

**Appendix J: Cost Neutrality Demonstration**

**J-1: Composite Overview and Demonstration of Cost-Neutrality Formula**

**Composite Overview.** Complete the fields in Cols. 3, 5 and 6 in the following table for each waiver year. The fields in Cols. 4, 7 and 8 are auto-calculated based on entries in Cols 3, 5, and 6. The fields in Col. 2 are auto-calculated using the Factor D data from the J-2-d Estimate of Factor D tables. Col. 2 fields will be populated ONLY when the Estimate of Factor D tables in J-2-d have been completed.

**Level(s) of Care: Hospital, Nursing Facility**

| Col. 1 | Col. 2   | Col. 3    | Col. 4      | Col. 5   | Col. 6    | Col. 7      | Col. 8                          |
|--------|----------|-----------|-------------|----------|-----------|-------------|---------------------------------|
| Year   | Factor D | Factor D' | Total: D+D' | Factor G | Factor G' | Total: G+G' | Difference (Col 7 less Column4) |
| 1      | 7374.52  | 17488.00  | 24862.52    | 56848.00 | 3574.00   | 60422.00    | 35559.48                        |
| 2      | 7754.36  | 17925.00  | 25679.36    | 58269.00 | 3663.00   | 61932.00    | 36252.64                        |
| 3      | 8145.62  | 18373.00  | 26518.62    | 59726.00 | 3755.00   | 63481.00    | 36962.38                        |
| 4      | 8551.70  | 18833.00  | 27384.70    | 61219.00 | 3849.00   | 65068.00    | 37683.30                        |
| 5      | 8967.86  | 19303.00  | 28270.86    | 62750.00 | 3945.00   | 66695.00    | 38424.14                        |

**Appendix J: Cost Neutrality Demonstration**

**J-2: Derivation of Estimates (1 of 9)**

**a. Number Of Unduplicated Participants Served.** Enter the total number of unduplicated participants from Item B-3-a who will be served each year that the waiver is in operation. When the waiver serves individuals under more than one level of care, specify the number of unduplicated participants for each level of care:

**Table: J-2-a: Unduplicated Participants**

| Waiver Year | Total Unduplicated Number of Participants (from Item B-3-a) | Distribution of Unduplicated Participants by Level of Care (if applicable) |                  |
|-------------|---|--|------------------|
|             |   | Level of Care:   | Level of Care:   |
|             |   | Hospital   | Nursing Facility |
| Year 1      | 50  | 1  | 49               |
| Year 2      | 50  | 1  | 49               |
| Year 3      | 50  | 1  | 49               |
| Year 4      | 50  | 1  | 49               |
| Year 5      | 50  | 1  | 49               |

**Appendix J: Cost Neutrality Demonstration**

**J-2: Derivation of Estimates (2 of 9)**

**b. Average Length of Stay.** Describe the basis of the estimate of the average length of stay on the waiver by participants in item J-2-a.

The average length of stay (ALOS) is expected to remain the same throughout the five years of the waiver. The ALOS days were based on historical data supporting the AIDS/HIV waiver. The CMS 372 report data used to develop and report ALOS is from the two-year period from July 1, 2021 – June 30, 2023. This data is or will be the basis for the AIDS/HIV waiver 372 reports submitted in December 2024 and December 2025.

Unduplicated participants in the current AIDS/HIV waiver renewal are based on maximum waiver caps approved by CMS. The total unduplicated number of participants remains even over the five years of the current renewal and is set at 50 (WY5 of the most current approved application), maintaining the same count in order to satisfy the requirements of the current ARPA MOE that is in effect. Once the ARPA MOE expires the state will review the actual unduplicated count. Unduplicated counts in the active AIDS/HIV waiver were established with minimal managed care experience.

Limitation on the Number of Participants - The state does not limit the number of participants that it serves for the AIDS/HIV waiver at any point in time during a waiver year.

## Appendix J: Cost Neutrality Demonstration

---

### J-2: Derivation of Estimates (3 of 9)

**c. Derivation of Estimates for Each Factor.** Provide a narrative description for the derivation of the estimates of the following factors.

**i. Factor D Derivation.** The estimates of Factor D for each waiver year are located in Item J-2-d. The basis and methodology for these estimates is as follows:

Factor D is impacted by the transition from a fee-for-service program to a managed care capitation rate program. In the prior waiver period, Factor D was adjusted due to the transition to managed care. Now with increased managed care experience, Factor D projections are derived from the estimated annual average per capita Medicaid cost for home and community-based services for individuals in the waiver program.

Sources of data used to develop Factor D are as follows:

- 372 report data for the two-year period from July 1, 2022 – June 30, 2024 (submitted December 2024 and December 2025).
- The factor estimates are from the actuarial report 'Factor Estimate Summary for HCBS Populations' calculated on a SFY 2025 Basis. This actuarial report is provided by the State's actuary and is based on Iowa's SFY25 (July 1, 2024 - June 30, 2025) capitation rates and not actual overall waiver experience.
- CPI for All Urban Consumers (CPI-U) Index for the two-year period average projection from 10/01/24 - 09/30/26.

The unduplicated number of participants remains even over the five years of the current renewal and is set at 50 (WY5 of the most current approved application), maintaining the same count in order to satisfy the requirements of the current ARPA MOE that is in effect. The number of users in the waiver application is based on actual experience from the states past two year's 372 data available.

Once the ARPA MOE expires the state will review the actual unduplicated count, number of users, and expenditures to re-evaluate the projected Factor D values in the remaining waiver years. If adjustments are needed the state will submit amendments to the waiver as necessary.

The number of users, average units, and average cost per unit for WY1 were based on the two-year average from the two most recent waiver years of the current AIDS/HIV waiver to be certain a reasonable level of managed care experience (managed care was implemented effective April 1, 2016) was incorporated into the trends. The referenced two-year period is from July 1, 2022 – June 30, 2024. This data is or will be the basis for the AIDS/HIV waiver 372 reports submitted in December 2024 and December 2025.

The calculations of Factor D (number of users and average cost per unit) for waiver year's 2 through 5 were both trended at 2.5%. This was based on the CPI for All Urban Consumers (CPI-U) Index for the two-year period average projection from 07/01/24 - 06/30/26. Average units per user over the five- year renewal have been adjusted from the last renewal based on the trending of the number of users and units.

The new participants are not expected to change the characteristics (risk profile) of the population. The underlying capitation rates reflect the risk profile of those qualifying for the HCBS waiver, which are reflected in Factor D and Factor D'. The increase in the waiver program reflects the managed care program's incentive to move individuals from the institutional setting to the HCBS waiver community setting.

There are several service categories for the AIDS/HIV waiver that have zero users and dollars reported in the waiver renewal. These are service categories that are active and available under the AIDS/HIV waiver but are anticipated to have zero activity during the five years of the waiver renewal.

- ii. **Factor D' Derivation.** The estimates of Factor D' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Factor D' is impacted by the transition from a fee-for-service program to a managed care capitation rate program. In the prior waiver period, Factor D' was adjusted due to the transition to managed care. The source for the WY1 Factor D' estimate is the 'Factor Estimate Summary for HCBS Populations' actuarial report based on Iowa's SFY25 (July 1, 2024 - June 30, 2025) capitation rates and not on actual overall waiver experience. This actuarial report calculated Factor D', G, and G' values based on Iowa's SFY 2025 capitation rates for HCBS populations in total.

The 'Factor Estimate Summary for HCBS Populations' actuarial report was determined to be the most accurate basis for calculating the Factor D' and G' estimates. In the current estimate, Factor G' on the actuarial report and in WY1 is less than Factor D'.

A trend was not applied to the WY1 estimate from the SFY25 source data. The capitation rates were used by the actuary and not the State to develop the estimate. Factor D' on the actuarial summary report is \$17,488, the projection for WY1.

The new participants are not expected to change the characteristics (risk profile) of the population. The underlying capitation rates reflect the risk profile of those qualifying for the HCBS waiver, which are reflected in Factor D and Factor D'.

A 2.5% trend on the WY1 Factor D' estimate was applied for each of the remaining waiver years (2-5). The 2.5% annual increase over the five-year renewal period is trended based on a two-year average of the CPI for All Urban Consumers (CPI-U) Index for the period of 07/01/24 - 06/30/26.

The AIDS/HIV waiver provides services for dual eligible individuals. The estimates in the waiver renewal of Factor D' do not include costs of prescribed drugs that will be furnished to these Medicare/Medicaid dual eligibles under the provisions of Part D'.

**iii. Factor G Derivation.** The estimates of Factor G for each waiver year are included in Item J-1. The basis of these estimates is as follows:

In the prior waiver renewal period, Factor G was adjusted due to the transition to managed care. In the current waiver renewal period, Factor G is based on the estimated annual average per capita Medicaid cost for hospital care that would be incurred for individuals served in the waiver, were the waiver not granted. Changes in population do not impact the calculation of Factor G and/or Factor G' with increases in the waiver program reflecting the managed care program's incentive to move individuals from the institutional setting to the HCBS waiver community setting.

The source used to support the current Factor G estimate is the actual report 'Factor Estimate Summary for HCBS Populations' calculated on a SFY 2025 Basis and based on Iowa's SFY25 (July 1, 2024 - June 30, 2025) capitation rates for HCBS populations in total and on institutional Medicaid costs for persons receiving institutional care.

Waiver year (WY) 1 Factor G estimates are based on the institutional Medicaid costs for persons receiving institutional care and not on actual overall waiver experience provided. A trend was not applied to the WY1 estimate from the SFY25 source data. The actuarial report was determined to be the most accurate basis for calculating the estimate. The Factor G estimate on the actuarial summary report and for WY1 is \$56,848.

Factor G waiver years 2-5 are trended off WY1 at 2.5% for each waiver year. The 2.5% annual increase of the WY 2-5 renewal period is trended based on a two-year average projection of the CPI for All Urban Consumers (CPI-U) Index for the two-year period of 07/01/24 - 06/30/26.

**iv. Factor G' Derivation.** The estimates of Factor G' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

In the prior waiver renewal period, Factor G' was adjusted due to the transition to managed care. In the current waiver renewal period, Factor G' is based on the estimated annual average per capita Medicaid cost for hospital care that would be incurred for individuals served in the waiver, were the waiver not granted. Changes in population do not impact the calculation of Factor G and/or Factor G' with increases in the waiver program reflecting the managed care program's incentive to move individuals from the institutional setting to the HCBS waiver community setting.

The source used to support the current Factor G' estimate is the actual report 'Factor Estimate Summary for HCBS Populations' calculated on a SFY 2025 Basis and based on Iowa's SFY25 (July 1, 2024 - June 30, 2025) capitation rates. The actuarial report calculated Factor D', G, and G' values on a SFY 2025 Basis and was based on Iowa's SFY 2025 capitation rates for HCBS populations in total and on institutional Medicaid costs for persons receiving institutional care.

Waiver year (WY) 1 Factor G' estimates are based on the institutional Medicaid costs for persons receiving institutional care and not on actual overall waiver experience provided. A trend was not applied to the WY1 estimate from the SFY25 source data. The actuarial report was determined to be the most accurate basis for calculating the estimate. The Factor G' estimate on the actuarial summary report and for WY1 is \$3,574. In the current estimate, Factor G' on the actuarial report and in WY1 is less than Factor D'.

Factor G' waiver years 2-5 are trended off WY1 at 2.5% for each waiver year. The 2.5% annual increase of the WY 2-5 renewal period is trended based on a two-year average projection of the CPI for All Urban Consumers (CPI-U) Index for the two-year period of 07/01/24 - 06/30/26.

**Appendix J: Cost Neutrality Demonstration**

**J-2: Derivation of Estimates (4 of 9)**

**Component management for waiver services.** If the service(s) below includes two or more discrete services that are reimbursed separately, or is a bundled service, each component of the service must be listed. Select “*manage components*” to add these components.

| Waiver Services                                |  |
|--|--|
| Adult Day Care                                 |  |
| Homemaker                                      |  |
| Respite  |  |
| Home Health Aide                               |  |
| Nursing  |  |
| Financial Management Services                  |  |
| Independent Support Broker                     |  |
| Consumer Directed Attendant Care - Skilled     |  |
| Consumer-Directed Attendant Care - Unskilled   |  |
| Counseling                                     |  |
| Home Delivered Meals                           |  |
| Individual Directed Goods and Services         |  |
| Self Directed Community Support and Employment |  |
| Self Directed Personal Care                    |  |

**Appendix J: Cost Neutrality Demonstration**

**J-2: Derivation of Estimates (5 of 9)**

**d. Estimate of Factor D.**

**ii. Concurrent section 1915(b)/section 1915(c) waivers, or other authorities utilizing capitated arrangements (i.e., 1915(a), 1932(a), Section 1937).** Complete the following table for each waiver year. Enter data into the Unit, # Users,

Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. If applicable, check the capitation box next to that service. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

**Waiver Year: Year 1**

| Waiver Service/Component                                  | Capitation | Unit         | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost       |
|---|------------|--------------|---------|---------------------|-----------------|----------------|------------------|
| <b>Adult Day Care Total:</b>                              |            |              |         |                     |                 |                | <b>0.00</b>      |
| Adult Day Care - Extended Day                             |            | Extended Day | 0       | 0.00                | 0.01            | 0.00           |                  |
| Adult Day Care - Full Day                                 |            | Full Day     | 0       | 0.00                | 0.01            | 0.00           |                  |
| Adult Day Care - Half Day                                 |            | Half Day     | 0       | 0.00                | 0.01            | 0.00           |                  |
| Adult Day Care - 15 Minutes                               |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Adult Day Care - Extended Day                         |            | Extended Day | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Adult Day Care - Full Day                             |            | Full Day     | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Adult Day Care - Half Day                             |            | Half Day     | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Adult Day Care - 15 Minutes                           |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |                  |
| <b>Homemaker Total:</b>                                   |            |              |         |                     |                 |                | <b>4250.20</b>   |
| Homemaker - 15 Minutes                                    |            | 15 Minutes   | 1       | 395.00              | 5.38            | 2125.10        |                  |
| FFS Homemaker - 15 Minutes                                |            | 15 Minutes   | 1       | 395.00              | 5.38            | 2125.10        |                  |
| <b>Respite Total:</b>                                     |            |              |         |                     |                 |                | <b>0.00</b>      |
| Respite - Camp  |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |                  |
| Respite - ICF/I/D   |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |                  |
| Respite - Hospital or Nursing Facility/Skilled            |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |                  |
| Respite - Home Care Agency &                              |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |                  |
| <b>GRAND TOTAL:</b>                                       |            |              |         |                     |                 |                | <b>368726.05</b> |
| Total: Services included in capitation:                   |            |              |         |                     |                 |                | 287821.42        |
| Total: Services not included in capitation:               |            |              |         |                     |                 |                | 80904.64         |
| <b>Total Estimated Unduplicated Participants:</b>         |            |              |         |                     |                 |                | <b>50</b>        |
| <b>Factor D (Divide total by number of participants):</b> |            |              |         |                     |                 |                | <b>7374.52</b>   |
| Services included in capitation:                          |            |              |         |                     |                 |                | 5756.43          |
| Services not included in capitation:                      |            |              |         |                     |                 |                | 1618.09          |
| Average Length of Stay on the Waiver:                     |            |              |         |                     |                 |                | 274              |

| Waiver Service/<br>Component                              | Capitation | Unit       | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost   | Total Cost |
|---|------------|------------|---------|---------------------|-----------------|------------------|------------|
| Non-Facility, Basic Individual                            |            |            |         |                     |                 |                  |            |
| Respite - Group Specialized Summer Day Camp               |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| Respite - HHA Group                                       |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| Respite - RCF/ID  |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| Respite - Resident Camp-Weeklong                          |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| Respite - Group Summer Day Camp - Group Recreational      |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| Respite - Home Care Agency & Non-Facility, Group          |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| Respite - Teen Day Camp - 13 to 21 Years Old              |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| Respite - HHA Specialized                                 |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| Respite - Child Care Center                               |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| Respite - Home Care Agency & Non-Facility, Specialized    |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| Respite - HHA Basic Individual                            |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| Respite - Nursing Facility                                |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| FFS Respite - Camp  |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| FFS Respite - ICF/I/D                                     |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| FFS Respite - Hospital or Nursing Facility/Skilled        |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| <b>GRAND TOTAL:</b>                                       |            |            |         |                     |                 | <b>368726.05</b> |            |
| Total: Services included in capitation:                   |            |            |         |                     |                 | 287821.42        |            |
| Total: Services not included in capitation:               |            |            |         |                     |                 | 80904.64         |            |
| <b>Total Estimated Unduplicated Participants:</b>         |            |            |         |                     |                 | <b>50</b>        |            |
| <b>Factor D (Divide total by number of participants):</b> |            |            |         |                     |                 | <b>7374.52</b>   |            |
| Services included in capitation:                          |            |            |         |                     |                 | 5756.43          |            |
| Services not included in capitation:                      |            |            |         |                     |                 | 1618.09          |            |
| <b>Average Length of Stay on the Waiver:</b>              |            |            |         |                     |                 |                  | <b>274</b> |

| Waiver Service/Component  | Capitation | Unit       | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost       |
|---|------------|------------|---------|---------------------|-----------------|----------------|------------------|
| FFS Respite - Home Care Agency & Non-Facility, Basic Individual |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Group Specialized Summer Day Camp                 |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - HHA Group   |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - RCF/ID  |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Resident Camp-Weeklong                            |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Group Summer Day Camp - Group Recreational        |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Home Care Agency & Non-Facility, Group            |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Teen Day Camp - 13 to 21 Years Old                |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - HHA Specialized                                   |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Child Care Center                                 |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Home Care Agency & Non-Facility, Specialized      |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - HHA Basic Individual                              |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Nursing Facility                                  |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| <b>Home Health Aide Total:</b>                                  |            |            |         |                     |                 |                | <b>0.00</b>      |
| Home Health Aide  |            | Visit      | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Home  |            |            |         |                     |                 | <b>0.00</b>    |                  |
| <b>GRAND TOTAL:</b>   |            |            |         |                     |                 |                | <b>368726.05</b> |
| Total: Services included in capitation:                         |            |            |         |                     |                 |                | 287821.42        |
| Total: Services not included in capitation:                     |            |            |         |                     |                 |                | 80904.64         |
| <b>Total Estimated Unduplicated Participants:</b>               |            |            |         |                     |                 |                | <b>50</b>        |
| <b>Factor D (Divide total by number of participants):</b>       |            |            |         |                     |                 |                | <b>7374.52</b>   |
| Services included in capitation:                                |            |            |         |                     |                 |                | 5756.43          |
| Services not included in capitation:                            |            |            |         |                     |                 |                | 1618.09          |
| <b>Average Length of Stay on the Waiver:</b>                    |            |            |         |                     |                 |                | <b>274</b>       |



| Waiver Service/Component                                 | Capitation | Unit       | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost       |
|--|------------|------------|---------|---------------------|-----------------|----------------|------------------|
| Health Aide  |            | Visit      | 0       | 0.00                | 0.01            |                |                  |
| <b>Nursing Total:</b>                                    |            |            |         |                     |                 |                | <b>0.00</b>      |
| Nursing Care in the Home/LPN; Per Visit                  |            | Visit      | 0       | 0.00                | 0.01            | 0.00           |                  |
| Nursing Care in the Home/RN; Per Visit                   |            | Visit      | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Nursing Care in the Home/LPN; Per Visit              |            | Visit      | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Nursing Care in the Home/RN; Per Visit               |            | Visit      | 0       | 0.00                | 0.01            | 0.00           |                  |
| <b>Financial Management Services Total:</b>              |            |            |         |                     |                 |                | <b>12320.83</b>  |
| Financial Management Services                            |            | Month      | 2       | 3.00                | 219.64          | 1317.84        |                  |
| FFS Financial Management Services                        |            | Month      | 2       | 4.67                | 1178.05         | 11002.99       |                  |
| <b>Independent Support Broker Total:</b>                 |            |            |         |                     |                 |                | <b>303.66</b>    |
| Independent Support Broker                               |            | Hour       | 2       | 10.50               | 14.46           | 303.66         |                  |
| FFS Independent Support Broker                           |            | Hour       | 0       | 10.50               | 14.46           | 0.00           |                  |
| <b>Consumer Directed Attendant Care - Skilled Total:</b> |            |            |         |                     |                 |                | <b>221901.57</b> |
| CDAC-Agency - 15 Minutes                                 |            | 15 Minutes | 8       | 147.71              | 5.29            | 6251.09        |                  |
| CDAC-Individual - 15 Minutes                             |            | 15 Minutes | 24      | 2308.51             | 3.08            | 170645.06      |                  |
| FFS CDAC-Agency - 15 Minutes                             |            | 15 Minutes | 3       | 147.71              | 5.29            | 2344.16        |                  |
| FFS CDAC-Individual - 15 Minutes                         |            | 15 Minutes | 6       | 2308.51             | 3.08            | 42661.26       |                  |
| <b>Consumer-</b>   |            |            |         |                     |                 |                | <b>75438.05</b>  |
| <b>GRAND TOTAL:</b>                                      |            |            |         |                     |                 |                | <b>368726.05</b> |
| Total: Services included in capitation:                  |            |            |         |                     |                 |                | 287821.42        |
| Total: Services not included in capitation:              |            |            |         |                     |                 |                | 80904.64         |
| Total Estimated Unduplicated Participants:               |            |            |         |                     |                 |                | 50               |
| Factor D (Divide total by number of participants):       |            |            |         |                     |                 |                | 7374.52          |
| Services included in capitation:                         |            |            |         |                     |                 |                | 5756.43          |
| Services not included in capitation:                     |            |            |         |                     |                 |                | 1618.09          |
| Average Length of Stay on the Waiver:                    |            |            |         |                     |                 |                | 274              |

| Waiver Service/ Component                                 | Capitation | Unit       | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost   | Total Cost      |
|---|------------|------------|---------|---------------------|-----------------|------------------|-----------------|
| <b>Directed Attendant Care - Unskilled Total:</b>         |            |            |         |                     |                 |                  |                 |
| CDAC- Agency - 15 Minutes                                 |            | 15 Minutes | 7       | 1341.53             | 4.86            | 45638.85         |                 |
| CDAC- Individual - 15 Minutes                             |            | 15 Minutes | 20      | 242.47              | 2.88            | 13966.27         |                 |
| FFS CDAC- Agency - 15 Minutes                             |            | 15 Minutes | 2       | 1341.53             | 4.86            | 13039.67         |                 |
| FFS CDAC- Individual - 15 Minutes                         |            | 15 Minutes | 4       | 242.47              | 2.88            | 2793.25          |                 |
| <b>Counseling Total:</b>                                  |            |            |         |                     |                 |                  | <b>0.00</b>     |
| Counseling - Individual - 15 Minutes                      |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |                 |
| Counseling - Group - 15 Minutes                           |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |                 |
| FFS Counseling - Individual - 15 Minutes                  |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |                 |
| FFS Counseling - Group - 15 Minutes                       |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |                 |
| <b>Home Delivered Meals Total:</b>                        |            |            |         |                     |                 |                  | <b>54511.75</b> |
| Liquid Supplement   |            | Meal       | 8       | 12.24               | 5.72            | 560.10           |                 |
| Morning Meal  |            | Meal       | 5       | 14.69               | 9.05            | 664.72           |                 |
| Evening Meal  |            | Meal       | 28      | 168.36              | 9.33            | 43982.37         |                 |
| Noon Meal   |            | Meal       | 19      | 13.11               | 9.50            | 2366.36          |                 |
| FFS Liquid Supplement                                     |            | Meal       | 2       | 12.24               | 5.72            | 140.03           |                 |
| FFS Morning Meal  |            | Meal       | 2       | 14.69               | 9.05            | 265.89           |                 |
| FFS Evening Meal  |            | Meal       | 4       | 168.36              | 9.33            | 6283.20          |                 |
| FFS Noon Meal   |            | Meal       | 2       | 13.11               | 9.50            | 249.09           |                 |
| <b>Individual Directed Goods</b>                          |            |            |         |                     |                 |                  | <b>0.00</b>     |
| <b>GRAND TOTAL:</b>                                       |            |            |         |                     |                 | <b>368726.05</b> |                 |
| Total: Services included in capitation:                   |            |            |         |                     |                 | 287821.42        |                 |
| Total: Services not included in capitation:               |            |            |         |                     |                 | 80904.64         |                 |
| <b>Total Estimated Unduplicated Participants:</b>         |            |            |         |                     |                 | <b>50</b>        |                 |
| <b>Factor D (Divide total by number of participants):</b> |            |            |         |                     |                 | <b>7374.52</b>   |                 |
| Services included in capitation:                          |            |            |         |                     |                 | 5756.43          |                 |
| Services not included in capitation:                      |            |            |         |                     |                 | 1618.09          |                 |
| <b>Average Length of Stay on the Waiver:</b>              |            |            |         |                     |                 | <b>274</b>       |                 |

| Waiver Service/Component                                     | Capitation               | Unit  | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|--|--------------------------|-------|---------|---------------------|-----------------|----------------|------------|
| <b>and Services Total:</b>                                   |                          |       |         |                     |                 |                |            |
| Individual Directed Goods and Services                       | <input type="checkbox"/> | Month | 0       | 0.00                | 0.01            | 0.00           |            |
| FFS Individual Directed Goods and Services                   | <input type="checkbox"/> | Month | 0       | 0.00                | 0.01            | 0.00           |            |
| <b>Self Directed Community Support and Employment Total:</b> |                          |       |         |                     |                 |                | 0.00       |
| Self Directed Community Support and Employment               | <input type="checkbox"/> | Month | 0       | 0.00                | 0.01            | 0.00           |            |
| FFS Self Directed Community Support and Employment           | <input type="checkbox"/> | Month | 0       | 0.00                | 0.01            | 0.00           |            |
| <b>Self Directed Personal Care Total:</b>                    |                          |       |         |                     |                 |                | 0.00       |
| Self Directed Personal Care                                  | <input type="checkbox"/> | Month | 0       | 0.00                | 0.01            | 0.00           |            |
| FFS Self Directed Personal Care                              | <input type="checkbox"/> | Month | 0       | 0.00                | 0.01            | 0.00           |            |
| <b>GRAND TOTAL:</b>  |                          |       |         |                     |                 |                | 368726.05  |
| Total: Services included in capitation:                      |                          |       |         |                     |                 |                | 287821.42  |
| Total: Services not included in capitation:                  |                          |       |         |                     |                 |                | 80904.64   |
| <b>Total Estimated Unduplicated Participants:</b>            |                          |       |         |                     |                 |                | 50         |
| <b>Factor D (Divide total by number of participants):</b>    |                          |       |         |                     |                 |                | 7374.52    |
| Services included in capitation:                             |                          |       |         |                     |                 |                | 5756.43    |
| Services not included in capitation:                         |                          |       |         |                     |                 |                | 1618.09    |
| <b>Average Length of Stay on the Waiver:</b>                 |                          |       |         |                     |                 |                | 274        |

**Appendix J: Cost Neutrality Demonstration**

**J-2: Derivation of Estimates (6 of 9)**

**d. Estimate of Factor D.**

**ii. Concurrent section 1915(b)/section 1915(c) waivers, or other concurrent managed care authorities utilizing capitated payment arrangements.** Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. If applicable, check the capitation box next to that service. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

**Waiver Year: Year 2**

| Waiver Service/Component                                    | Capitation | Unit         | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost       |
|---|------------|--------------|---------|---------------------|-----------------|----------------|------------------|
| <b>Adult Day Care Total:</b>                                |            |              |         |                     |                 |                | <b>0.00</b>      |
| Adult Day Care - Extended Day                               |            | Extended Day | 0       | 0.00                | 0.01            | 0.00           |                  |
| Adult Day Care - Full Day                                   |            | Full Day     | 0       | 0.00                | 0.01            | 0.00           |                  |
| Adult Day Care - Half Day                                   |            | Half Day     | 0       | 0.00                | 0.01            | 0.00           |                  |
| Adult Day Care - 15 Minutes                                 |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Adult Day Care - Extended Day                           |            | Extended Day | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Adult Day Care - Full Day                               |            | Full Day     | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Adult Day Care - Half Day                               |            | Half Day     | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Adult Day Care - 15 Minutes                             |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |                  |
| <b>Homemaker Total:</b>                                     |            |              |         |                     |                 |                | <b>4352.90</b>   |
| Homemaker - 15 Minutes                                      |            | 15 Minutes   | 1       | 395.00              | 5.51            | 2176.45        |                  |
| FFS Homemaker - 15 Minutes                                  |            | 15 Minutes   | 1       | 395.00              | 5.51            | 2176.45        |                  |
| <b>Respite Total:</b>                                       |            |              |         |                     |                 |                | <b>0.00</b>      |
| Respite - Camp  |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |                  |
| Respite - ICF/I/D   |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |                  |
| Respite - Hospital or Nursing Facility/Skilled              |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |                  |
| Respite - Home Care Agency & Non-Facility, Basic Individual |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |                  |
| Respite - Group Specialized Summer Day Camp                 |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |                  |
| <b>GRAND TOTAL:</b>   |            |              |         |                     |                 |                | <b>387717.86</b> |
| Total: Services included in capitation:                     |            |              |         |                     |                 |                | 304759.89        |
| Total: Services not included in capitation:                 |            |              |         |                     |                 |                | 82957.97         |
| <b>Total Estimated Unduplicated Participants:</b>           |            |              |         |                     |                 |                | <b>50</b>        |
| <b>Factor D (Divide total by number of participants):</b>   |            |              |         |                     |                 |                | <b>7754.36</b>   |
| Services included in capitation:                            |            |              |         |                     |                 |                | 6095.20          |
| Services not included in capitation:                        |            |              |         |                     |                 |                | 1659.16          |
| <b>Average Length of Stay on the Waiver:</b>                |            |              |         |                     |                 |                | <b>274</b>       |

| Waiver Service/Component  | Capitation | Unit       | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|------------|------------|---------|---------------------|-----------------|----------------|------------|
| Respite - HHA Group   |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - RCF/ID  |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - Resident Camp-Weeklong                                |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - Group Summer Day Camp - Group Recreational            |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - Home Care Agency & Non-Facility, Group                |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - Teen Day Camp - 13 to 21 Years Old                    |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - HHA Specialized                                       |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - Child Care Center                                     |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - Home Care Agency & Non-Facility, Specialized          |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - HHA Basic Individual                                  |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - Nursing Facility                                      |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| FFS Respite - Camp  |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| FFS Respite - ICF/I/D   |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| FFS Respite - Hospital or Nursing Facility/Skilled              |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| FFS Respite - Home Care Agency & Non-Facility, Basic Individual |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| FFS Respite - Group Specialized                                 |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| <b>GRAND TOTAL:</b>   |            |            |         |                     |                 |                | 387717.86  |
| Total: Services included in capitation:                         |            |            |         |                     |                 |                | 304759.89  |
| Total: Services not included in capitation:                     |            |            |         |                     |                 |                | 82957.97   |
| <b>Total Estimated Unduplicated Participants:</b>               |            |            |         |                     |                 |                | 50         |
| <b>Factor D (Divide total by number of participants):</b>       |            |            |         |                     |                 |                | 7754.36    |
| Services included in capitation:                                |            |            |         |                     |                 |                | 6095.20    |
| Services not included in capitation:                            |            |            |         |                     |                 |                | 1659.16    |
| <b>Average Length of Stay on the Waiver:</b>                    |            |            |         |                     |                 |                | 274        |

| Waiver Service/<br>Component                               | Capitation | Unit       | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost       |
|--|------------|------------|---------|---------------------|-----------------|----------------|------------------|
| Summer Day Camp  |            |            |         |                     |                 |                |                  |
| FFS Respite - HHA Group                                    |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - RCF/ID                                       |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Resident Camp-Weeklong                       |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Group Summer Day Camp - Group Recreational   |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Home Care Agency & Non-Facility, Group       |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Teen Day Camp - 13 to 21 Years Old           |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - HHA Specialized                              |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Child Care Center                            |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Home Care Agency & Non-Facility, Specialized |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - HHA Basic Individual                         |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Nursing Facility                             |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| <b>Home Health Aide Total:</b>                             |            |            |         |                     |                 |                | <b>0.00</b>      |
| Home Health Aide   |            | Visit      | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Home Health Aide                                       |            | Visit      | 0       | 0.00                | 0.01            | 0.00           |                  |
| <b>Nursing Total:</b>                                      |            |            |         |                     |                 |                | <b>0.00</b>      |
| Nursing Care in the Home/LPN; Per Visit                    |            | Visit      | 0       | 0.00                | 0.01            | 0.00           |                  |
| Nursing Care   |            |            |         |                     |                 | 0.00           |                  |
| <b>GRAND TOTAL:</b>  |            |            |         |                     |                 |                | <b>387717.86</b> |
| Total: Services included in capitation:                    |            |            |         |                     |                 |                | 304759.89        |
| Total: Services not included in capitation:                |            |            |         |                     |                 |                | 82957.97         |
| <b>Total Estimated Unduplicated Participants:</b>          |            |            |         |                     |                 |                | <b>50</b>        |
| <b>Factor D (Divide total by number of participants):</b>  |            |            |         |                     |                 |                | <b>7754.36</b>   |
| Services included in capitation:                           |            |            |         |                     |                 |                | 6095.20          |
| Services not included in capitation:                       |            |            |         |                     |                 |                | 1659.16          |
| <b>Average Length of Stay on the Waiver:</b>               |            |            |         |                     |                 |                | <b>274</b>       |

| Waiver Service/Component                                   | Capitation | Unit       | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|--|------------|------------|---------|---------------------|-----------------|----------------|------------|
| in the Home/RN; Per Visit                                  |            | Visit      | 0       | 0.00                | 0.01            |                |            |
| FFS Nursing Care in the Home/LPN; Per Visit                |            | Visit      | 0       | 0.00                | 0.01            | 0.00           |            |
| FFS Nursing Care in the Home/RN; Per Visit                 |            | Visit      | 0       | 0.00                | 0.01            | 0.00           |            |
| <b>Financial Management Services Total:</b>                |            |            |         |                     |                 |                | 12628.83   |
| Financial Management Services                              |            | Month      | 2       | 3.00                | 225.13          | 1350.78        |            |
| FFS Financial Management Services                          |            | Month      | 2       | 4.67                | 1207.50         | 11278.05       |            |
| <b>Independent Support Broker Total:</b>                   |            |            |         |                     |                 |                | 311.22     |
| Independent Support Broker                                 |            | Hour       | 2       | 10.50               | 14.82           | 311.22         |            |
| FFS Independent Support Broker                             |            | Hour       | 0       | 10.50               | 14.82           | 0.00           |            |
| <b>Consumer Directed Attendant Care - Skilled Total:</b>   |            |            |         |                     |                 |                | 234948.11  |
| CDAC-Agency - 15 Minutes                                   |            | 15 Minutes | 8       | 147.71              | 5.42            | 6404.71        |            |
| CDAC-Individual - 15 Minutes                               |            | 15 Minutes | 25      | 2308.51             | 3.16            | 182372.29      |            |
| FFS CDAC-Agency - 15 Minutes                               |            | 15 Minutes | 3       | 147.71              | 5.42            | 2401.76        |            |
| FFS CDAC-Individual - 15 Minutes                           |            | 15 Minutes | 6       | 2308.51             | 3.16            | 43769.35       |            |
| <b>Consumer-Directed Attendant Care - Unskilled Total:</b> |            |            |         |                     |                 |                | 78009.54   |
| CDAC-Agency - 15 Minutes                                   |            | 15 Minutes | 7       | 1341.53             | 4.98            | 46765.74       |            |
| CDAC-Individual - 15 Minutes                               |            | 15 Minutes | 21      | 242.47              | 2.95            | 15021.02       |            |
| <b>GRAND TOTAL:</b>  |            |            |         |                     |                 |                | 387717.86  |
| Total: Services included in capitation:                    |            |            |         |                     |                 |                | 304759.89  |
| Total: Services not included in capitation:                |            |            |         |                     |                 |                | 82957.97   |
| <b>Total Estimated Unduplicated Participants:</b>          |            |            |         |                     |                 |                | 50         |
| <b>Factor D (Divide total by number of participants):</b>  |            |            |         |                     |                 |                | 7754.36    |
| Services included in capitation:                           |            |            |         |                     |                 |                | 6095.20    |
| Services not included in capitation:                       |            |            |         |                     |                 |                | 1659.16    |
| <b>Average Length of Stay on the Waiver:</b>               |            |            |         |                     |                 |                | 274        |

| Waiver Service/<br>Component                         | Capitation | Unit       | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost       |
|--|------------|------------|---------|---------------------|-----------------|----------------|------------------|
| FFS CDAC-Agency - 15 Minutes                         |            | 15 Minutes | 2       | 1341.53             | 4.98            | 13361.64       |                  |
| FFS CDAC-Individual - 15 Minutes                     |            | 15 Minutes | 4       | 242.47              | 2.95            | 2861.15        |                  |
| <b>Counseling Total:</b>                             |            |            |         |                     |                 |                | <b>0.00</b>      |
| Counseling - Individual - 15 Minutes                 |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| Counseling - Group - 15 Minutes                      |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Counseling - Individual - 15 Minutes             |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Counseling - Group - 15 Minutes                  |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| <b>Home Delivered Meals Total:</b>                   |            |            |         |                     |                 |                | <b>57467.26</b>  |
| Liquid Supplement                                    |            | Meal       | 8       | 12.24               | 5.86            | 573.81         |                  |
| Morning Meal   |            | Meal       | 5       | 14.69               | 9.28            | 681.62         |                  |
| Evening Meal   |            | Meal       | 29      | 168.36              | 9.56            | 46676.13       |                  |
| Noon Meal  |            | Meal       | 19      | 13.11               | 9.74            | 2426.14        |                  |
| FFS Liquid Supplement                                |            | Meal       | 2       | 12.24               | 5.86            | 143.45         |                  |
| FFS Morning Meal                                     |            | Meal       | 2       | 14.69               | 9.28            | 272.65         |                  |
| FFS Evening Meal                                     |            | Meal       | 4       | 168.36              | 9.56            | 6438.09        |                  |
| FFS Noon Meal  |            | Meal       | 2       | 13.11               | 9.74            | 255.38         |                  |
| <b>Individual Directed Goods and Services Total:</b> |            |            |         |                     |                 |                | <b>0.00</b>      |
| Individual Directed Goods and Services               |            | Month      | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Individual Directed Goods and Services           |            | Month      | 0       | 0.00                | 0.01            | 0.00           |                  |
| <b>GRAND TOTAL:</b>                                  |            |            |         |                     |                 |                | <b>387717.86</b> |
| Total: Services included in capitation:              |            |            |         |                     |                 |                | 304759.89        |
| Total: Services not included in capitation:          |            |            |         |                     |                 |                | 82957.97         |
| Total Estimated Unduplicated Participants:           |            |            |         |                     |                 |                | 50               |
| Factor D (Divide total by number of participants):   |            |            |         |                     |                 |                | 7754.36          |
| Services included in capitation:                     |            |            |         |                     |                 |                | 6095.20          |
| Services not included in capitation:                 |            |            |         |                     |                 |                | 1659.16          |
| Average Length of Stay on the Waiver:                |            |            |         |                     |                 |                | 274              |



| Waiver Service/Component                                     | Capitation               | Unit  | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost       |
|--|--------------------------|-------|---------|---------------------|-----------------|----------------|------------------|
| <b>Self Directed Community Support and Employment Total:</b> |                          |       |         |                     |                 |                | <b>0.00</b>      |
| Self Directed Community Support and Employment               | <input type="checkbox"/> | Month | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Self Directed Community Support and Employment           | <input type="checkbox"/> | Month | 0       | 0.00                | 0.01            | 0.00           |                  |
| <b>Self Directed Personal Care Total:</b>                    |                          |       |         |                     |                 |                | <b>0.00</b>      |
| Self Directed Personal Care                                  | <input type="checkbox"/> | Month | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Self Directed Personal Care                              | <input type="checkbox"/> | Month | 0       | 0.00                | 0.01            | 0.00           |                  |
| <b>GRAND TOTAL:</b>  |                          |       |         |                     |                 |                | <b>387717.86</b> |
| Total: Services included in capitation:                      |                          |       |         |                     |                 |                | 304759.89        |
| Total: Services not included in capitation:                  |                          |       |         |                     |                 |                | 82957.97         |
| <b>Total Estimated Unduplicated Participants:</b>            |                          |       |         |                     |                 |                | <b>50</b>        |
| <b>Factor D (Divide total by number of participants):</b>    |                          |       |         |                     |                 |                | <b>7754.36</b>   |
| Services included in capitation:                             |                          |       |         |                     |                 |                | 6095.20          |
| Services not included in capitation:                         |                          |       |         |                     |                 |                | 1659.16          |
| <b>Average Length of Stay on the Waiver:</b>                 |                          |       |         |                     |                 |                | <b>274</b>       |

**Appendix J: Cost Neutrality Demonstration**

**J-2: Derivation of Estimates (7 of 9)**

**d. Estimate of Factor D.**

**ii. Concurrent section 1915(b)/section 1915(c) waivers, or other concurrent managed care authorities utilizing capitated payment arrangements.** Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. If applicable, check the capitation box next to that service. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

**Waiver Year: Year 3**

| Waiver Service/Component                                  | Capitation               | Unit         | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost       |
|---|--------------------------|--------------|---------|---------------------|-----------------|----------------|------------------|
| <b>Adult Day Care Total:</b>                              |                          |              |         |                     |                 |                | <b>0.00</b>      |
| Adult Day Care - Extended Day                             | <input type="checkbox"/> | Extended Day | 0       | 0.00                | 0.01            | 0.00           |                  |
| <b>GRAND TOTAL:</b>                                       |                          |              |         |                     |                 |                | <b>407280.99</b> |
| Total: Services included in capitation:                   |                          |              |         |                     |                 |                | 322247.42        |
| Total: Services not included in capitation:               |                          |              |         |                     |                 |                | 85033.57         |
| <b>Total Estimated Unduplicated Participants:</b>         |                          |              |         |                     |                 |                | <b>50</b>        |
| <b>Factor D (Divide total by number of participants):</b> |                          |              |         |                     |                 |                | <b>8145.62</b>   |
| Services included in capitation:                          |                          |              |         |                     |                 |                | 6444.95          |
| Services not included in capitation:                      |                          |              |         |                     |                 |                | 1700.67          |
| <b>Average Length of Stay on the Waiver:</b>              |                          |              |         |                     |                 |                | <b>274</b>       |

| Waiver Service/Component                                    | Capitation | Unit         | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost       |
|---|------------|--------------|---------|---------------------|-----------------|----------------|------------------|
| Adult Day Care - Full Day                                   |            | Full Day     | 0       | 0.00                | 0.01            | 0.00           |                  |
| Adult Day Care - Half Day                                   |            | Half Day     | 0       | 0.00                | 0.01            | 0.00           |                  |
| Adult Day Care - 15 Minutes                                 |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Adult Day Care - Extended Day                           |            | Extended Day | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Adult Day Care - Full Day                               |            | Full Day     | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Adult Day Care - Half Day                               |            | Half Day     | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Adult Day Care - 15 Minutes                             |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |                  |
| <b>Homemaker Total:</b>                                     |            |              |         |                     |                 |                | <b>4463.50</b>   |
| Homemaker - 15 Minutes                                      |            | 15 Minutes   | 1       | 395.00              | 5.65            | 2231.75        |                  |
| FFS Homemaker - 15 Minutes                                  |            | 15 Minutes   | 1       | 395.00              | 5.65            | 2231.75        |                  |
| <b>Respite Total:</b>                                       |            |              |         |                     |                 |                | <b>0.00</b>      |
| Respite - Camp  |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |                  |
| Respite - ICF/ID  |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |                  |
| Respite - Hospital or Nursing Facility/Skilled              |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |                  |
| Respite - Home Care Agency & Non-Facility, Basic Individual |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |                  |
| Respite - Group Specialized Summer Day Camp                 |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |                  |
| Respite - HHA Group   |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |                  |
| Respite - RCF/ID  |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |                  |
| <b>GRAND TOTAL:</b>   |            |              |         |                     |                 |                | <b>407280.99</b> |
| Total: Services included in capitation:                     |            |              |         |                     |                 |                | 322247.42        |
| Total: Services not included in capitation:                 |            |              |         |                     |                 |                | 85033.57         |
| <b>Total Estimated Unduplicated Participants:</b>           |            |              |         |                     |                 |                | <b>50</b>        |
| <b>Factor D (Divide total by number of participants):</b>   |            |              |         |                     |                 |                | <b>8145.62</b>   |
| Services included in capitation:                            |            |              |         |                     |                 |                | 6444.95          |
| Services not included in capitation:                        |            |              |         |                     |                 |                | 1700.67          |
| <b>Average Length of Stay on the Waiver:</b>                |            |              |         |                     |                 |                | <b>274</b>       |

| Waiver Service/Component  | Capitation | Unit       | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost   | Total Cost |
|---|------------|------------|---------|---------------------|-----------------|------------------|------------|
| Respite - Resident Camp-Weeklong                                |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| Respite - Group Summer Day Camp - Group Recreational            |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| Respite - Home Care Agency & Non-Facility, Group                |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| Respite - Teen Day Camp - 13 to 21 Years Old                    |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| Respite - HHA Specialized                                       |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| Respite - Child Care Center                                     |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| Respite - Home Care Agency & Non-Facility, Specialized          |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| Respite - HHA Basic Individual                                  |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| Respite - Nursing Facility                                      |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| FFS Respite - Camp  |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| FFS Respite - ICF/I/D   |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| FFS Respite - Hospital or Nursing Facility/Skilled              |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| FFS Respite - Home Care Agency & Non-Facility, Basic Individual |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| FFS Respite - Group Specialized Summer Day Camp                 |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| FFS Respite - HHA Group   |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| <b>GRAND TOTAL:</b>   |            |            |         |                     |                 | <b>407280.99</b> |            |
| Total: Services included in capitation:                         |            |            |         |                     |                 | 322247.42        |            |
| Total: Services not included in capitation:                     |            |            |         |                     |                 | 85033.57         |            |
| <b>Total Estimated Unduplicated Participants:</b>               |            |            |         |                     |                 | <b>50</b>        |            |
| <b>Factor D (Divide total by number of participants):</b>       |            |            |         |                     |                 | <b>8145.62</b>   |            |
| Services included in capitation:                                |            |            |         |                     |                 | 6444.95          |            |
| Services not included in capitation:                            |            |            |         |                     |                 | 1700.67          |            |
| <b>Average Length of Stay on the Waiver:</b>                    |            |            |         |                     |                 |                  | <b>274</b> |

| Waiver Service/Component                                   | Capitation | Unit       | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost       |
|--|------------|------------|---------|---------------------|-----------------|----------------|------------------|
| FFS Respite - RCF/ID                                       |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Resident Camp-Weeklong                       |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Group Summer Day Camp - Group Recreational   |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Home Care Agency & Non-Facility, Group       |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Teen Day Camp - 13 to 21 Years Old           |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - HHA Specialized                              |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Child Care Center                            |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Home Care Agency & Non-Facility, Specialized |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - HHA Basic Individual                         |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Nursing Facility                             |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| <b>Home Health Aide Total:</b>                             |            |            |         |                     |                 |                | <b>0.00</b>      |
| Home Health Aide   |            | Visit      | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Home Health Aide                                       |            | Visit      | 0       | 0.00                | 0.01            | 0.00           |                  |
| <b>Nursing Total:</b>                                      |            |            |         |                     |                 |                | <b>0.00</b>      |
| Nursing Care in the Home/LPN; Per Visit                    |            | Visit      | 0       | 0.00                | 0.01            | 0.00           |                  |
| Nursing Care in the Home/RN; Per Visit                     |            | Visit      | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Nursing Care in the                                    |            | Visit      |         |                     |                 | 0.00           |                  |
| <b>GRAND TOTAL:</b>  |            |            |         |                     |                 |                | <b>407280.99</b> |
| Total: Services included in capitation:                    |            |            |         |                     |                 |                | 322247.42        |
| Total: Services not included in capitation:                |            |            |         |                     |                 |                | 85033.57         |
| <b>Total Estimated Unduplicated Participants:</b>          |            |            |         |                     |                 |                | <b>50</b>        |
| <b>Factor D (Divide total by number of participants):</b>  |            |            |         |                     |                 |                | <b>8145.62</b>   |
| Services included in capitation:                           |            |            |         |                     |                 |                | 6444.95          |
| Services not included in capitation:                       |            |            |         |                     |                 |                | 1700.67          |
| <b>Average Length of Stay on the Waiver:</b>               |            |            |         |                     |                 |                | <b>274</b>       |

| Waiver Service/Component                                   | Capitation | Unit       | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|--|------------|------------|---------|---------------------|-----------------|----------------|------------|
| Home/LPN; Per Visit  |            |            | 0       | 0.00                | 0.01            |                |            |
| FFS Nursing Care in the Home/RN; Per Visit                 |            | Visit      | 0       | 0.00                | 0.01            | 0.00           |            |
| <b>Financial Management Services Total:</b>                |            |            |         |                     |                 |                | 12944.58   |
| Financial Management Services                              |            | Month      | 2       | 3.00                | 230.76          | 1384.56        |            |
| FFS Financial Management Services                          |            | Month      | 2       | 4.67                | 1237.69         | 11560.02       |            |
| <b>Independent Support Broker Total:</b>                   |            |            |         |                     |                 |                | 318.99     |
| Independent Support Broker                                 |            | Hour       | 2       | 10.50               | 15.19           | 318.99         |            |
| FFS Independent Support Broker                             |            | Hour       | 0       | 10.50               | 15.19           | 0.00           |            |
| <b>Consumer Directed Attendant Care - Skilled Total:</b>   |            |            |         |                     |                 |                | 248380.26  |
| CDAC-Agency - 15 Minutes                                   |            | 15 Minutes | 8       | 147.71              | 5.56            | 6570.14        |            |
| CDAC-Individual - 15 Minutes                               |            | 15 Minutes | 26      | 2308.51             | 3.24            | 194468.88      |            |
| FFS CDAC-Agency - 15 Minutes                               |            | 15 Minutes | 3       | 147.71              | 5.56            | 2463.80        |            |
| FFS CDAC-Individual - 15 Minutes                           |            | 15 Minutes | 6       | 2308.51             | 3.24            | 44877.43       |            |
| <b>Consumer-Directed Attendant Care - Unskilled Total:</b> |            |            |         |                     |                 |                | 80614.97   |
| CDAC-Agency - 15 Minutes                                   |            | 15 Minutes | 7       | 1341.53             | 5.10            | 47892.62       |            |
| CDAC-Individual - 15 Minutes                               |            | 15 Minutes | 22      | 242.47              | 3.02            | 16109.71       |            |
| FFS CDAC-Agency - 15 Minutes                               |            | 15 Minutes | 2       | 1341.53             | 5.10            | 13683.61       |            |
| FFS CDAC-Individual - 15                                   |            |            |         |                     |                 | 2929.04        |            |
| <b>GRAND TOTAL:</b>  |            |            |         |                     |                 |                | 407280.99  |
| Total: Services included in capitation:                    |            |            |         |                     |                 |                | 322247.42  |
| Total: Services not included in capitation:                |            |            |         |                     |                 |                | 85033.57   |
| Total Estimated Unduplicated Participants:                 |            |            |         |                     |                 |                | 50         |
| Factor D (Divide total by number of participants):         |            |            |         |                     |                 |                | 8145.62    |
| Services included in capitation:                           |            |            |         |                     |                 |                | 6444.95    |
| Services not included in capitation:                       |            |            |         |                     |                 |                | 1700.67    |
| Average Length of Stay on the Waiver:                      |            |            |         |                     |                 |                | 274        |

| Waiver Service/<br>Component                              | Capitation | Unit       | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost       |
|---|------------|------------|---------|---------------------|-----------------|----------------|------------------|
| Minutes   |            | 15 Minutes | 4       | 242.47              | 3.02            |                |                  |
| <b>Counseling Total:</b>                                  |            |            |         |                     |                 |                | <b>0.00</b>      |
| Counseling - Individual - 15 Minutes                      |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| Counseling - Group - 15 Minutes                           |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Counseling - Individual - 15 Minutes                  |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Counseling - Group - 15 Minutes                       |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| <b>Home Delivered Meals Total:</b>                        |            |            |         |                     |                 |                | <b>60558.68</b>  |
| Liquid Supplement   |            | Meal       | 8       | 12.24               | 6.01            | 588.50         |                  |
| Morning Meal  |            | Meal       | 5       | 14.69               | 9.51            | 698.51         |                  |
| Evening Meal  |            | Meal       | 30      | 168.36              | 9.80            | 49497.84       |                  |
| Noon Meal   |            | Meal       | 19      | 13.11               | 9.98            | 2485.92        |                  |
| FFS Liquid Supplement                                     |            | Meal       | 2       | 12.24               | 6.01            | 147.12         |                  |
| FFS Morning Meal  |            | Meal       | 2       | 14.69               | 9.51            | 279.40         |                  |
| FFS Evening Meal  |            | Meal       | 4       | 168.36              | 9.80            | 6599.71        |                  |
| FFS Noon Meal   |            | Meal       | 2       | 13.11               | 9.98            | 261.68         |                  |
| <b>Individual Directed Goods and Services Total:</b>      |            |            |         |                     |                 |                | <b>0.00</b>      |
| Individual Directed Goods and Services                    |            | Month      | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Individual Directed Goods and Services                |            | Month      | 0       | 0.00                | 0.01            | 0.00           |                  |
| <b>Self Directed Community Support and Employment</b>     |            |            |         |                     |                 |                | <b>0.00</b>      |
| <b>GRAND TOTAL:</b>                                       |            |            |         |                     |                 |                | <b>407280.99</b> |
| Total: Services included in capitation:                   |            |            |         |                     |                 |                | 322247.42        |
| Total: Services not included in capitation:               |            |            |         |                     |                 |                | 85033.57         |
| <b>Total Estimated Unduplicated Participants:</b>         |            |            |         |                     |                 |                | <b>50</b>        |
| <b>Factor D (Divide total by number of participants):</b> |            |            |         |                     |                 |                | <b>8145.62</b>   |
| Services included in capitation:                          |            |            |         |                     |                 |                | 6444.95          |
| Services not included in capitation:                      |            |            |         |                     |                 |                | 1700.67          |
| <b>Average Length of Stay on the Waiver:</b>              |            |            |         |                     |                 |                | <b>274</b>       |

| Waiver Service/Component                                  | Capitation               | Unit  | # Users                        | Avg. Units Per User               | Avg. Cost/ Unit                   | Component Cost | Total Cost                       |
|---|--------------------------|-------|--------------------------------|-----------------------------------|-----------------------------------|----------------|----------------------------------|
| <b>Total:</b>   |                          |       |                                |                                   |                                   |                |                                  |
| Self Directed Community Support and Employment            | <input type="checkbox"/> | Month | <input type="text" value="0"/> | <input type="text" value="0.00"/> | <input type="text" value="0.01"/> | <b>0.00</b>    |                                  |
| FFS Self Directed Community Support and Employment        | <input type="checkbox"/> | Month | <input type="text" value="0"/> | <input type="text" value="0.00"/> | <input type="text" value="0.01"/> | <b>0.00</b>    |                                  |
| <b>Self Directed Personal Care Total:</b>                 |                          |       |                                |                                   |                                   |                | <b>0.00</b>                      |
| Self Directed Personal Care                               | <input type="checkbox"/> | Month | <input type="text" value="0"/> | <input type="text" value="0.00"/> | <input type="text" value="0.01"/> | <b>0.00</b>    |                                  |
| FFS Self Directed Personal Care                           | <input type="checkbox"/> | Month | <input type="text" value="0"/> | <input type="text" value="0.00"/> | <input type="text" value="0.01"/> | <b>0.00</b>    |                                  |
| <b>GRAND TOTAL:</b>                                       |                          |       |                                |                                   |                                   |                | <b>407280.99</b>                 |
| Total: Services included in capitation:                   |                          |       |                                |                                   |                                   |                | 322247.42                        |
| Total: Services not included in capitation:               |                          |       |                                |                                   |                                   |                | 85033.57                         |
| <b>Total Estimated Unduplicated Participants:</b>         |                          |       |                                |                                   |                                   |                | <b>50</b>                        |
| <b>Factor D (Divide total by number of participants):</b> |                          |       |                                |                                   |                                   |                | <b>8145.62</b>                   |
| Services included in capitation:                          |                          |       |                                |                                   |                                   |                | 6444.95                          |
| Services not included in capitation:                      |                          |       |                                |                                   |                                   |                | 1700.67                          |
| <b>Average Length of Stay on the Waiver:</b>              |                          |       |                                |                                   |                                   |                | <input type="text" value="274"/> |

**Appendix J: Cost Neutrality Demonstration**

**J-2: Derivation of Estimates (8 of 9)**

**d. Estimate of Factor D.**

**ii. Concurrent section 1915(b)/section 1915(c) waivers, or other concurrent managed care authorities utilizing capitated payment arrangements.** Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. If applicable, check the capitation box next to that service. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

**Waiver Year: Year 4**

| Waiver Service/Component                                  | Capitation               | Unit         | # Users                        | Avg. Units Per User               | Avg. Cost/ Unit                   | Component Cost | Total Cost                       |
|---|--------------------------|--------------|--------------------------------|-----------------------------------|-----------------------------------|----------------|----------------------------------|
| <b>Adult Day Care Total:</b>                              |                          |              |                                |                                   |                                   |                | <b>0.00</b>                      |
| Adult Day Care - Extended Day                             | <input type="checkbox"/> | Extended Day | <input type="text" value="0"/> | <input type="text" value="0.00"/> | <input type="text" value="0.01"/> | <b>0.00</b>    |                                  |
| Adult Day Care - Full Day                                 | <input type="checkbox"/> | Full Day     | <input type="text" value="0"/> | <input type="text" value="0.00"/> | <input type="text" value="0.01"/> | <b>0.00</b>    |                                  |
| <b>GRAND TOTAL:</b>                                       |                          |              |                                |                                   |                                   |                | <b>427585.21</b>                 |
| Total: Services included in capitation:                   |                          |              |                                |                                   |                                   |                | 340425.21                        |
| Total: Services not included in capitation:               |                          |              |                                |                                   |                                   |                | 87160.00                         |
| <b>Total Estimated Unduplicated Participants:</b>         |                          |              |                                |                                   |                                   |                | <b>50</b>                        |
| <b>Factor D (Divide total by number of participants):</b> |                          |              |                                |                                   |                                   |                | <b>8551.70</b>                   |
| Services included in capitation:                          |                          |              |                                |                                   |                                   |                | 6808.50                          |
| Services not included in capitation:                      |                          |              |                                |                                   |                                   |                | 1743.20                          |
| <b>Average Length of Stay on the Waiver:</b>              |                          |              |                                |                                   |                                   |                | <input type="text" value="274"/> |

| Waiver Service/Component                                    | Capitation | Unit         | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|------------|--------------|---------|---------------------|-----------------|----------------|------------|
| Adult Day Care - Half Day                                   |            | Half Day     | 0       | 0.00                | 0.01            | 0.00           |            |
| Adult Day Care - 15 Minutes                                 |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |            |
| FFS Adult Day Care - Extended Day                           |            | Extended Day | 0       | 0.00                | 0.01            | 0.00           |            |
| FFS Adult Day Care - Full Day                               |            | Full Day     | 0       | 0.00                | 0.01            | 0.00           |            |
| FFS Adult Day Care - Half Day                               |            | Half Day     | 0       | 0.00                | 0.01            | 0.00           |            |
| FFS Adult Day Care - 15 Minutes                             |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |            |
| <b>Homemaker Total:</b>                                     |            |              |         |                     |                 |                | 4574.10    |
| Homemaker - 15 Minutes                                      |            | 15 Minutes   | 1       | 395.00              | 5.79            | 2287.05        |            |
| FFS Homemaker - 15 Minutes                                  |            | 15 Minutes   | 1       | 395.00              | 5.79            | 2287.05        |            |
| <b>Respite Total:</b>                                       |            |              |         |                     |                 |                | 0.00       |
| Respite - Camp  |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - ICF/I/D   |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - Hospital or Nursing Facility/Skilled              |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - Home Care Agency & Non-Facility, Basic Individual |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - Group Specialized Summer Day Camp                 |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - HHA Group   |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - RCF/ID  |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - Resident Camp-Weeklong                            |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |            |
| <b>GRAND TOTAL:</b>   |            |              |         |                     |                 |                | 427585.21  |
| Total: Services included in capitation:                     |            |              |         |                     |                 |                | 340425.21  |
| Total: Services not included in capitation:                 |            |              |         |                     |                 |                | 87160.00   |
| <b>Total Estimated Unduplicated Participants:</b>           |            |              |         |                     |                 |                | 50         |
| <b>Factor D (Divide total by number of participants):</b>   |            |              |         |                     |                 |                | 8551.70    |
| Services included in capitation:                            |            |              |         |                     |                 |                | 6808.50    |
| Services not included in capitation:                        |            |              |         |                     |                 |                | 1743.20    |
| <b>Average Length of Stay on the Waiver:</b>                |            |              |         |                     |                 |                | 274        |



| Waiver Service/<br>Component                                    | Capitation | Unit       | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|------------|------------|---------|---------------------|-----------------|----------------|------------|
| Respite - Group Summer Day Camp - Group Recreational            |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - Home Care Agency & Non-Facility, Group                |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - Teen Day Camp - 13 to 21 Years Old                    |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - HHA Specialized                                       |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - Child Care Center                                     |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - Home Care Agency & Non-Facility, Specialized          |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - HHA Basic Individual                                  |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - Nursing Facility                                      |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| FFS Respite - Camp  |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| FFS Respite - ICF/I/D   |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| FFS Respite - Hospital or Nursing Facility/Skilled              |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| FFS Respite - Home Care Agency & Non-Facility, Basic Individual |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| FFS Respite - Group Specialized Summer Day Camp                 |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| FFS Respite - HHA Group   |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| FFS Respite - RCF/ID  |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| FFS Respite - Resident  |            | 15 Minutes |         |                     |                 | 0.00           |            |
| <b>GRAND TOTAL:</b>   |            |            |         |                     |                 | 427585.21      |            |
| Total: Services included in capitation:                         |            |            |         |                     |                 | 340425.21      |            |
| Total: Services not included in capitation:                     |            |            |         |                     |                 | 87160.00       |            |
| <b>Total Estimated Unduplicated Participants:</b>               |            |            |         |                     |                 | 50             |            |
| <b>Factor D (Divide total by number of participants):</b>       |            |            |         |                     |                 | 8551.70        |            |
| Services included in capitation:                                |            |            |         |                     |                 | 6808.50        |            |
| Services not included in capitation:                            |            |            |         |                     |                 | 1743.20        |            |
| <b>Average Length of Stay on the Waiver:</b>                    |            |            |         |                     |                 |                | 274        |

| Waiver Service/Component                                   | Capitation | Unit       | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost       |
|--|------------|------------|---------|---------------------|-----------------|----------------|------------------|
| Camp-Weeklong  |            |            | 0       | 0.00                | 0.01            |                |                  |
| FFS Respite - Group Summer Day Camp - Group Recreational   |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Home Care Agency & Non-Facility, Group       |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Teen Day Camp - 13 to 21 Years Old           |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - HHA Specialized                              |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Child Care Center                            |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Home Care Agency & Non-Facility, Specialized |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - HHA Basic Individual                         |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Nursing Facility                             |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| <b>Home Health Aide Total:</b>                             |            |            |         |                     |                 |                | <b>0.00</b>      |
| Home Health Aide   |            | Visit      | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Home Health Aide                                       |            | Visit      | 0       | 0.00                | 0.01            | 0.00           |                  |
| <b>Nursing Total:</b>                                      |            |            |         |                     |                 |                | <b>0.00</b>      |
| Nursing Care in the Home/LPN; Per Visit                    |            | Visit      | 0       | 0.00                | 0.01            | 0.00           |                  |
| Nursing Care in the Home/RN; Per Visit                     |            | Visit      | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Nursing Care in the Home/LPN; Per Visit                |            | Visit      | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Nursing Care in the                                    |            | Visit      | 0       | 0.00                | 0.01            | 0.00           |                  |
| <b>GRAND TOTAL:</b>  |            |            |         |                     |                 |                | <b>427585.21</b> |
| Total: Services included in capitation:                    |            |            |         |                     |                 |                | 340425.21        |
| Total: Services not included in capitation:                |            |            |         |                     |                 |                | 87160.00         |
| <b>Total Estimated Unduplicated Participants:</b>          |            |            |         |                     |                 |                | <b>50</b>        |
| <b>Factor D (Divide total by number of participants):</b>  |            |            |         |                     |                 |                | <b>8551.70</b>   |
| Services included in capitation:                           |            |            |         |                     |                 |                | 6808.50          |
| Services not included in capitation:                       |            |            |         |                     |                 |                | 1743.20          |
| <b>Average Length of Stay on the Waiver:</b>               |            |            |         |                     |                 |                | <b>274</b>       |

| Waiver Service/Component                                   | Capitation | Unit       | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|--|------------|------------|---------|---------------------|-----------------|----------------|------------|
| Home/RN; Per Visit   |            |            |         |                     |                 |                |            |
| <b>Financial Management Services Total:</b>                |            |            |         |                     |                 |                | 13268.18   |
| Financial Management Services                              |            | Month      | 2       | 3.00                | 236.53          | 1419.18        |            |
| FFS Financial Management Services                          |            | Month      | 2       | 4.67                | 1268.63         | 11849.00       |            |
| <b>Independent Support Broker Total:</b>                   |            |            |         |                     |                 |                | 326.97     |
| Independent Support Broker                                 |            | Hour       | 2       | 10.50               | 15.57           | 326.97         |            |
| FFS Independent Support Broker                             |            | Hour       | 0       | 10.50               | 15.57           | 0.00           |            |
| <b>Consumer Directed Attendant Care - Skilled Total:</b>   |            |            |         |                     |                 |                | 262181.77  |
| CDAC-Agency - 15 Minutes                                   |            | 15 Minutes | 8       | 147.71              | 5.70            | 6735.58        |            |
| CDAC-Individual - 15 Minutes                               |            | 15 Minutes | 27      | 2308.51             | 3.32            | 206934.84      |            |
| FFS CDAC-Agency - 15 Minutes                               |            | 15 Minutes | 3       | 147.71              | 5.70            | 2525.84        |            |
| FFS CDAC-Individual - 15 Minutes                           |            | 15 Minutes | 6       | 2308.51             | 3.32            | 45985.52       |            |
| <b>Consumer-Directed Attendant Care - Unskilled Total:</b> |            |            |         |                     |                 |                | 83440.56   |
| CDAC-Agency - 15 Minutes                                   |            | 15 Minutes | 7       | 1341.53             | 5.23            | 49113.41       |            |
| CDAC-Individual - 15 Minutes                               |            | 15 Minutes | 23      | 242.47              | 3.10            | 17288.11       |            |
| FFS CDAC-Agency - 15 Minutes                               |            | 15 Minutes | 2       | 1341.53             | 5.23            | 14032.40       |            |
| FFS CDAC-Individual - 15 Minutes                           |            | 15 Minutes | 4       | 242.47              | 3.10            | 3006.63        |            |
| <b>Counseling Total:</b>                                   |            |            |         |                     |                 |                | 0.00       |
| <b>GRAND TOTAL:</b>  |            |            |         |                     |                 |                | 427585.21  |
| Total: Services included in capitation:                    |            |            |         |                     |                 |                | 340425.21  |
| Total: Services not included in capitation:                |            |            |         |                     |                 |                | 87160.00   |
| Total Estimated Unduplicated Participants:                 |            |            |         |                     |                 |                | 50         |
| Factor D (Divide total by number of participants):         |            |            |         |                     |                 |                | 8551.70    |
| Services included in capitation:                           |            |            |         |                     |                 |                | 6808.50    |
| Services not included in capitation:                       |            |            |         |                     |                 |                | 1743.20    |
| Average Length of Stay on the Waiver:                      |            |            |         |                     |                 |                | 274        |

| Waiver Service/<br>Component                                 | Capitation | Unit       | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost       |
|--|------------|------------|---------|---------------------|-----------------|----------------|------------------|
| Counseling - Individual - 15 Minutes                         |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| Counseling - Group - 15 Minutes                              |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Counseling - Individual - 15 Minutes                     |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Counseling - Group - 15 Minutes                          |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| <b>Home Delivered Meals Total:</b>                           |            |            |         |                     |                 |                | <b>63793.63</b>  |
| Liquid Supplement  |            | Meal       | 8       | 12.24               | 6.16            | 603.19         |                  |
| Morning Meal   |            | Meal       | 5       | 14.69               | 9.75            | 716.14         |                  |
| Evening Meal   |            | Meal       | 31      | 168.36              | 10.05           | 52452.56       |                  |
| Noon Meal  |            | Meal       | 19      | 13.11               | 10.23           | 2548.19        |                  |
| FFS Liquid Supplement  |            | Meal       | 2       | 12.24               | 6.16            | 150.80         |                  |
| FFS Morning Meal   |            | Meal       | 2       | 14.69               | 9.75            | 286.46         |                  |
| FFS Evening Meal   |            | Meal       | 4       | 168.36              | 10.05           | 6768.07        |                  |
| FFS Noon Meal  |            | Meal       | 2       | 13.11               | 10.23           | 268.23         |                  |
| <b>Individual Directed Goods and Services Total:</b>         |            |            |         |                     |                 |                | <b>0.00</b>      |
| Individual Directed Goods and Services                       |            | Month      | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Individual Directed Goods and Services                   |            | Month      | 0       | 0.00                | 0.01            | 0.00           |                  |
| <b>Self Directed Community Support and Employment Total:</b> |            |            |         |                     |                 |                | <b>0.00</b>      |
| Self Directed Community Support and                          |            | Month      | 0       | 0.00                | 0.01            | 0.00           |                  |
| <b>GRAND TOTAL:</b>  |            |            |         |                     |                 |                | <b>427585.21</b> |
| Total: Services included in capitation:                      |            |            |         |                     |                 |                | 340425.21        |
| Total: Services not included in capitation:                  |            |            |         |                     |                 |                | 87160.00         |
| <b>Total Estimated Unduplicated Participants:</b>            |            |            |         |                     |                 |                | <b>50</b>        |
| <b>Factor D (Divide total by number of participants):</b>    |            |            |         |                     |                 |                | <b>8551.70</b>   |
| Services included in capitation:                             |            |            |         |                     |                 |                | 6808.50          |
| Services not included in capitation:                         |            |            |         |                     |                 |                | 1743.20          |
| <b>Average Length of Stay on the Waiver:</b>                 |            |            |         |                     |                 |                | <b>274</b>       |

| Waiver Service/Component                           | Capitation               | Unit  | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|--|--------------------------|-------|---------|---------------------|-----------------|----------------|------------|
| Employment   |                          |       |         |                     |                 |                |            |
| FFS Self Directed Community Support and Employment | <input type="checkbox"/> | Month | 0       | 0.00                | 0.01            | 0.00           |            |
| <b>Self Directed Personal Care Total:</b>          |                          |       |         |                     |                 |                | 0.00       |
| Self Directed Personal Care                        | <input type="checkbox"/> | Month | 0       | 0.00                | 0.01            | 0.00           |            |
| FFS Self Directed Personal Care                    | <input type="checkbox"/> | Month | 0       | 0.00                | 0.01            | 0.00           |            |
| <b>GRAND TOTAL:</b>                                |                          |       |         |                     |                 |                | 427585.21  |
| Total: Services included in capitation:            |                          |       |         |                     |                 |                | 340425.21  |
| Total: Services not included in capitation:        |                          |       |         |                     |                 |                | 87160.00   |
| Total Estimated Unduplicated Participants:         |                          |       |         |                     |                 |                | 50         |
| Factor D (Divide total by number of participants): |                          |       |         |                     |                 |                | 8551.70    |
| Services included in capitation:                   |                          |       |         |                     |                 |                | 6808.50    |
| Services not included in capitation:               |                          |       |         |                     |                 |                | 1743.20    |
| Average Length of Stay on the Waiver:              |                          |       |         |                     |                 |                | 274        |

## Appendix J: Cost Neutrality Demonstration

### J-2: Derivation of Estimates (9 of 9)

#### d. Estimate of Factor D.

ii. Concurrent section 1915(b)/section 1915(c) waivers, or other concurrent managed care authorities utilizing capitated payment arrangements. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. If applicable, check the capitation box next to that service. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

#### Waiver Year: Year 5

| Waiver Service/Component                           | Capitation               | Unit         | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|--|--------------------------|--------------|---------|---------------------|-----------------|----------------|------------|
| <b>Adult Day Care Total:</b>                       |                          |              |         |                     |                 |                | 0.00       |
| Adult Day Care - Extended Day                      | <input type="checkbox"/> | Extended Day | 0       | 0.00                | 0.01            | 0.00           |            |
| Adult Day Care - Full Day                          | <input type="checkbox"/> | Full Day     | 0       | 0.00                | 0.01            | 0.00           |            |
| Adult Day Care - Half Day                          | <input type="checkbox"/> | Half Day     | 0       | 0.00                | 0.01            | 0.00           |            |
| <b>GRAND TOTAL:</b>                                |                          |              |         |                     |                 |                | 448392.86  |
| Total: Services included in capitation:            |                          |              |         |                     |                 |                | 359098.88  |
| Total: Services not included in capitation:        |                          |              |         |                     |                 |                | 89293.98   |
| Total Estimated Unduplicated Participants:         |                          |              |         |                     |                 |                | 50         |
| Factor D (Divide total by number of participants): |                          |              |         |                     |                 |                | 8967.86    |
| Services included in capitation:                   |                          |              |         |                     |                 |                | 7181.98    |
| Services not included in capitation:               |                          |              |         |                     |                 |                | 1785.88    |
| Average Length of Stay on the Waiver:              |                          |              |         |                     |                 |                | 274        |

| Waiver Service/<br>Component                                | Capitation | Unit         | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|------------|--------------|---------|---------------------|-----------------|----------------|------------|
| Adult Day Care - 15 Minutes                                 |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |            |
| FFS Adult Day Care - Extended Day                           |            | Extended Day | 0       | 0.00                | 0.01            | 0.00           |            |
| FFS Adult Day Care - Full Day                               |            | Full Day     | 0       | 0.00                | 0.01            | 0.00           |            |
| FFS Adult Day Care - Half Day                               |            | Half Day     | 0       | 0.00                | 0.01            | 0.00           |            |
| FFS Adult Day Care - 15 Minutes                             |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |            |
| <b>Homemaker Total:</b>                                     |            |              |         |                     |                 |                | 4684.70    |
| Homemaker - 15 Minutes                                      |            | 15 Minutes   | 1       | 395.00              | 5.93            | 2342.35        |            |
| FFS Homemaker - 15 Minutes                                  |            | 15 Minutes   | 1       | 395.00              | 5.93            | 2342.35        |            |
| <b>Respite Total:</b>                                       |            |              |         |                     |                 |                | 0.00       |
| Respite - Camp  |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - ICF/I/D   |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - Hospital or Nursing Facility/Skilled              |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - Home Care Agency & Non-Facility, Basic Individual |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - Group Specialized Summer Day Camp                 |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - HHA Group   |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - RCF/ID  |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - Resident Camp-Weeklong                            |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |            |
| Respite - Group Summer Day                                  |            | 15 Minutes   | 0       | 0.00                | 0.01            | 0.00           |            |
| <b>GRAND TOTAL:</b>   |            |              |         |                     |                 |                | 448392.86  |
| Total: Services included in capitation:                     |            |              |         |                     |                 |                | 359098.88  |
| Total: Services not included in capitation:                 |            |              |         |                     |                 |                | 89293.98   |
| <b>Total Estimated Unduplicated Participants:</b>           |            |              |         |                     |                 |                | 50         |
| <b>Factor D (Divide total by number of participants):</b>   |            |              |         |                     |                 |                | 8967.86    |
| Services included in capitation:                            |            |              |         |                     |                 |                | 7181.98    |
| Services not included in capitation:                        |            |              |         |                     |                 |                | 1785.88    |
| <b>Average Length of Stay on the Waiver:</b>                |            |              |         |                     |                 |                | 274        |

| Waiver Service/Component  | Capitation | Unit       | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost   | Total Cost |
|---|------------|------------|---------|---------------------|-----------------|------------------|------------|
| Camp - Group Recreational                                       |            |            |         |                     |                 |                  |            |
| Respite - Home Care Agency & Non-Facility, Group                |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| Respite - Teen Day Camp - 13 to 21 Years Old                    |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| Respite - HHA Specialized                                       |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| Respite - Child Care Center                                     |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| Respite - Home Care Agency & Non-Facility, Specialized          |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| Respite - HHA Basic Individual                                  |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| Respite - Nursing Facility                                      |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| FFS Respite - Camp  |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| FFS Respite - ICF/I/D   |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| FFS Respite - Hospital or Nursing Facility/Skilled              |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| FFS Respite - Home Care Agency & Non-Facility, Basic Individual |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| FFS Respite - Group Specialized Summer Day Camp                 |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| FFS Respite - HHA Group   |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| FFS Respite - RCF/ID  |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| FFS Respite - Resident Camp-Weeklong                            |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00             |            |
| <b>GRAND TOTAL:</b>   |            |            |         |                     |                 | <b>448392.86</b> |            |
| Total: Services included in capitation:                         |            |            |         |                     |                 | 359098.88        |            |
| Total: Services not included in capitation:                     |            |            |         |                     |                 | 89293.98         |            |
| <b>Total Estimated Unduplicated Participants:</b>               |            |            |         |                     |                 | <b>50</b>        |            |
| <b>Factor D (Divide total by number of participants):</b>       |            |            |         |                     |                 | <b>8967.86</b>   |            |
| Services included in capitation:                                |            |            |         |                     |                 | 7181.98          |            |
| Services not included in capitation:                            |            |            |         |                     |                 | 1785.88          |            |
| <b>Average Length of Stay on the Waiver:</b>                    |            |            |         |                     |                 |                  | <b>274</b> |

| Waiver Service/Component                                   | Capitation | Unit       | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost       |
|--|------------|------------|---------|---------------------|-----------------|----------------|------------------|
| FFS Respite - Group Summer Day Camp - Group Recreational   |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Home Care Agency & Non-Facility, Group       |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Teen Day Camp - 13 to 21 Years Old           |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - HHA Specialized                              |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Child Care Center                            |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Home Care Agency & Non-Facility, Specialized |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - HHA Basic Individual                         |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Respite - Nursing Facility                             |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| <b>Home Health Aide Total:</b>                             |            |            |         |                     |                 |                | <b>0.00</b>      |
| Home Health Aide   |            | Visit      | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Home Health Aide                                       |            | Visit      | 0       | 0.00                | 0.01            | 0.00           |                  |
| <b>Nursing Total:</b>                                      |            |            |         |                     |                 |                | <b>0.00</b>      |
| Nursing Care in the Home/LPN; Per Visit                    |            | Visit      | 0       | 0.00                | 0.01            | 0.00           |                  |
| Nursing Care in the Home/RN; Per Visit                     |            | Visit      | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Nursing Care in the Home/LPN; Per Visit                |            | Visit      | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Nursing Care in the Home/RN; Per Visit                 |            | Visit      | 0       | 0.00                | 0.01            | 0.00           |                  |
| <b>GRAND TOTAL:</b>  |            |            |         |                     |                 |                | <b>448392.86</b> |
| Total: Services included in capitation:                    |            |            |         |                     |                 |                | 359098.88        |
| Total: Services not included in capitation:                |            |            |         |                     |                 |                | 89293.98         |
| <b>Total Estimated Unduplicated Participants:</b>          |            |            |         |                     |                 |                | <b>50</b>        |
| <b>Factor D (Divide total by number of participants):</b>  |            |            |         |                     |                 |                | <b>8967.86</b>   |
| Services included in capitation:                           |            |            |         |                     |                 |                | 7181.98          |
| Services not included in capitation:                       |            |            |         |                     |                 |                | 1785.88          |
| <b>Average Length of Stay on the Waiver:</b>               |            |            |         |                     |                 |                | <b>274</b>       |



| Waiver Service/Component                                   | Capitation | Unit       | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|--|------------|------------|---------|---------------------|-----------------|----------------|------------|
| <b>Financial Management Services Total:</b>                |            |            |         |                     |                 |                | 13599.91   |
| Financial Management Services                              |            | Month      | 2       | 3.00                | 242.44          | 1454.64        |            |
| FFS Financial Management Services                          |            | Month      | 2       | 4.67                | 1300.35         | 12145.27       |            |
| <b>Independent Support Broker Total:</b>                   |            |            |         |                     |                 |                | 335.16     |
| Independent Support Broker                                 |            | Hour       | 2       | 10.50               | 15.96           | 335.16         |            |
| FFS Independent Support Broker                             |            | Hour       | 0       | 10.50               | 15.96           | 0.00           |            |
| <b>Consumer Directed Attendant Care - Skilled Total:</b>   |            |            |         |                     |                 |                | 276352.65  |
| CDAC-Agency - 15 Minutes                                   |            | 15 Minutes | 8       | 147.71              | 5.84            | 6901.01        |            |
| CDAC-Individual - 15 Minutes                               |            | 15 Minutes | 28      | 2308.51             | 3.40            | 219770.15      |            |
| FFS CDAC-Agency - 15 Minutes                               |            | 15 Minutes | 3       | 147.71              | 5.84            | 2587.88        |            |
| FFS CDAC-Individual - 15 Minutes                           |            | 15 Minutes | 6       | 2308.51             | 3.40            | 47093.60       |            |
| <b>Consumer-Directed Attendant Care - Unskilled Total:</b> |            |            |         |                     |                 |                | 86304.94   |
| CDAC-Agency - 15 Minutes                                   |            | 15 Minutes | 7       | 1341.53             | 5.36            | 50334.21       |            |
| CDAC-Individual - 15 Minutes                               |            | 15 Minutes | 24      | 242.47              | 3.18            | 18505.31       |            |
| FFS CDAC-Agency - 15 Minutes                               |            | 15 Minutes | 2       | 1341.53             | 5.36            | 14381.20       |            |
| FFS CDAC-Individual - 15 Minutes                           |            | 15 Minutes | 4       | 242.47              | 3.18            | 3084.22        |            |
| <b>Counseling Total:</b>                                   |            |            |         |                     |                 |                | 0.00       |
| Counseling - Individual - 15 Minutes                       |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |            |
| <b>GRAND TOTAL:</b>  |            |            |         |                     |                 |                | 448392.86  |
| Total: Services included in capitation:                    |            |            |         |                     |                 |                | 359098.88  |
| Total: Services not included in capitation:                |            |            |         |                     |                 |                | 89293.98   |
| <b>Total Estimated Unduplicated Participants:</b>          |            |            |         |                     |                 |                | 50         |
| <b>Factor D (Divide total by number of participants):</b>  |            |            |         |                     |                 |                | 8967.86    |
| Services included in capitation:                           |            |            |         |                     |                 |                | 7181.98    |
| Services not included in capitation:                       |            |            |         |                     |                 |                | 1785.88    |
| <b>Average Length of Stay on the Waiver:</b>               |            |            |         |                     |                 |                | 274        |

| Waiver Service/Component                                     | Capitation | Unit       | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost       |
|--|------------|------------|---------|---------------------|-----------------|----------------|------------------|
| Counseling - Group - 15 Minutes                              |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Counseling - Individual - 15 Minutes                     |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Counseling - Group - 15 Minutes                          |            | 15 Minutes | 0       | 0.00                | 0.01            | 0.00           |                  |
| <b>Home Delivered Meals Total:</b>                           |            |            |         |                     |                 |                | <b>67115.51</b>  |
| Liquid Supplement  |            | Meal       | 8       | 12.24               | 6.31            | 617.88         |                  |
| Morning Meal   |            | Meal       | 5       | 14.69               | 9.99            | 733.77         |                  |
| Evening Meal   |            | Meal       | 32      | 168.36              | 10.30           | 55491.46       |                  |
| Noon Meal  |            | Meal       | 19      | 13.11               | 10.49           | 2612.95        |                  |
| FFS Liquid Supplement  |            | Meal       | 2       | 12.24               | 6.31            | 154.47         |                  |
| FFS Morning Meal   |            | Meal       | 2       | 14.69               | 9.99            | 293.51         |                  |
| FFS Evening Meal   |            | Meal       | 4       | 168.36              | 10.30           | 6936.43        |                  |
| FFS Noon Meal  |            | Meal       | 2       | 13.11               | 10.49           | 275.05         |                  |
| <b>Individual Directed Goods and Services Total:</b>         |            |            |         |                     |                 |                | <b>0.00</b>      |
| Individual Directed Goods and Services                       |            | Month      | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Individual Directed Goods and Services                   |            | Month      | 0       | 0.00                | 0.01            | 0.00           |                  |
| <b>Self Directed Community Support and Employment Total:</b> |            |            |         |                     |                 |                | <b>0.00</b>      |
| Self Directed Community Support and Employment               |            | Month      | 0       | 0.00                | 0.01            | 0.00           |                  |
| FFS Self Directed  |            | Month      |         |                     |                 | 0.00           |                  |
| <b>GRAND TOTAL:</b>  |            |            |         |                     |                 |                | <b>448392.86</b> |
| Total: Services included in capitation:                      |            |            |         |                     |                 |                | 359098.88        |
| Total: Services not included in capitation:                  |            |            |         |                     |                 |                | 89293.98         |
| Total Estimated Unduplicated Participants:                   |            |            |         |                     |                 |                | 50               |
| Factor D (Divide total by number of participants):           |            |            |         |                     |                 |                | 8967.86          |
| Services included in capitation:                             |            |            |         |                     |                 |                | 7181.98          |
| Services not included in capitation:                         |            |            |         |                     |                 |                | 1785.88          |
| Average Length of Stay on the Waiver:                        |            |            |         |                     |                 |                | 274              |

| Waiver Service/<br>Component                              | Capi-<br>tation | Unit  | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component<br>Cost | Total<br>Cost    |
|---|-----------------|-------|---------|---------------------|-----------------|-------------------|------------------|
| Community Support and Employment                          |                 |       | 0       | 0.00                | 0.01            |                   |                  |
| <b>Self Directed Personal Care Total:</b>                 |                 |       |         |                     |                 |                   | <b>0.00</b>      |
| Self Directed Personal Care                               |                 | Month | 0       | 0.00                | 0.01            | 0.00              |                  |
| FFS Self Directed Personal Care                           |                 | Month | 0       | 0.00                | 0.01            | 0.00              |                  |
| <b>GRAND TOTAL:</b>                                       |                 |       |         |                     |                 |                   | <b>448392.86</b> |
| Total: Services included in capitation:                   |                 |       |         |                     |                 |                   | 359098.88        |
| Total: Services not included in capitation:               |                 |       |         |                     |                 |                   | 89293.98         |
| <b>Total Estimated Unduplicated Participants:</b>         |                 |       |         |                     |                 |                   | <b>50</b>        |
| <b>Factor D (Divide total by number of participants):</b> |                 |       |         |                     |                 |                   | <b>8967.86</b>   |
| Services included in capitation:                          |                 |       |         |                     |                 |                   | 7181.98          |
| Services not included in capitation:                      |                 |       |         |                     |                 |                   | 1785.88          |
| <b>Average Length of Stay on the Waiver:</b>              |                 |       |         |                     |                 |                   | <b>274</b>       |