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: 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 | 1323.04 | 9629.00 | 10952.04 | 38378.00 | 3520.00 | 41898.00 | 30945.96 |
| 2 | 1375.64 | 9966.02 | 11341.66 | 39721.00 | 3643.00 | 43364.00 | 32022.34 |
| 3 | 1428.54 | 10314.83 | 11743.37 | 41111.00 | 3771.00 | 44882.00 | 33138.63 |
| 4 | 1488.66 | 10675.84 | 12164.50 | 42550.00 | 3903.00 | 46453.00 | 34288.50 |
| 5 | 1546.52 | 11049.50 | 12596.02 | 44039.00 | 4039.00 | 48078.00 | 35481.98 |

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

| Wl. | Total Unduplicated Number of Participants | Distribution of Unduplicated Participants by Level of Care (if applicable) | | | |
|-------------|---|---|--|--|--|
| Waiver Year | (from Item B-3-a) | Level of Care: | | | |
| | | Nursing Facility | | | |
| Year 1 | 1615 | 1615 | | | |
| Year 2 | 1615 | 1615 | | | |
| Year 3 | 1615 | 1615 | | | |
| Year 4 | 1615 | 1615 | | | |
| Year 5 | 1615 | 1615 | | | |

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 PD waiver for the period from 11/01/19 - 10/31/21. This data will be the basis for the PD waiver 372 reports to be submitted in April 2022 and April 2023.

The CMS 372 reports used to develop and report ALOS are from November 1, 2019 – October 31, 2021.

Unduplicated participants are trended 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 renewal application was submitted. While unduplicated participants in the prior PD waiver renewal were based on actuarial assumptions provided by the State's actuary, unduplicated participants in the current PD waiver renewal are based on actual experience.

The total unduplicated number of participants remained even over the five years based on historical trends (historical data was based on 372 report data for the two-year period from 11/01/19 through 10/31/21 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 remained constant each year based on historical growth and average monthly costs per recipient on the waiver.

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. In this submission, the post-managed care values were increased by 3.5% each waiver year. Factor D projections were based on actual historical data experience. The prior PD waiver renewal was based on actuarial assumptions with limited managed care experience. The 3.5% annual increase over the 5-year renewal period is trended based on CPI for All Urban Consumers (CPI-U) Index for the period of 10/1/18 - 03/31/22.

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 average 372-report data for the two-year period from 11/01/19 through 10/31/21. 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 11/01/19 through 10/31/21 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 372 report data). Average units per user over the 5-year renewal remain static from the last renewal based on the trending of number of users and average cost per unit. The number of users were trended based on historical user counts for the period of 11/01/19 through 10/31/21.

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 3.5% each waiver year. Factor D' projections were based on actual historical data experience. The 3.5% annual increase over the 5-year renewal period is trended based on CPI for All Urban Consumers (CPI-U) Index for the period of 10/1/18 - 03/31/22.

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 11/01/19 through 10/31/21. 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 11/01/19 through 10/31/21 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 372 report data). Average units per user over the 5-year renewal remain static from the last renewal based on the trending of number of users and average cost per unit. The number of users were trended based on historical user counts for the period of 11/01/19 through 10/31/21.

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, NF, or ICF/IID 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 institutional Medicaid costs for persons receiving institutional care for SFY21 (07/01/20 - 06/30/21) for the specific level(s) of care (NF, SNF) specified in the PD waiver. The 3.5% annual increase over WY's 2-5 renewal period is trended based on CPI for All Urban Consumers (CPI-U) Index for the period of 10/1/18 - 03/31/22.

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(s) of care (NF, SNF) specified in the PD waiver. The 3.5% annual increase over WY's 2-5 renewal period is trended based on CPI for All Urban Consumers (CPI-U) Index for the period of 10/1/18 - 03/31/22.

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 | |
|--|--|
| Financial Management Services | |
| Independent Support Broker | |
| Consumer-Directed Attendant Care (Skilled) | |
| Consumer-Directed Attendant Care (Unskilled) | |
| Home and Vehicle Modification | |
| Individual Directed Goods and Services | |
| Personal Emergency Response | |
| Self Directed Personal Care | |
| Self-directed Community Support and Employment | |
| Specialized Medical Equipment | |
| Transportation | |

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 | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|--|-----------------|---|--|---------------------|-----------------|-------------------|---|
| Financial Managemer Services Total: | t | | | | | | 41019.68 |
| Financial Manager Services | | Month | 74 | 4.00 | 138.58 | 41019.68 | |
| Financial Manager Services | | Month | 0 | 4.00 | 138.58 | 0.00 | |
| Independen Support Broker Total: | | | | | | | 10108.22 |
| Independ Support Broker | ent | Month | 56 | 21.80 | 8.28 | 10108.22 | |
| Independ Support Broker | ent | Month | 0 | 21.80 | 8.28 | 0.00 | |
| | | Total: Ser Total Estimate Factor D (Divide total Ser | GRAND TOTAL Services included in capitation vices not included in capitation ed Unduplicated Participants al by number of participants) Services included in capitation vices not included in capitation vices not included in capitation Length of Stay on the Waiver | : : : | | | 2136715.21 2072058.90 64656.31 1615 1323.04 1283.01 40.03 |

| Waiver Service/ Component | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|-----------------|---|--|---------------------|-----------------|-------------------|---|
| Consumer- Directed Attendant Care | | | | | | | 382693.54 |
| (Skilled) Total: | | | | | | | |
| CDAC - | | 15 Minutes | 22 | 1000.60 | 3.78 | 83209.90 | |
| Agency | | 13 Williutes | | 1000.00 | 3.76 | | |
| CDAC | | 15 Minutes | 73 | 1836.70 | 2.11 | 282906.90 | |
| Individua CDAC | 1 | | | | | | |
| - Individua - Daily | 1 | Day | 2 | 231.10 | 18.00 | 8319.60 | |
| CDAC | | | | 500.50 | | 983.55 | |
| Agency | | 15 Minutes | 1 | 592.50 | 1.66 | 700.00 | |
| CDAC - Individua | 1 | 15 Minutes | 1 | 7485.10 | 0.93 | 6961.14 | |
| CDAC | | | | | | | |
| Individua - Daily | 1 | Day | 1 | 39.50 | 7.91 | 312.44 | |
| Consumer- Directed Attendant Care (Unskilled) Total: | | | | | | | 1403370.51 |
| CDAC - Agency | | 15 Minutes | 202 | 410.30 | 3.77 | 312459.86 | |
| CDAC - | | 15 Minutes | 652 | 736.00 | 2.10 | 1007731.20 | |
| Individua | 1 | 13 Williates | 032 | 730.00 | 2.10 | | |
| CDAC - Individua - Daily | 1 | Day | 18 | 85.70 | 18.02 | 27797.65 | |
| CDAC | | | | 2202.40 | | 10835.88 | |
| Agency | | 15 Minutes | 2 | 3283.60 | 1.65 | 10055.00 | |
| CDAC - Individua | 1 | 15 Minutes | 6 | 7604.90 | 0.92 | 41979.05 | |
| CDAC - Individua | 1 | Day | 1 | 324.10 | 7.92 | 2566.87 | |
| Individua - Daily | 1 | - uy | | 327.10 | 1.72 | | |
| Home and Vehicle Modification Total: | ı | | | | | | 71005.78 |
| | | Total: Ser Total Estimate Factor D (Divide tota | GRAND TOTAL Services included in capitation vices not included in capitation ad Unduplicated Participants al by number of participants) Services included in capitation vices not included in capitation | : : : | | | 2136715.21 2072058.90 64656.31 1615 1323.04 1283.01 40.03 |
| | | Average I | Length of Stay on the Waiver | : | | | 328 |

| Waiver Service/ Component | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|-----------------|--|--|---------------------|-----------------|-------------------|---|
| Home and Vehicle Modifica | tion | Service | 46 | 0.40 | 3859.01 | 71005.78 | |
| Home and Vehicle Modifica | tion | Service | 0 | 1.90 | 2641.83 | 0.00 | |
| Individual Directed Goods and Services Total: | | | | | | | 25966.08 |
| Individua Directed Goods and Services | 1 | Hour | 56 | 1.00 | 463.68 | 25966.08 | |
| Individua Directed Goods and Services | 1 | Hour | 0 | 1.00 | 463.68 | 0.00 | |
| Personal Emergency Response Total: | | | | | | | 87006.67 |
| PERS - Monthly | | Month | 565 | 3.20 | 38.07 | 68830.56 | |
| PERS - Install | | Install | 138 | 3.40 | 36.65 | 17196.18 | |
| PERS - Monthly | | Month | 2 | 10.70 | 36.82 | 787.95 | |
| PERS - Install | | Install | 1 | 5.20 | 36.92 | 191.98 | |
| Self Directed Personal Care Total: | | | | | | | 97713.86 |
| Self Directed Personal Care | | Hour | 54 | 447.90 | 4.04 | 97713.86 | |
| Self Directed Personal Care | | Hour | 0 | 447.90 | 4.04 | 0.00 | |
| Self- directed Community Support and Employmen Total: | | | | | | | 1981.68 |
| | | Total: Ser Total Estimate Factor D (Divide total) Ser | GRAND TOTAL Services included in capitation vices not included in capitation ad Unduplicated Participants al by number of participants) Services included in capitation vices not included in capitation | : | | | 2136715.21 2072058.90 64656.31 1615 1323.04 1283.01 40.03 |
| | | Average l | Length of Stay on the Waiver | : | | | 328 |

| Waiver Service/ Component | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|--|-----------------|---|---|---------------------|-----------------|-------------------|---|
| Self- directed Commur Support and Employr | | Hour | 1 | 134.90 | 14.69 | 1981.68 | |
| Self- directed Commur Support and Employr | | Hour | 0 | 134.90 | 14.69 | 0.00 | |
| Specialized Medical Equipment Total: | | | | | | | 2018.43 |
| Specializ Medical Equipme | | Item | 6 | 1.50 | 224.27 | 2018.43 | |
| Specializ Medical Equipme | | Item | 0 | 19.10 | 36.82 | 0.00 | |
| Transportat | ion | | | | | | 13830.74 |
| Per Mile | | Mile | 49 | 11.10 | 25.36 | 13793.30 | |
| Per Mile | | Mile | 1 | 4.50 | 8.32 | 37.44 | |
| | | Total: Ser Total Estimat Factor D (Divide total) Ser | GRAND TOTAL Services included in capitation vices not included in capitation ed Unduplicated Participants al by number of participants) Services included in capitation vices not included in capitation vices not included in capitation Length of Stay on the Waiver | : | | | 2136715.21 2072058.90 64656.31 1615 1323.04 1283.01 40.03 |

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 | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost | | |
|---|---|------------|---------|---------------------|-----------------|-------------------|------------|--|--|
| Financial Managemer Services Total: | t | | | | | | 42405.00 | | |
| Financial Manager Services | | Month | 75 | 4.00 | 141.35 | 42405.00 | | | |
| Financia Manager Services | | Month | 0 | 4.00 | 141.35 | 0.00 | | | |
| Independen Support Broker Total: | t | | | | | | 10499.97 | | |
| Independ Support Broker | ent | Month | 57 | 21.80 | 8.45 | 10499.97 | | | |
| Independ Support Broker | ent | Month | 0 | 21.80 | 8.45 | 0.00 | | | |
| Consumer- Directed Attendant Care (Skilled) Total: | | | | | | | 397986.83 | | |
| CDAC - Agency | | 15 Minutes | 22 | 1000.60 | 3.86 | 84970.95 | | | |
| CDAC - Individua | il | 15 Minutes | 75 | 1836.70 | 2.15 | 296167.88 | | | |
| CDAC - Individua - Daily | | Day | 2 | 231.10 | 18.36 | 8485.99 | | | |
| CDAC - Agency | | 15 Minutes | 1 | 592.50 | 1.70 | 1007.25 | | | |
| CDAC - Individua | il | 15 Minutes | 1 | 7485.10 | 0.94 | 7035.99 | | | |
| CDAC - Individua - Daily | ıl | Day | 1 | 39.50 | 8.07 | 318.76 | | | |
| Consumer- Directed Attendant Care (Unskilled) Total: | | | | | | | 1459347.49 | | |
| CDAC - Agency | | 15 Minutes | 206 | 410.30 | 3.85 | 325408.93 | | | |
| | GRAND TOTAL: 222168.6 Total: Services included in capitation: 2155649.9 Total: Services not included in capitation: 66008.7 Total Estimated Unduplicated Participants: 161 Factor D (Divide total by number of participants): 1375.6 Services included in capitation: 1334.7 Services not included in capitation: 40.8 Average Length of Stay on the Waiver: 3228 | | | | | | | | |

| Waiver Service/ Component | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|-----------------|---|--|---------------------|-----------------|-------------------|---|
| CDAC - Individua | ıl | 15 Minutes | 666 | 736.00 | 2.14 | 1048976.64 | |
| CDAC - Individua - Daily | 1 | Day | 18 | 85.70 | 18.38 | 28352.99 | |
| CDAC - Agency | | 15 Minutes | 2 | 3283.60 | 1.69 | 11098.57 | |
| CDAC - Individua | ıl | 15 Minutes | 6 | 7604.90 | 0.94 | 42891.64 | |
| CDAC - Individua - Daily | 1 | Day | 1 | 324.10 | 8.08 | 2618.73 | |
| Home and Vehicle Modification Total: | h | | | | | | 74000.37 |
| Home and Vehicle Modifica | tion | Service | 47 | 0.40 | 3936.19 | 74000.37 | |
| Home and Vehicle Modifica | tion | Service | 0 | 1.80 | 2694.56 | 0.00 | |
| Individual Directed Goods and Services Total: | | | | | | | 26958.15 |
| Individua Directed Goods and Services | .1 | Hour | 57 | 1.00 | 472.95 | 26958.15 | |
| Individua Directed Goods and Services | 1 | Hour | 0 | 1.00 | 472.95 | 0.00 | |
| Personal Emergency Response Total: | | | | | | | 90491.04 |
| PERS - Monthly | | Month | 576 | 3.20 | 38.83 | 71571.46 | |
| PERS - Install | | Install | 141 | 3.40 | 37.38 | 17919.97 | |
| PERS - Monthly | | Month | 2 | 10.70 | 37.56 | 803.78 | |
| | | Total: Ser Total Estimate Factor D (Divide total Ser | GRAND TOTAL Services included in capitation vices not included in capitation ed Unduplicated Participants al by number of participants) Services included in capitation vices not included in capitation vices not included in capitation under the Waiver | : : : | | | 2221658.69 2155649.93 66008.76 1615 1375.64 1334.77 40.87 |

| Waiver Service/ Component | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|-----------------|---|---|---------------------|-----------------|-------------------|---|
| PERS - Install | | Install | 1 | 5.20 | 37.66 | 195.83 | |
| Self Directed Personal Care Total: | | | | | | | 101494.14 |
| Self Directed Personal Care | | Hour | 55 | 447.90 | 4.12 | 101494.14 | |
| Self Directed Personal Care | | Hour | 0 | 447.90 | 4.12 | 0.00 | |
| Self- directed Community Support and Employmen Total: | t | | | | | | 2020.80 |
| Self- directed Commun Support and Employn | | Hour | 1 | 134.90 | 14.98 | 2020.80 | |
| Self- directed Commun Support and Employm | | Hour | 0 | 134.90 | 14.98 | 0.00 | |
| Specialized Medical Equipment Total: | | | | | | | 2058.84 |
| Specializ Medical Equipme | | Item | 6 | 1.50 | 228.76 | 2058.84 | |
| Specialize Medical Equipme | | Item | 0 | 18.70 | 37.55 | 0.00 | |
| Transportat Total: | ion | | | | | | 14396.06 |
| Per Mile | | Mile | 50 | 11.10 | 25.87 | 14357.85 | |
| Per Mile | | Mile | 1 | 4.50 | 8.49 | 38.20 | |
| | | Total: Ser Total Estimate Factor D (Divide total Ser | GRAND TOTAL Services included in capitation vices not included in capitation and Unduplicated Participants al by number of participants) Services included in capitation vices not included in capitation vices not included in capitation vices not included in capitation | : | | | 2221658.69 2155649.93 66008.76 1615 1375.64 1334.77 40.87 |

Appendix J: Cost Neutrality Demonstration

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 | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|-----------------|---|--|---------------------|-----------------|-------------------|---|
| Financial Managemer Services Total: | t | | | | | | 43830.72 |
| Financia Manager Services | | Month | 76 | 4.00 | 144.18 | 43830.72 | |
| Financia Manager Services | | Month | 0 | 4.00 | 144.18 | 0.00 | |
| Independen Support Broker Total: | | | | | | | 10886.48 |
| Independ Support Broker | ent | Month | 58 | 21.80 | 8.61 | 10886.48 | |
| Independ Support Broker | ent | Month | 0 | 21.80 | 8.61 | 0.00 | |
| Consumer- Directed Attendant Care (Skilled) Total: | | | | | | | 414841.67 |
| CDAC - Agency | | 15 Minutes | 22 | 1000.60 | 3.93 | 86511.88 | |
| CDAC - Individua | il | 15 Minutes | 77 | 1836.70 | 2.20 | 311136.98 | |
| CDAC - Individua - Daily | | Day | 2 | 231.10 | 18.73 | 8657.01 | |
| CDAC - Agency | | 15 Minutes | 1 | 592.50 | 1.73 | 1025.02 | |
| CDAC - Individua | il | 15 Minutes | 1 | 7485.10 | 0.96 | 7185.70 | |
| CDAC | | | | | | 325.08 | |
| | | Total: Ser Total Estimate Factor D (Divide total Ser | GRAND TOTAL Services included in capitation vices not included in capitation ad Unduplicated Participants al by number of participants) Services included in capitation vices not included in capitation vices not included in capitation vices not included in the Waiver | : : : | | | 2307093.79 2239729.06 67364.73 1615 1428.54 1386.83 41.71 |

| Waiver Service/ Component | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|-----------------------------------|-----------------|-----------------------|---|---------------------|-----------------|-------------------|------------------------------|
| - Individua | 1 | Day | 1 | 39.50 | 8.23 | | |
| - Daily | | | | | | | |
| Consumer- Directed | | | | | | | |
| Attendant Care | | | | | | | 1513897.42 |
| (Unskilled) Total: | | | | | | | |
| CDAC | | | 210 | 410.20 | 2.02 | 337758.96 | |
| Agency | | 15 Minutes | 210 | 410.30 | 3.92 | 307720030 | |
| CDAC - | | 15 Minutes | 678 | 736.00 | 2.18 | 1087837.44 | |
| Individua CDAC | 1 | | | | | | |
| - Individua | 1 | Day | 19 | 85.70 | 18.75 | 30530.62 | |
| - Daily | 1 | | | 55175 | 15,76 | | |
| CDAC - | | 15 Minutes | 2 | 3283.60 | 1.72 | 11295.58 | |
| Agency CDAC | | | | | | | |
| - Individua | 1 | 15 Minutes | 6 | 7604.90 | 0.96 | 43804.22 | |
| CDAC | * | | <u></u> | | | | |
| - Individua - Daily | 1 | Day | 1 | 324.10 | 8.24 | 2670.58 | |
| Home and | | | | | | | |
| Vehicle Modification Total: | 1 | | | | | | 77086.27 |
| Home and | | | | | | | |
| Vehicle Modifica | tion | Service | 48 | 0.40 | 4014.91 | 77086.27 | |
| Home and | | | | | | | |
| Vehicle Modifica | tion | Service | 0 | 1.80 | 2748.56 | 0.00 | |
| Individual | поп | | | | | | |
| Directed Goods and | | | | | | | 27979.78 |
| Services Total: | | | | | | | |
| Individua Directed | 1 | | | | | | |
| Goods | | Hour | 58 | 1.00 | 482.41 | 27979.78 | |
| and Services | | | | | | | |
| Individua Directed | 1 | | | | | | |
| Goods and | | Hour | 0 | 1.00 | 482.41 | 0.00 | |
| Services | | | | | | | |
| | | Total: | GRAND TOTAL Services included in capitation | | | | 2307093.79 2239729.06 |
| | | Total: Serv | vices not included in capitation ed Unduplicated Participants | : | | | 67364.73 1615 |
| | | Factor D (Divide tota | d by number of participants) | : | | | 1428.54 |
| | | | Services included in capitation vices not included in capitation | | | | |
| | | Average I | Length of Stay on the Waiver | : | | | 328 |

| Waiver Service/ Component | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost | | |
|---|--|---------|---------|---------------------|-----------------|-------------------|------------|--|--|
| Personal Emergency Response Total: | | | | | | | 94091.44 | | |
| PERS - Monthly | | Month | 587 | 3.20 | 39.61 | 74403.42 | | | |
| PERS - Install | | Install | 144 | 3.40 | 38.13 | 18668.45 | | | |
| PERS - Monthly | | Month | 2 | 10.70 | 38.31 | 819.83 | | | |
| PERS - Install | | Install | 1 | 5.20 | 38.41 | 199.73 | | | |
| Self Directed Personal Care Total: | | | | | | | 105346.08 | | |
| Self Directed Personal Care | | Hour | 56 | 447.90 | 4.20 | 105346.08 | | | |
| Self Directed Personal Care | | Hour | 0 | 447.90 | 4.20 | 0.00 | | | |
| Self- directed Community Support and Employmen Total: | | | | | | | 2061.27 | | |
| Self- directed Commun Support and Employn | · | Hour | 1 | 134.90 | 15.28 | 2061.27 | | | |
| Self- directed Commur Support and Employr | | Hour | 0 | 134.90 | 15.28 | 0.00 | | | |
| Specialized Medical Equipment Total: | | | | | | | 2099.97 | | |
| Specializ Medical Equipme | | Item | 6 | 1.50 | 233.33 | 2099.97 | | | |
| Specializ Medical Equipme | | Item | 0 | 18.30 | 38.31 | 0.00 | | | |
| • | GRAND TOTAL: 2307093.5 Total: Services included in capitation: 2239729.0 Total: Services not included in capitation: 67364.5 Total Estimated Unduplicated Participants: 166 Factor D (Divide total by number of participants): 1428.5 Services included in capitation: 1386.6 Services not included in capitation: 41.5 Average Length of Stay on the Waiver: 3228 | | | | | | | | |

| Waiver Service/ Component | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---------------------------------|--|-----------|----------------------------------|---------------------|-----------------|-------------------|------------|
| Transportat Total: | ion | | | | | | 14972.69 |
| Per Mile | | Mile | 51 | 11.10 | 26.38 | 14933.72 | |
| Per Mile | | Mile | 1 | 4.50 | 8.66 | 38.97 | |
| | | | GRAND TOTAL | : | | | 2307093.79 |
| | | Total: | Services included in capitation | 2239729.06 | | | |
| | | | vices not included in capitation | | | | 67364.73 |
| | | | ed Unduplicated Participants | | | | 1615 |
| | Factor D (Divide total by number of participants): | | | | 1428. | | |
| | | | Services included in capitation | | | | 1386.83 |
| | Services not included in capitation: | | | | | | 41.71 |
| | | Average I | Length of Stay on the Waiver | : | | | 328 |

J-2: Derivation of Estimates (8 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 4

| Waiver Service/ Component | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|-----------------|-------|---------|---------------------|-----------------|-------------------|---|
| Financial Managemer Services Total: | t | | | | | | 45882.72 |
| Financia Manager Services | | Month | 78 | 4.00 | 147.06 | 45882.72 | |
| Financia Manager Services | nent | Month | 0 | 4.00 | 147.06 | 0.00 | |
| Independen Support Broker Total: | | | | | | | 11305.70 |
| Independ Support Broker | ent | Month | 59 | 21.80 | 8.79 | 11305.70 | |
| GRAND TOTAL: Total: Services included in capitation: Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: Services not included in capitation: Average Length of Stay on the Waiver: | | | | : : : | | | 2404188.44 2332672.42 71516.01 1615 1488.66 1444.38 44.28 |

| Waiver Service/ Component | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost | | | |
|---|--|------------|---------|---------------------|-----------------|-------------------|------------|--|--|--|
| Independ Support Broker | ent | Month | 0 | 21.80 | 8.79 | 0.00 | | | | |
| Consumer- Directed Attendant Care (Skilled) Total: | | | | | | | 430731.58 | | | |
| CDAC - Agency | | 15 Minutes | 23 | 1000.60 | 4.01 | 92285.34 | | | | |
| CDAC - Individua | 1 | 15 Minutes | 78 | 1836.70 | 2.24 | 320908.22 | | | | |
| CDAC - Individua - Daily | ıl | Day | 2 | 231.10 | 19.10 | 8828.02 | | | | |
| CDAC - Agency | | 15 Minutes | 1 | 592.50 | 1.76 | 1042.80 | | | | |
| CDAC - Individua | 1 | 15 Minutes | 1 | 7485.10 | 0.98 | 7335.40 | | | | |
| CDAC - Individua - Daily | 1 | Day | 1 | 39.50 | 8.40 | 331.80 | | | | |
| Consumer- Directed Attendant Care (Unskilled) Total: | | | | | | | 1579842.02 | | | |
| CDAC - Agency | | 15 Minutes | 215 | 410.30 | 4.00 | 352858.00 | | | | |
| CDAC - Individua | 1 | 15 Minutes | 691 | 736.00 | 2.23 | 1134124.48 | | | | |
| CDAC - Individua - Daily | 1 | Day | 19 | 85.70 | 19.12 | 31133.10 | | | | |
| CDAC - Agency | | 15 Minutes | 2 | 3283.60 | 1.76 | 11558.27 | | | | |
| CDAC - Individua | 1 | 15 Minutes | 6 | 7604.90 | 0.98 | 44716.81 | | | | |
| CDAC - Individua - Daily | 1 | Day | 2 | 324.10 | 8.41 | 5451.36 | | | | |
| | GRAND TOTAL: GRAND TOTAL: 240418 Total: Services included in capitation: Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: Services not included in capitation: Average Length of Stay on the Waiver: 3 | | | | | | | | | |

| Waiver Service/ Component | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|-----------------|---|---|---------------------|-----------------|-------------------|---|
| Home and Vehicle Modification Total: | ı | | | | | | 80266.12 |
| Home and Vehicle Modifica | tion | Service | 49 | 0.40 | 4095.21 | 80266.12 | |
| Home and Vehicle Modifica | tion | Service | 0 | 1.80 | 2803.53 | 0.00 | |
| Individual Directed Goods and Services Total: | | | | | | | 29031.54 |
| Individua Directed Goods and Services | 1 | Hour | 59 | 1.00 | 492.06 | 29031.54 | |
| Individua Directed Goods and Services | 1 | Hour | 0 | 1.00 | 492.06 | 0.00 | |
| Personal Emergency Response Total: | | | | | | | 97786.50 |
| PERS - Monthly | | Month | 598 | 3.20 | 40.40 | 77309.44 | |
| PERS - Install | | Install | 147 | 3.40 | 38.89 | 19437.22 | |
| PERS - Monthly | | Month | 2 | 10.70 | 39.07 | 836.10 | |
| PERS - Install | | Install | 1 | 5.20 | 39.18 | 203.74 | |
| Self Directed Personal Care Total: | | | | | | | 109524.99 |
| Self Directed Personal Care | | Hour | 57 | 447.90 | 4.29 | 109524.99 | |
| Self Directed Personal Care | | Hour | 0 | 447.90 | 4.29 | 0.00 | |
| Self- directed | | | | | | | 2103.09 |
| | | Total: Ser Total Estimate Factor D (Divide total Ser | GRAND TOTAL Services included in capitation vices not included in capitation ad Unduplicated Participants al by number of participants) Services included in capitation vices not included in capitation vices not included in capitation | : : : | | | 2404188.44 2332672.42 71516.01 1615 1488.66 1444.38 44.28 |

| Waiver Service/ Component | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|--|-----------------|---|--|---------------------|-----------------|-------------------|---|
| Community Support and Employmen Total: | | | | | | | |
| Self- directed Commur Support and Employr | | Hour | 1 | 134.90 | 15.59 | 2103.09 | |
| Self- directed Commur Support and Employr | | Hour | 0 | 134.90 | 15.59 | 0.00 | |
| Specialized Medical Equipment Total: | | | | | | | 2142.00 |
| Specializ Medical Equipme | | Item | 6 | 1.50 | 238.00 | 2142.00 | |
| Specializ Medical Equipme | | Item | 0 | 18.00 | 39.07 | 0.00 | |
| Transportat | ion | | | | | | 15572.19 |
| Per Mile | | Mile | 52 | 11.10 | 26.91 | 15532.45 | |
| Per Mile | | Mile | 1 | 4.50 | 8.83 | 39.74 | |
| | | Total: Ser Total Estimate Factor D (Divide tota | GRAND TOTAL Services included in capitation vices not included in capitation ed Unduplicated Participants al by number of participants) Services included in capitation vices not included in capitation | : : : | | | 2404188.44 2332672.42 71516.01 1615 1488.66 1444.38 44.28 |
| | | Average I | Length of Stay on the Waiver | : | | | 328 |

J-2: Derivation of Estimates (9 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 5

| Waiver Service/ Component | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost | | |
|---|---|------------|---------|---------------------|-----------------|-------------------|------------|--|--|
| Financial Managemer Services Total: | t | | | | | | 48000.00 | | |
| Financial Manager Services | nent | Month | 80 | 4.00 | 150.00 | 48000.00 | | | |
| Financial Manager Services | nent | Month | 0 | 4.00 | 150.00 | 0.00 | | | |
| Independen Support Broker Total: | i | | | | | | 11915.01 | | |
| Independ Support Broker | ent | Month | 61 | 21.80 | 8.96 | 11915.01 | | | |
| Independ Support Broker | ent | Month | 0 | 21.80 | 8.96 | 0.00 | | | |
| Consumer- Directed Attendant Care (Skilled) Total: | | | | | | | 446938.68 | | |
| CDAC - Agency | | 15 Minutes | 24 | 1000.60 | 4.09 | 98218.90 | | | |
| CDAC - Individua | 1 | 15 Minutes | 79 | 1836.70 | 2.28 | 330826.40 | | | |
| CDAC - Individua - Daily | 1 | Day | 2 | 231.10 | 19.48 | 9003.66 | | | |
| CDAC - Agency | | 15 Minutes | 1 | 592.50 | 1.80 | 1066.50 | | | |
| CDAC - Individua | 1 | 15 Minutes | 1 | 7485.10 | 1.00 | 7485.10 | | | |
| CDAC - Individua - Daily | .1 | Day | 1 | 39.50 | 8.56 | 338.12 | | | |
| Consumer- Directed Attendant Care (Unskilled) Total: | | | | | | | 1640847.47 | | |
| CDAC - Agency | | 15 Minutes | 219 | 410.30 | 4.08 | 366611.26 | | | |
| | GRAND TOTAL: GRAND TOTAL: 2497637.66 Total: Services included in capitation: Total: Services not included in capitation: 72930.77 Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: Services not included in capitation: Services not included in capitation: 45.16 Average Length of Stay on the Waiver: 328 | | | | | | | | |

| Waiver Service/ Component | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost | | |
|---|--|------------|---------|---------------------|-----------------|-------------------|------------|--|--|
| CDAC - Individua | 1 | 15 Minutes | 706 | 736.00 | 2.27 | 1179528.32 | | | |
| CDAC - Individua - Daily | 1 | Day | 19 | 85.70 | 19.51 | 31768.13 | | | |
| CDAC - Agency | | 15 Minutes | 2 | 3283.60 | 1.79 | 11755.29 | | | |
| CDAC - Individua | 1 | 15 Minutes | 6 | 7604.90 | 1.00 | 45629.40 | | | |
| CDAC - Individua | 1 | Day | 2 | 324.10 | 8.57 | 5555.07 | | | |
| - Daily Home and Vehicle Modification Total: | h | | | | | | 83542.40 | | |
| Home and Vehicle Modifica | tion | Service | 50 | 0.40 | 4177.12 | 83542.40 | | | |
| Home and Vehicle Modifica | tion | Service | 0 | 1.70 | 2859.60 | 0.00 | | | |
| Individual Directed Goods and Services Total: | | | | | | | 30615.90 | | |
| Individua Directed Goods and Services | | Hour | 61 | 1.00 | 501.90 | 30615.90 | | | |
| Individua Directed Goods and Services | 1 | Hour | 0 | 1.00 | 501.90 | 0.00 | | | |
| Personal Emergency Response Total: | | | | | | | 101734.36 | | |
| PERS - Monthly | | Month | 610 | 3.20 | 41.21 | 80441.92 | | | |
| PERS - Install | | install | 150 | 3.40 | 39.67 | 20231.70 | | | |
| PERS - Monthly | | Month | 2 | 10.70 | 39.86 | 853.00 | | | |
| | GRAND TOTAL: GRAND TOTAL: Total: Services included in capitation: Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: Services included in capitation: Services not included in capitation: 45. Average Length of Stay on the Waiver: | | | | | | | | |

| Waiver Service/ Component | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|-----------------|---|---|---------------------|-----------------|-------------------|---|
| PERS - Install | | Install | 1 | 5.20 | 39.95 | 207.74 | |
| Self Directed Personal Care Total: | | | | | | | 113524.73 |
| Self Directed Personal Care | | Hour | 58 | 447.90 | 4.37 | 113524.73 | |
| Self Directed Personal Care | | Hour | 0 | 447.90 | 4.37 | 0.00 | |
| Self- directed Community Support and Employmen Total: | | | | | | | 2144.91 |
| Self- directed Commur Support and Employr | | Hour | 1 | 134.90 | 15.90 | 2144.91 | |
| Self- directed Commur Support and Employr | | Hour | 0 | 134.90 | 15.90 | 0.00 | |
| Specialized Medical Equipment Total: | | | | | | | 2184.84 |
| Specializ Medical Equipme | nt | Item | 6 | 1.50 | 242.76 | 2184.84 | |
| Specializ Medical Equipme | | Item | 0 | 17.60 | 39.85 | 0.00 | |
| Transportat Total: | ion | | | | | | 16189.38 |
| Per Mile | | Mile | 53 | 11.10 | 27.45 | 16148.84 | |
| Per Mile | | Mile | 1 | 4.50 | 9.01 | 40.54 | |
| | | Total: Ser Total Estimate Factor D (Divide total Ser | GRAND TOTAL Services included in capitation vices not included in capitation ed Unduplicated Participants al by number of participants) Services included in capitation vices not included in capitation under the Waiver | | | | 2497637.68 2424706.91 72930.77 1615 1546.52 1501.37 45.16 |