

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: Nursing Facility, ICF/IID

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	6728.26	10002.00	16730.26	43776.00	4246.00	48022.00	31291.74
2	6966.04	10352.07	17318.11	45308.00	4395.00	49703.00	32384.89
3	7216.46	10714.39	17930.85	46894.00	4549.00	51443.00	33512.15
4	7466.31	11089.40	18555.71	48535.00	4708.00	53243.00	34687.29
5	7734.34	11477.53	19211.87	50234.00	4873.00	55107.00	35895.13

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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:
		Nursing Facility	ICF/IID
Year 1	3619	3416	203
Year 2	3619	3416	203
Year 3	3619	3416	203
Year 4	3619	3416	203
Year 5	3619	3416	203

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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 HD waiver for the period from 11/01/19 – 10/31/21. This data will be the basis for the HD 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 HD waiver renewal were based on actuarial assumptions provided by the State's actuary, unduplicated participants in the current HD 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 remains constant each year based on historical growth and average monthly costs per recipient on the waiver.

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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, 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 HD 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/ID 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 HD 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 HD 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.

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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	
Adult Day	
Homemaker	
Respite	
Counseling Service	
Home Health Aide	
Nursing	
Financial Management Services	
Independent Support Broker	
Consumer Directed Attendant Care - Skilled	
Consumer-Directed Attendant Care - Unskilled	
Home and Vehicle Modification	
Home Delivered Meals	
Individual Directed Goods and Services	
Interim Medical Monitoring and Treatment	
Medical Day Care for Children	
Nutritional Counseling	
Personal Emergency Response	
Self-Directed Community Support and Employment	
Self-directed Personal Care	

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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
Adult Day Total:							44840.26
Extended Day	<input type="checkbox"/>	Extended Day	2	5.90	309.08	3647.14	
Day	<input type="checkbox"/>	Day	11	1.30	1393.25	19923.48	
Half Day	<input type="checkbox"/>					1823.62	
GRAND TOTAL:							24349579.31
Total: Services included in capitation:							17252297.20
Total: Services not included in capitation:							7097282.10
Total Estimated Unduplicated Participants:							3619
Factor D (Divide total by number of participants):							6728.26
Services included in capitation:							4767.14
Services not included in capitation:							1961.12
Average Length of Stay on the Waiver:							344

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
		Half Day	1	10.30	177.05		
Extended Day		Extended Day	1	132.00	75.78	10002.96	
Day		Day	1	117.00	54.51	6377.67	
Half Day		Half Day	1	90.00	34.06	3065.40	
Homemaker Total:							357405.59
Homemaker		Hour	197	371.20	4.80	351006.72	
Homemaker		Hour	5	248.50	5.15	6398.88	
Respite Total:							6282691.79
Home Health Aide - Basic Individual		15 min	83	679.50	8.59	484463.12	
Child Care		15 min	1	1573.60	3.71	5838.06	
Teen Day Camp		15 min	1	1755.90	3.32	5829.59	
Resident Camp - Weeklong		15 min	2	5125.20	1.14	11685.46	
Respite-Home Care Agency & Non-Facility - Group		15 min	79	1208.40	4.83	461089.19	
Hospital or Nursing Facility/Skilled		15 min	8	1094.10	5.33	46652.42	
Respite-Home Care Agency & Non-Facility, Basic Individual		15 min	546	402.20	14.51	3186413.41	
Home Health Aide - Specialized		15 min	168	409.90	14.24	980611.97	
Home Health Aide - Group		15 min	1	1599.50	3.65	5838.18	
Weekend On-site Respite Camp		15 min	5	2118.20	2.76	29231.16	
Group Specialized Summer Day Camp		15 min	7	1604.20	3.64	40875.02	
Respite-Home Care Agency		15 min	12	572.60	10.19	70017.53	
GRAND TOTAL:						24349579.31	
Total: Services included in capitation:						17252297.20	
Total: Services not included in capitation:						7097282.10	
Total Estimated Unduplicated Participants:						3619	
Factor D (Divide total by number of participants):						6728.26	
Services included in capitation:						4767.14	
Services not included in capitation:						1961.12	
Average Length of Stay on the Waiver:						344	

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
& Non-Facility, Specialized							
Home Health Aide - Basic Individual		15 min	18	595.60	8.01	85873.61	
Child Care		15 min	1	1285.80	3.71	4770.32	
Teen Day Camp		15 min	1	1436.90	3.32	4770.51	
Resident Camp - Weeklong		15 min	1	4184.60	1.14	4770.44	
Respite-Home Care Agency & Non-Facility - Group		15 min	16	1114.60	4.28	76327.81	
Hospital or Nursing Facility/Skilled		15 min	2	903.50	5.28	9540.96	
Respite-Home Care Agency & Non-Facility, Basic Individual		15 min	118	446.70	10.68	562949.21	
Home Health Aide - Specialized		15 min	36	365.30	13.06	171749.45	
Home Health Aide - Group		15 min	1	1307.00	3.65	4770.55	
Weekend On-site Respite Camp		15 min	1	1753.80	2.72	4770.34	
Group Specialized Summer Day Camp		15 min	2	1328.80	3.59	9540.78	
Respite-Home Care Agency & Non-Facility, Specialized		15 min	3	471.90	10.11	14312.73	
Counseling Service Total:							31251.40
Counseling Group		Hour	1	1.00	0.95	0.95	
Counseling Individual		Hour	1	1.00	0.95	0.95	
Counseling Group		Hour	10	273.20	5.72	15627.04	
Counseling Individual		Hour	8	341.40	5.72	15622.46	
GRAND TOTAL:						24349579.31	
Total: Services included in capitation:						17252297.20	
Total: Services not included in capitation:						7097282.10	
Total Estimated Unduplicated Participants:						3619	
Factor D (Divide total by number of participants):						6728.26	
Services included in capitation:						4767.14	
Services not included in capitation:						1961.12	
Average Length of Stay on the Waiver:							344

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Home Health Aide Total:							27091.85
Home Health Aide		Hour	2	100.30	77.49	15544.49	
Home Health Aide		Hour	1	1188.00	9.72	11547.36	
Nursing Total:							814368.58
Nursing		Hour	9	692.50	68.76	428546.70	
Nursing		Hour	4	6579.50	14.66	385821.88	
Financial Management Services Total:							535949.58
Financial Management Services		Month	553	3.50	196.75	380809.62	
Financial Management Services		Month	204	11.30	67.30	155139.96	
Independent Support Broker Total:							144550.98
Independent Support Broker		Month	452	16.00	13.76	99512.32	
Independent Support Broker		Month	171	8.20	32.12	45038.66	
Consumer Directed Attendant Care - Skilled Total:							568956.13
Agency Provider Hour		15 min	13	814.60	8.36	88530.73	
Individual Provider Hour		15 min	57	435.60	14.96	371444.83	
Agency Provider Day		15 min	1	1198.10	4.51	5403.43	
Individual Provider Day		15 min	7	1291.70	5.04	45571.18	
Agency Provider Hour		15 min	4	360.50	6.97	10050.74	
Individual Provider Hour		15 min	17	270.50	9.17	42168.24	
Agency Provider Day		15 min	1	138.80	4.42	613.50	
Individual Provider Day						5173.48	
GRAND TOTAL:							24349579.31
Total: Services included in capitation:							17252297.20
Total: Services not included in capitation:							7097282.10
Total Estimated Unduplicated Participants:							3619
Factor D (Divide total by number of participants):							6728.26
Services included in capitation:							4767.14
Services not included in capitation:							1961.12
Average Length of Stay on the Waiver:							344

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
		15 min	2	597.40	4.33		
Consumer-Directed Attendant Care - Unskilled Total:							5121257.65
Agency Provider Hour		15 min	123	782.60	8.38	806657.12	
Individual Provider Hour		15 min	512	438.00	14.99	3361597.44	
Agency Provider Day		15 min	1	1240.70	4.36	5409.45	
Individual Provider Day		15 min	65	1276.00	5.13	425482.20	
Agency Provider Hour		15 min	38	345.70	6.97	91562.10	
Individual Provider Hour		15 min	155	268.50	9.17	381632.48	
Agency Provider Day		15 min	1	141.20	4.35	614.22	
Individual Provider Day		15 min	20	551.40	4.38	48302.64	
Home and Vehicle Modification Total:							394981.75
Home and Vehicle Modification		1 modification	73	1.10	4176.24	335352.07	
Home and Vehicle Modification		1 modification	10	0.80	7453.71	59629.68	
Home Delivered Meals Total:							1353993.64
Morning Meal		meal	57	147.10	10.06	84350.08	
Noon Meal		meal	544	54.00	27.17	798145.92	
Evening Meal		meal	272	80.00	18.37	399731.20	
Liquid Supplement		meal	34	266.20	5.58	50503.46	
Morning Meal		meal	1	165.40	8.14	1346.36	
Noon Meal		meal	11	128.30	9.02	12729.93	
Evening Meal		meal	6	114.60	9.28	6380.93	
GRAND TOTAL:							24349579.31
Total: Services included in capitation:							17252297.20
Total: Services not included in capitation:							7097282.10
Total Estimated Unduplicated Participants:							3619
Factor D (Divide total by number of participants):							6728.26
Services included in capitation:							4767.14
Services not included in capitation:							1961.12
Average Length of Stay on the Waiver:							344

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Liquid Supplement		meal	1	182.30	4.42	805.77	
Individual Directed Goods and Services Total:							483097.71
Individual Directed Goods and Services		Hour	498	0.50	1227.29	305595.21	
Individual Directed Goods and Services		Hour	50	172.50	20.58	177502.50	
Interim Medical Monitoring and Treatment Total:							276479.86
HHA Aide		15 min	6	139.00	51.44	42900.96	
HHA Nurse		15 min	4	178.20	43.31	30871.37	
Child Care		15 min	1	734.50	14.39	10569.46	
IMMT		15 min	3	451.60	5.92	8020.42	
HHA Aide		15 min	29	192.00	16.82	93653.76	
HHA Nurse		15 min	21	174.50	18.39	67390.16	
Child Care		15 min	7	562.50	5.86	23073.75	
IMMT		15 min	0	0.00	0.01	0.00	
Medical Day Care for Children Total:							2298240.00
MCO Medical Day Care for Children		15 min	32	5600.00	8.55	1532160.00	
FFS Medical Day Care for Children		15 min	16	5600.00	8.55	766080.00	
Nutritional Counseling Total:							657.66
Nutritional Counseling		15 min	3	1.40	19.90	83.58	
Nutritional Counseling		15 min	1	192.00	2.99	574.08	
Personal Emergency							191704.57
GRAND TOTAL:							24349579.31
Total: Services included in capitation:							17252297.20
Total: Services not included in capitation:							7097282.10
Total Estimated Unduplicated Participants:							3619
Factor D (Divide total by number of participants):							6728.26
Services included in capitation:							4767.14
Services not included in capitation:							1961.12
Average Length of Stay on the Waiver:							344

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Response Total:							
PERS - Install	<input type="checkbox"/>	Install	532	6.40	53.59	182463.23	
PERS - Monthly	<input type="checkbox"/>	Month	16	16.00	21.25	5440.00	
PERS - Install	<input type="checkbox"/>	Install	12	5.80	53.03	3690.89	
PERS - Monthly	<input type="checkbox"/>	Month	1	5.20	21.24	110.45	
Self-Directed Community Support and Employment Total:							1425962.13
Self Directed Community Support and Employment	<input type="checkbox"/>	Hour	284	1145.20	4.34	1411527.71	
Self Directed Community Support and Employment	<input type="checkbox"/>	Hour	5	127.40	22.66	14434.42	
Self-directed Personal Care Total:							3996098.14
Self Directed Personal Care	<input type="checkbox"/>	Hour	95	554.70	5.98	315125.07	
Self Directed Personal Care	<input type="checkbox"/>	Hour	194	124.60	152.28	3680973.07	
GRAND TOTAL:							24349579.31
Total: Services included in capitation:							17252297.20
Total: Services not included in capitation:							7097282.10
Total Estimated Unduplicated Participants:							3619
Factor D (Divide total by number of participants):							6728.26
Services included in capitation:							4767.14
Services not included in capitation:							1961.12
Average Length of Stay on the Waiver:							344

Appendix J: Cost Neutrality Demonstration

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
Adult Day Total:							45737.56
Extended Day		Extended Day	2	5.90	315.26	3720.07	
Day		Day	11	1.30	1421.12	20322.02	
Half Day		Half Day	1	10.30	180.59	1860.08	
Extended Day		Extended Day	1	132.00	77.30	10203.60	
Day		Day	1	117.00	55.60	6505.20	
Half Day		Half Day	1	90.00	34.74	3126.60	
Homemaker Total:							370299.12
Homemaker		Hour	200	371.20	4.90	363776.00	
Homemaker		Hour	5	248.50	5.25	6523.12	
Respite Total:							6534644.67
Home Health Aide - Basic Individual		15 min	85	679.50	8.76	505955.70	
Child Care		15 min	1	1573.60	3.78	5948.21	
Teen Day Camp		15 min	1	1755.90	3.39	5952.50	
Resident Camp - Weeklong		15 min	2	5125.20	1.16	11890.46	
Respite-Home Care Agency & Non-Facility - Group		15 min	80	1208.40	4.93	476592.96	
Hospital or Nursing Facility/Skilled		15 min	8	1094.10	5.44	47615.23	
Respite-Home Care Agency & Non-Facility, Basic Individual		15 min	558	402.20	14.80	3321528.48	
Home Health Aide - Specialized		15 min	171	409.90	14.52	1017748.91	
Home Health Aide - Group		15 min	1	1599.50	3.72	5950.14	
Weekend On-							29866.62
GRAND TOTAL:						25210088.10	
Total: Services included in capitation:						17868735.02	
Total: Services not included in capitation:						7341353.08	
Total Estimated Unduplicated Participants:						3619	
Factor D (Divide total by number of participants):						6966.04	
Services included in capitation:						4937.48	
Services not included in capitation:						2028.56	
Average Length of Stay on the Waiver:							344

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
site Respite Camp		15 min	5	2118.20	2.82		
Group Specialized Summer Day Camp		15 min	7	1604.20	3.71	41661.07	
Respite-Home Care Agency & Non-Facility, Specialized		15 min	12	572.60	10.39	71391.77	
Home Health Aide - Basic Individual		15 min	18	595.60	8.17	87588.94	
Child Care		15 min	1	1285.80	3.78	4860.32	
Teen Day Camp		15 min	1	1436.90	3.39	4871.09	
Resident Camp - Weeklong		15 min	1	4184.60	1.16	4854.14	
Respite-Home Care Agency & Non-Facility - Group		15 min	17	1114.60	4.37	82803.63	
Hospital or Nursing Facility/Skilled		15 min	2	903.50	5.39	9739.73	
Respite-Home Care Agency & Non-Facility, Basic Individual		15 min	120	446.70	10.89	583747.56	
Home Health Aide - Specialized		15 min	37	365.30	13.32	180034.45	
Home Health Aide - Group		15 min	1	1307.00	3.72	4862.04	
Weekend On-site Respite Camp		15 min	1	1753.80	2.77	4858.03	
Group Specialized Summer Day Camp		15 min	2	1328.80	3.66	9726.82	
Respite-Home Care Agency & Non-Facility, Specialized		15 min	3	471.90	10.31	14595.87	
Counseling Service Total:							31852.40
Counseling Group		Hour	1	1.00	0.97	0.97	
GRAND TOTAL:						25210088.10	
Total: Services included in capitation:						17868735.02	
Total: Services not included in capitation:						7341353.08	
Total Estimated Unduplicated Participants:						3619	
Factor D (Divide total by number of participants):						6966.04	
Services included in capitation:						4937.48	
Services not included in capitation:						2028.56	
Average Length of Stay on the Waiver:						344	

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Counseling Individual		Hour	1	1.00	0.97	0.97	
Counseling Group		Hour	10	273.20	5.83	15927.56	
Counseling Individual		Hour	8	341.40	5.83	15922.90	
Home Health Aide Total:							27628.50
Home Health Aide		Hour	2	100.30	79.04	15855.42	
Home Health Aide		Hour	1	1188.00	9.91	11773.08	
Nursing Total:							830601.65
Nursing		Hour	9	692.50	70.14	437147.55	
Nursing		Hour	4	6579.50	14.95	393454.10	
Financial Management Services Total:							557517.02
Financial Management Services		Month	564	3.50	200.69	396162.06	
Financial Management Services		Month	208	11.30	68.65	161354.96	
Independent Support Broker Total:							150301.01
Independent Support Broker		Month	461	16.00	14.04	103559.04	
Independent Support Broker		Month	174	8.20	32.76	46741.97	
Consumer Directed Attendant Care - Skilled Total:							587014.07
Agency Provider Hour		15 min	13	814.60	8.53	90330.99	
Individual Provider Hour		15 min	58	435.60	15.26	385540.85	
Agency Provider Day		15 min	1	1198.10	4.60	5511.26	
Individual Provider Day		15 min	7	1291.70	5.14	46475.37	
Agency Provider Hour						10252.62	
GRAND TOTAL:							25210088.10
Total: Services included in capitation:							17868735.02
Total: Services not included in capitation:							7341353.08
Total Estimated Unduplicated Participants:							3619
Factor D (Divide total by number of participants):							6966.04
Services included in capitation:							4937.48
Services not included in capitation:							2028.56
Average Length of Stay on the Waiver:							344

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
		15 min	4	360.50	7.11		
Individual Provider Hour		15 min	17	270.50	9.35	42995.98	
Agency Provider Day		15 min	1	138.80	4.51	625.99	
Individual Provider Day		15 min	2	597.40	4.42	5281.02	
Consumer-Directed Attendant Care - Unskilled Total:							5327352.30
Agency Provider Hour		15 min	125	782.60	8.55	836403.75	
Individual Provider Hour		15 min	523	438.00	15.29	3502541.46	
Agency Provider Day		15 min	1	1240.70	4.45	5521.12	
Individual Provider Day		15 min	66	1276.00	5.23	440449.68	
Agency Provider Hour		15 min	39	345.70	7.11	95859.15	
Individual Provider Hour		15 min	158	268.50	9.35	396655.05	
Agency Provider Day		15 min	1	141.20	4.44	626.93	
Individual Provider Day		15 min	20	551.40	4.47	49295.16	
Home and Vehicle Modification Total:							407566.70
Home and Vehicle Modification		1 modification	74	1.10	4259.76	346744.46	
Home and Vehicle Modification		1 modification	10	0.80	7602.78	60822.24	
Home Delivered Meals Total:							1407987.62
Morning Meal		meal	58	147.10	10.26	87536.27	
Noon Meal		meal	555	54.00	27.71	830468.70	
Evening Meal		meal	277	80.00	18.74	415278.40	
Liquid Supplement		meal	35	266.20	5.69	53013.73	
GRAND TOTAL:							25210088.10
Total: Services included in capitation:							17868735.02
Total: Services not included in capitation:							7341353.08
Total Estimated Unduplicated Participants:							3619
Factor D (Divide total by number of participants):							6966.04
Services included in capitation:							4937.48
Services not included in capitation:							2028.56
Average Length of Stay on the Waiver:							344

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Morning Meal		meal	1	165.40	8.30	1372.82	
Noon Meal		meal	11	128.30	9.20	12983.96	
Evening Meal		meal	6	114.60	9.47	6511.57	
Liquid Supplement		meal	1	182.30	4.51	822.17	
Individual Directed Goods and Services Total:							502000.96
Individual Directed Goods and Services		Hour	507	0.50	1251.84	317341.44	
Individual Directed Goods and Services		Hour	51	172.50	20.99	184659.52	
Interim Medical Monitoring and Treatment Total:							285350.81
HHA Aide		15 min	6	139.00	52.47	43759.98	
HHA Nurse		15 min	4	178.20	44.18	31491.50	
Child Care		15 min	1	734.50	14.68	10782.46	
IMMT		15 min	3	451.60	6.04	8182.99	
HHA Aide		15 min	30	192.00	17.16	98841.60	
HHA Nurse		15 min	21	174.50	18.76	68746.02	
Child Care		15 min	7	562.50	5.98	23546.25	
IMMT		15 min	0	0.00	0.01	0.00	
Medical Day Care for Children Total:							2298240.00
MCO Medical Day Care for Children		15 min	32	5600.00	8.55	1532160.00	
FFS Medical Day Care for Children		15 min	16	5600.00	8.55	766080.00	
Nutritional							670.86
GRAND TOTAL:							25210088.10
Total: Services included in capitation:							17868735.02
Total: Services not included in capitation:							7341353.08
Total Estimated Unduplicated Participants:							3619
Factor D (Divide total by number of participants):							6966.04
Services included in capitation:							4937.48
Services not included in capitation:							2028.56
Average Length of Stay on the Waiver:							344

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/Unit	Component Cost	Total Cost
Counseling Total:							
Nutritional Counseling		15 min	3	1.40	20.30	85.26	
Nutritional Counseling		15 min	1	192.00	3.05	585.60	
Personal Emergency Response Total:							
PERS - Install		Install	542	6.40	54.66	189604.61	
PERS - Monthly		Month	16	16.00	21.68	5550.08	
PERS - Install		Install	12	5.80	54.09	3764.66	
PERS - Monthly		Month	1	5.20	21.66	112.63	
Self-Directed Community Support and Employment Total:							
Self Directed Community Support and Employment		Hour	290	1145.20	4.43	1471238.44	
Self Directed Community Support and Employment		Hour	5	127.40	23.11	14721.07	
Self-directed Personal Care Total:							
Self Directed Personal Care		Hour	97	554.70	6.10	328215.99	
Self Directed Personal Care		Hour	198	124.60	155.33	3832115.36	
GRAND TOTAL:						25210088.10	
Total: Services included in capitation:						17868735.02	
Total: Services not included in capitation:						7341353.08	
Total Estimated Unduplicated Participants:						3619	
Factor D (Divide total by number of participants):						6966.04	
Services included in capitation:						4937.48	
Services not included in capitation:						2028.56	
Average Length of Stay on the Waiver:							344

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 Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Adult Day Total:							46651.76
Extended Day		Extended Day	2	5.90	321.57	3794.53	
Day		Day	11	1.30	1449.54	20728.42	
Half Day		Half Day	1	10.30	184.20	1897.26	
Extended Day		Extended Day	1	132.00	78.84	10406.88	
Day		Day	1	117.00	56.71	6635.07	
Half Day		Half Day	1	90.00	35.44	3189.60	
Homemaker Total:							384526.55
Homemaker		Hour	204	371.20	4.99	377866.75	
Homemaker		Hour	5	248.50	5.36	6659.80	
Respite Total:							6802713.28
Home Health Aide - Basic Individual		15 min	87	679.50	8.94	528501.51	
Child Care		15 min	1	1573.60	3.86	6074.10	
Teen Day Camp		15 min	1	1755.90	3.45	6057.86	
Resident Camp - Weeklong		15 min	2	5125.20	1.19	12197.98	
Respite-Home Care Agency & Non-Facility - Group		15 min	82	1208.40	5.03	498416.66	
Hospital or Nursing Facility/Skilled		15 min	8	1094.10	5.55	48578.04	
Respite-Home Care Agency & Non-Facility, Basic Individual		15 min	569	402.20	15.10	3455662.18	
Home Health Aide - Specialized		15 min	175	409.90	14.82	1063075.65	
Home Health Aide - Group		15 min	1	1599.50	3.80	6078.10	
Weekend On-							30396.17
GRAND TOTAL:							26116363.07
Total: Services included in capitation:							18516938.43
Total: Services not included in capitation:							7599424.64
Total Estimated Unduplicated Participants:							3619
Factor D (Divide total by number of participants):							7216.46
Services included in capitation:							5116.59
Services not included in capitation:							2099.87
Average Length of Stay on the Waiver:							344

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
site Respite Camp		15 min	5	2118.20	2.87		
Group Specialized Summer Day Camp		15 min	7	1604.20	3.79	42559.43	
Respite-Home Care Agency & Non-Facility, Specialized		15 min	12	572.60	10.60	72834.72	
Home Health Aide - Basic Individual		15 min	19	595.60	8.33	94265.61	
Child Care		15 min	1	1285.80	3.86	4963.19	
Teen Day Camp		15 min	1	1436.90	3.45	4957.30	
Resident Camp - Weeklong		15 min	1	4184.60	1.19	4979.67	
Respite-Home Care Agency & Non-Facility - Group		15 min	17	1114.60	4.45	84319.49	
Hospital or Nursing Facility/Skilled		15 min	2	903.50	5.49	9920.43	
Respite-Home Care Agency & Non-Facility, Basic Individual		15 min	123	446.70	11.11	610428.95	
Home Health Aide - Specialized		15 min	37	365.30	13.59	183683.80	
Home Health Aide - Group		15 min	1	1307.00	3.80	4966.60	
Weekend On-site Respite Camp		15 min	1	1753.80	2.83	4963.25	
Group Specialized Summer Day Camp		15 min	2	1328.80	3.74	9939.42	
Respite-Home Care Agency & Non-Facility, Specialized		15 min	3	471.90	10.52	14893.16	
Counseling Service Total:							32508.02
Counseling Group		Hour	1	1.00	0.99	0.99	
GRAND TOTAL:						26116363.07	
Total: Services included in capitation:						18516938.43	
Total: Services not included in capitation:						7599424.64	
Total Estimated Unduplicated Participants:						3619	
Factor D (Divide total by number of participants):						7216.46	
Services included in capitation:						5116.59	
Services not included in capitation:						2099.87	
Average Length of Stay on the Waiver:						344	

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Counseling Individual		Hour	1	1.00	0.99	0.99	
Counseling Group		Hour	10	273.20	5.95	16255.40	
Counseling Individual		Hour	8	341.40	5.95	16250.64	
Home Health Aide Total:							28183.05
Home Health Aide		Hour	2	100.30	80.62	16172.37	
Home Health Aide		Hour	1	1188.00	10.11	12010.68	
Nursing Total:							847222.55
Nursing		Hour	9	692.50	71.54	445873.05	
Nursing		Hour	4	6579.50	15.25	401349.50	
Financial Management Services Total:							579698.66
Financial Management Services		Month	575	3.50	204.70	411958.75	
Financial Management Services		Month	212	11.30	70.02	167739.91	
Independent Support Broker Total:							156466.23
Independent Support Broker		Month	470	16.00	14.32	107686.40	
Independent Support Broker		Month	178	8.20	33.42	48779.83	
Consumer Directed Attendant Care - Skilled Total:							614725.91
Agency Provider Hour		15 min	13	814.60	8.70	92131.26	
Individual Provider Hour		15 min	60	435.60	15.56	406676.16	
Agency Provider Day		15 min	1	1198.10	4.69	5619.09	
Individual Provider Day		15 min	7	1291.70	5.24	47379.56	
Agency Provider Hour						10454.50	
GRAND TOTAL:							26116363.07
Total: Services included in capitation:							18516938.43
Total: Services not included in capitation:							7599424.64
Total Estimated Unduplicated Participants:							3619
Factor D (Divide total by number of participants):							7216.46
Services included in capitation:							5116.59
Services not included in capitation:							2099.87
Average Length of Stay on the Waiver:							344

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
		15 min	4	360.50	7.25		
Individual Provider Hour		15 min	18	270.50	9.54	46450.26	
Agency Provider Day		15 min	1	138.80	4.60	638.48	
Individual Provider Day		15 min	2	597.40	4.50	5376.60	
Consumer-Directed Attendant Care - Unskilled Total:							5543643.86
Agency Provider Hour		15 min	128	782.60	8.72	873506.82	
Individual Provider Hour		15 min	533	438.00	15.60	3641882.40	
Agency Provider Day		15 min	1	1240.70	4.54	5632.78	
Individual Provider Day		15 min	67	1276.00	5.34	456527.28	
Agency Provider Hour		15 min	40	345.70	7.25	100253.00	
Individual Provider Hour		15 min	161	268.50	9.54	412399.89	
Agency Provider Day		15 min	1	141.20	4.53	639.64	
Individual Provider Day		15 min	21	551.40	4.56	52802.06	
Home and Vehicle Modification Total:							420497.92
Home and Vehicle Modification		1 modification	75	1.10	4344.96	358459.20	
Home and Vehicle Modification		1 modification	10	0.80	7754.84	62038.72	
Home Delivered Meals Total:							1465012.65
Morning Meal		meal	59	147.10	10.47	90868.08	
Noon Meal		meal	565	54.00	28.27	862517.70	
Evening Meal		meal	283	80.00	19.11	432650.40	
Liquid Supplement		meal	36	266.20	5.81	55678.39	
GRAND TOTAL:							26116363.07
Total: Services included in capitation:							18516938.43
Total: Services not included in capitation:							7599424.64
Total Estimated Unduplicated Participants:							3619
Factor D (Divide total by number of participants):							7216.46
Services included in capitation:							5116.59
Services not included in capitation:							2099.87
Average Length of Stay on the Waiver:							344

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Morning Meal		meal	1	165.40	8.47	1400.94	
Noon Meal		meal	12	128.30	9.38	14441.45	
Evening Meal		meal	6	114.60	9.65	6635.34	
Liquid Supplement		meal	1	182.30	4.50	820.35	
Individual Directed Goods and Services Total:							522757.03
Individual Directed Goods and Services		Hour	518	0.50	1276.87	330709.33	
Individual Directed Goods and Services		Hour	52	172.50	21.41	192047.70	
Interim Medical Monitoring and Treatment Total:							294354.30
HHA Aide		15 min	6	139.00	53.52	44635.68	
HHA Nurse		15 min	4	178.20	45.06	32118.77	
Child Care		15 min	1	734.50	14.97	10995.46	
IMMT		15 min	3	451.60	6.16	8345.57	
HHA Aide		15 min	30	192.00	17.50	100800.00	
HHA Nurse		15 min	22	174.50	19.13	73440.07	
Child Care		15 min	7	562.50	6.10	24018.75	
IMMT		15 min	0	0.00	0.01	0.00	
Medical Day Care for Children Total:							2298240.00
MCO Medical Day Care for Children		15 min	32	5600.00	8.55	1532160.00	
FFS Medical Day Care for Children		15 min	16	5600.00	8.55	766080.00	
Nutritional							684.06
GRAND TOTAL:							26116363.07
Total: Services included in capitation:							18516938.43
Total: Services not included in capitation:							7599424.64
Total Estimated Unduplicated Participants:							3619
Factor D (Divide total by number of participants):							7216.46
Services included in capitation:							5116.59
Services not included in capitation:							2099.87
Average Length of Stay on the Waiver:							344

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Counseling Total:							
Nutritional Counseling		15 min	3	1.40	20.70	86.94	
Nutritional Counseling		15 min	1	192.00	3.11	597.12	
Personal Emergency Response Total:							
PERS - Install		Install	554	6.40	55.76	197702.66	
PERS - Monthly		Month	16	16.00	22.11	5660.16	
PERS - Install		Install	12	5.80	55.17	3839.83	
PERS - Monthly		Month	1	5.20	22.10	114.92	
Self-Directed Community Support and Employment Total:							
Self Directed Community Support and Employment		Hour	295	1145.20	4.52	1527009.68	
Self Directed Community Support and Employment		Hour	5	127.40	23.58	15020.46	
Self-directed Personal Care Total:							
Self Directed Personal Care		Hour	99	554.70	6.22	341573.17	
Self Directed Personal Care		Hour	202	124.60	158.43	3987556.36	
GRAND TOTAL:						26116363.07	
Total: Services included in capitation:						18516938.43	
Total: Services not included in capitation:						7599424.64	
Total Estimated Unduplicated Participants:						3619	
Factor D (Divide total by number of participants):						7216.46	
Services included in capitation:						5116.59	
Services not included in capitation:						2099.87	
Average Length of Stay on the Waiver:							344

Appendix J: Cost Neutrality Demonstration

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 Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Adult Day Total:							47585.14
Extended Day		Extended Day	2	5.90	328.00	3870.40	
Day		Day	11	1.30	1478.53	21142.98	
Half Day		Half Day	1	10.30	187.89	1935.27	
Extended Day		Extended Day	1	132.00	80.42	10615.44	
Day		Day	1	117.00	57.85	6768.45	
Half Day		Half Day	1	90.00	36.14	3252.60	
Homemaker Total:							401682.75
Homemaker		Hour	209	371.20	5.09	394886.27	
Homemaker		Hour	5	248.50	5.47	6796.48	
Respite Total:							7075582.53
Home Health Aide - Basic Individual		15 min	88	679.50	9.12	545339.52	
Child Care		15 min	1	1573.60	3.94	6199.98	
Teen Day Camp		15 min	1	1755.90	3.52	6180.77	
Resident Camp - Weeklong		15 min	2	5125.20	1.21	12402.98	
Respite-Home Care Agency & Non-Facility - Group		15 min	84	1208.40	5.13	520723.73	
Hospital or Nursing Facility/Skilled		15 min	8	1094.10	5.66	49540.85	
Respite-Home Care Agency & Non-Facility, Basic Individual		15 min	580	402.20	15.40	3592450.40	
Home Health Aide - Specialized		15 min	178	409.90	15.11	1102458.84	
Home Health Aide - Group		15 min	1	1599.50	3.87	6190.06	
Weekend On-							31031.63
GRAND TOTAL:							27020562.99
Total: Services included in capitation:							19158616.65
Total: Services not included in capitation:							7861946.33
Total Estimated Unduplicated Participants:							3619
Factor D (Divide total by number of participants):							7466.31
Services included in capitation:							5293.90
Services not included in capitation:							2172.41
Average Length of Stay on the Waiver:							344

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
site Respite Camp		15 min	5	2118.20	2.93		
Group Specialized Summer Day Camp		15 min	8	1604.20	3.86	49537.70	
Respite-Home Care Agency & Non-Facility, Specialized		15 min	13	572.60	10.81	80467.48	
Home Health Aide - Basic Individual		15 min	19	595.60	8.50	96189.40	
Child Care		15 min	1	1285.80	3.94	5066.05	
Teen Day Camp		15 min	1	1436.90	3.52	5057.89	
Resident Camp - Weeklong		15 min	1	4184.60	1.21	5063.37	
Respite-Home Care Agency & Non-Facility - Group		15 min	18	1114.60	4.54	91085.11	
Hospital or Nursing Facility/Skilled		15 min	2	903.50	5.60	10119.20	
Respite-Home Care Agency & Non-Facility, Basic Individual		15 min	125	446.70	11.33	632638.88	
Home Health Aide - Specialized		15 min	38	365.30	13.86	192396.20	
Home Health Aide - Group		15 min	1	1307.00	3.87	5058.09	
Weekend On-site Respite Camp		15 min	1	1753.80	2.89	5068.48	
Group Specialized Summer Day Camp		15 min	2	1328.80	3.81	10125.46	
Respite-Home Care Agency & Non-Facility, Specialized		15 min	3	471.90	10.73	15190.46	
Counseling Service Total:							34821.97
Counseling Group		Hour	1	1.00	1.01	1.01	
GRAND TOTAL:						27020562.99	
Total: Services included in capitation:						19158616.65	
Total: Services not included in capitation:						7861946.33	
Total Estimated Unduplicated Participants:						3619	
Factor D (Divide total by number of participants):						7466.31	
Services included in capitation:						5293.90	
Services not included in capitation:						2172.41	
Average Length of Stay on the Waiver:							344

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Counseling Individual		Hour	1	1.00	1.01	1.01	
Counseling Group		Hour	11	273.20	6.07	18241.56	
Counseling Individual		Hour	8	341.40	6.07	16578.38	
Home Health Aide Total:							28743.62
Home Health Aide		Hour	2	100.30	82.23	16495.34	
Home Health Aide		Hour	1	1188.00	10.31	12248.28	
Nursing Total:							864293.60
Nursing		Hour	9	692.50	72.97	454785.52	
Nursing		Hour	4	6579.50	15.56	409508.08	
Financial Management Services Total:							603280.99
Financial Management Services		Month	587	3.50	208.79	428959.06	
Financial Management Services		Month	216	11.30	71.42	174321.94	
Independent Support Broker Total:							162724.38
Independent Support Broker		Month	480	16.00	14.60	112128.00	
Independent Support Broker		Month	181	8.20	34.09	50596.38	
Consumer Directed Attendant Care - Skilled Total:							641420.32
Agency Provider Hour		15 min	14	814.60	8.87	101157.03	
Individual Provider Hour		15 min	61	435.60	15.88	421957.01	
Agency Provider Day		15 min	1	1198.10	4.79	5738.90	
Individual Provider Day		15 min	7	1291.70	5.35	48374.16	
Agency Provider Hour						10670.80	
GRAND TOTAL:							27020562.99
Total: Services included in capitation:							19158616.65
Total: Services not included in capitation:							7861946.33
Total Estimated Unduplicated Participants:							3619
Factor D (Divide total by number of participants):							7466.31
Services included in capitation:							5293.90
Services not included in capitation:							2172.41
Average Length of Stay on the Waiver:							344

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
		15 min	4	360.50	7.40		
Individual Provider Hour		15 min	18	270.50	9.73	47375.37	
Agency Provider Day		15 min	1	138.80	4.69	650.97	
Individual Provider Day		15 min	2	597.40	4.60	5496.08	
Consumer-Directed Attendant Care - Unskilled Total:							5766004.93
Agency Provider Hour		15 min	131	782.60	8.89	911408.13	
Individual Provider Hour		15 min	544	438.00	15.91	3790907.52	
Agency Provider Day		15 min	1	1240.70	4.63	5744.44	
Individual Provider Day		15 min	68	1276.00	5.44	472017.92	
Agency Provider Hour		15 min	40	345.70	7.40	102327.20	
Individual Provider Hour		15 min	164	268.50	9.73	428450.82	
Agency Provider Day		15 min	2	141.20	4.62	1304.69	
Individual Provider Day		15 min	21	551.40	4.65	53844.21	
Home and Vehicle Modification Total:							438657.22
Home and Vehicle Modification		1 modification	77	1.10	4431.85	375377.70	
Home and Vehicle Modification		1 modification	10	0.80	7909.94	63279.52	
Home Delivered Meals Total:							1523698.12
Morning Meal		meal	60	147.10	10.68	94261.68	
Noon Meal		meal	576	54.00	28.83	896728.32	
Evening Meal		meal	289	80.00	19.49	450608.80	
Liquid Supplement		meal	37	266.20	5.92	58308.45	
GRAND TOTAL:							27020562.99
Total: Services included in capitation:							19158616.65
Total: Services not included in capitation:							7861946.33
Total Estimated Unduplicated Participants:							3619
Factor D (Divide total by number of participants):							7466.31
Services included in capitation:							5293.90
Services not included in capitation:							2172.41
Average Length of Stay on the Waiver:							344

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Morning Meal		meal	1	165.40	8.64	1429.06	
Noon Meal		meal	12	128.30	9.57	14733.97	
Evening Meal		meal	6	114.60	9.85	6772.86	
Liquid Supplement		meal	1	182.30	4.69	854.99	
Individual Directed Goods and Services Total:							543508.44
Individual Directed Goods and Services		Hour	528	0.50	1302.41	343836.24	
Individual Directed Goods and Services		Hour	53	172.50	21.84	199672.20	
Interim Medical Monitoring and Treatment Total:							266120.80
HHA Aide		15 min	7	139.00	4.59	4466.07	
HHA Nurse		15 min	4	178.20	45.96	32760.29	
Child Care		15 min	1	734.50	15.27	11215.82	
IMMT		15 min	3	451.60	6.28	8508.14	
HHA Aide		15 min	31	192.00	17.85	106243.20	
HHA Nurse		15 min	22	174.50	19.52	74937.28	
Child Care		15 min	8	562.50	6.22	27990.00	
IMMT		15 min	0	0.00	0.01	0.00	
Medical Day Care for Children Total:							2298240.00
MCO Medical Day Care for Children		15 min	32	5600.00	8.55	1532160.00	
FFS Medical Day Care for Children		15 min	16	5600.00	8.55	766080.00	
Nutritional							697.34
GRAND TOTAL:							27020562.99
Total: Services included in capitation:							19158616.65
Total: Services not included in capitation:							7861946.33
Total Estimated Unduplicated Participants:							3619
Factor D (Divide total by number of participants):							7466.31
Services included in capitation:							5293.90
Services not included in capitation:							2172.41
Average Length of Stay on the Waiver:							344

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Counseling Total:							
Nutritional Counseling		15 min	3	1.40	21.12	88.70	
Nutritional Counseling		15 min	1	192.00	3.17	608.64	
Personal Emergency Response Total:							
PERS - Install		Install	565	6.40	56.87	205641.92	
PERS - Monthly		Month	16	16.00	22.55	5772.80	
PERS - Install		Install	12	5.80	56.28	3917.09	
PERS - Monthly		Month	1	5.20	22.54	117.21	
Self-Directed Community Support and Employment Total:							
Self Directed Community Support and Employment		Hour	301	1145.20	4.61	1589090.97	
Self Directed Community Support and Employment		Hour	5	127.40	24.05	15319.85	
Self-directed Personal Care Total:							
Self Directed Personal Care		Hour	101	554.70	6.35	355756.84	
Self Directed Personal Care		Hour	206	124.60	161.60	4147884.16	
GRAND TOTAL:						27020562.99	
Total: Services included in capitation:						19158616.65	
Total: Services not included in capitation:						7861946.33	
Total Estimated Unduplicated Participants:						3619	
Factor D (Divide total by number of participants):						7466.31	
Services included in capitation:						5293.90	
Services not included in capitation:						2172.41	
Average Length of Stay on the Waiver:						344	

Appendix J: Cost Neutrality Demonstration

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 Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Adult Day Total:							50497.32
Extended Day		Extended Day	2	5.90	334.56	3947.81	
Day		Day	12	1.30	1508.10	23526.36	
Half Day		Half Day	1	10.30	191.64	1973.89	
Extended Day		Extended Day	1	132.00	82.03	10827.96	
Day		Day	1	117.00	59.00	6903.00	
Half Day		Half Day	1	90.00	36.87	3318.30	
Homemaker Total:							418061.84
Homemaker		Hour	213	371.20	5.20	411141.12	
Homemaker		Hour	5	248.50	5.57	6920.72	
Respite Total:							7357908.85
Home Health Aide - Basic Individual		15 min	90	679.50	9.30	568741.50	
Child Care		15 min	1	1573.60	4.02	6325.87	
Teen Day Camp		15 min	1	1755.90	3.59	6303.68	
Resident Camp - Weeklong		15 min	2	5125.20	1.23	12607.99	
Respite-Home Care Agency & Non-Facility - Group		15 min	85	1208.40	5.23	537194.22	
Hospital or Nursing Facility/Skilled		15 min	9	1094.10	5.77	56816.61	
Respite-Home Care Agency & Non-Facility, Basic Individual		15 min	591	402.20	15.71	3734270.14	
Home Health Aide - Specialized		15 min	182	409.90	15.41	1149613.74	
Home Health Aide - Group		15 min	1	1599.50	3.95	6318.02	
Weekend On-							31667.09
GRAND TOTAL:							27990583.26
Total: Services included in capitation:							19852120.22
Total: Services not included in capitation:							8138463.05
Total Estimated Unduplicated Participants:							3619
Factor D (Divide total by number of participants):							7734.34
Services included in capitation:							5485.53
Services not included in capitation:							2248.82
Average Length of Stay on the Waiver:							344

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
site Respite Camp		15 min	5	2118.20	2.99		
Group Specialized Summer Day Camp		15 min	8	1604.20	3.94	50564.38	
Respite-Home Care Agency & Non-Facility, Specialized		15 min	13	572.60	11.03	82105.11	
Home Health Aide - Basic Individual		15 min	19	595.60	8.67	98113.19	
Child Care		15 min	1	1285.80	4.02	5168.92	
Teen Day Camp		15 min	1	1436.90	3.59	5158.47	
Resident Camp - Weeklong		15 min	1	4184.60	1.23	5147.06	
Respite-Home Care Agency & Non-Facility - Group		15 min	18	1114.60	4.63	92890.76	
Hospital or Nursing Facility/Skilled		15 min	2	903.50	5.72	10336.04	
Respite-Home Care Agency & Non-Facility, Basic Individual		15 min	128	446.70	11.56	660973.06	
Home Health Aide - Specialized		15 min	39	365.30	14.14	201448.34	
Home Health Aide - Group		15 min	1	1307.00	3.95	5162.65	
Weekend On-site Respite Camp		15 min	1	1753.80	2.94	5156.17	
Group Specialized Summer Day Camp		15 min	2	1328.80	3.89	10338.06	
Respite-Home Care Agency & Non-Facility, Specialized		15 min	3	471.90	10.94	15487.76	
Counseling Service Total:							35510.38
Counseling Group		Hour	1	1.00	1.03	1.03	
GRAND TOTAL:						27990583.26	
Total: Services included in capitation:						19852120.22	
Total: Services not included in capitation:						8138463.05	
Total Estimated Unduplicated Participants:						3619	
Factor D (Divide total by number of participants):						7734.34	
Services included in capitation:						5485.53	
Services not included in capitation:						2248.82	
Average Length of Stay on the Waiver:							344

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Counseling Individual		Hour	1	1.00	1.03	1.03	
Counseling Group		Hour	11	273.20	6.19	18602.19	
Counseling Individual		Hour	8	341.40	6.19	16906.13	
Home Health Aide Total:							29324.09
Home Health Aide		Hour	2	100.30	83.88	16826.33	
Home Health Aide		Hour	1	1188.00	10.52	12497.76	
Nursing Total:							881551.64
Nursing		Hour	9	692.50	74.43	463884.98	
Nursing		Hour	4	6579.50	15.87	417666.66	
Financial Management Services Total:							627596.70
Financial Management Services		Month	599	3.50	212.97	446491.60	
Financial Management Services		Month	220	11.30	72.85	181105.10	
Independent Support Broker Total:							169245.45
Independent Support Broker		Month	489	16.00	14.89	116499.36	
Independent Support Broker		Month	185	8.20	34.77	52746.09	
Consumer Directed Attendant Care - Skilled Total:							663962.62
Agency Provider Hour		15 min	14	814.60	9.05	103209.82	
Individual Provider Hour		15 min	62	435.60	16.19	437246.57	
Agency Provider Day		15 min	1	1198.10	4.88	5846.73	
Individual Provider Day		15 min	7	1291.70	5.46	49368.77	
Agency Provider Hour						10872.68	
GRAND TOTAL:							27990583.26
Total: Services included in capitation:							19852120.22
Total: Services not included in capitation:							8138463.05
Total Estimated Unduplicated Participants:							3619
Factor D (Divide total by number of participants):							7734.34
Services included in capitation:							5485.53
Services not included in capitation:							2248.82
Average Length of Stay on the Waiver:							344

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
		15 min	4	360.50	7.54		
Individual Provider Hour		15 min	18	270.50	9.93	48349.17	
Agency Provider Day		15 min	1	138.80	4.78	663.46	
Individual Provider Day		15 min	3	597.40	4.69	8405.42	
Consumer-Directed Attendant Care - Unskilled Total:							6003964.57
Agency Provider Hour		15 min	134	782.60	9.07	951156.39	
Individual Provider Hour		15 min	555	438.00	16.23	3945350.70	
Agency Provider Day		15 min	1	1240.70	4.72	5856.10	
Individual Provider Day		15 min	69	1276.00	5.55	488644.20	
Agency Provider Hour		15 min	41	345.70	7.54	106869.70	
Individual Provider Hour		15 min	168	268.50	9.93	447922.44	
Agency Provider Day		15 min	1	141.20	4.71	665.05	
Individual Provider Day		15 min	22	551.40	4.74	57499.99	
Home and Vehicle Modification Total:							452404.02
Home and Vehicle Modification		1 modification	78	1.10	4520.50	387858.90	
Home and Vehicle Modification		1 modification	10	0.80	8068.14	64545.12	
Home Delivered Meals Total:							1585937.21
Morning Meal		meal	61	147.10	10.89	97717.06	
Noon Meal		meal	587	54.00	29.41	932238.18	
Evening Meal		meal	295	80.00	19.88	469168.00	
Liquid Supplement		meal	38	266.20	6.04	61098.22	
GRAND TOTAL:							27990583.26
Total: Services included in capitation:							19852120.22
Total: Services not included in capitation:							8138463.05
Total Estimated Unduplicated Participants:							3619
Factor D (Divide total by number of participants):							7734.34
Services included in capitation:							5485.53
Services not included in capitation:							2248.82
Average Length of Stay on the Waiver:							344

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Morning Meal		meal	2	165.40	8.81	2914.35	
Noon Meal		meal	12	128.30	9.76	15026.50	
Evening Meal		meal	6	114.60	10.04	6903.50	
Liquid Supplement		meal	1	182.30	4.78	871.39	
Individual Directed Goods and Services Total:							565558.17
Individual Directed Goods and Services		Hour	539	0.50	1328.46	358019.97	
Individual Directed Goods and Services		Hour	54	172.50	22.28	207538.20	
Interim Medical Monitoring and Treatment Total:							274922.19
HHA Aide		15 min	7	139.00	4.68	4553.64	
HHA Nurse		15 min	4	178.20	46.88	33416.06	
Child Care		15 min	1	734.50	15.58	11443.51	
IMMT		15 min	3	451.60	6.41	8684.27	
HHA Aide		15 min	31	192.00	18.21	108385.92	
HHA Nurse		15 min	23	174.50	19.91	79908.78	
Child Care		15 min	8	562.50	6.34	28530.00	
IMMT		15 min	0	0.00	0.01	0.00	
Medical Day Care for Children Total:							2298240.00
MCO Medical Day Care for Children		15 min	32	5600.00	8.55	1532160.00	
FFS Medical Day Care for Children		15 min	16	5600.00	8.55	766080.00	
Nutritional							712.55
GRAND TOTAL:							27990583.26
Total: Services included in capitation:							19852120.22
Total: Services not included in capitation:							8138463.05
Total Estimated Unduplicated Participants:							3619
Factor D (Divide total by number of participants):							7734.34
Services included in capitation:							5485.53
Services not included in capitation:							2248.82
Average Length of Stay on the Waiver:							344

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Counseling Total:							
Nutritional Counseling		15 min	3	1.40	21.54	90.47	
Nutritional Counseling		15 min	1	192.00	3.24	622.08	
Personal Emergency Response Total:							
PERS - Install		install	576	6.40	58.01	213848.06	
PERS - Monthly		Month	17	16.00	23.00	6256.00	
PERS - Install		Install	13	5.80	57.40	4327.96	
PERS - Monthly		Month	1	5.20	22.99	119.55	
Self-Directed Community Support and Employment Total:							
Self Directed Community Support and Employment		Hour	307	1145.20	4.70	1652409.08	
Self Directed Community Support and Employment		Hour	5	127.40	24.53	15625.61	
Self-directed Personal Care Total:							
Self Directed Personal Care		Hour	103	554.70	6.47	369657.63	
Self Directed Personal Care		Hour	210	124.60	164.83	4312941.78	
GRAND TOTAL:						27990583.26	
Total: Services included in capitation:						19852120.22	
Total: Services not included in capitation:						8138463.05	
Total Estimated Unduplicated Participants:						3619	
Factor D (Divide total by number of participants):						7734.34	
Services included in capitation:						5485.53	
Services not included in capitation:						2248.82	
Average Length of Stay on the Waiver:							344