Utah Section 1115 Demonstration Amendment

Dental Benefits for Medicaid Eligible Individuals age 65 and Older Porcelain and Porcelain-to-Metal Crowns

Section I. Program Description and Objectives

During the 2019 General Session, the Utah State Legislature passed, and Governor Herbert signed into law, Senate Bill 11 "Medicaid Dental Coverage Amendments". This legislation directed the Utah Department of Health (UDOH), Division of Medicaid and Health Care Financing (DMHF) to seek 1115 waiver approval from the Centers for Medicare and Medicaid Services (CMS) to implement dental benefits for individuals who are aged 65 and older, as defined by 42 U.S.C Sec. 1382c(a)(1)(A).

This legislation also directed DMHF to seek authority to provide federal funds for porcelain and porcelain-to-metal crowns for both aged individuals and Targeted Adult eligible individuals who are eligible for dental benefits under the State's 1115 Primary Care Network (PCN) Demonstration Waiver.

With this amendment, the State seeks to implement the above provisions of Senate Bill 11.

Goals and Objectives

Dental issues in adults age 65 and older are common, and can directly affect an individual's quality of life and severity of serious diseases. ¹ Good dental health becomes very important in a population who may experience declining health as they age. Aged individuals experience an increase in tooth decay, with approximately 50% showing serious active decay in tooth crowns and roots. In addition, periodontal disease is the most frequent dental pathology found in the aged (68 %), leading to consequent gingivitis and moderate alveolar bone loss due to chronic inflammation. ² Aged individuals also commonly experience tooth loss, dry mouth and oral cancer. Preventing these conditions can be achieved by routine daily oral care and access to professional dental services. The State believes by addressing routine dental needs of demonstration eligible individuals, severe dental issues can be avoided.

This Demonstration furthers the objectives of Title XIX of the Social Security Act by promoting improved health outcomes by addressing the dental needs of demonstration eligible individuals.

The primary objective of the amendment is to improve the dental health of individuals impacted by this demonstration.

Operation and Proposed Timeline

The Demonstration will operate statewide. The State intends to implement the Demonstration effective January 1, 2020. The State requests to operate the Demonstration through the end of the current waiver approval period, which is June 30, 2022.

¹ Gil-Montoya, J.et al. "Oral Health in the elderly patient and its impact on general well-being, a non-systematic review". Clinical Interv. Aging 10 [2015] 461-467.

² www.ada.org/en/member-center/oral-health-topics/aging-and-dental-health March 2019

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.

By adding dental services to the benefits received by the Aged Medicaid Population, the Demonstration will improve health outcomes for beneficiaries by increasing preventive dental care and decreasing emergency dental services. The following hypotheses will be tested during the approval period:

Hypothesis	Anticipated Measure(s)	Data Sources	Evaluation Approach
Aged individuals in the demonstration will have increased utilization of preventive dental care and decreased utilization of emergency dental services.	 Utilization of preventive dental services Utilization of emergency dental services 	Claims data	Independent evaluator will design quantitative and qualitative measures to include experimental or quasi-experimental comparisons
Targeted Adult individuals receiving porcelain crowns will have an improved rate of substance use disorder treatment completion compared to the treatment completion rates pre-demonstration.	- SUD treatment completions rates prior to demonstration -SUD treatment completion rates post demonstration	Treatment Episode Data Set (TEDS) Claims Data	Independent evaluator will design quantitative and qualitative measures to include experimental or quasi-experimental comparisons

Porcelain crowns are considered an added benefit to the benefit package for aged individuals. As such, the impact of porcelain crowns will be evaluated with the identified hypothesis above identified for this population.

Section II. Demonstration Eligibility

Dental Benefits for Aged Individuals

Individuals must meet the following criteria to be eligible to receive state plan dental benefits under this Demonstration:

• Must be a Medicaid eligible individual who is aged, as defined in 42 U.S.C. Sec. 1382c(a)(1)(A), which is age 65 and older.

Porcelain or Porcelain-to-Metal Crowns

Individuals must meet the following criteria to be eligible to receive porcelain or porcelain-to-metal crowns:

- Must be a Medicaid eligible individual who is aged, as defined in 42 U.S.C. Sec. 1382c(a)(1)(A), which is age 65 and older; or
- Must be eligible to receive dental benefits as a Targeted Adult Medicaid beneficiary who is actively receiving treatment for a Substance Use Disorder (SUD), as approved under the State's 1115 Primary Care Network Demonstration Waiver.

Projected Enrollment

The projected enrollment for the Demonstration group is:

- Dental benefits for Aged Medicaid individuals: Approximately 9,000 individuals per year.
- Porcelain or Porcelain-to-Metal Crowns: Approximately 3200-3400 Aged Medicaid individuals per year, and approximately 350-400 Targeted Adult individuals per year.

Section III. Demonstration Benefits and Cost Sharing Requirements

The dental benefits provided to Aged Medicaid beneficiaries under this amendment will be the same as the state plan benefits provided to pregnant women and the Blind and Disabled populations.

Porcelain and porcelain-to-metal crowns will be a covered benefit for individuals eligible under this Demonstration, as detailed in Section II. above.

Cost sharing requirements will not differ from those provided under the state plan.

Section IV. Delivery System

The Department will deliver services through a fee for service payment model and by contracting with an entity that:

- Has demonstrated experience working with individuals who are being treated for both a substance use disorder and a major oral health disease;
- Operates a program, targeted at the individuals described in this amendment, that has demonstrated, through a peer-reviewed evaluation, the effectiveness of providing dental treatment to those individuals;
- Is willing to pay for an amount equal to the program's non-federal share of the cost of providing dental services to the population described.
- Can guarantee access to care statewide.

At present the only entity that qualifies to provide these services is the University of Utah School of Dentistry and their associated statewide provider network.

Section V. Enrollment in Demonstration

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 each remaining demonstration year.

Aged Dental	DY 18 (SFY 20)	DY19 (SFY 21)	DY 20 (SFY 22)
Enrollment	9,000	9,225	9,456
Expenditures*	\$3,321,000	\$3,584,438	\$3,868,774

^{*}Note- Includes expenditures for porcelain crowns for this group

Porcelain Crowns- Targeted Adults	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)
Enrollment	362	378	394
Expenditures	\$110,000	\$116,000	\$122,000

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

Expenditure Authority

The State requests expenditure authority to provide state plan dental benefits to Aged Medicaid beneficiaries. The State also requests expenditure authority to provide porcelain or porcelain-to-metal crowns to Aged Medicaid beneficiaries and Targeted Adult Population individuals who are actively receiving SUD treatment.

Section VIII. Compliance with Public Notice and Tribal Consultation

Public Notice Process

Public Notice of the State's request for this demonstration waiver, and notice of Public Hearing was published in the Utah State Bulletin on May 1, 2019. Public notice will also be advertised in the newspapers of widest circulation on May 5th and May 12th, 2019. Public notice will also be sent to an electronic mailing list. The public comment period will be held May 6, 2019 through June 5, 2019.

Two public hearings to take public comment on this request will be held. The first public hearing will be held on May 13, 2019 from 4:00 p.m. to 6:00 p.m., at the Multi-Agency State Office Building, located at 195 N 1950 W, Salt Lake City, UT. The second public hearing will be held on May 16, 2019 from 2:00 p.m. to 4:00 p.m., during the Medical Care Advisory Committee (MCAC) meeting, at the Cannon Health Building located at 288 N 1460 W, Salt Lake City, UT. Telephonic conferencing is available for both public hearings.

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 has 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 May 10, 2019 to present this demonstration waiver. 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 IX. Demonstration Administration

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

Telephone Number: (801) 538-6689 Email Address: nchecketts@utah.gov

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

			DEN	ONSTRATION Y	EAR	S (DY)						I		TOTAL WW
ELIGIBILITY GROUP	DY 15	DEMOTREND RATE		Y 16 (SFY 18)	DY	17 (SFY 19)	D	Y 18 (SFY 20)	DY	19 (SFY 21)	ים	Y 20 (SFY 22)		
				, ,		,		, , ,		, ,		` '		
Current Eligibles Pop Type:	Medicaid				Pare	ent Caretaker Re	lative	e (PCR) pop. trans	sferred	I to Expansion Pa	arent	ts in new waiver 4/	1/19	
Eligible Member Months	377,866	0%	ī	377.866		364,366		320.957		319.534		318,076		
PMPM Cost	\$ 949.03	5.3%		999.33	\$	1,052.29	\$	1,108.06		1,166.79		1,228.63		
Total Expenditure			\$	377,612,297	\$	383,419,793	\$	355,641,069	\$	372,829,701	\$	390,798,329	\$	1,880,301,189
Demo Pop I - PCN Childless Adults		l			PCN	l ends 3/31/19								
Pop Type:	Medicaid					<u> </u>								
Eligible Member Months PMPM Cost	70,097	4.9%		73,812	Φ.	58,293	•	- 57.10	æ	-	æ	- 62.40		
Total Expenditure	\$ 48.97	5.3%	\$	51.57 3,806,153	\$ \$	54.30 3,165,223	\$ \$	57.18 -	\$ \$	60.21	- 1	63.40	\$	6,971,376
												•		
Demo Pop III/V - UPP Childless Adults Pop Type:	Medicaid													
Eligible Member Months	159	4.9%		167		175		184		193		202		
PMPM Cost	\$ 68.45	5.3%		72.08	\$	75.90	\$		\$	84.16		88.62		
Total Expenditure		<u> </u>	\$	10,702	\$	11,237	\$	11,799	\$	12,388	\$	13,008	\$	59,133
Targeted Adults														
Pop Type:	Expansion			ed 11/1/17, suspen	ded ii		er and		e new		/19			
Eligible Member Months		0%		78,000	_	78,000	_	78,000		78,000	_	78,000		
PMPM Cost Total Expenditure		5.3%	\$ \$	979.53 76,403,340	\$ \$	1,031.45 80,452,717		1,086.11 84,716,711		1,143.68 89,206,697	\$	1,204.29 93,934,652	\$	424,714,116
Total Experiature		<u> </u>	φ	70,403,340	φ	00,432,717	Ψ	04,710,711	φ	09,200,097	φ	95,954,052	φ	424,714,110
Dental - Targeted Adults							_							
Pop Type: Eliqible Member Months	Expansion		_		Stan	ted 3/1/19 12,000	Porc	celain crowns anti 36.000	cipate	d start date of 7/1 36.000	1/19	36,000		
PMPM Cost		5.3%	\$		\$	33.33	\$	38.20	\$	40.19	\$	42.29		
Total Expenditure		0.07	\$	-	\$	400,000	\$	1,375,111	\$	1,446,988	\$	1,522,414	\$	4,744,512
Overtone of Over		1												
System of Care Pop Type:	Hypothetical					Start 6/1/19								
Eligible Member Months				-		120		1,440		1,440		1,440		
PMPM Cost		5.3%		-	\$	2,100.00	\$	2,211.30		2,328.50		2,451.91		40.000.000
Total Expenditure			\$		\$	252,000	\$	3,184,272	\$	3,353,038	\$	3,530,749	\$	10,320,060
Demo Pop I - PCN Adults w/Children					PC	N ends 3/31/19								
Pop Type:	Hypothetical					₽								
Eligible Member Months	104,836	5.9%		111,042		88,212								
PMPM Cost Total Expenditure	\$ 46.18	5.3%	\$ \$	48.63 5,399,479	\$ \$	51.20 4,516,681	\$ \$	53.92		56.77		59.78	\$	9,916,160
'			<u> </u>	2,300,170		.,010,001	Ť				*		*	3,513,100
Demo Pop III/V - UPP Adults with Children Pop Type:	Hypothetical													
Eligible Member Months	6,067	34.9%	1.\$	8,181.96	\$	11,034.19	\$	14,880.70	\$	20,068.12	\$	27,063.86		
PMPM Cost	\$ 150.08	5.3%		158.04	\$		\$	175.23		184.52		194.30		
Total Expenditure			\$	1,293,049	\$	1,836,227	\$		\$	3,702,963		5,258,489	\$	14,698,309
Dental - Blind/Disabled		I												
Pop Type:	Hypothetical													
Eligible Member Months		0%		412,361		412,361		412,361		412,361		412,361		
PMPM Cost		3.0%		18.42	\$		\$	19.54		20.13		20.73	ው	40 000 540
Total Expenditure			\$	7,595,690	\$	7,823,560	\$	8,058,267	\$	8,300,015	\$	8,549,016	φ	40,326,548

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

	DEMONSTRATION YEARS (DY)											TOTAL WW
ELIGIBILITY GROUP	DY 15	RATE	DY 16 (SFY 18)	D	Y 17 (SFY 19)	ים	Y 18 (SFY 20)	D	Y 19 (SFY 21)	D	Y 20 (SFY 22)	
Dental - Aged Pop Type:	Hypothetical					Anti	cipated start date	of 7.	/1/19			
Eligible Member Months	урошошош	0%	-		_	7 11 761	108,000	0	110,700		113,468	
PMPM Cost		3.0%	\$	- \$	_	\$	30.75	\$	32.38	\$	34.10	
Total Expenditure			<u> </u>	- \$	-	\$	3,321,000		3,584,438		3,868,774	\$ 10,774,212
Former Foster Care												
Pop Type:	Hypothetical											
Eligible Member Months		0%	10		10		10		10		10	
PMPM Cost		4.8%			1,038.43		1,088.28			\$	1,195.26	
Total Expenditure			\$ 9,909) \$	10,384	\$	10,883	\$	11,405	\$	11,953	\$ 54,534
laura.												
SUD Pop Type:	Hypothetical											
Eligible Member Months	пурошенса	6.9%	39,456		42,175		45,081		48,187		51,507	
PMPM Cost		5.0%			3,488.06	\$	3,662.46	\$	3,845.58	\$	4,037.86	
Total Expenditure		0.070	\$ 131,072,269		147,108,390		165,106,231	\$	185,306,008	\$	207,977,324	\$ 836,570,223
Withdrawal Management												
Pop Type:	Hypothetical				Starts 5/1/19							
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	\$ 9,778,216
	Assumes start data at	E/1/10 /0 magnific -50										
	Assumes start date of	3/ 1/ 19 (2 months of S	r 1 19)									
	Assumes start date of	7/1/2019 (SFY20); inc	cludes costs for porce	elain	crowns							

NOTES

For a per capita budget neutrality model, the trend for member months is the same in the with-waiver projections as in the without-waiver projections. This is the default setting.

HEALTH INSURANCE FLEXIBILITY AND ACCOUNTABILITY DEMONSTRATION COST DATA

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

Post	ELIGIBILITY GROUP	TREND RATE 1	MONTHS OF AGING	BASE YEAR DY 15 (SFY 17)	TREND RATE 2	DEMONSTRATION Y DY 16 (SFY 18)	'EARS (DY) DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	TOTAL WOW
Register Member Months	Current Fligibles		- I	-			Parent Caretaker Rel	lative (PCR) non_trans	ferred to Expansion Pa	arents in new waiver 4/1/1	9
Eligible Memors Months		Medicaid						auto (i ott) pop. trano	ronou to Expandion i		
Total Expenditure	Eligible Member Months	0.0%	0	377,866	0.0%	377,866	364,366	320,957	319,534	318,076	
Pop Type:		5.3%	0	\$ 949.03	5.3%					\$ 1,228.63 \$ 390,798,881	\$ 1,880,303,842
Eligible Member Months							PCN ends 3/31/19				
Marcost Say			0	404.000 I	F 00/	444.040	00.040				
Total Expenditure	Eligible Member Months	5.9%	٥	104,836	5.9%	111,042	88,212	-	-	-	
Pop Type: Hypothetical		5.3%	0	\$ 46.18	5.3%						\$ 9,917,093
Portype:	Demo Pon III/V - UPP Adults with Children										
PMPM Cost 5.3% 0 \$ 150.08 5.3% \$ 158.03 \$ 168.41 \$ 175.23 \$ 184.51 \$ 194.29 \$ 14.697.698 \$ 1.292.995 \$ 1.836.150 \$ 2.607.473 \$ 3.702.809 \$ 5.258.269 \$ 14.697.698 \$ 1.292.995 \$ 1.836.150 \$ 2.607.473 \$ 3.702.809 \$ 5.258.269 \$ 14.697.698 \$ 1.690.4743 \$ 3.702.809 \$ 5.258.269 \$ 1.4697.698 \$ 1.690.4743 \$ 3.702.809 \$ 5.258.269 \$ 1.4697.698 \$ 1.690.4743 \$ 3.702.809 \$ 5.258.269 \$ 1.4697.698 \$ 1.690.4743 \$ 3.702.809 \$ 5.258.269 \$ 1.4697.698 \$ 1.690.4743 \$ 3.702.809 \$ 5.258.269 \$ 1.4697.698 \$ 1.690.4743 \$ 3.702.809 \$ 5.258.269 \$ 1.4697.698 \$ 1.690.4743 \$ 3.702.809 \$ 5.258.269 \$ 1.4697.698 \$ 1.690.4743 \$ 3.702.809 \$ 5.258.269 \$ 1.4697.698 \$ 1.690.4743 \$ 3.6000 \$ 36.000	Pop Type:	Hypothetical									
Total Expenditure Suspend, then new subgroup in new walver Pop Type: Expansion Started 31/19 Porcelain crowns anticipated start date of 71/1/9	Eligible Member Months	34.9%	0	6,067	34.9%	8,182	11,034	14,881	20,068	27,064	
Pop Type:		5.3%	0	\$ 150.08	5.3%		\$ 166.41 \$ 1,836,150	\$ 175.23 \$ 2,607,473			\$ 14,697,695
Pop Type:		0 1 11									
Eligible Member Months			ibgroup in new waiv I	er			Started 3/1/10	Porcelain crowns ant	icinated start date of 7	/1/10	
System of Care Hypothetical Start 6/1/19 Start 6/1/19		Lxpansion	0			-					
System of Care Pop Type: Hypothetical Start 6/1/19 Start 6/1/19 Start 6/1/19 Start 6/1/19 Start 6/1/19 Start 6/1/		5.3%	0		5.3%						¢ 4.744.510
Pop Type: Hypothetical Start 6/1/19	Total Experiation	<u> </u>		l.		Ψ -	φ 400,000	φ 1,373,111	φ 1,440,900	Ψ 1,322,414	Ψ 4,744,312
PMPM Cost		Hypothetical					Start 6/1/19				
Dental - Blind/Disabled Pop Type: Hypothetical Eligible Member Months 2.5% 0 Mathematical Mat	Eligible Member Months		0			-	120	1,440	1,440	1,440	
Dental - Blind/Disabled Pop Type:		5.3%	0		5.3%						\$ 10,320,060
Note Hypothetical Eligible Member Months 0.0% 0 412,361 412,36							, , , , , , , , , , , , , , , , , , , ,	-, -,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,	
Eligible Member Months		I ly madhadia a l									
Total Expenditure			0			412,361	412,361	412,361	412,361	412,361	
Total Expenditure	DMDM Coot	2.00/]			¢ 10.42	¢ 19.07	¢ 10.54	\$ 20.12	¢ 20.72	
Pop Type: Hypothetical Anticipated start date of 7/1/19 Eligible Member Months 2.5% 0 PMPM Cost 5.3% 0 \$ 30.75 \$ 32.38 \$ 34.10		3.0%	U								\$ 40,326,548
Pop Type: Hypothetical Anticipated start date of 7/1/19 Eligible Member Months 2.5% 0 PMPM Cost 5.3% 0 \$ 30.75 \$ 32.38 \$ 34.10											
Eligible Member Months 2.5% 0 110,700 113,468 PMPM Cost 5.3% 0 \$ 30.75 \$ 32.38 \$ 34.10		Hynothetical						Anticinated start date	of 7/1/19		
			0	I						113,468	
	DMDM Coot	E 20/]					¢ 20.75	¢ 20.00	¢ 24.40	
	Total Expenditure	0.3%	0			\$ -	\$ -				\$ 10,774,212
	[5-man 5-stan										
Former Foster Pop Type: Hypothetical	Pop Type:	Hypothetical									
Eligible Member Months 0.0% 24 10 10 10 10 10	Eligible Member Months	0.0%	24								
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 \$ 54,536		4.8%	24								\$ 54,534

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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 Y DY 16 (SFY 18)	EARS (DY) DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	TOTAL WOW
SUD Pop Type:	Hypothetical									
Eligible Member Months PMPM Cost	6.9% 5.0%	18 18	36,913 \$ 3,163.77	6.9% 5.0%	39,456.31 \$ 3,321.96	42,175 \$ 3,488.06		48,187 \$ 3,845.58	\$ 4,037.86	
Total Expenditure					\$ 131,072,269	\$ 147,108,390	\$ 165,106,231	\$ 185,306,008	\$ 207,977,324 \$	836,570,223
Withdrawal Management Pop Type:	Hypothetical					Starts 5/1/19				
Eligible Member Months PMPM Cost	0.0% 5.0%	0		0.0% 5.0%	\$ -	\$ 700.00	\$ 735.00	\$ 771.75		
Total Expenditure					-	\$ 468,738	\$ 2,953,046	\$ 3,100,699	\$ 3,255,733 \$	9,778,216
	Assumes start date of	5/1/19 (2 months of	SFY19)							
	Assumes start date of	7/1/2019 (SFY20); i	ncludes costs for porcel	ain crowns						