>										
<b>Pop Type: Hypothetical</b>										
Eligible Member Months	0.0%	0			412,361	412,361	412,361	412,361	412,361	
PMPM Cost	3.0%	0			\$ 18.42	\$ 18.97	\$ 19.54	\$ 20.13	\$ 20.73	
Total Expenditure					\$ 7,595,690	\$ 7,823,560	\$ 8,058,267	\$ 8,300,015	\$ 8,549,016	\$ 40,326,548
<b>Dental - Aged</b>										
<i>Anticipated start date of 1/1/20</i>										
<b>Pop Type: Hypothetical</b>										
Eligible Member Months	2.5%	0	108,000				54,000	110,700	113,468	
PMPM Cost	5.3%	0			\$ -	\$ -	\$ 30.75	\$ 32.38	\$ 34.10	
Total Expenditure					\$ -	\$ -	\$ 1,660,500	\$ 3,584,438	\$ 3,868,774	\$ 9,113,712

DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	TREND RATE 1	MONTHS OF AGING	BASE YEAR DY 15 (SFY 17)	TREND RATE 2	DEMONSTRATION YEARS (DY)					TOTAL WOW
					DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
<b>Former Foster</b>										
<b>Pop Type: Hypothetical</b>										
Eligible Member Months	0.0%	24			10	10	10	10	10	
PMPM Cost	4.8%	24			\$ 990.87	\$ 1,038.43	\$ 1,088.28	\$ 1,140.51	\$ 1,195.26	
Total Expenditure					\$ 9,909	\$ 10,384	\$ 10,883	\$ 11,405	\$ 11,953	\$ 54,534
<b>Substance Use Disorder (SUD)</b>										
<b>Pop Type: Hypothetical</b>										
Eligible Member Months	6.9%	18	36,913	6.9%	39,456.31	42,175	40,554	43,348	46,335	
PMPM Cost	5.0%	18		5.0%	\$ 3,321.96	\$ 3,488.06	\$ 3,662.46	\$ 3,845.58	\$ 4,037.86	
Total Expenditure					\$ 131,072,269	\$ 147,108,390	\$ 148,527,403	\$ 166,698,858	\$ 187,093,676	\$ 780,500,596
<b>Withdrawal Management</b>										
<b>Pop Type: Hypothetical</b>										
<i>Started 5/1/19</i>										
Eligible Member Months	0.0%	0	4,018	0.0%	670		4,018	4,018	4,018	
PMPM Cost	5.0%	0		5.0%	\$ -	\$ 700.00	\$ 735.00	\$ 771.75	\$ 810.34	
Total Expenditure					\$ -	\$ 468,738	\$ 2,953,046	\$ 3,100,699	\$ 3,255,733	\$ 9,778,216
<b>Medicaid for Justice-Involved Populations</b>										
<b>Pop Type: Hypothetical</b>										
<i>Assumes start date of 7/1/21</i>										
Eligible Member Months	1.75%		3,200	1.75%	-		38,400	39,072	39,072	
PMPM Cost	3.0%			3.0%	-	\$ -	\$ 520.00	\$ 535.60	\$ 535.60	
Total Expenditure					-	\$ -	\$ 19,968,000	\$ 20,926,963	\$ 20,926,963	\$ 40,894,963
<b>Mental Health Institutions for Mental Disease (IMD)</b>										
<b>Pop Type: Hypothetical</b>										
<i>Assumes start date of 1/1/21</i>										
Eligible Member Months	2.5%		16,835	2.5%	-		8,418	17,256	17,256	
PMPM Cost	5.3%			5.3%	-	\$ -	\$ 13,527	\$ 14,244	\$ 14,244	
Total Expenditure					-	\$ -	\$ 113,866,796	\$ 245,798,558	\$ 245,798,558	\$ 359,665,354
<b>Expansion Parents &lt;=100% FPL</b>										
<b>Pop Type: Expansion</b>										
<i>Assumes start date of 1/1/20</i>										
Eligible Member Months	2.5%		339,828	2.5%	-		169,914	348,324	357,032	
PMPM Cost	5.3%			5.3%	\$ -	\$ -	\$ 671.61	\$ 707.21	\$ 744.69	
Total Expenditure					\$ -	\$ -	\$ 114,115,918	\$ 246,336,326	\$ 265,876,956	\$ 626,329,200
<b>Expansion Adults w/out Dependent Children &lt;=100% FPL</b>										
<b>Pop Type: Expansion</b>										
<i>Assumes start date of 1/1/20</i>										
Eligible Member Months	2.5%		400,973	2.5%	-		200,487	410,997	421,272	
PMPM Cost	5.3%			5.3%	-	\$ -	\$ 937.16	\$ 986.83	\$ 1,039.13	
Total Expenditure					-	\$ -	\$ 187,887,968	\$ 405,584,361	\$ 437,757,341	\$ 1,031,229,669
<b>Expansion Parents 101-133% FPL</b>										
<b>Pop Type: Expansion</b>										
<i>Assumes start date of 1/1/20 and a 3.4% reduction in member months as an estimate for nonpayment of premium</i>										
Eligible Member Months	5.25%		121,473	5.25%	-		58,671	123,503	129,987	
PMPM Cost	5.3%			5.3%	\$ -	\$ -	\$ 656.90	\$ 691.72	\$ 728.38	
Total Expenditure					\$ -	\$ -	\$ 38,541,205	\$ 85,429,087	\$ 94,679,562	\$ 218,649,854
<b>Expansion Adults w/out Dependent Children 101-133% FPL</b>										
<b>Pop Type: Expansion</b>										
<i>Assumes start date of 1/1/20 and a 3.4% reduction in member months as an estimate for nonpayment of premium</i>										
Eligible Member Months	5.25%		384,418	5.25%	-		185,674	390,844	411,363	
PMPM Cost	5.3%			5.3%	-	\$ -	\$ 920.73	\$ 969.53	\$ 1,020.91	
Total Expenditure					-	\$ -	\$ 170,955,560	\$ 378,934,111	\$ 419,966,044	\$ 969,855,715

- Start date of 5/1/19 (2 months of SFY19) \$ 6,618,271,791
- Assumes start date of 1/1/2020 (SFY20)
- Assumes start date of 7/1/21 (SFY22)
- Anticipated start date of 9/1/20 (10 months of SFY21)

DEMONSTRATION WITH WAIVER (WW ALL) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	DY 15	DEMO TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WW
			DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
<b>Current Eligibles</b>								
<b>Pop Type:</b> Medicaid		<i>Parent Caretaker Relative (PCR) population 45-60% FPL: transferred to Expansion Parents effective 4/1/19</i>						
Eligible Member Months	377,866	0%	377,866	364,366	320,957	319,534	318,076	
PMPM Cost	\$ 949.03	5.3%	\$ 999.33	\$ 1,052.29	\$ 1,108.07	\$ 1,166.79	\$ 1,228.63	
Total Expenditure			\$ 377,612,830	\$ 383,420,334	\$ 355,641,571	\$ 372,830,227	\$ 390,798,881	
<b>Demo Pop I - PCN Adults w/Children</b>								
<b>Pop Type:</b> Hypothetical		<i>PCN ends 3/31/19</i>						
Eligible Member Months	104,836	5.9%	111,042	88,212	-	-	-	
PMPM Cost	\$ 46.18	5.3%	\$ 48.63	\$ 51.21	\$ 53.92	\$ 56.78	\$ 59.79	
Total Expenditure			\$ 5,399,987	\$ 4,517,106	\$ -	\$ -	\$ -	
<b>Demo Pop III/IV - UPP Adults with Children</b>								
<b>Pop Type:</b> Hypothetical		<i>Anticipated start date of 9/1/20</i>						
Eligible Member Months	6,067	34.9%	8,182	11,034	14,881	16,723	27,064	
PMPM Cost	\$ 150.08	5.3%	\$ 158.03	\$ 166.41	\$ 175.23	\$ 1,166.79	\$ 1,228.63	
Total Expenditure			\$ 1,293,029	\$ 1,836,200	\$ 2,607,542	\$ 19,512,792	\$ 33,251,572	
<b>Demo Pop I - PCN Childless Adults</b>								
<b>Pop Type:</b> Medicaid		<i>PCN ends 3/31/19</i>						
Eligible Member Months	70,097	4.9%	73,812	58,293	-	-	-	
PMPM Cost	\$ 48.97	5.3%	\$ 51.57	\$ 54.30	\$ 57.18	\$ 60.21	\$ 63.40	
Total Expenditure			\$ 3,806,153	\$ 3,165,223	\$ -	\$ -	\$ -	
<b>Demo Pop III/IV - UPP Childless Adults</b>								
<b>Pop Type:</b> Medicaid		<i>Anticipated start date of 9/1/20</i>						
Eligible Member Months	159	4.9%	167	175	184	160	202	
PMPM Cost	\$ 68.45	5.3%	\$ 72.08	\$ 75.90	\$ 79.92	\$ 1,166.79	\$ 1,228.63	
Total Expenditure			\$ 10,702	\$ 11,237	\$ 11,799	\$ 12,388	\$ 13,008	
<b>Targeted Adults</b>								
<b>Pop Type:</b> Expansion		<i>Member months will increase when the criteria is expanded to include victims of domestic violence and individuals with court ordered treatment. PMPM will increase due to adding the housing support benefit and new managed care directed payments</i>						
		<i>Started 11/1/17</i>						
Eligible Member Months		2.5%	78,000	78,000	126,000	172,200	176,505	
PMPM Cost		5.3%	\$ 979.53	\$ 1,031.45	\$ 1,522.79	\$ 1,603.50	\$ 1,688.48	
Total Expenditure			\$ 76,403,340	\$ 80,452,717	\$ 191,871,540	\$ 276,122,333	\$ 298,025,737	
<b>Dental - Targeted Adults</b>								
<b>Pop Type:</b> Expansion		<i>Started 3/1/19 Porcelain crowns anticipated start date of 1/1/20 increases PMPM</i>						
Eligible Member Months		2.5%	-	12,000	36,900	37,823	38,768	
PMPM Cost		5.3%	\$ -	\$ 33.33	\$ 37.27	\$ 39.24	\$ 41.32	
Total Expenditure			\$ -	\$ 400,000	\$ 1,375,111	\$ 1,484,192	\$ 1,601,925	
<b>System of Care</b>								
<b>Pop Type:</b> Hypothetical		<i>Anticipated start date of 1/1/20</i>						
Eligible Member Months			-	720	1,440	1,440		
PMPM Cost		5.3%	\$ -	\$ 2,100	\$ 2,211	\$ 2,328		
Total Expenditure			\$ -	\$ 1,512,000	\$ 3,184,272	\$ 3,353,038	\$ 8,049,310	
<b>Dental - Blind/Disabled</b>								
<b>Pop Type:</b> Hypothetical								
Eligible Member Months		0%	412,361	412,361	412,361	412,361	412,361	
PMPM Cost		3.0%	\$ 18.42	\$ 18.97	\$ 19.54	\$ 20.13	\$ 20.73	
Total Expenditure			\$ 7,595,690	\$ 7,823,560	\$ 8,058,267	\$ 8,300,015	\$ 8,549,016	
<b>Dental - Aged</b>								
<b>Pop Type:</b> Hypothetical		<i>Anticipated start date of 1/1/20</i>						
Eligible Member Months		0%	-	54,000	110,700	113,468		
PMPM Cost		3.0%	\$ -	\$ 30.75	\$ 32.38	\$ 34.10		
Total Expenditure			\$ -	\$ 1,660,500	\$ 3,584,438	\$ 3,868,774	\$ 9,113,712	

DEMONSTRATION WITH WAIVER (WW ALL) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	DY 15	DEMO TREN RATE	DEMONSTRATION YEARS (DY)					TOTAL WW
			DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
<b>Former Foster Care</b>								
Pop Type:	Hypothetical							
Eligible Member Months		0%	10	10	10	10	10	
PMPM Cost		4.8%	\$ 990.87	\$ 1,038.43	\$ 1,088.28	\$ 1,140.51	\$ 1,195.26	
Total Expenditure			\$ 9,909	\$ 10,384	\$ 10,883	\$ 11,405	\$ 11,953	
<b>Substance Use Disorder (SUD)</b>								
Pop Type:	Hypothetical							
Eligible Member Months		6.9%	39,456	42,175	40,554	43,348	46,335	
PMPM Cost		5.0%	\$ 3,321.96	\$ 3,488.06	\$ 3,662.46	\$ 3,845.58	\$ 4,037.86	
Total Expenditure			\$ 131,072,269	\$ 147,108,390	\$ 148,527,403	\$ 166,698,858	\$ 187,093,676	
<b>Withdrawal Management</b>								
Pop Type:	Hypothetical							
Eligible Member Months		0.0%	-	Started 5/1/19 670	4,018	4,018	4,018	
PMPM Cost		5.0%	\$ -	\$ 700.00	\$ 735.00	\$ 771.75	\$ 810.34	
Total Expenditure			\$ -	\$ 468,738	\$ 2,953,046	\$ 3,100,699	\$ 3,255,733	
<b>Medicaid for Justice-Involved Populations</b>								
Pop Type:	Hypothetical							
Eligible Member Months		1.75%	-	-	-	Assumes start date of 7/1/21 38,400	39,072	
PMPM Cost		3.0%	\$ -	\$ -	\$ -	\$ 520.00	\$ 535.60	
Total Expenditure			\$ -	\$ -	\$ -	\$ 19,968,000	\$ 20,926,963	
<b>Mental Health Institutions for Mental Disease (IMD)</b>								
Pop Type:	Hypothetical							
Eligible Member Months		2.5%	-	-	-	Assumes start date of 1/1/21 8,418	17,256	
PMPM Cost		5.3%	\$ -	\$ -	\$ -	\$ 13,526.99	\$ 14,243.92	
Total Expenditure			\$ -	\$ -	\$ -	\$ 113,866,796	\$ 245,798,558	
<b>Expansion Parents &lt;=100% FPL</b>								
Pop Type:	Expansion							
Eligible Member Months		2.5%	-	-	Assumes start date of 1/1/20 169,914	348,324	357,032	
PMPM Cost		5.3%	\$ -	\$ -	\$ 671.61	\$ 707.21	\$ 744.69	
Total Expenditure			\$ -	\$ -	\$ 114,115,918	\$ 246,336,326	\$ 265,876,956	
<b>Expansion Adults w/out Dependent Children &lt;=100% FPL</b>								
Pop Type:	Expansion							
Eligible Member Months		2.5%	-	-	Assumes start date of 1/1/20 200,487	410,997	421,272	
PMPM Cost		5.3%	\$ -	\$ -	\$ 937.16	\$ 986.83	\$ 1,039.13	
Total Expenditure			\$ -	\$ -	\$ 187,887,968	\$ 405,584,361	\$ 437,757,341	
<b>Expansion Parents 101-133% FPL</b>								
Pop Type:	Expansion							
Eligible Member Months		5.25%	-	-	Assumes start date of 1/1/20 and a 3.4% reduction in member months as an estimate for nonpayment of premiums 58,671	123,503	129,987	
PMPM Cost		5.3%	\$ -	\$ -	\$ 656.90	\$ 691.72	\$ 728.38	
Total Expenditure			\$ -	\$ -	\$ 38,541,205	\$ 85,429,087	\$ 94,679,562	
<b>Expansion Adults w/out Dependent Children 101-133% FPL</b>								
Pop Type:	Expansion							
Eligible Member Months		5.25%	-	-	Assumes start date of 1/1/20 and a 3.4% reduction in member months as an estimate for nonpayment of premiums 185,674	390,844	411,363	
PMPM Cost		5.3%	\$ -	\$ -	\$ 920.73	\$ 969.53	\$ 1,020.91	
Total Expenditure			\$ -	\$ -	\$ 170,955,560	\$ 378,934,111	\$ 419,966,044	

	Start date of 5/1/19 (2 months of SFY19)	\$	6,618,271.791
	Assumes start date of 1/1/2020 (SFY20)		
	Assumes start date of 7/1/21 (SFY22)		
	Anticipated start date of 9/1/20 (10 months of SFY21)		

DEMONSTRATION WITH WAIVER (WW NONE) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	DY 15	DEMO TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WW
			DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
<b>Current Eligibles</b>								
<b>Pop Type:</b> Medicaid		<i>Parent Caretaker Relative (PCR) population 45-60% FPL- transferred to Expansion Parents effective 4/1/19</i>						
Eligible Member Months	377,866	0%	377,866	364,366	320,957	319,534	318,076	
PMPM Cost	\$ 949.03	5.3%	\$ 999.33	\$ 1,052.29	\$ 1,108.07	\$ 1,166.79	\$ 1,228.63	
Total Expenditure			\$ 377,612,830	\$ 383,420,334	\$ 355,641,571	\$ 372,830,227	\$ 390,798,881	
<b>Demo Pop I - PCN Adults w/Children</b>								
<b>Pop Type:</b> Hypothetical		<i>PCN ends 3/31/19</i>						
Eligible Member Months	104,836	5.9%	111,042	88,212	-	-	-	
PMPM Cost	\$ 46.18	5.3%	\$ 48.63	\$ 51.21	\$ 53.92	\$ 56.78	\$ 59.79	
Total Expenditure			\$ 5,399,987	\$ 4,517,106	\$ -	\$ -	\$ -	
<b>Demo Pop III/IV - UPP Adults with Children</b>								
<b>Pop Type:</b> Hypothetical		<i>Anticipated start date of 9/1/20</i>						
Eligible Member Months	6,067	34.9%	8,182	11,034	14,881	16,723	27,064	
PMPM Cost	\$ 150.08	5.3%	\$ 158.03	\$ 166.41	\$ 175.23	\$ 1,166.79	\$ 1,228.63	
Total Expenditure			\$ 1,293,029	\$ 1,836,200	\$ 2,607,542	\$ 19,512,792	\$ 33,251,572	
<b>Demo Pop I - PCN Childless Adults</b>								
<b>Pop Type:</b> Medicaid		<i>PCN ends 3/31/19</i>						
Eligible Member Months	70,097	4.9%	73,812	58,293	-	-	-	
PMPM Cost	\$ 48.97	5.3%	\$ 51.57	\$ 54.30	\$ 57.18	\$ 60.21	\$ 63.40	
Total Expenditure			\$ 3,806,153	\$ 3,165,223	\$ -	\$ -	\$ -	
<b>Demo Pop III/IV - UPP Childless Adults</b>								
<b>Pop Type:</b> Medicaid		<i>Anticipated start date of 9/1/20</i>						
Eligible Member Months	159	4.9%	167	175	184	160	202	
PMPM Cost	\$ 68.45	5.3%	\$ 72.08	\$ 75.90	\$ 79.92	\$ 1,166.79	\$ 1,228.63	
Total Expenditure			\$ 10,702	\$ 11,237	\$ 11,799	\$ 12,388	\$ 13,008	
<b>Former Targeted Adults</b>								
<b>Pop Type:</b> Expansion		<i>Member months will increase when the criteria is expanded to include victims of domestic violence, individuals with court ordered treatment and certain individuals on probation or parole. Also, member months will decrease due to the removal of continuous eligibility. PMPM will increase due to adding new managed care directed payments. PMPM will decrease due to removing the housing support benefit, and for non-medically frail individuals removing certain benefits from the traditional package.</i>						
Eligible Member Months		2.5%	78,000	78,000	121,696	163,378	167,462	
PMPM Cost		5.3%	\$ 979.53	\$ 1,031.45	\$ 1,281.14	\$ 1,349.04	\$ 1,420.54	
Total Expenditure			\$ 76,403,340	\$ 80,452,717	\$ 155,909,778	\$ 220,402,517	\$ 237,885,946	
<b>Dental - Targeted Adults</b>								
<b>Pop Type:</b> Expansion		<i>Started 3/1/19</i>						
Eligible Member Months		2.5%	-	12,000	18,450	-	-	
PMPM Cost		5.3%	\$ -	\$ 33.33	\$ 37.27	\$ 39.24	\$ 41.32	
Total Expenditure			\$ -	\$ 400,000	\$ 687,556	\$ -	\$ -	
<b>System of Care</b>								
<b>Pop Type:</b> Hypothetical		<i>Anticipated start date of 1/1/20</i>						
Eligible Member Months			-	-	720	1,440	1,440	
PMPM Cost		5.3%	\$ -	\$ -	\$ 2,100	\$ 2,211	\$ 2,328	
Total Expenditure			\$ -	\$ -	\$ 1,512,000	\$ 3,184,272	\$ 3,353,038	
<b>Dental - Blind/Disabled</b>								
<b>Pop Type:</b> Hypothetical								
Eligible Member Months		0%	412,361	412,361	412,361	412,361	412,361	
PMPM Cost		3.0%	\$ 18.42	\$ 18.97	\$ 19.54	\$ 20.13	\$ 20.73	
Total Expenditure			\$ 7,595,690	\$ 7,823,560	\$ 8,058,267	\$ 8,300,015	\$ 8,549,016	
<b>Dental - Aged</b>								
<b>Pop Type:</b> Hypothetical		<i>Anticipated start date of 1/1/20</i>						
Eligible Member Months		0%	-	-	54,000	110,700	113,468	
PMPM Cost		3.0%	\$ -	\$ -	\$ 30.75	\$ 32.38	\$ 34.10	
Total Expenditure			\$ -	\$ -	\$ 1,660,500	\$ 3,584,438	\$ 3,868,774	

DEMONSTRATION WITH WAIVER (WW NONE) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	DY 15	DEMO TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WW
			DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
<b>Former Foster Care</b>								
Pop Type:	Hypothetical							
Eligible Member Months		0%	10	10	10	10	10	
PMPM Cost		4.8%	\$ 990.87	\$ 1,038.43	\$ 1,088.28	\$ 1,140.51	\$ 1,195.26	
Total Expenditure			\$ 9,909	\$ 10,384	\$ 10,883	\$ 11,405	\$ 11,953	
<b>Substance Use Disorder (SUD)</b>								
Pop Type:	Hypothetical							
Eligible Member Months		6.9%	39,456	42,175	40,554	43,348	46,335	
PMPM Cost		5.0%	\$ 3,321.96	\$ 3,488.06	\$ 3,662.46	\$ 3,845.58	\$ 4,037.86	
Total Expenditure			\$ 131,072,269	\$ 147,108,390	\$ 148,527,403	\$ 166,698,858	\$ 187,993,676	
<b>Withdrawal Management</b>								
Pop Type:	Hypothetical							
Eligible Member Months		0.0%	-	670	4,018	4,018	4,018	
PMPM Cost		5.0%	-	\$ 700.00	\$ 735.00	\$ 771.75	\$ 810.34	
Total Expenditure			\$ -	\$ 468,738	\$ 2,953,046	\$ 3,100,699	\$ 3,255,733	
<b>Medicaid for Justice-Involved Populations</b>								
Pop Type:	Hypothetical							
Eligible Member Months		1.75%	-	-	-	38,400	39,072	
PMPM Cost		3.0%	-	-	-	\$ 520.00	\$ 535.60	
Total Expenditure			\$ -	\$ -	\$ -	\$ 19,968,000	\$ 20,926,963	
<b>Mental Health Institutions for Mental Disease (IMD)</b>								
Pop Type:	Hypothetical							
Eligible Member Months		2.5%	-	-	-	8,418	17,256	
PMPM Cost		5.3%	-	-	-	\$ 13,526.99	\$ 14,243.92	
Total Expenditure			\$ -	\$ -	\$ -	\$ 113,866,796	\$ 245,798,558	
<b>Expansion Parents &lt;=100% FPL</b>								
Pop Type:	Expansion							
Eligible Member Months		2.5%	-	-	169,914	348,324	357,032	
PMPM Cost		5.3%	\$ -	\$ -	\$ 640.57	\$ 674.52	\$ 710.27	
Total Expenditure			\$ -	\$ -	\$ 108,841,789	\$ 234,951,327	\$ 253,588,841	
<b>Expansion Adults w/out Dependent Children &lt;=100% FPL</b>								
Pop Type:	Expansion							
Eligible Member Months		2.5%	-	-	200,487	410,997	421,272	
PMPM Cost		5.3%	-	-	\$ 899.03	\$ 946.68	\$ 996.85	
Total Expenditure			\$ -	\$ -	\$ 180,242,854	\$ 389,081,237	\$ 419,945,107	
<b>Expansion Parents 101-133% FPL</b>								
Pop Type:	Expansion							
Eligible Member Months		5.25%	-	-	53,048	111,667	117,529	
PMPM Cost		5.3%	\$ -	\$ -	\$ 625.86	\$ 659.03	\$ 693.96	
Total Expenditure			\$ -	\$ -	\$ 33,200,871	\$ 73,591,888	\$ 81,560,602	
<b>Expansion Adults w/out Dependent Children 101-133% FPL</b>								
Pop Type:	Expansion							
Eligible Member Months		5.25%	-	-	167,879	353,386	371,939	
PMPM Cost		5.3%	-	-	\$ 882.60	\$ 929.37	\$ 978.63	
Total Expenditure			\$ -	\$ -	\$ 148,169,813	\$ 328,428,021	\$ 363,991,028	

- Start date of 5/1/19 (2 months of SFY19) \$ 6,232,205,690
- Assumes start date of 1/1/2020 (SFY20)
- Assumes start date of 7/1/21 (SFY22)
- Anticipated start date of 9/1/20 (10 months of SFY21)