

NOTICE OF INTENT TO SEEK WAIVER AMENDMENT SOLICITATION OF PUBLIC INPUT

Pursuant to 42 C.F.R. § 441.304, the Idaho Department of Health and Welfare Division of Medicaid (Department) provides public notice of its intent to submit an amendment to Idaho's Aged and Disabled §1915(c) Waiver to the Centers for Medicare and Medicaid Services (CMS).

Pursuant to 42 C.F.R. § 441.304 and 42 C.F.R. § 447.205, public notice of the proposed waiver amendment will be published on November 8, 2017, in the newspapers of widest circulation in each Idaho city with a population of 50,000 or more and on the Department's website. At that time, copies of the public notice and the proposed waiver amendment will be made available for public review on the Department's website and during regular business hours at any regional or field office of the Idaho Department of Health and Welfare and any regional or local public health district office. In Adams, Boise and Camas counties, copies of the proposed waiver amendment will be available at each county clerk's office. The public will be given the opportunity to comment on the proposed waiver amendment for a period of at least 30 days.

CHANGE IN METHODS AND STANDARDS TO REIMBURSE PERSONAL ASSISTANCE AGENCY PROVIDERS

This waiver amendment proposes to change the methodology used to reimburse Personal Assistance Agencies (PAAs) for the following service categories: Attendant Care, Homemaker, Respite, Chore Service, and Companion Services. The prior methodology used a base rate established via time studies in skilled nursing facilities in 1999 and projected forward using the weighted average hourly rate of staff in those facilities. The proposed change in reimbursement methodology is to use four cost components to derive a reimbursement rate: direct care staff costs, employment related expenditures, program related costs, and indirect general and administrative costs.

The hourly rate calculation is a combination of the following:

i. Direct Care Wages

The Department used the Weighted Average Hourly Rate (WAHR) for Attendant Care, Homemaker, Chore, Companion, and Respite services. The WAHR for each service was then inflated by 3.12% from February 1, 2017 to May 1, 2018 using IHS Markit Healthcare Cost Review – Wages & Salaries – West, Table 7, 2017 Quarter 1.

ii. Supplemental Components

The Department used Supplemental Cost Components (Employer Related Expenses, Program Related Expenses, and General and Administrative Expenses) for each service multiplied by the corresponding WAHR. The Supplemental Components were then inflated forward by 4.84% from July 1, 2016 to May 1, 2018 using IHS Markit Healthcare Cost Review – Wages & Salaries – West, Table 7, 2017 Quarter 1.

Reimbursement rates for Personal Assistance Agencies with dates of service on or after January 1, 2018 will be as follows, upon approval of the waiver amendment:

- Attendant Care (1 unit = 15 minutes) = \$4.49
- Homemaker (1 unit = 15 minutes) = \$4.16

- Respite (1 unit = 15 minutes) = \$4.16
- Chore Service (1 unit = 15 minutes) = \$4.01
- Companion Services (1 unit = 15 minutes) = \$4.16

ESTIMATE OF EXPECTED CHANGE IN ANNUAL AGGREGATE EXPENDITURES

There is an estimated increase of approximately \$5,200,000 in annual aggregate expenditures.

PURPOSE OF REIMBURSEMENT METHODOLOGY CHANGE

Idaho Administrative Code requires the Department to conduct a cost survey when there are identified access issues. As a result of reported access problems, the Department initiated a cost survey of Personal Assistance Agencies in 2016 which concluded in March 2017. The surveyed results of four cost components were combined to arrive at an hourly unit rate. In order to implement new reimbursement rates for Personal Assistance Agencies, the Aged and Disabled Waiver must be amended to reflect this methodology.

PUBLIC REVIEW

A copy of the proposed waiver amendment for the Aged and Disabled §1915(c) Waiver is available on the Department’s website at: <http://healthandwelfare.idaho.gov/Medical/Medicaid/tabid/123/Default.aspx>.

Unless otherwise specified, copies of the proposed waiver amendment are also available for public review during regular business hours at any regional Medicaid services office of the Idaho Department of Health and Welfare.

LOCATIONS FOR PUBLIC REVIEW OF PROPOSED CHANGES

Ada County

DHW Region 4, 1720 Westgate Drive, Boise, ID 83704
 Central District Health Department, 707 North Armstrong Place, Boise, ID 83704

Adams County

Adams County Clerk's Office, 201 Industrial Avenue, Council, ID 83612

Bannock County

DHW Region 6, 1070 Hiline, Pocatello, ID 83201
 Southeastern Idaho Public Health, 1901 Alvin Ricken Drive, Pocatello, ID 83201

Bear Lake County

Southeastern Idaho Public Health, 455 Washington, Suite #2, Montpelier, ID 83254

Benewah County

Panhandle Health District, 137 N 8th Street, St Maries, ID 83861

Bingham County

DHW Region 6, 701 East Alice, Blackfoot, ID 83221
 Southeastern Idaho Public Health, 145 W Idaho Street, Blackfoot, ID 83221

Blaine County

South Central Public Health, 117 East Ash Street, Bellevue, ID 83313

Boise County

Boise County Clerk's Office, 420 Main Street, Idaho City, ID 83631

Bonner County

DHW Region 1, 207 Larkspur Street, Ponderay, ID 83852
Panhandle Health District, 2101 W. Pine Street, Sandpoint, ID 83864

Bonneville County

DHW Region 7, 150 Shoup Avenue, Idaho Falls, ID 83402
Eastern Idaho Public Health, 1250 Hollipark Drive, Idaho Falls, ID 83401

Boundary County

Panhandle Health District, 7402 Caribou Street, Bonners Ferry, ID 83805

Butte County

Southeastern Idaho Public Health, 178 Sunset Drive, Arco, ID 83213

Camas County

Camas County Clerk's Office, 501 Soldier Road, Fairfield, ID 83327

Canyon County

DHW Region 3, 3402 Franklin Road, Caldwell, ID 83605
Southwest District Health, 13307 Miami Lane, Caldwell, ID 83607

Caribou County

Southeastern Idaho Public Health, 55 East 1st South, Soda Springs, ID 83276

Cassia County

DHW Region 5, 2241 Overland Avenue, Burley, ID 83318

Clark County

Eastern Idaho Public Health, 332 West Main, Dubois, ID 83423

Clearwater County

North Central Health District, 105 115th Street, Orofino, ID 83544

Custer County

Eastern Idaho Public Health, 1050 N. Clinic Road, Suite A, Challis, ID 83226

Elmore County

DHW Region 4, 2420 American Legion Blvd., Mountain Home, ID 83647
Central District Health Department, 520 E. 8th Street N, Mountain Home, ID 83647

Franklin County

DHW Region 6, 223 North State, Preston, ID 83263
Southeastern Idaho Public Health, 50 West 1 St. South, Preston, ID 83263

Fremont County

Eastern Idaho Public Health, 45 South 2nd West, St. Anthony, ID 83445

Gem County

Southwest District Health, 1008 East Locust, Emmett, ID 83617

Gooding County

South Central Public Health, 255 North Canyon Drive, Gooding, ID 83330

Idaho County

DHW Region 2, Camas Resource Center, 216 South C Street, Grangeville, ID 83530
North Central Health District, 903 W Main, Grangeville, ID 83530

Jefferson County

Eastern Idaho Public Health, 380 Community Lane, Rigby, ID 83442

Jerome County

South Central Public Health, 951 East Avenue H, Jerome, ID 83338

Kootenai County

DHW Region 1, 1120 Ironwood Drive, Coeur d'Alene, ID 83814
Panhandle Health District, 8500 N. Atlas Road, Hayden, ID 83835

Latah County

DHW Region 2, 1350 Troy Highway, Moscow, ID 83843
North Central Health District, 333 E Palouse River Drive, Moscow, ID 83843

Lemhi County

DHW Region 7, 111 Lillian Street, Suite 104, Salmon, ID 83467
Eastern Idaho Public Health, 801 Monroe, Salmon, ID 83467

Lewis County

North Central Health District, 132 N Hill Street, Kamiah, ID 83536

Lincoln County

South Central Public Health, Lincoln County Community Center, 201 South Beverly St., Shoshone, ID 83352

Madison County

DHW Region 7, 333 Walker Drive, Rexburg, ID 83440
Eastern Idaho Public Health, 314 North 3rd East, Rexburg, ID 83440

Minidoka County

South Central Public Health, 485 22nd Street, Heyburn, ID 83336

Nez Perce County

DHW Region 2, 1118 F Street, Lewiston, ID 83501
North Central Health District, 215 10th Street, Lewiston, ID 83501

Oneida County

Southeastern Idaho Public Health, 175 South 300 East, Malad, ID 83252

Owyhee County

Southwest District Health, 132 E. Idaho, Homedale, ID 83628

Payette County

DHW Region 3, 515 N. 16th Street, Payette, ID 83661
Southwest District Health, 1155 Third Avenue North, Payette, ID 83661

Power County

Southeastern Idaho Public Health, 590 1/2 Gifford, American Falls, ID 83211

Shoshone County

DHW Region 1, 35 Wildcat Way, Suite B, Kellogg, ID 83837
Panhandle Health District, 114 Riverside Avenue W, Kellogg, ID 83837

Teton County

Eastern Idaho Public Health, 820 Valley Centre Drive, Driggs, ID 83422

Twin Falls County

DHW Region 5, 601 Pole Line Road, Twin Falls, ID 83301

South Central Public Health, 1020 Washington Street North, Twin Falls, ID 83301

Valley County

Central District Health Department, 703 1st Street, McCall, ID 83638

Washington County

Southwest District Health, 46 West Court, Weiser, ID 83672

PUBLIC COMMENT

The Department is accepting written and recorded comments regarding these waiver renewal applications for a period of 30 calendar days. **Comments must be submitted one of the below methods by close of business on December 8, 2017.** If you have questions regarding the proposed waiver amendment, you may contact the individual listed below.

Hand Deliver to: Medicaid Central Office

Idaho Department of Health and Welfare

3232 W. Elder Street

Attn: Ali Fernández

Boise, ID 83705

Mail to: PO Box 83720

Boise, ID 83720-0036

FAX: (208) 332-7283

Email: HCBSWaivers@dhw.idaho.gov

The Department will review all comments received prior to submitting the waiver amendment to CMS. A summary document of the comments received in addition to the Department's response will be posted online once they have been reviewed and compiled.

Request for an Amendment to a §1915(c) Home and Community-Based Services Waiver

1. Request Information

A. The State of Idaho requests approval for an amendment to the following Medicaid home and community-based services waiver approved under authority of §1915(c) of the Social Security Act.

B. **Program Title:**
Aged and Disabled Waiver

C. **Waiver Number:** ID.1076
Original Base Waiver Number: ID.1076.90.R3A.04

D. **Amendment Number:**

E. **Proposed Effective Date:** (mm/dd/yy)

01/01/18

Approved Effective Date of Waiver being Amended: 10/01/17

2. Purpose(s) of Amendment

Purpose(s) of the Amendment. Describe the purpose(s) of the amendment:

The purpose of this amendment is to implement an updated reimbursement methodology and reflect corresponding changes to waiver cost projections for the following service categories:

Attendant Care

Homemaker Services

Respite

Chore Service

Companion Services

3. Nature of the Amendment

A. **Component(s) of the Approved Waiver Affected by the Amendment.** This amendment affects the following component(s) of the approved waiver. Revisions to the affected subsection(s) of these component(s) are being submitted concurrently (*check each that applies*):

Component of the Approved Waiver	Subsection(s)
<input checked="" type="checkbox"/> Waiver Application	Main, 6. I.
<input type="checkbox"/> Appendix A – Waiver Administration and Operation	
<input type="checkbox"/> Appendix B – Participant Access and Eligibility	
<input type="checkbox"/> Appendix C – Participant Services	
<input type="checkbox"/> Appendix D – Participant Centered Service Planning and Delivery	
<input type="checkbox"/> Appendix E – Participant Direction of Services	
<input type="checkbox"/> Appendix F – Participant Rights	
<input type="checkbox"/> Appendix G – Participant Safeguards	
<input type="checkbox"/> Appendix H	
<input checked="" type="checkbox"/> Appendix I – Financial Accountability	I. 2. a.
<input checked="" type="checkbox"/> Appendix J – Cost-Neutrality Demonstration	J. 1.; J. 2. d.

B. **Nature of the Amendment.** Indicate the nature of the changes to the waiver that are proposed in the amendment (*check each that applies*):

- Modify target group(s)
- Modify Medicaid eligibility
- Add/delete services
- Revise service specifications
- Revise provider qualifications
- Increase/decrease number of participants
- Revise cost neutrality demonstration
- Add participant-direction of services
- Other

Specify:

Application for a §1915(c) Home and Community-Based Services Waiver

1. Request Information (1 of 3)

A. The State of **Idaho** requests approval for a Medicaid home and community-based services (HCBS) waiver under the authority of §1915 (c) of the Social Security Act (the Act).

B. **Program Title** (optional - this title will be used to locate this waiver in the finder):
Aged and Disabled Waiver

C. **Type of Request: amendment**

Requested Approval Period: (For new waivers requesting five year approval periods, the waiver must serve individuals who are dually eligible for Medicaid and Medicare.)

3 years 5 years

Original Base Waiver Number: ID.1076

Draft ID: ID.002.06.01

D. **Type of Waiver** (select only one):

Regular Waiver

E. **Proposed Effective Date of Waiver being Amended: 10/01/17**

Approved Effective Date of Waiver being Amended: 10/01/17

1. Request Information (2 of 3)

F. **Level(s) of Care.** This waiver is requested in order to provide home and community-based waiver services to individuals who, but for the provision of such services, would require the following level(s) of care, the costs of which would be reimbursed under the approved Medicaid State plan (check each that applies):

Hospital

Select applicable level of care

Hospital as defined in 42 CFR §440.10

If applicable, specify whether the State additionally limits the waiver to subcategories of the hospital level of care:

Inpatient psychiatric facility for individuals age 21 and under as provided in 42 CFR §440.160

Nursing Facility

Select applicable level of care

Nursing Facility as defined in 42 CFR §440.40 and 42 CFR §440.155

If applicable, specify whether the State additionally limits the waiver to subcategories of the nursing facility level of care:

Institution for Mental Disease for persons with mental illnesses aged 65 and older as provided in 42 CFR §440.140

Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) (as defined in 42 CFR §440.150)

If applicable, specify whether the State additionally limits the waiver to subcategories of the ICF/IID level of care:

1. Request Information (3 of 3)

G. **Concurrent Operation with Other Programs.** This waiver operates concurrently with another program (or programs) approved under the following authorities

Select one:

Not applicable

Applicable

Check the applicable authority or authorities:

Services furnished under the provisions of §1915(a)(1)(a) of the Act and described in Appendix I

Waiver(s) authorized under §1915(b) of the Act.

Specify the §1915(b) waiver program and indicate whether a §1915(b) waiver application has been submitted or previously approved:

Specify the §1915(b) authorities under which this program operates (check each that applies):

- §1915(b)(1) (mandated enrollment to managed care)
- §1915(b)(2) (central broker)
- §1915(b)(3) (employ cost savings to furnish additional services)
- §1915(b)(4) (selective contracting/limit number of providers)
- A program operated under §1932(a) of the Act.

Specify the nature of the State Plan benefit and indicate whether the State Plan Amendment has been submitted or previously approved:

- A program authorized under §1915(i) of the Act.
- A program authorized under §1915(j) of the Act.
- A program authorized under §1115 of the Act.

Specify the program:

H. Dual Eligibility for Medicaid and Medicare.

Check if applicable:

- This waiver provides services for individuals who are eligible for both Medicare and Medicaid.

2. Brief Waiver Description

Brief Waiver Description. *In one page or less*, briefly describe the purpose of the waiver, including its goals, objectives, organizational structure (e.g., the roles of state, local and other entities), and service delivery methods.

The goal of the Aged & Disabled Waiver is to allow Idaho's elderly and disabled citizens who meet nursing facility level of care to choose to live in a home or community-based setting rather than in an institution. This goal is in keeping with the Idaho Department of Health and Welfare's goals of strengthening individuals, families and communities.

Idaho's elderly and disabled citizens should be able to maintain self-sufficiency, individuality, independence, dignity, choice, and privacy in a safe and cost-effective setting. When possible, services should be available in the participant's own home and/or community regardless of their age, income, or ability, and should encourage the involvement of natural supports, such as family, friends, neighbors, volunteers, church, and others. These principles are built into the structure of Aged & Disabled Waiver, which offers important services in home and community-based settings such as homes and apartments of participants, homes and apartments where participants live with family members, Certified Family Homes, and Residential Assisted Living Facilities.

Individuals seeking services must complete an application for Medicaid with Self-Reliance staff in the Division of Welfare, a division within the Idaho Department of Health and Welfare (referred to hereafter as "the Department"). The Division of Welfare determines financial eligibility for the waiver. The waiver is administered by the Division of Medicaid's Bureau of Long Term Care (BLTC). Requests for waiver services will be sent to one of the appropriate Medicaid offices. A BLTC nurse reviewer will conduct an assessment to assure that nursing facility level of care is met. The nurse reviewer will collaborate with the participant (and/or family or legal representative, as appropriate) in choosing services that ensure the participant can be safely maintained in their choice of living arrangement. The participant (and/or family or legal representative, as appropriate) chooses providers to deliver services. The BLTC is responsible for reassessment annually to make sure the services are being delivered in accordance with the service plan and the services authorized can safely and effectively maintain the participant in their home. The BLTC is also responsible for ensuring that services are delivered by a qualified providers with the skills or training necessary to perform the services. The Idaho Department of Health and Welfare's Division of Licensing and Certification ensures that various types of waiver providers are in compliance with applicable statutes and rules governing their license, certificate, and/or credentialed status. Through the development and implementation of a comprehensive quality improvement strategy, the Division of Medicaid assures compliance with the waiver objectives.

For individuals enrolled in the state's Medicare-Medicaid Coordinated Plan (MMCP), the managed care entity (MCE) will administer the waiver in accordance with the same rules by which BLTC administers the waiver for participants not enrolled in the MMCP. The BLTC will supervise the MCE to ensure compliance with the contract with the Department and this waiver. The MCE will perform, to the extent applicable, the same functions as BLTC for its enrollees who are waiver participants. The BLTC will continue to complete the level of care assessments for all A&D waiver participants, regardless of whether they are enrolled in the MMCP. Any references to duties of the MCE apply only to individuals who are enrolled in the state's MMCP.

3. Components of the Waiver Request

The waiver application consists of the following components. *Note: Item 3-E must be completed.*

- A. **Waiver Administration and Operation. Appendix A** specifies the administrative and operational structure of this waiver.
- B. **Participant Access and Eligibility. Appendix B** specifies the target group(s) of individuals who are served in this waiver, the number of participants that the State expects to serve during each year that the waiver is in effect, applicable Medicaid eligibility and post-eligibility (if applicable) requirements, and procedures for the evaluation and reevaluation of level of care.
- C. **Participant Services. Appendix C** specifies the home and community-based waiver services that are furnished through the waiver, including applicable limitations on such services.
- D. **Participant-Centered Service Planning and Delivery. Appendix D** specifies the procedures and methods that the State uses to develop, implement and monitor the participant-centered service plan (of care).
- E. **Participant-Direction of Services.** When the State provides for participant direction of services, **Appendix E** specifies the participant direction opportunities that are offered in the waiver and the supports that are available to participants who direct their services. (*Select one*):
 - Yes. This waiver provides participant direction opportunities. Appendix E is required.**
 - No. This waiver does not provide participant direction opportunities. Appendix E is not required.**
- F. **Participant Rights. Appendix F** specifies how the State informs participants of their Medicaid Fair Hearing rights and other procedures to address participant grievances and complaints.
- G. **Participant Safeguards. Appendix G** describes the safeguards that the State has established to assure the health and welfare of waiver participants in specified areas.
- H. **Quality Improvement Strategy. Appendix H** contains the Quality Improvement Strategy for this waiver.
- I. **Financial Accountability. Appendix I** describes the methods by which the State makes payments for waiver services, ensures the integrity of these payments, and complies with applicable federal requirements concerning payments and federal financial participation.
- J. **Cost-Neutrality Demonstration. Appendix J** contains the State's demonstration that the waiver is cost-neutral.

4. Waiver(s) Requested

- A. **Comparability.** The State requests a waiver of the requirements contained in §1902(a)(10)(B) of the Act in order to provide the services specified in **Appendix C** that are not otherwise available under the approved Medicaid State plan to individuals who: (a) require the level(s) of care specified in Item 1.F and (b) meet the target group criteria specified in **Appendix B**.
- B. **Income and Resources for the Medically Needy.** Indicate whether the State requests a waiver of §1902(a)(10)(C)(i)(III) of the Act in order to use institutional income and resource rules for the medically needy (*select one*):
 - Not Applicable**
 - No**
 - Yes**
- C. **Statewideness.** Indicate whether the State requests a waiver of the statewideness requirements in §1902(a)(1) of the Act (*select one*):

- No**
- Yes**

If yes, specify the waiver of statewideness that is requested (*check each that applies*):

- Geographic Limitation.** A waiver of statewideness is requested in order to furnish services under this waiver only to individuals who reside in the following geographic areas or political subdivisions of the State.

Specify the areas to which this waiver applies and, as applicable, the phase-in schedule of the waiver by geographic area:

- Limited Implementation of Participant-Direction.** A waiver of statewideness is requested in order to make *participant-direction of services* as specified in **Appendix E** available only to individuals who reside in the following geographic areas or political subdivisions of the State. Participants who reside in these areas may elect to direct their services as provided by the State or receive comparable services through the service delivery methods that are in effect elsewhere in the State.

Specify the areas of the State affected by this waiver and, as applicable, the phase-in schedule of the waiver by geographic area:

5. Assurances

In accordance with 42 CFR §441.302, the State provides the following assurances to CMS:

- A. Health & Welfare:** The State assures that necessary safeguards have been taken to protect the health and welfare of persons receiving services under this waiver. These safeguards include:
1. As specified in **Appendix C**, adequate standards for all types of providers that provide services under this waiver;
 2. Assurance that the standards of any State licensure or certification requirements specified in **Appendix C** are met for services or for individuals furnishing services that are provided under the waiver. The State assures that these requirements are met on the date that the services are furnished; and,
 3. Assurance that all facilities subject to §1616(e) of the Act where home and community-based waiver services are provided comply with the applicable State standards for board and care facilities as specified in **Appendix C**.
- B. Financial Accountability.** The State assures financial accountability for funds expended for home and community-based services and maintains and makes available to the Department of Health and Human Services (including the Office of the Inspector General), the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver. Methods of financial accountability are specified in **Appendix I**.
- C. Evaluation of Need:** The State assures that it provides for an initial evaluation (and periodic reevaluations, at least annually) of the need for a level of care specified for this waiver, when there is a reasonable indication that an individual might need such services in the near future (one month or less) but for the receipt of home and community-based services under this waiver. The procedures for evaluation and reevaluation of level of care are specified in **Appendix B**.
- D. Choice of Alternatives:** The State assures that when an individual is determined to be likely to require the level of care specified for this waiver and is in a target group specified in **Appendix B**, the individual (or, legal representative, if applicable) is:
1. Informed of any feasible alternatives under the waiver; and,
 2. Given the choice of either institutional or home and community-based waiver services. **Appendix B** specifies the procedures that the State employs to ensure that individuals are informed of feasible alternatives under the waiver and given the choice of institutional or home and community-based waiver services.
- E. Average Per Capita Expenditures:** The State assures that, for any year that the waiver is in effect, the average per capita expenditures under the waiver will not exceed 100 percent of the average per capita expenditures that would have been made under the Medicaid State plan for the level(s) of care specified for this waiver had the waiver not been granted. Cost-neutrality is demonstrated in **Appendix J**.
- F. Actual Total Expenditures:** The State assures that the actual total expenditures for home and community-based waiver and other Medicaid services and its claim for FFP in expenditures for the services provided to individuals under the waiver will not, in any year of the waiver period, exceed 100 percent of the amount that would be incurred in the absence of the waiver by the State's Medicaid program for these individuals in the institutional setting(s) specified for this waiver.
- G. Institutionalization Absent Waiver:** The State assures that, absent the waiver, individuals served in the waiver would receive the appropriate type of Medicaid-funded institutional care for the level of care specified for this waiver.
- H. Reporting:** The State assures that annually it will provide CMS with information concerning the impact of the waiver on the type, amount and cost of services provided under the Medicaid State plan and on the health and welfare of waiver participants. This information will be consistent with a data collection plan designed by CMS.
- I. Habilitation Services.** The State assures that prevocational, educational, or supported employment services, or a combination of these services, if provided as habilitation services under the waiver are: (1) not otherwise available to the individual through a local educational agency under the Individuals with Disabilities Education Act (IDEA) or the Rehabilitation Act of 1973; and, (2) furnished as part of expanded habilitation services.
- J. Services for Individuals with Chronic Mental Illness.** The State assures that federal financial participation (FFP) will not be claimed in expenditures for waiver services including, but not limited to, day treatment or partial hospitalization, psychosocial rehabilitation services, and clinic services provided as home and community-based services to individuals with chronic mental illnesses if these individuals, in the absence of a waiver, would be placed in an IMD and are: (1) age 22 to 64; (2) age 65 and older and the State has not included the optional Medicaid benefit cited in 42 CFR §440.140; or (3) age 21 and under and the State has not included the optional Medicaid benefit cited in 42 CFR § 440.160.

6. Additional Requirements

Note: Item 6-I must be completed.

- A. Service Plan.** In accordance with 42 CFR §441.301(b)(1)(i), a participant-centered service plan (of care) is developed for each participant employing the procedures specified in **Appendix D**. All waiver services are furnished pursuant to the service plan. The service plan describes: (a) the waiver services that are furnished to the participant, their projected frequency and the type of provider that furnishes each service and (b) the other services (regardless of funding source, including State plan services) and informal supports that complement waiver services in meeting the needs of the participant. The service plan is subject to the approval of the Medicaid agency. Federal financial participation (FFP) is not claimed for waiver services furnished prior to the development of the service plan or for services that are not included in the service plan.
- B. Inpatients.** In accordance with 42 CFR §441.301(b)(1)(ii), waiver services are not furnished to individuals who are in-patients of a hospital, nursing facility or ICF/IID.
- C. Room and Board.** In accordance with 42 CFR §441.310(a)(2), FFP is not claimed for the cost of room and board except when: (a) provided as part of respite services in a facility approved by the State that is not a private residence or (b) claimed as a portion of the rent and food that may be reasonably attributed to an unrelated caregiver who resides in the same household as the participant, as provided in **Appendix I**.
- D. Access to Services.** The State does not limit or restrict participant access to waiver services except as provided in **Appendix C**.
- E. Free Choice of Provider.** In accordance with 42 CFR §431.151, a participant may select any willing and qualified provider to furnish waiver services included in the service plan unless the State has received approval to limit the number of providers under the provisions of §1915(b) or another provision of the Act.
- F. FFP Limitation.** In accordance with 42 CFR §433 Subpart D, FFP is not claimed for services when another third-party (e.g., another third party health insurer or other federal or state program) is legally liable and responsible for the provision and payment of the service. FFP also may not be claimed for services that are available without charge, or as free care to the community. Services will not be considered to be without charge, or free care, when (1) the provider establishes a fee schedule for each service available and (2) collects insurance information from all those served (Medicaid, and non-Medicaid), and bills other legally liable third party insurers. Alternatively, if a provider certifies that a particular legally liable third party insurer does not pay for the service(s), the provider may not generate further bills for that insurer for that annual period.
- G. Fair Hearing:** The State provides the opportunity to request a Fair Hearing under 42 CFR §431 Subpart E, to individuals: (a) who are not given the choice of home and community-based waiver services as an alternative to institutional level of care specified for this waiver; (b) who are denied the service(s) of their choice or the provider(s) of their choice; or (c) whose services are denied, suspended, reduced or terminated. **Appendix F** specifies the State's procedures to provide individuals the opportunity to request a Fair Hearing, including providing notice of action as required in 42 CFR §431.210.
- H. Quality Improvement.** The State operates a formal, comprehensive system to ensure that the waiver meets the assurances and other requirements contained in this application. Through an ongoing process of discovery, remediation and improvement, the State assures the health and welfare of participants by monitoring: (a) level of care determinations; (b) individual plans and services delivery; (c) provider qualifications; (d) participant health and welfare; (e) financial oversight and (f) administrative oversight of the waiver. The State further assures that all problems identified through its discovery processes are addressed in an appropriate and timely manner, consistent with the severity and nature of the problem. During the period that the waiver is in effect, the State will implement the Quality Improvement Strategy specified in **Appendix H**.
- I. Public Input.** Describe how the State secures public input into the development of the waiver:
1. The Personal Assistance Oversight Committee (PAO) is a subcommittee of the Medical Care Advisory Committee (MCAC). The purpose of the PAO is to plan, monitor, and recommend changes to the Medicaid HCBS waivers and personal assistance programs. Such recommendations would be submitted to the MCAC. The PAO consists of providers of personal assistance services and participants of such services, advocacy organizations representing such participants, and other interested parties. This committee meets quarterly and is open to the public. The upcoming availability of the draft waiver renewal and public comment period was emailed to the PAO committee members on 11/08/2017.
 2. Tribal solicitations were mailed to the Tribal Representatives on 11/02/2017. In addition, ongoing feedback is solicited from Tribal representatives during the quarterly Tribal Meetings.
 3. On 11/03/2017, the Department will publish public notice of the proposed waiver amendment in the newspapers of widest circulation in each Idaho city with a population of 50,000 or more and on the Department's website (www.healthandwelfare.idaho.gov). Copies of the public notice and the proposed waiver amendment will be made available for public review on the Department's website and during regular business hours at the Medicaid Central Office and the seven regional Medicaid offices of the Idaho Department of Health and Welfare. Copies of public notices and proposed amendment will also be made available for public review at any regional or local public health district office. In Adams, Boise and Camas counties, copies of the amendments will be made available at the county clerk's office in each of these counties. Public comment will be accepted via email, mail, fax, and in person at the Medicaid Central Office from 11/08/2017 through 12/08/2017.
 4. The Department contracted with the accounting firm Myers and Stauffer LC (Myers and Stauffer) to perform a cost survey of Personal Assistance Agencies (PAAs). This cost survey was conducted in accordance with Idaho Administrative Code. The cost

survey was made available to providers on 12/28/2016. Myers and Stauffer (i) hosted a webinar on 01/18/2017 to inform providers how to complete the survey, (ii) hosted a second webinar on 01/25/2017 to address follow-up questions from providers, (iii) hosted a third webinar on 02/14/2014 to address changes to a sub-section of the cost survey, and (iv) were available via phone and email to respond to providers' questions regarding the cost survey. Providers were asked to complete and return the cost survey to Myers and Stauffer on or before 03/17/2017.

5. The Department held a meeting with Personal Assistance Agencies on 10/23/2017 to discuss the results of the cost survey and the proposed reimbursement methodology and rate changes, and to gather feedback from the group.

Public Feedback:

Once the public comment period has closed, the Department will compile and respond to all comments received and make changes to the proposed amendment as needed. A summary of these comments and whether or not changes were made to the proposed waiver amendment as a result of comments will be included with the amendment submission to CMS.

J. Notice to Tribal Governments. The State assures that it has notified in writing all federally-recognized Tribal Governments that maintain a primary office and/or majority population within the State of the State's intent to submit a Medicaid waiver request or renewal request to CMS at least 60 days before the anticipated submission date is provided by Presidential Executive Order 13175 of November 6, 2000. Evidence of the applicable notice is available through the Medicaid Agency.

K. Limited English Proficient Persons. The State assures that it provides meaningful access to waiver services by Limited English Proficient persons in accordance with: (a) Presidential Executive Order 13166 of August 11, 2000 (65 FR 50121) and (b) Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003). **Appendix B** describes how the State assures meaningful access to waiver services by Limited English Proficient persons.

7. Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the waiver is:

Last Name:

Fernandez

First Name:

Alexandra

Title:

Alternative Care Coordinator

Agency:

Department of Health and Welfare - Division of Medicaid

Address:

P.O. Box 83720

Address 2:

City:

Boise

State:

Idaho

Zip:

83720-0009

Phone:

(208) 287-1179

Ext:

TTY

Fax:

(208) 332-7283

E-mail:

FernandA@dhw.idaho.gov

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

Last Name:

Wimmer

First Name:

Matt

Title:

Medicaid Administrator

Agency:

Department of Health and Welfare - Division of Medicaid

Address:

P.O. Box 83720

Address 2:

City:

Boise

State:

Idaho

Zip:

83720-0009

Phone:

(208) 364-1831

Ext:

TTY

Fax:

(208) 364-1811

E-mail:

Matt.Wimmer@dhw.idaho.gov

8. Authorizing Signature

This document, together with the attached revisions to the affected components of the waiver, constitutes the State's request to amend its approved waiver under §1915(c) of the Social Security Act. The State affirms that it will abide by all provisions of the waiver, including the provisions of this amendment when approved by CMS. The State further attests that it will continuously operate the waiver in accordance with the assurances specified in Section V and the additional requirements specified in Section VI of the approved waiver. The State certifies that additional proposed revisions to the waiver request will be submitted by the Medicaid agency in the form of additional waiver amendments.

Signature:

State Medicaid Director or Designee

Submission Date:

Note: The Signature and Submission Date fields will be automatically completed when the State Medicaid Director submits the application.

Last Name:

Kellom

First Name:

Dea

Title:

Medicaid Director-Designee

Agency:

Department of Health and Welfare - Division of Medicaid

Address:

Address 2:

City:

State: **Idaho**

Zip:

Phone: **Ext:** **TTY**

Fax:

E-mail:

Attachments

Attachment #1: Transition Plan

Check the box next to any of the following changes from the current approved waiver. Check all boxes that apply.

- Replacing an approved waiver with this waiver.**
- Combining waivers.**
- Splitting one waiver into two waivers.**
- Eliminating a service.**
- Adding or decreasing an individual cost limit pertaining to eligibility.**
- Adding or decreasing limits to a service or a set of services, as specified in Appendix C.**
- Reducing the unduplicated count of participants (Factor C).**
- Adding new, or decreasing, a limitation on the number of participants served at any point in time.**
- Making any changes that could result in some participants losing eligibility or being transferred to another waiver under 1915(c) or another Medicaid authority.**
- Making any changes that could result in reduced services to participants.**

Specify the transition plan for the waiver:

N/A

Attachment #2: Home and Community-Based Settings Waiver Transition Plan

Specify the state's process to bring this waiver into compliance with federal home and community-based (HCB) settings requirements at 42 CFR 441.301(c)(4)-(5), and associated CMS guidance.

Consult with CMS for instructions before completing this item. This field describes the status of a transition process at the point in time of submission. Relevant information in the planning phase will differ from information required to describe attainment of milestones.

To the extent that the state has submitted a statewide HCB settings transition plan to CMS, the description in this field may reference that statewide plan. The narrative in this field must include enough information to demonstrate that this waiver complies with federal HCB settings requirements, including the compliance and transition requirements at 42 CFR 441.301(c)(6), and that this submission is consistent with the portions of the statewide HCB settings transition plan that are germane to this waiver. Quote or summarize germane portions of the statewide HCB settings transition plan as required.

Note that Appendix C-5 HCB Settings describes settings that do not require transition; the settings listed there meet federal HCB setting requirements as of the date of submission. Do not duplicate that information here.

Update this field and Appendix C-5 when submitting a renewal or amendment to this waiver for other purposes. It is not necessary for the state to amend the waiver solely for the purpose of updating this field and Appendix C-5. At the end of the state's HCB settings transition process for this waiver, when all waiver settings meet federal HCB setting requirements, enter "Completed" in this field, and include in Section C-5 the information on all HCB settings in the waiver.

Idaho assures that the setting transition plan included with this waiver will be subject to any provisions or requirements in the State's approved Statewide Transition Plan. The State will implement any applicable required changes upon approval of the Statewide Transition Plan and will make conforming changes to this waiver, as needed, when it submits the next amendment or renewal. The most recent version of the Statewide Transition Plan can be found here:

<http://healthandwelfare.idaho.gov/Medical/Medicaid/HomeandCommunityBasedSettingsFinalRule/tabid/2710/Default.aspx>

identified by the review, the provider agency shall submit to IDHW a corrective action plan for addressing the identified deficiencies. This corrective action plan shall be submitted to IDHW within 45 calendar days of receiving the results of a quality assurance review. Upon request, an agency shall also forward to IDHW the results of any implemented corrective action plan.

5. The IDHW Contract Monitor will issue a Monitoring Report to the MCE that identifies in writing the Performance Indicator (s) monitored, and that summarizes the preliminary results with the MCE. The MCE utilizes the same sampling methods as IDHW for performance and quality improvement measures. Upon request by the MCE, IDHW will meet with the MCE within ten (10) business days of their receipt of the Monitoring Report regarding the results. The MCE may dispute the findings via written appeal to the Contract Monitor within ten (10) business days of issuance of the report. The MCE must specifically address each disputed finding and justification for the appeal of the finding. The MCE is required to provide all documents necessary to dispute monitor results with its written appeal. The IDHW will render a final written decision on the appeal to the MCE within ten (10) business days of receipt of the MCE's dispute information, unless the parties agree in writing to extend the decision period.

If the MCE does not dispute the findings, the MCE shall have ten (10) business days from the date of the IDHW's monitoring report to cure the deficiencies found. If the MCE appeals the monitoring report, the MCE shall have ten (10) business days from the date of IDHW's final written decision to cure the deficiencies. If the IDHW is not satisfied that the MCE has resolved the deficiencies, or made substantial progress toward resolution, the IDHW may assess the amounts listed in the Scope of Work as liquidated damages for each day the deficiency remains uncured.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: MCE	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Financial Accountability that are currently non-operational.

- No
- Yes

Please provide a detailed strategy for assuring Financial Accountability, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix I: Financial Accountability

I-2: Rates, Billing and Claims (1 of 3)

a. Rate Determination Methods. In two pages or less, describe the methods that are employed to establish provider payment rates for waiver services and the entity or entities that are responsible for rate determination. Indicate any opportunity for public comment in the process. If different methods are employed for various types of services, the description may group services for which the same method is employed. State laws, regulations, and policies referenced in the description are available upon request to CMS through the Medicaid agency or the operating agency (if applicable).

The Department provides public notice of significant reimbursement changes in accordance with 42 CFR § 447.205 (made applicable to waivers through 42 CFR § 441.304(e)). The Department publishes public notice of proposed reimbursement changes in multiple newspapers throughout the State and on the Department's website at www.healthandwelfare.idaho.gov. Copies of public notices are made available for public review during regular business hours at any regional or field office of the Idaho Department of Health and

Welfare and any regional or local public health district office. In Adams, Boise and Camas counties, copies of the amendments will be available at the county clerk's office in each of these counties. Additionally, payment rates are published on our website at www.healthandwelfare.idaho.gov for the public to access.

The Department provides opportunity for meaningful public input related to proposed reimbursement changes in accordance with 42 CFR § 441.304(f). The Department solicits comments from the public (including beneficiaries, providers and other stakeholders) through its public notice process and through public hearings related to the proposed reimbursement changes. The public is given the opportunity to comment on the proposed reimbursement changes for at least 30 days prior to the submission of a waiver amendment to CMS. Additionally, when administrative rules are promulgated in connection with reimbursement changes, the proposed rules are published in the Idaho Administrative Bulletin and the public is given the opportunity to comment.

Waiver service providers will be paid on a fee-for-service basis as established by the Department depending on the type of service provided. The Bureau of Financial Operations is responsible for rate determinations. The Department will ensure that the MCE reimburses providers at a rate no less than the current Medicaid Provider rates.

The Department solicits comments at public hearings when administrative rules related to rate determination methods are promulgated. Administrative rules are published when there are changes to rate determination methods. The public may submit comments on these rules for 21 days after the date of publishing.

Pursuant to 42 CFR §447.205, the Department gives notice of its proposed reimbursement changes by publishing legal notices throughout the State to inform providers about any change. Additionally, payment rates are published on our website at www.healthandwelfare.idaho.gov for participants to access.

Please see below for services and reimbursement methodology information:

Adult Day Health and Home Delivered Meal Services. The initial rate was set in 1999 based on time studies in nursing facilities.

Consultation Services, Personal Emergency Response System Services, Residential Habilitation, Day Habilitation and Supported Employment - The initial rate was set back in 1999 based on time studies in nursing facilities. Going forward, the rate is set based on a labor model that uses a Staff Support Hour (SSH) rate approach, which involves developing a single rate for a unit of staff time spent providing services for an individual.

Attendant Care, Homemaker, Companion Services, Chore Service, and Respite – Section 16.03.10.037.02 requires the Department to conduct a survey when there are identified access issues. As a result, the rate was developed from a cost survey initiated in 2016. The surveyed results of four cost components were combined to arrive at an hourly unit rate. Since these services are identified as personal care services, section 16.03.10.307 was followed. The hourly rate calculation was determined using the following reimbursement methodology: The Department followed IDAPA 16.03.10.307.04.a in calculating a direct care wage. This section states the Department will establish Personal Assistance Agency rates for personal assistance services based on the WAHR. The Department followed IDAPA 16.03.10.307.04.b in calculating a supplemental component. This section states the Department will calculate a supplemental component using costs reported for travel, administration, training, and payroll taxes and fringe benefits (employment related expenditures, program related costs, and indirect general and administrative costs).

Adult Residential Care - This service is paid on a per diem basis based on the number of hours and types of assistance required by the participant as identified in the Uniform Assessment Instrument.

Non-medical Transportation - A study is conducted that evaluates the actual costs of fuel reasonably incurred by the typical non-commercial transportation provider whose personal vehicle averages fifteen (15) miles per gallon.

Specialized Medical Equipment & Supplies - For codes that are manually priced, including miscellaneous codes, a copy of the manufacturer's suggested retail pricing (MSRP) or an invoice or quote from the manufacturer is required. Reimbursement will be seventy-five percent (75%) of MSRP. If pricing documentation is the invoice, reimbursement will be at cost plus ten percent (10%), plus shipping (if that documentation is provided). For codes that are not manually priced, the rate is based on the Medicaid fee schedule price.

Environmental Accessibility Adaptations - For adaptations over \$500, three bids are required if it is possible to obtain three bids. The lowest bid which meets the participant's needs is selected.

Nursing Services - These services are paid on a uniform reimbursement rate based on an annual survey conducted by the Department.

The contract between the Department and the MCE shall be a firm fixed fee, indefinite quantity contract for services specified in the Scope of Work. For payment purposes, a capitated payment is calculated based on the current eligible MMCP participant count multiplied by the per member per month (PMPM) figure and is intended to be adequate to support participant access to, and utilization of covered services, including administrative costs. The total PMPM payment is comprised of two (2) components; the Medical capitation and the blended Long Term Services and Supports (LTSS). Once the eligible Enrollee count by enrollment status is determined for the contract, the blended LTSS rate will remain in effect through the contract period.

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

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	7384.95	9674.00	17058.95	68174.00	8270.00	76444.00	59385.05
2	7492.95	9754.00	17246.95	70067.00	8684.00	78751.00	61504.05
3	7492.82	9834.00	17326.82	71961.00	9118.00	81079.00	63752.18
4	7492.19	9914.00	17406.19	73854.00	9574.00	83428.00	66021.81
5	7492.44	9994.00	17486.44	75747.00	10053.00	85800.00	68313.56

Appendix J: Cost Neutrality Demonstration

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

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

Table: J-2-a: Unduplicated Participants

Waiver Year	Total Unduplicated Number of Participants (from Item B-3-a)	Distribution of Unduplicated Participants by Level of Care (if applicable)	
		Level of Care:	
		Nursing Facility	
Year 1	11485		11485
Year 2	11944		11944
Year 3	12422		12422
Year 4	12919		12919
Year 5	13436		13436

Appendix J: Cost Neutrality Demonstration

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

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

To estimate the waiver length of stay, the A&D waiver CMS 372 reports for the previous three years were used. Days are limited to 365.

Appendix J: Cost Neutrality Demonstration

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

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

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

Historical waiver expenditure data and user data from the 372 reports was used to assist in projecting forward the estimate for the five-year waiver period.

The estimated number of users of each service was calculated by reviewing the number of users of each service on the 372 report, and increasing that number at the same rate that the overall number of waiver participants is expected to increase during the five-year waiver period.

The MMIS was used to derive the historical number of units per user. Estimated units per user were held constant through the five years of the waiver renewal.

The starting cost per unit was derived from the current A & D Fee Schedule. The cost per unit was held constant through the five years of the waiver renewal as the historical changes in reimbursement rates did not result in a predictable pattern to forecast. The waiver will be amended in the event that cost per unit fluctuates over time.

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:

Historical Medicaid expenditures for A & D waiver participants from the internal MMIS system were reviewed and projected forward over the five year estimate period, based on the historical trend.

Factor D' does not include the costs of prescription drugs.

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:

Estimates were derived from actual data available in the internal MMIS system and then projected forward over the five year estimate period, based on the historical trend.

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:

Estimates were derived from actual data available in the internal MMIS system and then projected forward over the five year estimate period, based on the historical trend.

Appendix J: Cost Neutrality Demonstration

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

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

Waiver Services	
Adult Day Health	
Day Habilitation	
Homemaker	
Residential Habilitation	
Respite	
Supported Employment	
Attendant Care	
Adult Residential Care	
Chore Service	
Companion Services	
Consultation	
Environmental Accessibility Adaptations	
Home Delivered Meals	
Non-medical Transportation	
Personal Emergency Response System	
Skilled Nursing	
Specialized Medical Equipment and Supplies	

Appendix J: Cost Neutrality Demonstration

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 Health Total:							181575.96
Adult Day Health MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	8	12.00	0.01	0.96	
Adult Day Health	<input type="checkbox"/>	Per 15 Minute Unit	90	1345.00	1.50	181575.00	
Day Habilitation Total:							27361.20
Day Habilitation	<input type="checkbox"/>	Per 15 Minute Unit	2	3020.00	4.53	27361.20	
Day Habilitation MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	0	12.00	0.01	0.00	
Homemaker Total:							19656337.04
Homemaker MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	190	12.00	0.01	22.80	
Homemaker	<input type="checkbox"/>	Per 15 Minute Unit	6416	764.00	4.01	19656314.24	
Residential Habilitation Total:							2147796.24
Residential Habilitation	<input type="checkbox"/>	Per Diem	24	350.00	255.69	2147796.00	
Residential Habilitation MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	2	12.00	0.01	0.24	
Respite Total:							129020.04
Respite	<input type="checkbox"/>	Per 15 Minute Unit	92	371.00	3.78	129018.96	
Respite MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	9	12.00	0.01	1.08	
Supported Employment Total:							37884.12
Supported Employment MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	1	12.00	0.01	0.12	
Supported Employment	<input type="checkbox"/>	Per 15 Minute Unit	8	902.00	5.25	37884.00	
Attendant Care Total:							9671049.51
Attendant Care MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	173	12.00	0.01	20.76	
Attendant Care	<input type="checkbox"/>	Per 15 Minute Unit	1845	1205.00	4.35	9671028.75	
Adult Residential Care Total:							45118296.16
Adult Residential Care	<input type="checkbox"/>	Per Diem	4913	248.00	37.03	45118240.72	
Adult Residential Care MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	462	12.00	0.01	55.44	
Chore Service Total:							185206.60
Chore Service	<input type="checkbox"/>					185202.88	
GRAND TOTAL:							84816182.53
Total: Services included in capitation:							218.16
Total: Services not included in capitation:							84815964.37
Total Estimated Unduplicated Participants:							11485
Factor D (Divide total by number of participants):							7384.95
Services included in capitation:							0.02
Services not included in capitation:							7384.93
Average Length of Stay on the Waiver:							285

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
		Per 15 Minute Unit	332	152.00	3.67		
Chore Service MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	31	12.00	0.01	3.72	
Companion Services Total:							3426429.39
Companion Services MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	48	12.00	0.01	5.76	
Companion Services	<input type="checkbox"/>	Per 15 Minute Unit	511	1689.00	3.97	3426423.63	
Consultation Total:							4854.48
Consultation MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	11	12.00	0.01	1.32	
Consultation	<input type="checkbox"/>	Per 15 Minute Unit	122	5.20	7.65	4853.16	
Environmental Accessibility Adaptations Total:							85519.92
Environmental Accessibility Adaptations	<input type="checkbox"/>	Per Job	24	1.00	3563.32	85519.68	
Environmental Accessibility Adaptations MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	2	12.00	0.01	0.24	
Home Delivered Meals Total:							2301965.46
Home Delivered Meals	<input type="checkbox"/>	Per Meal	2019	218.00	5.23	2301942.66	
Home Delivered Meals MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	190	12.00	0.01	22.80	
Non-medical Transportation Total:							227682.40
Non-medical Transportation MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	88	12.00	0.01	10.56	
Non-medical Transportation	<input type="checkbox"/>	Per Mile	934	554.00	0.44	227671.84	
Personal Emergency Response System Total:							503791.67
PERS Installation and 1st Month Rent	<input type="checkbox"/>	Per Month (+ Install)	335	1.00	56.89	19058.15	
PERS Monthly Rent	<input type="checkbox"/>	Per Month	1592	9.00	33.83	484716.24	
Personal Emergency Response System MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	144	12.00	0.01	17.28	
Skilled Nursing Total:							1039564.52
RN Nursing Services	<input type="checkbox"/>	Per 15 Minute Unit	131	33.00	10.19	44051.37	
LPN Nursing Services	<input type="checkbox"/>	Per 15 Minute Unit	111	619.00	7.31	502262.79	
Skilled Nursing MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	453	12.00	0.01	54.36	
Nursing Supervisory Visits	<input type="checkbox"/>	Per Visit	4840	2.00	50.95	493196.00	
GRAND TOTAL:							84816182.53
Total: Services included in capitation:							218.16
Total: Services not included in capitation:							84815964.37
Total Estimated Unduplicated Participants:							11485
Factor D (Divide total by number of participants):							7384.95
Services included in capitation:							0.02
Services not included in capitation:							7384.93
Average Length of Stay on the Waiver:							285

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Specialized Medical Equipment and Supplies Total:							71847.82
Specialized Medical Equipment and Supplies MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	6	12.00	0.01	0.72	
Specialized Medical Equipment and Supplies	<input type="checkbox"/>	Per Piece of Equipm	65	2.00	552.67	71847.10	
GRAND TOTAL:							84816182.53
Total: Services included in capitation:							218.16
Total: Services not included in capitation:							84815964.37
Total Estimated Unduplicated Participants:							11485
Factor D (Divide total by number of participants):							7384.95
Services included in capitation:							0.02
Services not included in capitation:							7384.93
Average Length of Stay on the Waiver:							285

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 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 2

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Adult Day Health Total:							187628.58
Adult Day Health MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	9	12.00	0.01	1.08	
Adult Day Health	<input type="checkbox"/>	Per 15 Minute Unit	93	1345.00	1.50	187627.50	
Day Habilitation Total:							27361.20
Day Habilitation	<input type="checkbox"/>	Per 15 Minute Unit	2	3020.00	4.53	27361.20	
Day Habilitation MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	0	12.00	0.01	0.00	
Homemaker Total:							21208419.16
Homemaker MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	197	12.00	0.01	23.64	
Homemaker	<input type="checkbox"/>	Per 15 Minute Unit	6673	764.00	4.16	21208395.52	
Residential Habilitation Total:							2237287.74
Residential Habilitation	<input type="checkbox"/>	Per Diem	25	350.00	255.69	2237287.50	
Residential Habilitation MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	2	12.00	0.01	0.24	
GRAND TOTAL:							89495830.60
Total: Services included in capitation:							226.68
Total: Services not included in capitation:							89495603.92
Total Estimated Unduplicated Participants:							11944
Factor D (Divide total by number of participants):							7492.95
Services included in capitation:							0.02
Services not included in capitation:							7492.93
Average Length of Stay on the Waiver:							285

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Respite Total:							148163.64
Respite	<input type="checkbox"/>	Per 15 Minute Unit	96	371.00	4.16	148162.56	
Respite MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	9	12.00	0.01	1.08	
Supported Employment Total:							37884.12
Supported Employment MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	1	12.00	0.01	0.12	
Supported Employment	<input type="checkbox"/>	Per 15 Minute Unit	8	902.00	5.25	37884.00	
Attendant Care Total:							10382675.15
Attendant Care MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	180	12.00	0.01	21.60	
Attendant Care	<input type="checkbox"/>	Per 15 Minute Unit	1919	1205.00	4.49	10382653.55	
Adult Residential Care Total:							46918252.56
Adult Residential Care	<input type="checkbox"/>	Per Diem	5109	248.00	37.03	46918194.96	
Adult Residential Care MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	480	12.00	0.01	57.60	
Chore Service Total:							210288.24
Chore Service	<input type="checkbox"/>	Per 15 Minute Unit	345	152.00	4.01	210284.40	
Chore Service MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	32	12.00	0.01	3.84	
Companion Services Total:							3730939.44
Companion Services MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	50	12.00	0.01	6.00	
Companion Services	<input type="checkbox"/>	Per 15 Minute Unit	531	1689.00	4.16	3730933.44	
Consultation Total:							5053.50
Consultation MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	12	12.00	0.01	1.44	
Consultation	<input type="checkbox"/>	Per 15 Minute Unit	127	5.20	7.65	5052.06	
Environmental Accessibility Adaptations Total:							89083.24
Environmental Accessibility Adaptations	<input type="checkbox"/>	Per Job	25	1.00	3563.32	89083.00	
Environmental Accessibility Adaptations MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	2	12.00	0.01	0.24	
Home Delivered Meals Total:							2394317.64
Home Delivered Meals	<input type="checkbox"/>	Per Meal	2100	218.00	5.23	2394294.00	
Home Delivered Meals MMCP						23.64	
GRAND TOTAL:							89495830.60
Total: Services included in capitation:							226.68
Total: Services not included in capitation:							89495603.92
Total Estimated Unduplicated Participants:							11944
Factor D (Divide total by number of participants):							7492.95
Services included in capitation:							0.02
Services not included in capitation:							7492.93
Average Length of Stay on the Waiver:							285

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
	<input checked="" type="checkbox"/>	Per Member Per Mo	197	12.00	0.01		
Non-medical Transportation Total:							236701.88
Non-medical Transportation MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	91	12.00	0.01	10.92	
Non-medical Transportation	<input type="checkbox"/>	Per Mile	971	554.00	0.44	236690.96	
Personal Emergency Response System Total:							524074.93
PERS Installation and 1st Month Rent	<input type="checkbox"/>	Per Month (+ Install.	349	1.00	56.89	19854.61	
PERS Monthly Rent	<input type="checkbox"/>	Per Month	1656	9.00	33.83	504202.32	
Personal Emergency Response System MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	150	12.00	0.01	18.00	
Skilled Nursing Total:							1083641.08
RN Nursing Services	<input type="checkbox"/>	Per 15 Minute Unit	136	33.00	10.19	45732.72	
LPN Nursing Services	<input type="checkbox"/>	Per 15 Minute Unit	116	619.00	7.31	524887.24	
Skilled Nursing MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	471	12.00	0.01	56.52	
Nursing Supervisory Visits	<input type="checkbox"/>	Per Visit	5034	2.00	50.95	512964.60	
Specialized Medical Equipment and Supplies Total:							74058.50
Specialized Medical Equipment and Supplies MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	6	12.00	0.01	0.72	
Specialized Medical Equipment and Supplies	<input type="checkbox"/>	Per Piece of Equipm	67	2.00	552.67	74057.78	
GRAND TOTAL:							89495830.60
Total: Services included in capitation:							226.68
Total: Services not included in capitation:							89495603.92
Total Estimated Unduplicated Participants:							11944
Factor D (Divide total by number of participants):							7492.95
Services included in capitation:							0.02
Services not included in capitation:							7492.93
Average Length of Stay on the Waiver:							285

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 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 3

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Adult Day Health Total:							195698.58
Adult Day Health MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	9	12.00	0.01	1.08	
Adult Day Health	<input type="checkbox"/>	Per 15 Minute Unit	97	1345.00	1.50	195697.50	
Day Habilitation Total:							27361.20
Day Habilitation	<input type="checkbox"/>	Per 15 Minute Unit	2	3020.00	4.53	27361.20	
Day Habilitation MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	0	12.00	0.01	0.00	
Homemaker Total:							22057010.20
Homemaker MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	205	12.00	0.01	24.60	
Homemaker	<input type="checkbox"/>	Per 15 Minute Unit	6940	764.00	4.16	22056985.60	
Residential Habilitation Total:							2326779.24
Residential Habilitation	<input type="checkbox"/>	Per Diem	26	350.00	255.69	2326779.00	
Residential Habilitation MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	2	12.00	0.01	0.24	
Respite Total:							152793.72
Respite	<input type="checkbox"/>	Per 15 Minute Unit	99	371.00	4.16	152792.64	
Respite MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	9	12.00	0.01	1.08	
Supported Employment Total:							37884.12
Supported Employment MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	1	12.00	0.01	0.12	
Supported Employment	<input type="checkbox"/>	Per 15 Minute Unit	8	902.00	5.25	37884.00	
Attendant Care Total:							10799280.76
Attendant Care MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	188	12.00	0.01	22.56	
Attendant Care	<input type="checkbox"/>	Per 15 Minute Unit	1996	1205.00	4.49	10799258.20	
Adult Residential Care Total:							48800860.16
Adult Residential Care	<input type="checkbox"/>	Per Diem	5314	248.00	37.03	48800800.16	
Adult Residential Care MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	500	12.00	0.01	60.00	
Chore Service Total:							218821.76
Chore Service	<input type="checkbox"/>	Per 15 Minute Unit	359	152.00	4.01	218817.68	
GRAND TOTAL:							93075762.99
Total: Services included in capitation:							236.04
Total: Services not included in capitation:							93075526.95
Total Estimated Unduplicated Participants:							12422
Factor D (Divide total by number of participants):							7492.82
Services included in capitation:							0.02
Services not included in capitation:							7492.80
Average Length of Stay on the Waiver:							285

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Chore Service MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	34	12.00	0.01	4.08	
Companion Services Total:							3878490.72
Companion Services MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	52	12.00	0.01	6.24	
Companion Services	<input type="checkbox"/>	Per 15 Minute Unit	552	1689.00	4.16	3878484.48	
Consultation Total:							5252.40
Consultation MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	12	12.00	0.01	1.44	
Consultation	<input type="checkbox"/>	Per 15 Minute Unit	132	5.20	7.65	5250.96	
Environmental Accessibility Adaptations Total:							92646.56
Environmental Accessibility Adaptations	<input type="checkbox"/>	Per Job	26	1.00	3563.32	92646.32	
Environmental Accessibility Adaptations MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	2	12.00	0.01	0.24	
Home Delivered Meals Total:							2490090.36
Home Delivered Meals	<input type="checkbox"/>	Per Meal	2184	218.00	5.23	2490065.76	
Home Delivered Meals MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	205	12.00	0.01	24.60	
Non-medical Transportation Total:							246209.00
Non-medical Transportation MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	95	12.00	0.01	11.40	
Non-medical Transportation	<input type="checkbox"/>	Per Mile	1010	554.00	0.44	246197.60	
Personal Emergency Response System Total:							544967.13
PERS Installation and 1st Month Rent	<input type="checkbox"/>	Per Month (+ Install)	363	1.00	56.89	20651.07	
PERS Monthly Rent	<input type="checkbox"/>	Per Month	1722	9.00	33.83	524297.34	
Personal Emergency Response System MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	156	12.00	0.01	18.72	
Skilled Nursing Total:							1124242.44
RN Nursing Services	<input type="checkbox"/>	Per 15 Minute Unit	142	33.00	10.19	47750.34	
LPN Nursing Services	<input type="checkbox"/>	Per 15 Minute Unit	120	619.00	7.31	542986.80	
Skilled Nursing MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	490	12.00	0.01	58.80	
Nursing Supervisory Visits	<input type="checkbox"/>	Per Visit	5235	2.00	50.95	533446.50	
Specialized Medical Equipment and Supplies Total:							77374.64
						0.84	
GRAND TOTAL:							93075762.99
Total: Services included in capitation:							236.04
Total: Services not included in capitation:							93075526.95
Total Estimated Unduplicated Participants:							12422
Factor D (Divide total by number of participants):							7492.82
Services included in capitation:							0.02
Services not included in capitation:							7492.80
Average Length of Stay on the Waiver:							285

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Specialized Medical Equipment and Supplies MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	7	12.00	0.01		
Specialized Medical Equipment and Supplies	<input type="checkbox"/>	Per Piece of Equipm	70	2.00	552.67	77373.80	
GRAND TOTAL:							93075762.99
Total: Services included in capitation:							236.04
Total: Services not included in capitation:							93075526.95
Total Estimated Unduplicated Participants:							12422
Factor D (Divide total by number of participants):							7492.82
Services included in capitation:							0.02
Services not included in capitation:							7492.80
Average Length of Stay on the Waiver:							285

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 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 4

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Adult Day Health Total:							203768.70
Adult Day Health MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	10	12.00	0.01	1.20	
Adult Day Health	<input type="checkbox"/>	Per 15 Minute Unit	101	1345.00	1.50	203767.50	
Day Habilitation Total:							27361.20
Day Habilitation	<input type="checkbox"/>	Per 15 Minute Unit	2	3020.00	4.53	27361.20	
Day Habilitation MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	0	12.00	0.01	0.00	
Homemaker Total:							22937383.64
Homemaker MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	213	12.00	0.01	25.56	
Homemaker	<input type="checkbox"/>	Per 15 Minute Unit	7217	764.00	4.16	22937358.08	
Residential Habilitation Total:							2416270.86
Residential Habilitation	<input type="checkbox"/>	Per Diem	27	350.00	255.69	2416270.50	
Residential Habilitation MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	3	12.00	0.01	0.36	
Respite Total:							158967.28
GRAND TOTAL:							96791591.26
Total: Services included in capitation:							245.52
Total: Services not included in capitation:							96791345.74
Total Estimated Unduplicated Participants:							12919
Factor D (Divide total by number of participants):							7492.19
Services included in capitation:							0.02
Services not included in capitation:							7492.17
Average Length of Stay on the Waiver:							285

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Respite	<input type="checkbox"/>	Per 15 Minute Unit	103	371.00	4.16	158966.08	
Respite MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	10	12.00	0.01	1.20	
Supported Employment Total:							42619.62
Supported Employment MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	1	12.00	0.01	0.12	
Supported Employment	<input type="checkbox"/>	Per 15 Minute Unit	9	902.00	5.25	42619.50	
Attendant Care Total:							11232117.60
Attendant Care MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	195	12.00	0.01	23.40	
Attendant Care	<input type="checkbox"/>	Per 15 Minute Unit	2076	1205.00	4.49	11232094.20	
Adult Residential Care Total:							50747751.72
Adult Residential Care	<input type="checkbox"/>	Per Diem	5526	248.00	37.03	50747689.44	
Adult Residential Care MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	519	12.00	0.01	62.28	
Chore Service Total:							227964.68
Chore Service	<input type="checkbox"/>	Per 15 Minute Unit	374	152.00	4.01	227960.48	
Chore Service MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	35	12.00	0.01	4.20	
Companion Services Total:							4033068.24
Companion Services MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	54	12.00	0.01	6.48	
Companion Services	<input type="checkbox"/>	Per 15 Minute Unit	574	1689.00	4.16	4033061.76	
Consultation Total:							5451.42
Consultation MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	13	12.00	0.01	1.56	
Consultation	<input type="checkbox"/>	Per 15 Minute Unit	137	5.20	7.65	5449.86	
Environmental Accessibility Adaptations Total:							96210.00
Environmental Accessibility Adaptations	<input type="checkbox"/>	Per Job	27	1.00	3563.32	96209.64	
Environmental Accessibility Adaptations MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	3	12.00	0.01	0.36	
Home Delivered Meals Total:							2589283.50
Home Delivered Meals	<input type="checkbox"/>	Per Meal	2271	218.00	5.23	2589257.94	
Home Delivered Meals MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	213	12.00	0.01	25.56	
Non-medical Transportation Total:							
GRAND TOTAL:							96791591.26
Total: Services included in capitation:							245.52
Total: Services not included in capitation:							96791345.74
Total Estimated Unduplicated Participants:							12919
Factor D (Divide total by number of participants):							7492.19
Services included in capitation:							0.02
Services not included in capitation:							7492.17
Average Length of Stay on the Waiver:							285

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
							255959.88
Non-medical Transportation MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	99	12.00	0.01	11.88	
Non-medical Transportation	<input type="checkbox"/>	Per Mile	1050	554.00	0.44	255948.00	
Personal Emergency Response System Total:							566772.74
PERS Installation and 1st Month Rent	<input type="checkbox"/>	Per Month (+ Install)	377	1.00	56.89	21447.53	
PERS Monthly Rent	<input type="checkbox"/>	Per Month	1791	9.00	33.83	545305.77	
Personal Emergency Response System MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	162	12.00	0.01	19.44	
Skilled Nursing Total:							1169949.52
RN Nursing Services	<input type="checkbox"/>	Per 15 Minute Unit	147	33.00	10.19	49431.69	
LPN Nursing Services	<input type="checkbox"/>	Per 15 Minute Unit	125	619.00	7.31	565611.25	
Skilled Nursing MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	509	12.00	0.01	61.08	
Nursing Supervisory Visits	<input type="checkbox"/>	Per Visit	5445	2.00	50.95	554845.50	
Specialized Medical Equipment and Supplies Total:							80690.66
Specialized Medical Equipment and Supplies MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	7	12.00	0.01	0.84	
Specialized Medical Equipment and Supplies	<input type="checkbox"/>	Per Piece of Equipm	73	2.00	552.67	80689.82	
GRAND TOTAL:							96791591.26
Total: Services included in capitation:							245.52
Total: Services not included in capitation:							96791345.74
Total Estimated Unduplicated Participants:							12919
Factor D (Divide total by number of participants):							7492.19
Services included in capitation:							0.02
Services not included in capitation:							7492.17
Average Length of Stay on the Waiver:							285

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 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 5

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Adult Day Health Total:							211838.70
Adult Day Health MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	10	12.00	0.01	1.20	
Adult Day Health	<input type="checkbox"/>	Per 15 Minute Unit	105	1345.00	1.50	211837.50	
Day Habilitation Total:							41041.80
Day Habilitation	<input type="checkbox"/>	Per 15 Minute Unit	3	3020.00	4.53	41041.80	
Day Habilitation MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	0	12.00	0.01	0.00	
Homemaker Total:							23855896.08
Homemaker MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	222	12.00	0.01	26.64	
Homemaker	<input type="checkbox"/>	Per 15 Minute Unit	7506	764.00	4.16	23855869.44	
Residential Habilitation Total:							2505762.36
Residential Habilitation	<input type="checkbox"/>	Per Diem	28	350.00	255.69	2505762.00	
Residential Habilitation MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	3	12.00	0.01	0.36	
Respite Total:							166684.08
Respite	<input type="checkbox"/>	Per 15 Minute Unit	108	371.00	4.16	166682.88	
Respite MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	10	12.00	0.01	1.20	
Supported Employment Total:							42619.62
Supported Employment MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	1	12.00	0.01	0.12	
Supported Employment	<input type="checkbox"/>	Per 15 Minute Unit	9	902.00	5.25	42619.50	
Attendant Care Total:							11681185.91
Attendant Care MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	203	12.00	0.01	24.36	
Attendant Care	<input type="checkbox"/>	Per 15 Minute Unit	2159	1205.00	4.49	11681161.55	
Adult Residential Care Total:							52777294.48
Adult Residential Care	<input type="checkbox"/>	Per Diem	5747	248.00	37.03	52777229.68	
Adult Residential Care MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	540	12.00	0.01	64.80	
Chore Service Total:							236498.20
Chore Service	<input type="checkbox"/>	Per 15 Minute Unit	388	152.00	4.01	236493.76	
GRAND TOTAL:							100668414.09
Total: Services included in capitation:							255.24
Total: Services not included in capitation:							100668158.85
Total Estimated Unduplicated Participants:							13436
Factor D (Divide total by number of participants):							7492.44
Services included in capitation:							0.02
Services not included in capitation:							7492.42
Average Length of Stay on the Waiver:							285

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Chore Service MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	37	12.00	0.01	4.44	
Companion Services Total:							4194672.00
Companion Services MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	56	12.00	0.01	6.72	
Companion Services	<input type="checkbox"/>	Per 15 Minute Unit	597	1689.00	4.16	4194665.28	
Consultation Total:							5650.32
Consultation MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	13	12.00	0.01	1.56	
Consultation	<input type="checkbox"/>	Per 15 Minute Unit	142	5.20	7.65	5648.76	
Environmental Accessibility Adaptations Total:							99773.32
Environmental Accessibility Adaptations	<input type="checkbox"/>	Per Job	28	1.00	3563.32	99772.96	
Environmental Accessibility Adaptations MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	3	12.00	0.01	0.36	
Home Delivered Meals Total:							2693037.32
Home Delivered Meals	<input type="checkbox"/>	Per Meal	2362	218.00	5.23	2693010.68	
Home Delivered Meals MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	222	12.00	0.01	26.64	
Non-medical Transportation Total:							266198.28
Non-medical Transportation MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	103	12.00	0.01	12.36	
Non-medical Transportation	<input type="checkbox"/>	Per Mile	1092	554.00	0.44	266185.92	
Personal Emergency Response System Total:							589548.65
PERS Installation and 1st Month Rent	<input type="checkbox"/>	Per Month (+ Install)	392	1.00	56.89	22300.88	
PERS Monthly Rent	<input type="checkbox"/>	Per Month	1863	9.00	33.83	567227.61	
Personal Emergency Response System MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	168	12.00	0.01	20.16	
Skilled Nursing Total:							1216706.29
RN Nursing Services	<input type="checkbox"/>	Per 15 Minute Unit	153	33.00	10.19	51449.31	
LPN Nursing Services	<input type="checkbox"/>	Per 15 Minute Unit	130	619.00	7.31	588235.70	
Skilled Nursing MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	529	12.00	0.01	63.48	
Nursing Supervisory Visits	<input type="checkbox"/>	Per Visit	5662	2.00	50.95	576957.80	
Specialized Medical Equipment and Supplies Total:							84006.68
						0.84	
GRAND TOTAL:							10068414.09
Total: Services included in capitation:							255.24
Total: Services not included in capitation:							10068158.85
Total Estimated Unduplicated Participants:							13436
Factor D (Divide total by number of participants):							7492.44
Services included in capitation:							0.02
Services not included in capitation:							7492.42
Average Length of Stay on the Waiver:							285

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Specialized Medical Equipment and Supplies MMCP	<input checked="" type="checkbox"/>	Per Member Per Mo	7	12.00	0.01		
Specialized Medical Equipment and Supplies	<input type="checkbox"/>	Per Piece of Equipm	76	2.00	552.67	84005.84	
GRAND TOTAL:						100668414.09	
Total: Services included in capitation:						255.24	
Total: Services not included in capitation:						100668158.85	
Total Estimated Unduplicated Participants:						13436	
Factor D (Divide total by number of participants):						7492.44	
Services included in capitation:						0.02	
Services not included in capitation:						7492.42	
Average Length of Stay on the Waiver:							285