

Appendix J: Cost Neutrality Demonstration

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

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

Level(s) of Care: Hospital, Nursing Facility

Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
Year	Factor D	Factor D'	Total: D+D'	Factor G	Factor G'	Total: G+G'	Difference (Col 7 less Column4)
1	9996.54	13963.00	23959.54	31931.23	11989.59	43920.82	19961.28
2	10193.93	14140.26	24334.19	32569.86	12229.38	44799.24	20465.05
3	9154.58	14423.07	23577.65	33221.25	12473.97	45695.22	22117.57
4	8776.14	14711.53	23487.67	33885.68	12723.45	46609.13	23121.46
5	8444.11	15005.76	23449.87	34563.39	12977.92	47541.31	24091.44

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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:
		Hospital	Nursing Facility
Year 1	35	1	34
Year 2	36	1	35
Year 3	42	1	41
Year 4	46	1	45
Year 5	50	1	49

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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. This is based on CMS 372 reports for the past 5 years, historical trends, and assumptions provided by the State's actuary. The assumptions were based on the fluctuation in actual ALOS over the past several years as well as the anticipated impact from the transition to managed care. Lapse rates were included in the assumption calculations provided by the actuary.

The CMS 372 reports used to develop and report ALOS is July 1, 2012 - June 30, 2017.

Total unduplicated number participants were trended at 2% annually over the five years of the waiver. Unduplicated participants were trended based on CMS 372 reports, historical trends, and assumptions provided by the State's actuary. Lapse rates were included in the assumption calculations provided by the actuary.

The CMS 372 reports used to develop and report unduplicated participants is July 1, 2012 - June 30, 2017.

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

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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 number of unduplicated participants were increased by 2% each waiver year. The increase in 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.

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'.

Under this waiver renewal, Factor D increased at a 2.0% trend annually. The projected increase was based on an estimate of future increases to capitation rates under the managed care program, assumptions provided by the State's actuary, and historical trends based on the five most recent 372 submissions. The dates of the 372 submissions used were for the five years from July 1, 2012 to June 30, 2017.

The WY1 renewal Factor D cost was estimated utilizing the WY5 cost in the prior submission (July 1, 2019 through June 30, 2020) as a baseline for the projection. The prior Appendix J submission illustrates an estimated Factor D cost of \$9,867.11 in WY5. The WY5 costs are based on a blend of the Factor D cost included in the IA Health Link capitation rates (for IA Health Link members) and historical FFS costs for the residual members not enrolled in IA Health Link. Most AIDS Waiver members are enrolled in the IA Health Link program.

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

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

Factor D' is impacted by the transition from a fee-for-service program to a managed care capitation rate program. In the prior waiver period, Factor D' was adjusted due to the transition to managed care. In this submission, the post-managed care number of unduplicated participants were increased by 2% each waiver year. The increase in 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.

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'.

Under this waiver renewal, Factor D' increased at a 2.0% trend annually. The projected increase was based on an estimate of future increases to capitation rates under the managed care program, assumptions provided by the State's actuary, and historical trends based on the five most recent 372 submissions. The dates of the 372 submissions used were for the five years from July 1, 2012 to June 30, 2017.

The WY1 renewal Factor D' cost was estimated utilizing the WY5 cost in the prior submission (July 1, 2019 through June 30, 2020) as a baseline for the projection. The prior Appendix J submission illustrates an estimated Factor D' cost of \$27,908.01 in WY5. The WY5 costs are based on a blend of the Factor D' cost included in the IA Health Link capitation rates (for IA Health Link members) and historical FFS costs for the residual members not enrolled in IA Health Link. Most AIDS Waiver members are enrolled in the IA Health Link program.

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

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

Factor G - The annual trend factor was 2% annually for Factor G and G'. Consideration was given to historical trends between waiver years for the AIDS waiver and the actuarial assumptions accounting for the transition to managed care from the State's actuary when estimating the trend factor. The five most recent 372 (MMIS) reports dated July 1, 2012 through June 30, 2017 were also considered in the trend factor and corresponding estimates.

The change in the number of lives does not have any influence over the calculation of Factor G and/or Factor G' and were established based on historical data and were carried forward based on an average of the five years from the prior 1915(c) waiver filing.

- 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:

Factor G' - The annual trend factor was 2% annually for Factor G and G'. Consideration was given to historical trends between waiver years for the AIDS waiver and the actuarial assumptions accounting for the transition to managed care from the State's actuary when estimating the trend factor. The five most recent 372 (MMIS) reports dated July 1, 2012 through June 30, 2017 were also considered in the trend factor and corresponding estimates.

The change in the number of lives does not have any influence over the calculation of Factor G and/or Factor G' and were established based on historical data and were carried forward based on an average of the five years from the prior 1915(c) waiver filing.

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

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

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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 Care Total:							0.00
Adult Day Care - Extended Day	<input type="checkbox"/>	Extended Day	0	0.00	0.01	0.00	
Adult Day Care - Full Day	<input type="checkbox"/>	Full Day	0	0.00	0.01	0.00	
Adult Day Care - Half Day	<input type="checkbox"/>	Half Day	0	0.00	0.01	0.00	
Adult Day Care - 15	<input type="checkbox"/>					0.00	
GRAND TOTAL:							349878.82
Total: Services included in capitation:							297880.46
Total: Services not included in capitation:							51998.36
Total Estimated Unduplicated Participants:							35
Factor D (Divide total by number of participants):							9996.54
Services included in capitation:							8510.87
Services not included in capitation:							1485.67
Average Length of Stay on the Waiver:							<input type="text" value="323"/>

Waiver Service/ Component	Capi- tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Minutes		15 Minutes	0	0.00	0.01		
FFS Adult Day Care - Extended Day		Extended Day	0	0.00	0.01	0.00	
FFS Adult Day Care - Full Day		Full Day	0	0.00	0.01	0.00	
FFS Adult Day Care - Half Day		Half Day	0	0.00	0.01	0.00	
FFS Adult Day Care - 15 Minutes		15 Minutes	0	0.00	0.01	0.00	
Homemaker Total:							4806.24
Homemaker - 15 Minutes		15 Minutes	1	408.00	5.89	2403.12	
FFS Homemaker - 15 Minutes		15 Minutes	1	408.00	5.89	2403.12	
Respite Total:							0.00
Respite - Camp		15 Minutes	0	0.00	0.01	0.00	
Respite - ICF/ID		15 Minutes	0	0.00	0.01	0.00	
Respite - Hospital or Nursing Facility/Skilled		15 Minutes	0	0.00	0.01	0.00	
Respite - Home Care Agency & Non-Facility, Basic Individual		15 Minutes	0	0.00	0.01	0.00	
Group Specialized Summer Day Camp		15 Minutes	0	0.00	0.01	0.00	
Respite - HHA Group		15 Minutes	0	0.00	0.01	0.00	
Respite - RCF/ID		15 Minutes	0	0.00	0.01	0.00	
Respite Resident Camp- Weeklong		15 Minutes	0	0.00	0.01	0.00	
Group Summer Day Camp - Group Recreational		15 Minutes	0	0.00	0.01	0.00	
GRAND TOTAL:							349878.82
Total: Services included in capitation:							297880.46
Total: Services not included in capitation:							51998.36
Total Estimated Unduplicated Participants:							35
Factor D (Divide total by number of participants):							9996.54
Services included in capitation:							8510.87
Services not included in capitation:							1485.67
Average Length of Stay on the Waiver:							323

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Respite - Home Care Agency & Non-Facility, Group		15 Minutes	0	0.00	0.01	0.00	
Teen Day Camp - 13 to 21 Years Old		15 Minutes	0	0.00	0.01	0.00	
Respite - HHA Specialized		15 Minutes	0	0.00	0.01	0.00	
Respite - Child Care Center		15 Minutes	0	0.00	0.01	0.00	
Respite - Home Care Agency & Non-Facility, Specialized		15 Minutes	0	0.00	0.01	0.00	
Respite - HHA Basic Individual		15 Minutes	0	0.00	0.01	0.00	
Respite - Nursing Facility		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Camp		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - ICF/ID		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Hospital or Nursing Facility/Skilled		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Home Care Agency & Non-Facility, Basic Individual		15 Minutes	0	0.00	0.01	0.00	
FFS Group Specialized Summer Day Camp		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - HHA Group		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - RCF/ID		15 Minutes	0	0.00	0.01	0.00	
FFS Respite Resident Camp-Weeklong		15 Minutes	0	0.00	0.01	0.00	
FFS Group Summer Day Camp - Group Recreational		15 Minutes	0	0.00	0.01	0.00	
GRAND TOTAL:						349878.82	
Total: Services included in capitation:						297880.46	
Total: Services not included in capitation:						51998.36	
Total Estimated Unduplicated Participants:						35	
Factor D (Divide total by number of participants):						9996.54	
Services included in capitation:						8510.87	
Services not included in capitation:						1485.67	
Average Length of Stay on the Waiver:						323	

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
FFS Respite - Home Care Agency & Non-Facility, Group		15 Minutes	0	0.00	0.01	0.00	
FFS Teen Day Camp - 13 to 21 Years Old		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - HHA Specialized		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Child Care Center		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Home Care Agency & Non-Facility, Specialized		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - HHA Basic Individual		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Nursing Facility		15 Minutes	0	0.00	0.01	0.00	
Home Health Aide Total:							0.00
Home Health Aide		Hour	0	0.00	0.01	0.00	
FFS Home Health Aide		Hour	0	0.00	0.01	0.00	
Nursing Total:							0.00
Nursing Care in the Home/LPN; Per Hour		Hour	0	0.00	0.01	0.00	
Nursing Care in the Home/RN; Per Hour		Hour	0	0.00	0.01	0.00	
FFS Nursing Care in the Home/LPN; Per Hour		Hour	0	0.00	0.01	0.00	
FFS Nursing Care in the Home/RN; Per Hour		Hour	0	0.00	0.01	0.00	
Financial Management Services Total:							0.00
Financial Management Services		Month	0	0.00	0.01	0.00	
GRAND TOTAL:							349878.82
Total: Services included in capitation:							297880.46
Total: Services not included in capitation:							51998.36
Total Estimated Unduplicated Participants:							35
Factor D (Divide total by number of participants):							9996.54
Services included in capitation:							8510.87
Services not included in capitation:							1485.67
Average Length of Stay on the Waiver:							323

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
FFS Financial Management Services		Month	0	0.00	0.01	0.00	
Independent Support Broker Total:							0.00
Independent Support Broker		Hour	0	0.00	0.01	0.00	
FFS Independent Support Broker		Hour	0	0.00	0.01	0.00	
Consumer Directed Attendant Care - Skilled Total:							224796.41
CDAC-Agency - 15 Minutes		15 Minutes	2	185.33	5.70	2112.76	
CDAC-Individual - 15 Minutes		15 Minutes	20	2902.40	3.32	192719.36	
FFS CDAC-Agency - 15 Minutes		15 Minutes	1	185.33	5.70	1056.38	
FFS CDAC-Individual - 15 Minutes		15 Minutes	3	2902.40	3.32	28907.90	
Consumer-Directed Attendant Care - Unskilled Total:							54482.94
CDAC-Agency - 15 Minutes		15 Minutes	2	1859.00	5.82	21638.76	
CDAC-Individual - 15 Minutes		15 Minutes	17	336.00	3.45	19706.40	
FFS CDAC-Agency - 15 Minutes		15 Minutes	1	1859.00	5.82	10819.38	
FFS CDAC-Individual - 15 Minutes		15 Minutes	2	336.00	3.45	2318.40	
Counseling Total:							0.00
Counseling - Individual - 15 Minutes		15 Minutes	0	0.00	0.01	0.00	
Counseling - Group - 15 Minutes		15 Minutes	0	0.00	0.01	0.00	
FFS Counseling - Individual - 15		15 Minutes	0	0.00	0.01	0.00	
GRAND TOTAL:							349878.82
Total: Services included in capitation:							297880.46
Total: Services not included in capitation:							51998.36
Total Estimated Unduplicated Participants:							35
Factor D (Divide total by number of participants):							9996.54
Services included in capitation:							8510.87
Services not included in capitation:							1485.67
Average Length of Stay on the Waiver:							323

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Minutes							
FFS Counseling - Group - 15 Minutes		15 Minutes	0	0.00	0.01	0.00	
Home Delivered Meals Total:							65793.23
Liquid Supplement		Meal	3	25.00	5.24	393.00	
Morning Meal		Meal	1	30.00	8.30	249.00	
Evening Meal		Meal	19	343.86	8.55	55860.06	
Noon Meal		Meal	12	26.77	8.71	2798.00	
FFS Liquid Supplement		Meal	1	25.00	5.24	131.00	
FFS Morning Meal		Meal	1	30.00	8.30	249.00	
FFS Evening Meal		Meal	2	343.86	8.55	5880.01	
FFS Noon Meal		Meal	1	26.77	8.71	233.17	
Individual Directed Goods and Services Total:							0.00
Individual Directed Goods and Services		Month	0	0.00	0.01	0.00	
FFS Individual Directed Goods and Services		Month	0	0.00	0.01	0.00	
Self Directed Community Support and Employment Total:							0.00
Self Directed Community Support and Employment		Month	0	0.00	0.01	0.00	
FFS Self Directed Community Support and Employment		Month	0	0.00	0.01	0.00	
Self Directed Personal Care Total:							0.00
GRAND TOTAL:							349878.82
Total: Services included in capitation:							297880.46
Total: Services not included in capitation:							51998.36
Total Estimated Unduplicated Participants:							35
Factor D (Divide total by number of participants):							9996.54
Services included in capitation:							8510.87
Services not included in capitation:							1485.67
Average Length of Stay on the Waiver:							323

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Self Directed Personal Care		Month	0	0.00	0.01	0.00	
FFS Self Directed Personal Care		Month	0	0.00	0.01	0.00	
GRAND TOTAL:							349878.82
Total: Services included in capitation:							297880.46
Total: Services not included in capitation:							51998.36
Total Estimated Unduplicated Participants:							35
Factor D (Divide total by number of participants):							9996.54
Services included in capitation:							8510.87
Services not included in capitation:							1485.67
Average Length of Stay on the Waiver:							323

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 Care Total:							0.00
Adult Day Care - Extended Day		Extended Day	0	0.00	0.01	0.00	
Adult Day Care - Full Day		Full Day	0	0.00	0.01	0.00	
Adult Day Care - Half Day		Half Day	0	0.00	0.01	0.00	
Adult Day Care - 15 Minutes		15 Minutes	0	0.00	0.01	0.00	
FFS Adult Day Care - Extended Day		Extended Day	0	0.00	0.01	0.00	
FFS Adult Day Care - Full Day		Full Day	0	0.00	0.01	0.00	
GRAND TOTAL:							366981.47
Total: Services included in capitation:							313903.14
Total: Services not included in capitation:							53078.34
Total Estimated Unduplicated Participants:							36
Factor D (Divide total by number of participants):							10193.93
Services included in capitation:							8719.53
Services not included in capitation:							1474.40
Average Length of Stay on the Waiver:							323

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
FFS Adult Day Care - Half Day		Half Day	0	0.00	0.01	0.00	
FFS Adult Day Care - 15 Minutes		15 Minutes	0	0.00	0.01	0.00	
Homemaker Total:							4904.16
Homemaker - 15 Minutes		15 Minutes	1	408.00	6.01	2452.08	
FFS Homemaker - 15 Minutes		15 Minutes	1	408.00	6.01	2452.08	
Respite Total:							0.00
Respite - Camp		15 Minutes	0	0.00	0.01	0.00	
Respite - ICF/ID		15 Minutes	0	0.00	0.01	0.00	
Respite - Hospital or Nursing Facility/Skilled		15 Minutes	0	0.00	0.01	0.00	
Respite - Home Care Agency & Non-Facility, Basic Individual		15 Minutes	0	0.00	0.01	0.00	
Group Specialized Summer Day Camp		15 Minutes	0	0.00	0.01	0.00	
Respite - HHA Group		15 Minutes	0	0.00	0.01	0.00	
Respite - RCF/ID		15 Minutes	0	0.00	0.01	0.00	
Respite Resident Camp-Weeklong		15 Minutes	0	0.00	0.01	0.00	
Group Summer Day Camp - Group Recreational		15 Minutes	0	0.00	0.01	0.00	
Respite - Home Care Agency & Non-Facility, Group		15 Minutes	0	0.00	0.01	0.00	
Teen Day Camp - 13 to 21 Years Old		15 Minutes	0	0.00	0.01	0.00	
GRAND TOTAL:							366981.47
Total: Services included in capitation:							313903.14
Total: Services not included in capitation:							53078.34
Total Estimated Unduplicated Participants:							36
Factor D (Divide total by number of participants):							10193.93
Services included in capitation:							8719.53
Services not included in capitation:							1474.40
Average Length of Stay on the Waiver:							323

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Respite - HHA Specialized		15 Minutes	0	0.00	0.01	0.00	
Respite - Child Care Center		15 Minutes	0	0.00	0.01	0.00	
Respite - Home Care Agency & Non-Facility, Specialized		15 Minutes	0	0.00	0.01	0.00	
Respite - HHA Basic Individual		15 Minutes	0	0.00	0.01	0.00	
Respite - Nursing Facility		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Camp		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - ICF/ID		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Hospital or Nursing Facility/Skilled		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Home Care Agency & Non-Facility, Basic Individual		15 Minutes	0	0.00	0.01	0.00	
FFS Group Specialized Summer Day Camp		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - HHA Group		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - RCF/ID		15 Minutes	0	0.00	0.01	0.00	
FFS Respite Resident Camp-Weeklong		15 Minutes	0	0.00	0.01	0.00	
FFS Group Summer Day Camp - Group Recreational		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Home Care Agency & Non-Facility, Group		15 Minutes	0	0.00	0.01	0.00	
FFS Teen Day Camp - 13 to 21 Years Old		15 Minutes	0	0.00	0.01	0.00	
GRAND TOTAL:						366981.47	
Total: Services included in capitation:						313903.14	
Total: Services not included in capitation:						53078.34	
Total Estimated Unduplicated Participants:						36	
Factor D (Divide total by number of participants):						10193.93	
Services included in capitation:						8719.53	
Services not included in capitation:						1474.40	
Average Length of Stay on the Waiver:						323	

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
FFS Respite - HHA Specialized		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Child Care Center		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Home Care Agency & Non-Facility, Specialized		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - HHA Basic Individual		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Nursing Facility		15 Minutes	0	0.00	0.01	0.00	
Home Health Aide Total:							0.00
Home Health Aide		Hour	0	0.00	0.01	0.00	
FFS Home Health Aide		Hour	0	0.00	0.01	0.00	
Nursing Total:							0.00
Nursing Care in the Home/LPN; Per Hour		Hour	0	0.00	0.01	0.00	
Nursing Care in the Home/RN; Per Hour		Hour	0	0.00	0.01	0.00	
FFS Nursing Care in the Home/LPN; Per Hour		Hour	0	0.00	0.01	0.00	
FFS Nursing Care in the Home/RN; Per Hour		Hour	0	0.00	0.01	0.00	
Financial Management Services Total:							0.00
Financial Management Services		Month	0	0.00	0.01	0.00	
FFS Financial Management Services		Month	0	0.00	0.01	0.00	
Independent Support Broker Total:							0.00
Independent Support		Hour				0.00	
GRAND TOTAL:							366981.47
Total: Services included in capitation:							313903.14
Total: Services not included in capitation:							53078.34
Total Estimated Unduplicated Participants:							36
Factor D (Divide total by number of participants):							10193.93
Services included in capitation:							8719.53
Services not included in capitation:							1474.40
Average Length of Stay on the Waiver:							323

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Broker			0	0.00	0.01		
FFS Independent Support Broker		Hour	0	0.00	0.01	0.00	
Consumer Directed Attendant Care - Skilled Total:							239374.60
CDAC-Agency - 15 Minutes		15 Minutes	2	185.30	5.82	2156.89	
CDAC-Individual - 15 Minutes		15 Minutes	21	2902.40	3.39	206621.86	
FFS CDAC-Agency - 15 Minutes		15 Minutes	1	185.30	5.82	1078.45	
FFS CDAC-Individual - 15 Minutes		15 Minutes	3	2902.40	3.39	29517.41	
Consumer-Directed Attendant Care - Unskilled Total:							55599.06
CDAC-Agency - 15 Minutes		15 Minutes	2	1859.00	5.94	22084.92	
CDAC-Individual - 15 Minutes		15 Minutes	17	336.00	3.52	20106.24	
FFS CDAC-Agency - 15 Minutes		15 Minutes	1	1859.00	5.94	11042.46	
FFS CDAC-Individual - 15 Minutes		15 Minutes	2	336.00	3.52	2365.44	
Counseling Total:							0.00
Counseling - Individual - 15 Minutes		15 Minutes	0	0.00	0.01	0.00	
Counseling - Group - 15 Minutes		15 Minutes	0	0.00	0.01	0.00	
FFS Counseling - Individual - 15 Minutes		15 Minutes	0	0.00	0.01	0.00	
FFS Counseling - Group - 15 Minutes		15 Minutes	0	0.00	0.01	0.00	
Home Delivered Meals Total:							67103.65
GRAND TOTAL:							366981.47
Total: Services included in capitation:							313903.14
Total: Services not included in capitation:							53078.34
Total Estimated Unduplicated Participants:							36
Factor D (Divide total by number of participants):							10193.93
Services included in capitation:							8719.53
Services not included in capitation:							1474.40
Average Length of Stay on the Waiver:							323

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Liquid Supplement		Meal	3	25.00	5.34	400.50	
Morning Meal		Meal	1	30.00	8.47	254.10	
Evening Meal		Meal	19	343.86	8.72	56970.72	
Noon Meal		Meal	12	26.77	8.89	2855.82	
FFS Liquid Supplement		Meal	1	25.00	5.34	133.50	
FFS Morning Meal		Meal	1	30.00	8.47	254.10	
FFS Evening Meal		Meal	2	343.86	8.72	5996.92	
FFS Noon Meal		Meal	1	26.77	8.89	237.99	
Individual Directed Goods and Services Total:							0.00
Individual Directed Goods and Services		Month	0	0.00	0.01	0.00	
FFS Individual Directed Goods and Services		Month	0	0.00	0.01	0.00	
Self Directed Community Support and Employment Total:							0.00
Self Directed Community Support and Employment		Month	0	0.00	0.01	0.00	
FFS Self Directed Community Support and Employment		Month	0	0.00	0.01	0.00	
Self Directed Personal Care Total:							0.00
Self Directed Personal Care		Month	0	0.00	0.01	0.00	
FFS Self Directed Personal Care		Month	0	0.00	0.01	0.00	
GRAND TOTAL:						366981.47	
Total: Services included in capitation:						313903.14	
Total: Services not included in capitation:						53078.34	
Total Estimated Unduplicated Participants:						36	
Factor D (Divide total by number of participants):						10193.93	
Services included in capitation:						8719.53	
Services not included in capitation:						1474.40	
Average Length of Stay on the Waiver:						323	

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	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Adult Day Care Total:							0.00
Adult Day Care - Extended Day		Extended Day	0	0.00	0.01	0.00	
Adult Day Care - Full Day		Full Day	0	0.00	0.01	0.00	
Adult Day Care - Half Day		Half Day	0	0.00	0.01	0.00	
Adult Day Care - 15 Minutes		15 Minutes	0	0.00	0.01	0.00	
FFS Adult Day Care - Extended Day		Extended Day	0	0.00	0.01	0.00	
FFS Adult Day Care - Full Day		Full Day	0	0.00	0.01	0.00	
FFS Adult Day Care - Half Day		Half Day	0	0.00	0.01	0.00	
FFS Adult Day Care - 15 Minutes		15 Minutes	0	0.00	0.01	0.00	
Homemaker Total:							5002.08
Homemaker - 15 Minutes		15 Minutes	1	408.00	6.13	2501.04	
FFS Homemaker - 15 Minutes		15 Minutes	1	408.00	6.13	2501.04	
Respite Total:							0.00
Respite - Camp		15 Minutes	0	0.00	0.01	0.00	
GRAND TOTAL:							384492.51
Total: Services included in capitation:							330333.60
Total: Services not included in capitation:							54158.92
Total Estimated Unduplicated Participants:							42
Factor D (Divide total by number of participants):							9154.58
Services included in capitation:							7865.09
Services not included in capitation:							1289.50
Average Length of Stay on the Waiver:							323

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Respite - ICF/ID		15 Minutes	0	0.00	0.01	0.00	
Respite - Hospital or Nursing Facility/Skilled		15 Minutes	0	0.00	0.01	0.00	
Respite - Home Care Agency & Non-Facility, Basic Individual		15 Minutes	0	0.00	0.01	0.00	
Group Specialized Summer Day Camp		15 Minutes	0	0.00	0.01	0.00	
Respite - HHA Group		15 Minutes	0	0.00	0.01	0.00	
Respite - RCF/ID		15 Minutes	0	0.00	0.01	0.00	
Respite Resident Camp-Weeklong		15 Minutes	0	0.00	0.01	0.00	
Group Summer Day Camp - Group Recreational		15 Minutes	0	0.00	0.01	0.00	
Respite - Home Care Agency & Non-Facility, Group		15 Minutes	0	0.00	0.01	0.00	
Teen Day Camp - 13 to 21 Years Old		15 Minutes	0	0.00	0.01	0.00	
Respite - HHA Specialized		15 Minutes	0	0.00	0.01	0.00	
Respite - Child Care Center		15 Minutes	0	0.00	0.01	0.00	
Respite - Home Care Agency & Non-Facility, Specialized		15 Minutes	0	0.00	0.01	0.00	
Respite - HHA Basic Individual		15 Minutes	0	0.00	0.01	0.00	
Respite - Nursing Facility		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Camp		15 Minutes	0	0.00	0.01	0.00	
GRAND TOTAL:						384492.51	
Total: Services included in capitation:						330333.60	
Total: Services not included in capitation:						54158.92	
Total Estimated Unduplicated Participants:						42	
Factor D (Divide total by number of participants):						9154.58	
Services included in capitation:						7865.09	
Services not included in capitation:						1289.50	
Average Length of Stay on the Waiver:						323	

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
FFS Respite - ICF/ID		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Hospital or Nursing Facility/Skilled		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Home Care Agency & Non-Facility, Basic Individual		15 Minutes	0	0.00	0.01	0.00	
FFS Group Specialized Summer Day Camp		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - HHA Group		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - RCF/ID		15 Minutes	0	0.00	0.01	0.00	
FFS Respite Resident Camp-Weeklong		15 Minutes	0	0.00	0.01	0.00	
FFS Group Summer Day Camp - Group Recreational		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Home Care Agency & Non-Facility, Group		15 Minutes	0	0.00	0.01	0.00	
FFS Teen Day Camp - 13 to 21 Years Old		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - HHA Specialized		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Child Care Center		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Home Care Agency & Non-Facility, Specialized		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - HHA Basic Individual		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Nursing Facility		15 Minutes	0	0.00	0.01	0.00	
Home Health Aide Total:							0.00
GRAND TOTAL:							384492.51
Total: Services included in capitation:							330333.60
Total: Services not included in capitation:							54158.92
Total Estimated Unduplicated Participants:							42
Factor D (Divide total by number of participants):							9154.58
Services included in capitation:							7865.09
Services not included in capitation:							1289.50
Average Length of Stay on the Waiver:							323

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Home Health Aide		Hour	0	0.00	0.01	0.00	
FFS Home Health Aide		Hour	0	0.00	0.01	0.00	
Nursing Total:							0.00
Nursing Care in the Home/LPN; Per Hour		Hour	0	0.00	0.01	0.00	
Nursing Care in the Home/RN; Per Hour		Hour	0	0.00	0.01	0.00	
FFS Nursing Care in the Home/LPN; Per Hour		Hour	0	0.00	0.01	0.00	
FFS Nursing Care in the Home/RN; Per Hour		Hour	0	0.00	0.01	0.00	
Financial Management Services Total:							0.00
Financial Management Services		Month	0	0.00	0.01	0.00	
FFS Financial Management Services		Month	0	0.00	0.01	0.00	
Independent Support Broker Total:							0.00
Independent Support Broker		Hour	0	0.00	0.01	0.00	
FFS Independent Support Broker		Hour	0	0.00	0.01	0.00	
Consumer Directed Attendant Care - Skilled Total:							254360.18
CDAC-Agency - 15 Minutes		15 Minutes	2	185.33	5.94	2201.72	
CDAC-Individual - 15 Minutes		15 Minutes	22	2902.40	3.46	220930.69	
FFS CDAC-Agency - 15 Minutes		15 Minutes	1	185.33	5.94	1100.86	
GRAND TOTAL:							384492.51
Total: Services included in capitation:							330333.60
Total: Services not included in capitation:							54158.92
Total Estimated Unduplicated Participants:							42
Factor D (Divide total by number of participants):							9154.58
Services included in capitation:							7865.09
Services not included in capitation:							1289.50
Average Length of Stay on the Waiver:							323

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
FFS CDAC-Individual - 15 Minutes		15 Minutes	3	2902.40	3.46	30126.91	
Consumer-Directed Attendant Care - Unskilled Total:							56715.18
CDAC-Agency - 15 Minutes		15 Minutes	2	1859.00	6.06	22531.08	
CDAC-Individual - 15 Minutes		15 Minutes	17	336.00	3.59	20506.08	
FFS CDAC-Agency - 15 Minutes		15 Minutes	1	1859.00	6.06	11265.54	
FFS CDAC-Individual - 15 Minutes		15 Minutes	2	336.00	3.59	2412.48	
Counseling Total:							0.00
Counseling - Individual - 15 Minutes		15 Minutes	0	0.00	0.01	0.00	
Counseling - Group - 15 Minutes		15 Minutes	0	0.00	0.01	0.00	
FFS Counseling - Individual - 15 Minutes		15 Minutes	0	0.00	0.01	0.00	
FFS Counseling - Group - 15 Minutes		15 Minutes	0	0.00	0.01	0.00	
Home Delivered Meals Total:							68415.07
Liquid Supplement		Meal	3	25.00	5.45	408.75	
Morning Meal		Meal	1	30.00	8.64	259.20	
Evening Meal		Meal	19	343.86	8.89	58081.39	
Noon Meal		Meal	12	26.77	9.07	2913.65	
FFS Liquid Supplement		Meal	1	25.00	5.45	136.25	
FFS Morning Meal		Meal	1	30.00	8.64	259.20	
FFS Evening Meal		Meal	2	343.86	8.89	6113.83	
GRAND TOTAL:							384492.51
Total: Services included in capitation:							330333.60
Total: Services not included in capitation:							54158.92
Total Estimated Unduplicated Participants:							42
Factor D (Divide total by number of participants):							9154.58
Services included in capitation:							7865.09
Services not included in capitation:							1289.50
Average Length of Stay on the Waiver:							323

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
FFS Noon Meal		Meal	1	26.77	9.07	242.80	
Individual Directed Goods and Services Total:							0.00
Individual Directed Goods and Services		Month	0	0.00	0.01	0.00	
FFS Individual Directed Goods and Services		Month	0	0.00	0.01	0.00	
Self Directed Community Support and Employment Total:							0.00
Self Directed Community Support and Employment		Month	0	0.00	0.01	0.00	
FFS Self Directed Community Support and Employment		Month	0	0.00	0.01	0.00	
Self Directed Personal Care Total:							0.00
Self Directed Personal Care		Month	0	0.00	0.01	0.00	
FFS Self Directed Personal Care		Month	0	0.00	0.01	0.00	
GRAND TOTAL:							384492.51
Total: Services included in capitation:							330333.60
Total: Services not included in capitation:							54158.92
Total Estimated Unduplicated Participants:							42
Factor D (Divide total by number of participants):							9154.58
Services included in capitation:							7865.09
Services not included in capitation:							1289.50
Average Length of Stay on the Waiver:							323

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 Year: Year 4

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Adult Day Care Total:							0.00
Adult Day Care - Extended Day		Extended Day	0	0.00	0.01	0.00	
Adult Day Care - Full Day		Full Day	0	0.00	0.01	0.00	
Adult Day Care - Half Day		Half Day	0	0.00	0.01	0.00	
Adult Day Care - 15 Minutes		15 Minutes	0	0.00	0.01	0.00	
FFS Adult Day Care - Extended Day		Extended Day	0	0.00	0.01	0.00	
FFS Adult Day Care - Full Day		Full Day	0	0.00	0.01	0.00	
FFS Adult Day Care - Half Day		Half Day	0	0.00	0.01	0.00	
FFS Adult Day Care - 15 Minutes		15 Minutes	0	0.00	0.01	0.00	
Homemaker Total:							5100.00
Homemaker - 15 Minutes		15 Minutes	1	408.00	6.25	2550.00	
FFS Homemaker - 15 Minutes		15 Minutes	1	408.00	6.25	2550.00	
Respite Total:							0.00
Respite - Camp		15 Minutes	0	0.00	0.01	0.00	
Respite - ICF/ID		15 Minutes	0	0.00	0.01	0.00	
Respite - Hospital or Nursing Facility/Skilled		15 Minutes	0	0.00	0.01	0.00	
Respite - Home Care Agency & Non-Facility, Basic Individual		15 Minutes	0	0.00	0.01	0.00	
Group Specialized Summer Day Camp		15 Minutes	0	0.00	0.01	0.00	
Respite - HHA						0.00	
GRAND TOTAL:							403702.30
Total: Services included in capitation:							348458.22
Total: Services not included in capitation:							55244.08
Total Estimated Unduplicated Participants:							46
Factor D (Divide total by number of participants):							8776.14
Services included in capitation:							7575.18
Services not included in capitation:							1200.96
Average Length of Stay on the Waiver:							323

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Group		15 Minutes	0	0.00	0.01		
Respite - RCF/ID		15 Minutes	0	0.00	0.01	0.00	
Respite Resident Camp-Weeklong		15 Minutes	0	0.00	0.01	0.00	
Group Summer Day Camp - Group Recreational		15 Minutes	0	0.00	0.01	0.00	
Respite - Home Care Agency & Non-Facility, Group		15 Minutes	0	0.00	0.01	0.00	
Teen Day Camp - 13 to 21 Years Old		15 Minutes	0	0.00	0.01	0.00	
Respite - HHA Specialized		15 Minutes	0	0.00	0.01	0.00	
Respite - Child Care Center		15 Minutes	0	0.00	0.01	0.00	
Respite - Home Care Agency & Non-Facility, Specialized		15 Minutes	0	0.00	0.01	0.00	
Respite - HHA Basic Individual		15 Minutes	0	0.00	0.01	0.00	
Respite - Nursing Facility		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Camp		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - ICF/ID		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Hospital or Nursing Facility/Skilled		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Home Care Agency & Non-Facility, Basic Individual		15 Minutes	0	0.00	0.01	0.00	
FFS Group Specialized Summer Day Camp		15 Minutes	0	0.00	0.01	0.00	
GRAND TOTAL:							403702.30
Total: Services included in capitation:							348458.22
Total: Services not included in capitation:							55244.08
Total Estimated Unduplicated Participants:							46
Factor D (Divide total by number of participants):							8776.14
Services included in capitation:							7575.18
Services not included in capitation:							1200.96
Average Length of Stay on the Waiver:							323

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
FFS Respite - HHA Group		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - RCF/ID		15 Minutes	0	0.00	0.01	0.00	
FFS Respite Resident Camp-Weeklong		15 Minutes	0	0.00	0.01	0.00	
FFS Group Summer Day Camp - Group Recreational		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Home Care Agency & Non-Facility, Group		15 Minutes	0	0.00	0.01	0.00	
FFS Teen Day Camp - 13 to 21 Years Old		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - HHA Specialized		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Child Care Center		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Home Care Agency & Non-Facility, Specialized		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - HHA Basic Individual		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Nursing Facility		15 Minutes	0	0.00	0.01	0.00	
Home Health Aide Total:							0.00
Home Health Aide		Hour	0	0.00	0.01	0.00	
FFS Home Health Aide		Hour	0	0.00	0.01	0.00	
Nursing Total:							0.00
Nursing Care in the Home/LPN; Per Hour		Hour	0	0.00	0.01	0.00	
Nursing Care in the Home/RN; Per Hour		Hour	0	0.00	0.01	0.00	
FFS Nursing						0.00	
GRAND TOTAL:							403702.30
Total: Services included in capitation:							348458.22
Total: Services not included in capitation:							55244.08
Total Estimated Unduplicated Participants:							46
Factor D (Divide total by number of participants):							8776.14
Services included in capitation:							7575.18
Services not included in capitation:							1200.96
Average Length of Stay on the Waiver:							323

Waiver Service/ Component	Capi- tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Care in the Home/LPN; Per Hour		Hour	0	0.00	0.01		
FFS Nursing Care in the Home/RN; Per Hour		Hour	0	0.00	0.01	0.00	
Financial Management Services Total:							0.00
Financial Management Services		Month	0	0.00	0.01	0.00	
FFS Financial Management Services		Month	0	0.00	0.01	0.00	
Independent Support Broker Total:							0.00
Independent Support Broker		Hour	0	0.00	0.01	0.00	
FFS Independent Support Broker		Hour	0	0.00	0.01	0.00	
Consumer Directed Attendant Care - Skilled Total:							269746.01
CDAC-Agency - 15 Minutes		15 Minutes	2	185.33	6.05	2242.49	
CDAC-Individual - 15 Minutes		15 Minutes	23	2902.40	3.53	235645.86	
FFS CDAC-Agency - 15 Minutes		15 Minutes	1	185.33	6.05	1121.25	
FFS CDAC-Individual - 15 Minutes		15 Minutes	3	2902.40	3.53	30736.42	
Consumer-Directed Attendant Care - Unskilled Total:							59061.06
CDAC-Agency - 15 Minutes		15 Minutes	2	1859.00	6.18	22977.24	
CDAC-Individual - 15 Minutes		15 Minutes	18	336.00	3.66	22135.68	
FFS CDAC-Agency - 15 Minutes		15 Minutes	1	1859.00	6.18	11488.62	
GRAND TOTAL:							403702.30
Total: Services included in capitation:							348458.22
Total: Services not included in capitation:							55244.08
Total Estimated Unduplicated Participants:							46
Factor D (Divide total by number of participants):							8776.14
Services included in capitation:							7575.18
Services not included in capitation:							1200.96
Average Length of Stay on the Waiver:							323

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
FFS CDAC-Individual - 15 Minutes		15 Minutes	2	336.00	3.66	2459.52	
Counseling Total:							0.00
Counseling - Individual - 15 Minutes		15 Minutes	0	0.00	0.01	0.00	
Counseling - Group - 15 Minutes		15 Minutes	0	0.00	0.01	0.00	
FFS Counseling - Individual - 15 Minutes		15 Minutes	0	0.00	0.01	0.00	
FFS Counseling - Group - 15 Minutes		15 Minutes	0	0.00	0.01	0.00	
Home Delivered Meals Total:							69795.23
Liquid Supplement		Meal	3	25.00	5.56	417.00	
Morning Meal		Meal	1	30.00	8.81	264.30	
Evening Meal		Meal	19	343.86	9.07	59257.39	
Noon Meal		Meal	12	26.77	9.24	2968.26	
FFS Liquid Supplement		Meal	1	25.00	5.56	139.00	
FFS Morning Meal		Meal	1	30.00	8.81	264.30	
FFS Evening Meal		Meal	2	343.86	9.07	6237.62	
FFS Noon Meal		Meal	1	26.77	9.24	247.35	
Individual Directed Goods and Services Total:							0.00
Individual Directed Goods and Services		Month	0	0.00	0.01	0.00	
FFS Individual Directed Goods and Services		Month	0	0.00	0.01	0.00	
Self Directed Community Support and							0.00
GRAND TOTAL:							403702.30
Total: Services included in capitation:							348458.22
Total: Services not included in capitation:							55244.08
Total Estimated Unduplicated Participants:							46
Factor D (Divide total by number of participants):							8776.14
Services included in capitation:							7575.18
Services not included in capitation:							1200.96
Average Length of Stay on the Waiver:							323

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Employment Total:							
Self Directed Community Support and Employment	<input type="checkbox"/>	Month	<input type="text" value="0"/>	<input type="text" value="0.00"/>	<input type="text" value="0.01"/>	0.00	
FFS Self Directed Community Support and Employment	<input type="checkbox"/>	Month	<input type="text" value="0"/>	<input type="text" value="0.00"/>	<input type="text" value="0.01"/>	0.00	
Self Directed Personal Care Total:							0.00
Self Directed Personal Care	<input type="checkbox"/>	Month	<input type="text" value="0"/>	<input type="text" value="0.00"/>	<input type="text" value="0.01"/>	0.00	
FFS Self Directed Personal Care	<input type="checkbox"/>	Month	<input type="text" value="0"/>	<input type="text" value="0.00"/>	<input type="text" value="0.01"/>	0.00	
GRAND TOTAL:							403702.30
Total: Services included in capitation:							348458.22
Total: Services not included in capitation:							55244.08
Total Estimated Unduplicated Participants:							46
Factor D (Divide total by number of participants):							8776.14
Services included in capitation:							7575.18
Services not included in capitation:							1200.96
Average Length of Stay on the Waiver:							<input type="text" value="323"/>

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 Year: Year 5

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Adult Day Care Total:							0.00
Adult Day Care - Extended Day	<input type="checkbox"/>	Extended Day	<input type="text" value="0"/>	<input type="text" value="0.00"/>	<input type="text" value="0.01"/>	0.00	
Adult Day Care - Full	<input type="checkbox"/>	Full Day	<input type="text" value="0"/>	<input type="text" value="0.00"/>	<input type="text" value="0.01"/>	0.00	
GRAND TOTAL:							422205.67
Total: Services included in capitation:							365862.78
Total: Services not included in capitation:							56342.88
Total Estimated Unduplicated Participants:							50
Factor D (Divide total by number of participants):							8444.11
Services included in capitation:							7317.26
Services not included in capitation:							1126.86
Average Length of Stay on the Waiver:							<input type="text" value="323"/>

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Day							
Adult Day Care - Half Day		Half Day	0	0.00	0.01	0.00	
Adult Day Care - 15 Minutes		15 Minutes	0	0.00	0.01	0.00	
FFS Adult Day Care - Extended Day		Extended Day	0	0.00	0.01	0.00	
FFS Adult Day Care - Full Day		Full Day	0	0.00	0.01	0.00	
FFS Adult Day Care - Half Day		Half Day	0	0.00	0.01	0.00	
FFS Adult Day Care - 15 Minutes		15 Minutes	0	0.00	0.01	0.00	
Homemaker Total:							5206.08
Homemaker - 15 Minutes		15 Minutes	1	408.00	6.38	2603.04	
FFS Homemaker - 15 Minutes		15 Minutes	1	408.00	6.38	2603.04	
Respite Total:							0.00
Respite - Camp		15 Minutes	0	0.00	0.01	0.00	
Respite - ICF/ID		15 Minutes	0	0.00	0.01	0.00	
Respite - Hospital or Nursing Facility/Skilled		15 Minutes	0	0.00	0.01	0.00	
Respite - Home Care Agency & Non-Facility, Basic Individual		15 Minutes	0	0.00	0.01	0.00	
Group Specialized Summer Day Camp		15 Minutes	0	0.00	0.01	0.00	
Respite - HHA Group		15 Minutes	0	0.00	0.01	0.00	
Respite - RCF/ID		15 Minutes	0	0.00	0.01	0.00	
Respite Resident Camp-		15 Minutes	0	0.00	0.01	0.00	
GRAND TOTAL:							422205.67
Total: Services included in capitation:							365862.78
Total: Services not included in capitation:							56342.88
Total Estimated Unduplicated Participants:							50
Factor D (Divide total by number of participants):							8444.11
Services included in capitation:							7317.26
Services not included in capitation:							1126.86
Average Length of Stay on the Waiver:							323

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Weeklong							
Group Summer Day Camp - Group Recreational		15 Minutes	0	0.00	0.01	0.00	
Respite - Home Care Agency & Non-Facility, Group		15 Minutes	0	0.00	0.01	0.00	
Teen Day Camp - 13 to 21 Years Old		15 Minutes	0	0.00	0.01	0.00	
Respite - HHA Specialized		15 Minutes	0	0.00	0.01	0.00	
Respite - Child Care Center		15 Minutes	0	0.00	0.01	0.00	
Respite - Home Care Agency & Non-Facility, Specialized		15 Minutes	0	0.00	0.01	0.00	
Respite - HHA Basic Individual		15 Minutes	0	0.00	0.01	0.00	
Respite - Nursing Facility		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Camp		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - ICF/ID		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Hospital or Nursing Facility/Skilled		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Home Care Agency & Non-Facility, Basic Individual		15 Minutes	0	0.00	0.01	0.00	
FFS Group Specialized Summer Day Camp		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - HHA Group		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - RCF/ID		15 Minutes	0	0.00	0.01	0.00	
FFS Respite Resident Camp-		15 Minutes	0	0.00	0.01	0.00	
GRAND TOTAL:						422205.67	
Total: Services included in capitation:						365862.78	
Total: Services not included in capitation:						56342.88	
Total Estimated Unduplicated Participants:						50	
Factor D (Divide total by number of participants):						8444.11	
Services included in capitation:						7317.26	
Services not included in capitation:						1126.86	
Average Length of Stay on the Waiver:							323

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Weeklong							
FFS Group Summer Day Camp - Group Recreational		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Home Care Agency & Non-Facility, Group		15 Minutes	0	0.00	0.01	0.00	
FFS Teen Day Camp - 13 to 21 Years Old		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - HHA Specialized		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Child Care Center		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Home Care Agency & Non-Facility, Specialized		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - HHA Basic Individual		15 Minutes	0	0.00	0.01	0.00	
FFS Respite - Nursing Facility		15 Minutes	0	0.00	0.01	0.00	
Home Health Aide Total:							0.00
Home Health Aide		Hour	0	0.00	0.01	0.00	
FFS Home Health Aide		Hour	0	0.00	0.01	0.00	
Nursing Total:							0.00
Nursing Care in the Home/LPN; Per Hour		Hour	0	0.00	0.01	0.00	
Nursing Care in the Home/RN; Per Hour		Hour	0	0.00	0.01	0.00	
FFS Nursing Care in the Home/LPN; Per Hour		Hour	0	0.00	0.01	0.00	
FFS Nursing Care in the Home/RN; Per Hour		Hour	0	0.00	0.01	0.00	
Financial							0.00

GRAND TOTAL:	422205.67
Total: Services included in capitation:	365862.78
Total: Services not included in capitation:	56342.88
Total Estimated Unduplicated Participants:	50
Factor D (Divide total by number of participants):	8444.11
Services included in capitation:	7317.26
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Average Length of Stay on the Waiver:	323

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Management Services Total:							
Financial Management Services		Month	0	0.00	0.01	0.00	
FFS Financial Management Services		Month	0	0.00	0.01	0.00	
Independent Support Broker Total:							0.00
Independent Support Broker		Hour	0	0.00	0.01	0.00	
FFS Independent Support Broker		Hour	0	0.00	0.01	0.00	
Consumer Directed Attendant Care - Skilled Total:							285543.74
CDAC-Agency - 15 Minutes		15 Minutes	2	185.33	6.17	2286.97	
CDAC-Individual - 15 Minutes		15 Minutes	24	2902.40	3.60	250767.36	
FFS CDAC-Agency - 15 Minutes		15 Minutes	1	185.33	6.17	1143.49	
FFS CDAC-Individual - 15 Minutes		15 Minutes	3	2902.40	3.60	31345.92	
Consumer-Directed Attendant Care - Unskilled Total:							60200.70
CDAC-Agency - 15 Minutes		15 Minutes	2	1859.00	6.30	23423.40	
CDAC-Individual - 15 Minutes		15 Minutes	18	336.00	3.73	22559.04	
FFS CDAC-Agency - 15 Minutes		15 Minutes	1	1859.00	6.30	11711.70	
FFS CDAC-Individual - 15 Minutes		15 Minutes	2	336.00	3.73	2506.56	
Counseling Total:							0.00
Counseling - Individual - 15 Minutes		15 Minutes	0	0.00	0.01	0.00	
GRAND TOTAL:							422205.67
Total: Services included in capitation:							365862.78
Total: Services not included in capitation:							56342.88
Total Estimated Unduplicated Participants:							50
Factor D (Divide total by number of participants):							8444.11
Services included in capitation:							7317.26
Services not included in capitation:							1126.86
Average Length of Stay on the Waiver:							323

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Counseling - Group - 15 Minutes		15 Minutes	0	0.00	0.01	0.00	
FFS Counseling - Individual - 15 Minutes		15 Minutes	0	0.00	0.01	0.00	
FFS Counseling - Group - 15 Minutes		15 Minutes	0	0.00	0.01	0.00	
Home Delivered Meals Total:							71255.15
Liquid Supplement		Meal	3	25.00	5.67	425.25	
Morning Meal		Meal	1	30.00	8.99	269.70	
Evening Meal		Meal	19	343.86	9.26	60498.73	
Noon Meal		Meal	12	26.77	9.43	3029.29	
FFS Liquid Supplement		Meal	1	25.00	5.67	141.75	
FFS Morning Meal		Meal	1	30.00	8.99	269.70	
FFS Evening Meal		Meal	2	343.86	9.26	6368.29	
FFS Noon Meal		Meal	1	26.77	9.43	252.44	
Individual Directed Goods and Services Total:							0.00
Individual Directed Goods and Services		Month	0	0.00	0.01	0.00	
FFS Individual Directed Goods and Services		Month	0	0.00	0.01	0.00	
Self Directed Community Support and Employment Total:							0.00
Self Directed Community Support and Employment		Month	0	0.00	0.01	0.00	
FFS Self Directed		Month				0.00	
GRAND TOTAL:							422205.67
Total: Services included in capitation:							365862.78
Total: Services not included in capitation:							56342.88
Total Estimated Unduplicated Participants:							50
Factor D (Divide total by number of participants):							8444.11
Services included in capitation:							7317.26
Services not included in capitation:							1126.86
Average Length of Stay on the Waiver:							323

Waiver Service/ Component	Capi- tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Community Support and Employment			0	0.00	0.01		
Self Directed Personal Care Total:							0.00
Self Directed Personal Care		Month	0	0.00	0.01	0.00	
FFS Self Directed Personal Care		Month	0	0.00	0.01	0.00	
GRAND TOTAL:							422205.67
Total: Services included in capitation:							365862.78
Total: Services not included in capitation:							56342.88
Total Estimated Unduplicated Participants:							50
Factor D (Divide total by number of participants):							8444.11
Services included in capitation:							7317.26
Services not included in capitation:							1126.86
Average Length of Stay on the Waiver:							323