

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

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	6534.89	8788.00	15322.89	24462.00	3323.00	27785.00	12462.11
2	6730.79	9052.00	15782.79	25196.00	3423.00	28619.00	12836.21
3	6935.63	9324.00	16259.63	25952.00	3526.00	29478.00	13218.37
4	7141.61	9604.00	16745.61	26731.00	3632.00	30363.00	13617.39
5	7358.02	9892.00	17250.02	27533.00	3741.00	31274.00	14023.98

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:	
		Hospital	
Year 1	1860		1860
Year 2	1860		1860
Year 3	1860		1860
Year 4	1860		1860
Year 5	1860		1860

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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 CMH waiver for the period from 10/01/20 – 09/30/22. This data will be the basis for the CMH waiver 372 reports to be submitted in March 2023 and March 2024.

The CMS 372 reports used to develop and report ALOS are from the four-year period from October 1, 2018 – September 30, 2022.

Unduplicated participants were trended in the current approved waiver based on historical participant levels. Variances between the previous renewal and the current renewal application are due to the lack of managed care experience at the time the previous renewal application was submitted. While unduplicated participants in the prior CMH waiver renewal were based on actuarial assumptions provided by the State's actuary, unduplicated participants in the current CMH 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 based on historical trends (historical data was based on 372 report data for the four-year period from 10/01/18 through 09/30/22 and current waiver performance data at the time of the renewal submission) including maximum waiver caps approved by CMS. The number of unduplicated participants reflects the managed care program's incentive to move individuals from the institutional setting to the HCBS waiver community setting.

Limitation on the Number of Participants Served at any Point in Time remains constant each year based on historical growth, average monthly costs per recipient on the waiver and maximum waiver caps approved by CMS.

Both the unduplicated number of participants and the limitation on the number of participants are based on CMS guidance.

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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. In this submission, Factor D projections have been based on actual historical data experience. The prior CMH waiver renewal was based on actuarial assumptions with limited managed care experience.

The basis of the estimates for Factor D and specifically, the number of users, average units, and average cost per unit for Waiver Year (WY) 1 is the average 372-report data for the two-year period from 10/01/20 through 09/30/22. Specifically, the number of users, average units, and average cost per unit were trended based on the historical actual data reported in the 372 reports submitted to CMS. The 10/01/20 through 09/30/22 period was selected to be certain a reasonable level of managed care experience (transition in 2016) was incorporated into the trends.

The calculations of Factor D (number of users and average cost per unit) for waiver year's 2 through 5 was trended at a 3.0% total annual increase based on a combination of waiver year 1 data (based on 372 report data) and on the CPI for All Urban Consumers (CPI-U) Index for the 5-year period average of 10/01/16 - 09/30/22. Average units per user over the 5-year renewal were adjusted from the last renewal based on the trending of number of users and units. The number of users were trended based on historical user counts for the period of 10/1/20 through 9/30/22. Outside of the 3.0% trend in the number of users and average cost per unit, Factor D is significantly lower in the current waiver renewal due to the unduplicated counts in the renewal that are aligned with the CMS maximum based on CMS guidance.

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.

- 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. In this submission, the post-managed care values were increased by 3.0% each waiver year. Factor D' projections were based on actual historical data experience. The 3.0% annual increase over the 5-year renewal period is trended based on a five-year average of the CPI for All Urban Consumers (CPI-U) Index for the period of 10/01/16 - 09/30/22.

The basis of the estimates for Factor D' and specifically, the number of users, average units, and average cost per unit for Waiver Year (WY) 1 is the 372-report data for the two-year period from 10/01/20 through 09/30/22. Specifically, the number of users, average units, and average cost per unit were trended based on the historical actual data reported in the 372 reports submitted to CMS. The 10/01/20 through 09/30/22 period was selected to be certain a reasonable level of managed care experience (transition in 2016) was incorporated into the trends.

The calculations of Factor D' (number of users and average cost per unit for waiver year's 2 through 5 was trended based on a combination of waiver year 1 data (based on historical 372 report data). Average units per user over the 5-year renewal were adjusted from the last renewal based on the trending of number of users and units. The number of users were trended based on historical user counts for the period of 10/1/20 through 9/30/22.

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.

- 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.

For waiver year (WY) 1, estimates are based on the non-institutional Medicaid costs for persons receiving institutional care for SFY21 (07/01/20 - 06/30/21) for the specific level of care (Hospital) specified in the CMH waiver. The 3.0% annual increase over WY's 2-5 renewal period is trended based on a five-year average of the CPI for All Urban Consumers (CPI-U) Index for the period of 10/01/16 - 09/30/22.

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 costs for all services other than those included in factor G for individuals served in the waiver, were the waiver not granted.

For waiver year (WY) 1, estimates are based on the non-institutional Medicaid costs for persons receiving institutional care for SFY21 (07/01/20 - 06/30/21) for the specific level of care (Hospital) specified in the CMH waiver. The 3.0% annual increase over WY's 2-5 renewal period is trended based on a five-year average of the CPI for All Urban Consumers (CPI-U) Index for the period of 10/01/16 - 09/30/22.

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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	
Family and Community Support service	
Respite	
Environmental Modifications and Adaptive Devices	
In-home family therapy	
Medical Day Care for Children	

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

d. Estimate of Factor D.

ii. Concurrent §1915(b)/§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
Family and Community Support service Total:							5368904.93
Therapeutic Resources - MCO		15 minutes	1719	9.03	12.53	194497.80	
Family and Community Support Service - MCO		15 minutes	1753	42.72	59.33	4443114.53	
Therapeutic Resources - FFS		15 minutes	191	9.03	12.53	21610.87	
Family and Community Support Service - FFS		15 minutes	280	42.72	59.33	709681.73	
Respite Total:							4671303.27
Child Care Center - MCO		15 minutes	62	1363.28	3.64	307665.03	
Home Care Agcy & Non-Facility, Basic Individual - MCO		15 minutes	836	445.73	5.57	2075550.66	
HHA Basic Individual - MCO		15 minutes	32	558.90	6.32	113031.94	
ICF/ID - MCO		15 minutes	7	309.29	4.00	8660.12	
Home Care Agcy & Non-Facility, Group - MCO		15 minutes	545	632.28	4.39	1512761.51	
Child Care Center - FFS		15 minutes	7	1363.28	3.64	34736.37	
Home Care Agcy & Non-Facility, Basic Individual - FFS		15 minutes	138	445.73	5.57	342614.82	
HHA Basic Individual - FFS		15 minutes	4	558.90	6.32	14128.99	
ICF/ID - FFS		15 minutes	1	309.29	4.00	1237.16	
Home Care Agcy & Non-Facility, Group - FFS		15 minutes	94	632.28	4.39	260916.66	
Environmental Modifications							6537.19
GRAND TOTAL:							12154896.79
Total: Services included in capitation:							10577565.44
Total: Services not included in capitation:							1577331.35
Total Estimated Unduplicated Participants:							1860
Factor D (Divide total by number of participants):							6534.89
Services included in capitation:							5686.86
Services not included in capitation:							848.03
Average Length of Stay on the Waiver:							275

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
and Adaptive Devices Total:							
Environmental Modifications and Adaptive Devices - MCO		Per Item	2	1.50	1452.71	4358.13	
Environmental Modifications and Adaptive Devices - FFS		Per Item	1	1.50	1452.71	2179.06	
In-home family therapy Total:							1967356.19
In-home family therapy - MCO		15 minutes	254	53.73	130.77	1784673.11	
In-home family therapy - FFS		15 minutes	26	53.73	130.77	182683.07	
Medical Day Care for Children Total:							140795.20
Medical Day Care for Children - MCO		15 minutes	53	260.00	9.67	133252.60	
Medical Day Care for Children - FFS		15 minutes	3	260.00	9.67	7542.60	
GRAND TOTAL:							12154896.79
Total: Services included in capitation:							10577565.44
Total: Services not included in capitation:							1577331.35
Total Estimated Unduplicated Participants:							1860
Factor D (Divide total by number of participants):							6534.89
Services included in capitation:							5686.86
Services not included in capitation:							848.03
Average Length of Stay on the Waiver:							275

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

d. Estimate of Factor D.

ii. Concurrent §1915(b)/§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
Family and Community Support service Total:							5532559.74
Therapeutic Resources - MCO		15 minutes	1745	9.03	12.72	200433.49	
Family and Community Support Service - MCO		15 minutes	1780	42.72	60.22	4579225.15	
Therapeutic Resources - FFS		15 minutes	194	9.03	12.72	22283.15	
Family and Community Support Service - FFS		15 minutes	284	42.72	60.22	730617.95	
Respite Total:							4809164.89
Child Care Center - MCO		15 minutes	63	1363.28	3.69	316921.70	
Home Care Agcy & Non-Facility, Basic Individual - MCO		15 minutes	849	445.73	5.65	2138099.95	
HHA Basic Individual - MCO		15 minutes	32	558.90	6.41	114641.57	
ICF/ID - MCO		15 minutes	7	309.29	4.06	8790.02	
Home Care Agcy & Non-Facility, Group - MCO		15 minutes	553	632.28	4.46	1559442.75	
Child Care Center - FFS		15 minutes	7	1363.28	3.69	35213.52	
Home Care Agcy & Non-Facility, Basic Individual - FFS		15 minutes	140	445.73	5.65	352572.43	
HHA Basic Individual - FFS		15 minutes	4	558.90	6.41	14330.20	
ICF/ID - FFS		15 minutes	1	309.29	4.06	1255.72	
Home Care Agcy & Non-Facility, Group - FFS		15 minutes	95	632.28	4.46	267897.04	
Environmental Modifications							6635.25
GRAND TOTAL:							12519261.82
Total: Services included in capitation:							10899799.32
Total: Services not included in capitation:							1619462.50
Total Estimated Unduplicated Participants:							1860
Factor D (Divide total by number of participants):							6730.79
Services included in capitation:							5860.11
Services not included in capitation:							870.68
Average Length of Stay on the Waiver:							275

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
and Adaptive Devices Total:							
Environmental Modifications and Adaptive Devices - MCO		Per Item	2	1.50	1474.50	4423.50	
Environmental Modifications and Adaptive Devices - FFS		Per Item	1	1.50	1474.50	2211.75	
In-home family therapy Total:							2025369.54
In-home family therapy - MCO		15 minutes	258	53.73	132.73	1839948.39	
In-home family therapy - FFS		15 minutes	26	53.73	132.73	185421.16	
Medical Day Care for Children Total:							145532.40
Medical Day Care for Children - MCO		15 minutes	54	260.00	9.82	137872.80	
Medical Day Care for Children - FFS		15 minutes	3	260.00	9.82	7659.60	
GRAND TOTAL:							12519261.82
Total: Services included in capitation:							10899799.32
Total: Services not included in capitation:							1619462.50
Total Estimated Unduplicated Participants:							1860
Factor D (Divide total by number of participants):							6730.79
Services included in capitation:							5860.11
Services not included in capitation:							870.68
Average Length of Stay on the Waiver:							275

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

d. Estimate of Factor D.

ii. **Concurrent §1915(b)/§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
Family and Community Support service Total:							5696955.29
Therapeutic Resources - MCO		15 minutes	1771	9.03	12.91	206458.40	
Family and Community Support Service - MCO		15 minutes	1806	42.72	61.12	4715549.80	
Therapeutic Resources - FFS		15 minutes	197	9.03	12.91	22965.73	
Family and Community Support Service - FFS		15 minutes	288	42.72	61.12	751981.36	
Respite Total:							4954457.30
Child Care Center - MCO		15 minutes	64	1363.28	3.75	327187.20	
Home Care Agcy & Non-Facility, Basic Individual - MCO		15 minutes	861	445.73	5.74	2202860.06	
HHA Basic Individual - MCO		15 minutes	33	558.90	6.51	120068.49	
ICF/ID - MCO		15 minutes	7	309.29	4.12	8919.92	
Home Care Agcy & Non-Facility, Group - MCO		15 minutes	561	632.28	4.52	1603285.04	
Child Care Center - FFS		15 minutes	7	1363.28	3.75	35786.10	
Home Care Agcy & Non-Facility, Basic Individual - FFS		15 minutes	142	445.73	5.74	363305.61	
HHA Basic Individual - FFS		15 minutes	4	558.90	6.51	14553.76	
ICF/ID - FFS		15 minutes	1	309.29	4.12	1274.27	
Home Care Agcy & Non-Facility, Group - FFS		15 minutes	97	632.28	4.52	277216.84	
Environmental Modifications							6734.79
GRAND TOTAL:							12900272.29
Total: Services included in capitation:							11227735.24
Total: Services not included in capitation:							1672537.05
Total Estimated Unduplicated Participants:							1860
Factor D (Divide total by number of participants):							6935.63
Services included in capitation:							6036.42
Services not included in capitation:							899.21
Average Length of Stay on the Waiver:							275

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
and Adaptive Devices Total:							
Environmental Modifications and Adaptive Devices - MCO		Per Item	2	1.50	1496.62	4489.86	
Environmental Modifications and Adaptive Devices - FFS		Per Item	1	1.50	1496.62	2244.93	
In-home family therapy Total:							2091928.12
In-home family therapy - MCO		15 minutes	262	53.73	134.72	1896488.47	
In-home family therapy - FFS		15 minutes	27	53.73	134.72	195439.65	
Medical Day Care for Children Total:							150196.80
Medical Day Care for Children - MCO		15 minutes	55	260.00	9.96	142428.00	
Medical Day Care for Children - FFS		15 minutes	3	260.00	9.96	7768.80	
GRAND TOTAL:							12900272.29
Total: Services included in capitation:							11227735.24
Total: Services not included in capitation:							1672537.05
Total Estimated Unduplicated Participants:							1860
Factor D (Divide total by number of participants):							6935.63
Services included in capitation:							6036.42
Services not included in capitation:							899.21
Average Length of Stay on the Waiver:							275

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d. Estimate of Factor D.

ii. **Concurrent §1915(b)/§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
Family and Community Support service Total:							5870990.96
Therapeutic Resources - MCO		15 minutes	1798	9.03	13.10	212690.81	
Family and Community Support Service - MCO		15 minutes	1833	42.72	62.04	4858089.35	
Therapeutic Resources - FFS		15 minutes	200	9.03	13.10	23658.60	
Family and Community Support Service - FFS		15 minutes	293	42.72	62.04	776552.20	
Respite Total:							5100423.20
Child Care Center - MCO		15 minutes	65	1363.28	3.81	337616.29	
Home Care Agcy & Non-Facility, Basic Individual - MCO		15 minutes	874	445.73	5.82	2267285.88	
HHA Basic Individual - MCO		15 minutes	33	558.90	6.61	121912.86	
ICF/ID - MCO		15 minutes	7	309.29	4.15	8984.87	
Home Care Agcy & Non-Facility, Group - MCO		15 minutes	570	632.28	4.59	1654234.16	
Child Care Center - FFS		15 minutes	7	1363.28	3.81	36358.68	
Home Care Agcy & Non-Facility, Basic Individual - FFS		15 minutes	144	445.73	5.82	373557.40	
HHA Basic Individual - FFS		15 minutes	4	558.90	6.61	14777.32	
ICF/ID - FFS		15 minutes	1	309.29	4.15	1283.55	
Home Care Agcy & Non-Facility, Group - FFS		15 minutes	98	632.28	4.59	284412.19	
Environmental Modifications							6835.82
GRAND TOTAL:							13283391.56
Total: Services included in capitation:							11564257.13
Total: Services not included in capitation:							1719134.42
Total Estimated Unduplicated Participants:							1860
Factor D (Divide total by number of participants):							7141.61
Services included in capitation:							6217.34
Services not included in capitation:							924.27
Average Length of Stay on the Waiver:							275

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
and Adaptive Devices Total:							
Environmental Modifications and Adaptive Devices - MCO		Per Item	2	1.50	1519.07	4557.21	
Environmental Modifications and Adaptive Devices - FFS		Per Item	1	1.50	1519.07	2278.60	
In-home family therapy Total:							2152682.78
In-home family therapy - MCO		15 minutes	266	53.73	136.74	1954312.69	
In-home family therapy - FFS		15 minutes	27	53.73	136.74	198370.09	
Medical Day Care for Children Total:							152458.80
Medical Day Care for Children - MCO		15 minutes	55	260.00	10.11	144573.00	
Medical Day Care for Children - FFS		15 minutes	3	260.00	10.11	7885.80	
GRAND TOTAL:						1328391.56	
Total: Services included in capitation:						11564257.13	
Total: Services not included in capitation:						1719134.42	
Total Estimated Unduplicated Participants:						1860	
Factor D (Divide total by number of participants):						7141.61	
Services included in capitation:						6217.34	
Services not included in capitation:						924.27	
Average Length of Stay on the Waiver:							275

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d. Estimate of Factor D.

ii. **Concurrent §1915(b)/§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
Family and Community Support service Total:							6047587.12
Therapeutic Resources - MCO		15 munites	1824	9.03	13.39	220542.94	
Family and Community Support Service - MCO		15 munites	1860	42.72	62.97	5003545.82	
Therapeutic Resources - FFS		15 munites	203	9.03	13.39	24545.08	
Family and Community Support Service - FFS		15 munites	297	42.72	62.97	798953.28	
Respite Total:							5251753.40
Child Care Center - MCO		15 munites	66	1363.28	3.86	347309.21	
Home Care Agcy & Non-Facility, Basic Individual - MCO		15 munites	887	445.73	5.91	2336592.43	
HHA Basic Individual - MCO		15 minutes	34	558.90	6.71	127507.45	
ICF/ID - MCO		15 minutes	7	309.29	4.25	9201.38	
Home Care Agcy & Non-Facility, Group - MCO		15 minutes	578	632.28	4.65	1699378.96	
Child Care Center - FFS		15 minutes	7	1363.28	3.86	36835.83	
Home Care Agcy & Non-Facility, Basic Individual - FFS		15 minutes	146	445.73	5.91	384602.59	
HHA Basic Individual - FFS		15 minutes	4	558.90	6.71	15000.88	
ICF/ID - FFS		15 minutes	1	309.29	4.25	1314.48	
Home Care Agcy & Non-Facility, Group - FFS		15 minutes	100	632.28	4.65	294010.20	
Environmental Modifications							6938.33
GRAND TOTAL:							13685908.88
Total: Services included in capitation:							11911529.75
Total: Services not included in capitation:							1774379.13
Total Estimated Unduplicated Participants:							1860
Factor D (Divide total by number of participants):							7358.02
Services included in capitation:							6404.05
Services not included in capitation:							953.97
Average Length of Stay on the Waiver:							275

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
and Adaptive Devices Total:							
Environmental Modifications and Adaptive Devices - MCO		Per Item	2	1.50	1541.85	4625.55	
Environmental Modifications and Adaptive Devices - FFS		Per Item	1	1.50	1541.85	2312.78	
In-home family therapy Total:							2222241.64
In-home family therapy - MCO		15 munites	270	53.73	138.79	2013440.41	
In-home family therapy - FFS		15 minutes	28	53.73	138.79	208801.23	
Medical Day Care for Children Total:							157388.40
Medical Day Care for Children - MCO		15 minutes	56	260.00	10.26	149385.60	
Medical Day Care for Children - FFS		15 minutes	3	260.00	10.26	8002.80	
GRAND TOTAL:							13685908.88
Total: Services included in capitation:							11911529.75
Total: Services not included in capitation:							1774379.13
Total Estimated Unduplicated Participants:							1860
Factor D (Divide total by number of participants):							7358.02
Services included in capitation:							6404.05
Services not included in capitation:							953.97
Average Length of Stay on the Waiver:							275