State of Utah

Section 1115 Demonstration Amendment Behavioral Health Services for Adults with Serious Mental Illness Amendment #22

Section I. Introduction

In SFY2019, Utah's public behavioral health system provided services to 20,327 youth and 36,326 adults. Of the youth served, 61.8% met the qualification for a serious emotional disturbance, and 52.4% of the adults served met the qualifications for a serious mental illness. Treatment of those with serious emotional disturbances and serious mental illness remains a priority for the State. Utah's Strategic Plan created by the Utah Division of Substance Abuse and Mental Health, outlines Utah's commitment to providing comprehensive behavioral health services.

Currently, Utah has approval through the State's 1115 demonstration waiver to cover the full continuum of substance use disorder treatment services. The State also has an extensive continuum of mental health services, and the Utah legislature invests millions annually across the state to cover inpatient psychiatric care, hospital diversion programs, peer services, crisis stabilization, housing supports, and more.

During the Utah 2020 General Legislative Session, House Bill 219 "Mental Health Amendments", was passed. This bill directs the Utah Department of Health to "apply for a Medicaid waiver or a state plan amendment with CMS to offer a program that provides reimbursement for mental health services that are provided in an institution for mental diseases that includes more than 16 beds and to an individual who receives mental health services in an institution for mental diseases for a period of more than 15 days in a calendar month." Despite Utah's efforts, immediate access to inpatient psychiatric treatment beds and sufficient residential mental health treatment beds remains a concern.

Inpatient psychiatric beds remain hard to access due to the low numbers of beds and high census numbers on the psychiatric units. At times, non-psychiatric beds have to be temporarily used until an appropriate bed can be made available, or even worse, beneficiaries are waiting in emergency rooms for hours. In some cases, it takes days before a bed in a psychiatric unit is available.

Utah has four hospitals that have a total of 365 inpatient psychiatric beds that meet the regulatory definition of an Institutions for Mental Disease (IMD). Due to federal financial participation (FFP) not being available for these beds, beneficiaries needing inpatient psychiatric beds are unable to use them, and therefore end up waiting for the appropriate level of care, while there are available beds nearby that can't be used. Having access to FFP for these beds in an IMD hospital allows for beneficiaries to get the appropriate level of care in a timely manner.

In order to help fill the gap of available inpatient psychiatric beds, Utah has used the 2016 Managed Care Final Rule that allows up to 15 day stays in IMD hospitals for beneficiaries in managed care plans.

However, this has created issues with incentivizing discharge after 15 days instead of relying on medical necessity due to payment issues. Also, Utah's fee for service (FFS) beneficiaries, which are some of Utah's most vulnerable and needy, do not have access to this exception.

As part of Utah's extensive continuum of mental health care, Utah also has residential mental health treatment programs. Currently, the number of residential mental health treatment programs accessible to Medicaid beneficiaries remains artificially low because Medicaid cannot cover services in facilities with more than 16 beds, therefore programs are unable to grow beyond 16 beds. By allowing facilities to increase the number of beds on the same campus, the provider can benefit from economies of scale and will be able to achieve sustainability while expanding services to more beneficiaries. A recent University of Utah analysis of Utah's mental health system found that, "Federal rules do not allow Medicaid to reimburse mental health facilities with more than 16 beds, which limits the supply of available residential facilities (participants noted these facilities financially break even at about 30 beds). Utah currently has a waiver to reimburse SUD residential treatment facilities larger than 16 beds. Obtaining a similar waiver for mental health residential treatment facilities could improve the supply of mental health residential treatment options in the state".

Section II. Program Description and Objectives

With this amendment, the State is requesting waiver authority to claim federal financial participation (FFP) for payment of services to Medicaid beneficiaries, age 21 through 64, receiving inpatient psychiatric treatment or residential mental health treatment in an IMD. The state is also seeking the authority to make capitation payments to state contracted managed care entities to pay for services to Medicaid beneficiaries regardless of the length of stay in an IMD. Utah is requesting that the waiver authorities described in this amendment apply to Medicaid beneficiaries in both Utah's managed care and FFS service delivery systems. Application of the waiver to both systems would ensure equal access to this benefit for all Medicaid beneficiaries. Specifically, Utah seeks a waiver of the following requirements:

- Allow Utah to make capitated payments to managed care entities for Medicaid beneficiaries
 receiving inpatient or residential mental health treatment in an IMD. The average length of stays
 under this amendment will be no more than 30 days. Capitated payments may be used to pay
 for treatment in these settings and services provided before or after discharge from the facility
 during the calendar month.
- 2. To allow for FFP in expenditures for services provided to managed care and FFS Medicaid beneficiaries in inpatient psychiatric hospitals or residential mental health treatment facilities with more than 16 beds.

Maintenance of Effort Commitment

Utah is committed to a maintenance of effort (MOE) on funding for outpatient community-based mental health services as part of this amendment. Under the terms of this demonstration, the State assures that resources will not be disproportionately drawn into increasing access to treatment in inpatient or residential settings at the expense of community-based services. Utah understands the expectation under the demonstration is to maintain a level of state appropriations and local funding for outpatient

¹ Utah's Mental Health System: A collaborative endeavor of the Kem C. Gardner Policy Institute and the Utah Hospital Association. Final Report August 2019

community-based mental health services for Medicaid beneficiaries for the duration of this demonstration that is no less than the amount of funding provided at the beginning of the demonstration.

All beneficiaries will continue to have access to an array of mental health services throughout the state, including crisis stabilization services. Listed below are some of the available crisis stabilization services:

- Intensive Stabilization Services
- Statewide Crisis Line
- Mobile Crisis Outreach Teams
- Assertive Community Treatment
- Psychotherapy for Crisis

Additionally, Utah House Bill 32 "Crisis Services Amendments" (2020) requires Utah to establish Behavioral Health Receiving Centers in order to increase access for beneficiaries needing crisis stabilization services. These centers will closely follow the national guidelines put forth by SAMHSA.

Goals and Objectives

The objective of this demonstration is to allow Utah to expand access to inpatient psychiatric treatment and residential mental health treatment. The overall goal of this amendment request is to maintain and enhance the flexibility and availability of mental health treatment supports, and to supplement the comprehensive and integrated continuum of mental health treatments Utah provides.

Operation and Proposed Timeline

The demonstration will operate statewide. The State intends to implement the demonstration beginning January 1, 2021. The State requests to operate the demonstration through the end of the current waiver approval period, which is June 30, 2022.

Milestones

The demonstration will be implemented through a series of milestones outlined below and in greater detail in the State's Implementation Plan, which will be submitted at a later date.

Milestone 1: Ensuring Quality of Care in Psychiatric Hospitals and Residential Settings

- 1. Participating hospitals and residential settings are licensed by the state to primarily provide treatment for mental illnesses and are accredited by a nationally recognized accreditation entity including the Joint Commission or the Commission on Accreditation of Rehabilitation Facilities (CARF) prior to receiving FFP for services provided to beneficiaries;
- 2. Establishment of an oversight and auditing process that includes unannounced visits for ensuring participating psychiatric hospitals and residential treatment settings meet state licensure or certification requirements as well as a national accrediting entity's accreditation requirements;

Milestone 2: Improving Care Coordination and Transitions to Community-Based Care

- 1. Implementation of a process to ensure that psychiatric hospitals and residential treatment settings provide intensive pre-discharge, care coordination services to help transition beneficiaries out of these settings and into appropriate community-based outpatient services as well as requirements that community-based providers participate in these transition efforts (e.g., by allowing initial services with a community-based provider while a beneficiary is still residing in these settings and/or by hiring peer support specialists to help beneficiaries make connections with available community-based providers, including, where applicable, plans for employment);
- 2. Implementation of a process to assess the housing situation of individuals transitioning to the community from psychiatric hospitals and residential treatment settings and connect those who are homeless or have unsuitable or unstable housing with community providers that coordinate housing services where available;
- 3. Implementation of a requirement that psychiatric hospitals and residential treatment settings have protocols in place to ensure contact is made by the treatment setting with each discharged beneficiary within 72 hours of discharge and to ensure follow-up care is accessed by individuals after leaving those facilities by contacting the individuals directly and by contacting the community-based provider the person was referred to;
- 4. Implementation of strategies to prevent or decrease the lengths of stay in emergency departments (EDs) among beneficiaries with serious mental illness (SMI) or serious emotional disturbance (SED) (e.g., through the use of peers and psychiatric consultants in EDs to help with discharge and referral to treatment providers);
- 5. Implementation of strategies to develop and enhance interoperability and data sharing between physical, substance use disorder (SUD), and mental health providers with the goal of enhancing care coordination so that disparate providers may better share clinical information to improve health outcomes for beneficiaries with SMI or SED;

Milestone 3: Increasing Access to Continuum of Care Including Crisis Stabilization Services

- 1. Annual assessments of the availability of mental health services throughout the state, particularly crisis stabilization services and updates on steps taken to increase availability;
- 2. Commitment to a financing plan approved by CMS to be implemented by the end of the demonstration to increase availability of non-hospital, non-residential crisis stabilization services, including services made available through crisis call centers, mobile crisis units, coordinated community crisis response that involves law enforcement and other first responders, and observation/assessment centers as well as on-going community-based services, e.g., intensive outpatient services, assertive community treatment, xciii and services in integrated care settings such as the Certified Community Behavioral Health Clinic model described in Part I of State Medicaid Director letter #18--011 issued on November 13, 2018, as well as consideration of a self-direction option for beneficiaries;
- 3. Implementation of strategies to improve the state's capacity to track the availability of inpatient and crisis stabilization beds to help connect individuals in need with that level of care as soon as possible;

4. Implementation of a requirement that providers, plans, and utilization review entities use an evidence-based, publicly available patient assessment tool, preferably endorsed by a mental health provider association, e.g., LOCUS or CASII, to help determine appropriate level of care and length of stay;

<u>Milestone 4: Earlier Identification and Engagement in Treatment Including Through Increased</u> <u>Integration</u>

- 1. Implementation of strategies for identifying and engaging individuals, particularly adolescents and young adults, with serious mental health conditions, in treatment sooner including through supported employment and supported education programs;
- 2. Increasing integration of behavioral health care in non-specialty care settings, including schools and primary care practices, to improve identification of serious mental health conditions sooner and improve awareness of and linkages to specialty treatment providers;
- 3. Establishment of specialized settings and services, including crisis stabilization services, focused on the needs of young people experiencing SMI or SED.
- 4. Use of a utilization review entity (e.g., a managed care organization or administrative service organization) to ensure beneficiaries have access to the appropriate levels and types of care and to provide oversight to ensure lengths of stay are limited to what is medically necessary and only those who have a clinical need to receive treatment in psychiatric hospitals and residential treatment settings are receiving treatment in those facilities;
- 5. Participating psychiatric hospitals and residential treatment settings meet federal program integrity requirements, and the state has a process for conducting risk-based screening of all newly enrolling providers, as well as revalidating existing providers (specifically, under existing regulations, states must screen all newly enrolling providers and reevaluate existing providers pursuant to the rules in 42 CFR Part 455 Subparts B and E, ensure treatment providers have entered into Medicaid provider agreements pursuant to 42 CFR 431.107, and establish rigorous program integrity protocols to safeguard against fraudulent billing and other compliance issues);
- 6. Implementation of a state requirement that participating psychiatric hospitals and residential treatment settings screen enrollees for comorbid physical health conditions and SUDs and demonstrate the capacity to address comorbid physical health conditions during short-term stays in these treatment settings (e.g., with on-site staff, telemedicine, and/or partnerships with local physical health providers);

Demonstration Hypotheses and Evaluation

With the help of an independent evaluator, the State will develop a plan for evaluating the hypotheses indicated below. Utah will identify validated performance measures that adequately assess the impact of the demonstration to beneficiaries. The State will submit the evaluation plan to CMS for approval.

The State will conduct ongoing monitoring of this demonstration, and will provide information regarding monitoring activities in the required quarterly and annual monitoring reports.

Hypothesis	Anticipated Measure(s)	Data Sources	Evaluation Approach
The demonstration will reduce utilization and lengths of stay in EDs among Medicaid beneficiaries with SMI or SED while awaiting mental health treatment in specialized settings	 All-Cause Emergency Department Utilization Rate for Medicaid Beneficiaries who may Benefit From Integrated Physical and Behavioral Health Care Follow-Up After Emergency Department Visit for Mental Illness 	Medicaid Data Warehouse	Independent evaluator will design quantitative and qualitative measures to include experimental or quasi-experimental comparisons
The demonstration will reduce preventable readmissions to acute care hospitals and residential settings	30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility	Medicaid Data Warehouse	Independent evaluator will design quantitative and qualitative measures to include experimental or quasi-experimental comparisons
The demonstration will improve availability of crisis stabilization services including services made available through call centers and mobile crisis units, intensive outpatient services, as well as services provided during acute short-term stays in residential crisis stabilization programs, psychiatric hospitals, and residential treatment settings throughout the state	 Mental Health Services Utilization Beneficiaries With SMI/SED Treated in an IMD for Mental Health Per Capita Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED 	Medicaid Data Warehouse	Independent evaluator will design quantitative and qualitative measures to include experimental or quasi-experimental comparisons
The demonstration will improve access to community-based services to address the chronic mental health care	 Access to Preventive/Ambulatory Health Services for 	Medicaid Data Warehouse	Independent evaluator will design quantitative and qualitative measures to include

needs of beneficiaries with SMI or SED including through increased integration of primary and behavioral health care	Medicaid Beneficiaries With SMI Diabetes Care for Patients with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) Follow-Up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication		experimental or quasi-experimental comparisons
The demonstration will improve care coordination, especially continuity of care in the community following episodes of acute care in hospitals and residential treatment facilities	 Follow-up After Hospitalization for Mental Illness Medication Continuation Following Inpatient Psychiatric Discharge 	Medicaid Data Warehouse	Independent evaluator will design quantitative and qualitative measures to include experimental or quasi-experimental comparisons

Section III. Demonstration Eligibility

This demonstration will include all Medicaid eligible individuals, age 21-64, approved for full Medicaid benefits under the Utah Medicaid State Plan and the State's 1115 Demonstration Waiver. The eligibility groups below will be excluded from this demonstration waiver, due to their limited Medicaid eligibility status:

- Qualified Medicare Beneficiaries (QMB);
- Special Low-Income Medicare Beneficiaries (SLMB);
- Qualified Individual Special Low-Income Medicare Beneficiaries (QI/SLMB2); and
- Non-citizens qualifying for emergency services only benefits.

Although eligible for the benefits available through this amendment, all beneficiaries receiving services through this amendment must meet medical necessity criteria. Utilization management procedures will ensure all eligible beneficiaries have access to the appropriate levels of care with appropriate lengths of stay in inpatient and residential settings based on defined clinical criteria for medical necessity.

Section IV. Demonstration Benefits and Cost Sharing Requirements

Under this demonstration, eligible individuals will have access to high quality, evidence-based SMI/SED treatment in short term residential and inpatient settings. The following services are currently covered under the Utah Medicaid State Plan:

- Crisis Stabilization Services
- Mobile Crisis Outreach Team

- Assertive Community Treatment
- Psychiatric Diagnostic Evaluation
- Mental Health Assessment
- Psychological Testing
- Psychotherapy
- ASAM LOC 1.0 4.0
- Therapeutic Behavioral Services
- Pharmacologic Management
- Psychosocial Rehabilitative Services
- Services Provided in Intensive Outpatient Treatment
- Peer Support Services
- Inpatient Psychiatric Services
- Treatment Provided in Residential Treatment Programs

Cost Sharing

This amendment does not impose new cost sharing requirements. Cost sharing will not differ from those provided under the state plan.

Section V. Delivery System

No modifications to the current Utah Medicaid FFS or managed care arrangements are proposed through this amendment; all enrollees will continue to receive services through their current delivery system.

Section VI. Enrollment and Implementation of Demonstration

Eligible individuals may receive services authorized under this demonstration as of the implementation date of this amendment.

Section VII. Demonstration Financing and Budget Neutrality

Refer to Budget Neutrality- Attachment 1 for the State's historical and projected expenditures for the requested period of the demonstration.

Projected Enrollment and Expenditures

Currently, Utah Medicaid provides inpatient and residential mental health treatment for all beneficiaries. This demonstration will expand the availability and access to needed treatment for all beneficiaries. The State anticipates the waiver amendment will have no impact on annual Medicaid enrollment.

Below is the projected enrollment and expenditures for each demonstration year.

	DY19 (SFY 21)*	DY 20 (SFY 22)
Member Months	8,400	17,300
Expenditures	\$113,900,000	\$245,800,000

*Represents half year estimate January 2021 - June 2021

Section VIII. Proposed Waiver and Expenditure Authority

The State requests expenditure authority for Medicaid state plan services furnished to otherwise eligible individuals who are primarily receiving treatment for a SMI who are short-term residents in facilities that meet the definition of an IMD. No additional waivers of Title XIX or Title XXI are requested through this amendment.

Section IX. Compliance with Public Notice and Tribal Consultation

Public Notice Process

Public Notice of the State's request for this demonstration amendment, and notice of Public Hearing will be advertised in the newspapers of widest circulation and sent to an electronic mailing list. In addition, the abbreviated public notice will be posted to the State's Medicaid website at https://medicaid.utah.gov/1115-waiver.

Two public hearings to take public comment on this request will be held. The first public hearing will be held on June 18, 2020 from 4:00 p.m. to 6:00 p.m., during the Medical Care Advisory Committee (MCAC) meeting. The second public hearing will be held on June 23, 2020 from 4:00 p.m. to 5:00 p.m. Due to the COVID-19 emergency and state social distancing guidelines, both public hearings will be held via video and teleconferencing.

Public Comment

The public comment period will be held June 16, 2020 through July 16, 2020.

Tribal Consultation

In accordance with the Utah Medicaid State Plan, and section 1902(a)(73) of the Social Security Act, the State ensures that a meaningful consultation process occurs in a timely manner on program decisions impacting Indian Tribes in the State of Utah. DMHF notified the UDOH Indian Health Liaison of the waiver amendment. As a result of this notification, DMHF will begin the tribal consultation process by attending the Utah Indian Health Affairs Board (UIHAB) meeting on July 10, 2020 to present this demonstration amendment.

The consultation process will include, but is not limited to:

- An initial meeting to present the intent and broad scope of the policy and waiver application to the UIHAB.
- Discussion at the UIHAB meeting to more fully understand the specifics and impact of the proposed policy initiation or change;
- Open meeting for all interested parties to receive information or provide comment;
- A presentation by tribal representatives of their concerns and the potential impact of the proposed policy;
- Continued meetings until concerns over intended policy have been fully discussed;
- A written response from the Department of Health to tribal leaders as to the action on, or outcome of tribal concerns.

Tribal consultation policy can be found at: http://health.utah.gov/indianh/consultation.html.

Section X. Demonstration Administration

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Telephone Number: (801) 538-6689 Email Address: nchecketts@utah.gov

DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

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Editable Market Works	Current Eligibles		•			Pe	arent Caretaker Relative	(PCR) population 45-60% FPL:	transferred to Expansion Parel	nts effective 4/1/19	
Part Color Part	Pop Type: Eligible Member Months		0	377.866	0.0%	377.866		320.957	319.534	318.076	
Tool Expenditure S			0	·		·				·	
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Figure Symposition Sympo							PCN ends 3/31/19				
Page	Pop Type: Eligible Member Months		0	104,836	5.9%	111,042	88,212	-	-	- 1	
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Poor Type: Mysothetical Control (1972) Control (1	Demo Pop III/V - UPP Adults with Children										
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Tool Expendentive			o								
Pop Type:		5.3%	0	\$ 150.08	5.3%	\$ 158.03 \$ \$ 1,293,029 \$		1/5.23 \$ 2,607,542 \$		1,228.63 33,251,572	\$ 58,501,135
Pop Type: Medicaid	Demo Pop I - PCN Childless Adults					PC	CN ends 3/31/19				
PAPPA Cost C	Pop Type: Eligible Member Months	Medicaid	0		2.5%	73.812	58.293			- 1	
Sample S	g					,					
Pop Type:			0		5.3%			57.18 \$ - \$		63.40	\$ 6,971,376
Eligible Member Months 159 0 2.5% 163 167 171 146 180											
Total Expenditure		Medicaid 159	0		2.5%	163	167		nticipated start of 9/1/20	180	
Page	PMPM Cost	68.45	0		5.3%	\$ 72.08 \$	75.90 \$	79.92 \$	1,166.79 \$	1,228.63	
State of Adults	Total Expenditure					\$ 10,702 \$	11,237 \$	11,799 \$	12,388 \$	13,008	\$ 59,133
Started 11/117 Started 11/117 PARPA Will increase due to adding the housing support benefit and new managed care directed payments	Torquetod Adulto									ide victims of	
PMPM Cost Co	Pop Type:	Expansion					PM	IPM will increase due to adding ti	he housing support benefit and		cted payments
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Pop Type: Expansion Started 3/1/19 Procedim crowns anticipated start date of 1/1/20 increases PMPM	Total Expenditure					\$ 76,403,340 \$	80,452,717 \$	191,871,540 \$	276,122,333 \$	298,025,737	\$ 922,875,668
Eligible Member Months	Dental - Targeted Adults	Evnancion				64	arted 2/1/10 Per	polain aroung antiginated start data o	f 1/1/20 ingrange PMPM		
Total Expenditure		Expansion	0		2.5%	-				38,768	
System of Care Pop Type: Anticipated start date of 1/1/20	PMPM Cost	5.3%	0		5.3%						
Pop Type:	Total Expenditure					\$ - \$	400,000 \$	1,375,111 \$	1,484,192 \$	1,601,925	\$ 4,861,228
Figible Member Months	System of Care	Hypothetical					Ant	ininated start date of 1/1/20			
S - \$ 1,512,000 \$ 3,184,272 \$ 3,353,038 \$ 8,049,31	Eligible Member Months	Пурошенса	0			-	Anti		1,440	1,440	
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Pop Type: Hypothetical Eligible Member Months 0.0% 0 412,361	Total Expenditure		<u> </u>			-	\$	1,512,000 \$	3,184,272 \$	3,353,038	\$ 8,049,310
Eligible Member Months 0.0% 0 412,361		Domaid in a									
			0			412,361	412,361	412,361	412,361	412,361	
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		1	Ĭ								\$ 40,326,548
Dental - Aged	Dental - Aged	1									
	Pop Type:		οl	108 000	- I		Ant		110.700	113 460	
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PMPM Cost 5.3% 0 \$ 30.75 \$ 32.38 \$ 34.10 Total Expenditure \$ 1,660,500 \$ 3.584,438 \$ 3,668,774 \$ 9,113,71	PMPM Cost Total Expenditure	5.3%	0			\$ - \$	- \$	30.75 \$ 1,660,500 \$	32.38 \$ 3,584,438 \$		\$ 9,113,712

DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	TREND RATE 1	MONTHS OF AGING	BASE YEAR DY 15 (SFY 17)	TREND RATE 2	DEMONSTRATION YEAR DY 16 (SFY 18)	ARS (DY) DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	TOTAL WOW
Former Foster Pop Type:	Hypothetical	•	· · ·		•	•	•	·		
Eligible Member Months	0.0%	24			10	10	10	10	10	
PMPM Cost	4.8%	24			\$ 990.87	\$ 1,038.43 \$				
Total Expenditure		<u> </u>	<u> </u>		\$ 9,909	\$ 10,384 \$	10,883	\$ 11,405	\$ 11,953	\$ 54,534
Substance Use Disorder (SUD)										
Pop Type:	Hypothetical									
Eligible Member Months PMPM Cost	6.9% 5.0%	18 18	36,913	6.9% 5.0%	39,456.31 \$ 3,321.96	42,175 \$ 3,488.06 \$	40,554 3,662.46	43,348 \$ 3,845.58	46,335	
Total Expenditure	5.0%	10		5.0%		\$ 3,466.06 \$ \$ 147,108,390 \$		\$ 166,698,858		\$ 780,500,596
Withdrawal Management										
Pop Type:	Hypothetical					Started 5/1/19				
Eligible Member Months	0.0%	0	4,018	0.0%		670	4,018	4,018	4,018	
PMPM Cost Total Expenditure	5.0%	0		5.0%		\$ 700.00 \$ \$ 468.738 \$	735.00			A 0.770.040
Total Experiulture			<u> </u>		-	\$ 468,738 \$	2,953,046	\$ 3,100,699	\$ 3,255,733	\$ 9,778,216
Medicaid for Justice-Involved Populations										
Pop Type:	Hypothetical							Assumes start date of 7/1/21		
Eligible Member Months	1.75%	I	3,200	1.75%	-		Í	38,400	39,072	
PMPM Cost	3.0%		.,	3.0%	-	\$			\$ 535.60	
Total Expenditure					-	\$	-	\$ 19,968,000	\$ 20,926,963	\$ 40,894,963
Mental Health Institutions for Mental Disease (IMD)	Hypothetical							Assumes start data of 1/1/01		
Pop Type: Eliaible Member Months	2.5%		16,835	2.5%	_			Assumes start date of 1/1/21 8,418	17,256	
PMPM Cost	5.3%		10,033	5.3%	-	\$	-			
Total Expenditure	0.070			0.070	-	\$	-	\$ 113,866,796		\$ 359,665,354
Expansion Parents <=100% FPL Pop Type:	Expansion					Δ.	ssumes start date of 1/1/20			
Eligible Member Months	2.5%	1	339,828	2.5%	-	7.0	169,914	348,324	357,032	
PMPM Cost	5.3%		000,020	5.3%	\$ -	\$		\$ 707.21		
Total Expenditure					\$ -	\$	114,115,918	\$ 246,336,326	\$ 265,876,956	\$ 626,329,200
Expansion Adults w/out Dependent Children <=100% FPL Pop Type:	Expansion					As	ssumes start date of 1/1/20			
Eligible Member Months	2.5%		400,973	2.5%	-		200,487	410,997	421,272	
PMPM Cost	5.3%		•	5.3%	-	\$		\$ 986.83		
Total Expenditure					-	\$	187,887,968	\$ 405,584,361	\$ 437,757,341	\$ 1,031,229,669
Expansion Parents 101-133% FPL								10,292	10,832	
Pop Type:	Expansion					As	ssumes start date of 1/1/20 and a		nonths as an estimate for n	onpayment of premiun
Eligible Member Months	5.25%		121,473	5.25%	-		58,671	123,503	129,987	
PMPM Cost Total Expenditure	5.3%			5.3%	-	\$				
Total Experiulture					-	\$	38,541,205	\$ 85,429,087	\$ 94,679,562	\$ 218,649,854
Evenue in Adulto World Dependent Children 404 400% FD								22.570	24.000	
Expansion Adults w/out Dependent Children 101-133% FPL Pop Type:	Expansion					Λ.	ssumes start date of 1/1/20 and a	32,570	34,280	onnavment of premium
Eligible Member Months	5.25%	1	384,418	5.25%	-		185.674	390,844	411,363	onpaymont or premiun
PMPM Cost	5.3%		33.,.10	5.3%	-	\$	920.73	\$ 969.53	\$ 1,020.91	
Total Expenditure				-	-	\$		\$ 378,934,111		\$ 969,855,715
		-								
		Start date of 5/1/19	(2 months of SFY19)							\$ 6,618,271,791
		Assumes start date	of 1/1/2020 (SFY20)							

Assumes start date of 7/1/21 (SFY22)

Anticipated start date of 9/1/20 (10 months of SFY21)

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PCN 1115 Waiver

DEMONSTRATION WITH WAIVER (WW ALL) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

		1	Ir	EMONSTRATION Y	FARS (DY)					TOTAL WW
			DEMO TREND							
ELIGIBILITY GROUP	DY 15		RATE	DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18	(SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
Current Eligibles		ı			Parent Caretaker P	alativa (PCP)	nonulation 45	60% FPL: transferred to E	Evanacion Parente affactive	4/1/10
Pop Type:	Medicaid				raieiii Caletakei K	elative (F GN)	population 45-	00 /6 I F L. transferred to L	xpansion raterits effective	5 47 17 19
Eligible Member Months		377,866	0%	377,866	364,366		320,957	319,534	318,076	
PMPM Cost	\$	949.03	5.3%		\$ 1,052.29		1,108.07			
Total Expenditure				377,612,830	\$ 383,420,334	\$:	355,641,571	\$ 372,830,227	\$ 390,798,881	\$ 1,880,303,842
Demo Pop I - PCN Adults w/Children					PCN ends 3/31/19	9				
Pop Type:	Hypothetical									-
Eligible Member Months PMPM Cost	\$	104,836 46.18	5.9% 5.3%	111,042 48.63	\$ 88,212 \$ 51.21		53.92	\$ 56.78	\$ 59.79	
Total Expenditure	Ф	40.10	5.3%	5.399.987					\$ 59.79	\$ 9.917.093
Total Exportation			L.	0,000,007	Ψ 4,517,100	, ,		Ψ -	Ψ -	ψ 3,517,000
Demo Pop III/V - UPP Adults with Children										
Pop Type:	Hypothetical							Anticipated start date of 9	9/1/20	
Eligible Member Months		6,067	34.9%	8,182	\$ 11,034	\$	14,881	\$ 16,723	\$ 27,064	
PMPM Cost Total Expenditure	\$	150.08	5.3%		\$ 166.41 \$ 1,836,200		175.23	\$ 1,166.79		6 50 501 105
Total Experience				1,293,029	a 1,836,200	٠ ٥	2,607,542	\$ 19,512,792	\$ 33,251,572	\$ 58,501,135
Demo Pop I - PCN Childless Adults					PCN ends 3/31/19					
Pop Type:	Medicaid				•					
Eligible Member Months		70,097	4.9%	73,812	58,293		-		-	
PMPM Cost	\$	48.97	5.3%					\$ 60.21		
Total Expenditure				3,806,153	\$ 3,165,223	\$	-	\$ -	\$ -	\$ 6,971,376
Demo Pop III/V - UPP Childless Adults		- 1								
Pop Type:	Medicaid							Anticipated start date of 9	9/1/20	
Eligible Member Months		159	4.9%	167	175	i	184	160	202	
PMPM Cost	\$	68.45	5.3%	72.08	\$ 75.90		79.92	\$ 1,166.79		
Total Expenditure				10,702	\$ 11,237	\$	11,799	\$ 12,388	\$ 13,008	\$ 59,133
						Mambara	mantha will inara	ase when the criteria is exp	nandad ta inakıda viatima	,
Targeted Adults								viduals with court ordered is		n .
Pop Type:	Expansion		5	tarted 11/1/17						ged care directed payments
Eligible Member Months			2.5%	78,000	78,000		126,000	172,200	176,505	1
PMPM Cost			5.3%		\$ 1,031.45	\$	1,522.79	\$ 1,603.50	\$ 1,688.48	
Total Expenditure				76,403,340	\$ 80,452,717	\$	191,871,540	\$ 276,122,333	\$ 298,025,737	\$ 922,875,668
Dental - Targeted Adults		ı								
Pop Type:	Expansion				Started 3/1/19	Porcelain o	crowns anticipat	ed start date of 1/1/20 incr	eases PMPM	
Eligible Member Months			2.5%	-	12,000		36,900	37,823	38,768	
PMPM Cost			5.3%		\$ 33.33		37.27		\$ 41.32	
Total Expenditure				-	\$ 400,000	\$	1,375,111	\$ 1,484,192	\$ 1,601,925	\$ 4,861,228
System of Care Pop Type:	I la madhadi a al									
Eligible Member Months	Hypothetical		1			Anticipated	start date of 1/1/. 720	1.440	1,440	ı
PMPM Cost			5.3%				2,100	2,211	2,328	
Total Expenditure			3.370	-			1,512,000	3,184,272	3,353,038	\$ 8,049,310
									•	
Dental - Blind/Disabled	16								<u> </u>	
Pop Type:	Hypothetical		00/	440.004	440.004		440.004	440.004	440.004	
Eligible Member Months PMPM Cost			0% 3.0%	412,361 18.42	412,361 \$ 18.97		412,361 19.54	\$ 412,361 \$ 20.13	\$ 412,361 \$ 20.73	
Total Expenditure			3.0%	7,595,690	\$ 7,823,560) \$		\$ 8,300,015	\$ 8,549,016	\$ 40,326,548
				, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,			,,		
Dental - Aged							_			
Pop Type:	Hypothetical		00/1			Anticipated	d start date of 1		116 188	
Eligible Member Months PMPM Cost			0% 3.0%	-	\$ -	· \$	54,000 30.75	110,700 \$ 32.38	113,468 \$ 34.10	
Total Expenditure			3.0%		\$ -	· \$ · \$		\$ 3,584,438		\$ 9,113,712
· =				·	¥ -	Ψ	.,000,000	Ψ 0,004,400	ψ 0,000,774	5,115,712

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PCN 1115 Waiver

DEMONSTRATION WITH WAIVER (WW ALL) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

			DEMONSTRATION Y	EARS (DY)					TOTAL WW
ELIGIBILITY GROUP	DY 15	DEMO TREND RATE	DY 16 (SFY 18)	DY 17 (SFY 19)	DY	/ 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
Former Foster Care			= 1 10 (01 1 10)	2111 (211119)		(0)		= 1 = 2 (41 1 == 7	
Pop Type: Eligible Member Months	Hypothetical	0%	10	10		10	10	10	
PMPM Cost		4.8%	\$ 990.87	\$ 1,038.43	\$	1,088.28	\$ 1,140.51	\$ 1,195.26	
Total Expenditure			\$ 9,909	\$ 10,384	\$	10,883	\$ 11,405	\$ 11,953	\$ 54,
Substance Use Disorder (SUD)									
Pop Type:	Hypothetical	6.00/	20.456	40.475		40.554	42.240	46.225	1
Eligible Member Months PMPM Cost		6.9% 5.0%	39,456 \$ 3,321.96	42,175 \$ 3,488.06	s	40,554 3,662.46	43,348 \$ 3,845.58	46,335 \$ 4.037.86	
Total Expenditure			\$ 131,072,269		\$	148,527,403	\$ 166,698,858	\$ 187,093,676	\$ 780,500,
Withdrawal Management									
Pop Type:	Hypothetical	0.00/	1	Started 5/1/19		4.040	1010	4.040	
Eligible Member Months PMPM Cost		0.0% 5.0%	s -	\$ 700.00		4,018 735.00	4,018 \$ 771.75	4,018 \$ 810.34	
Total Expenditure			\$ -	\$ 468,738		2,953,046		\$ 3,255,733	\$ 9,778,
Medicaid for Justice-Involved Populations									
Pop Type:	Hypothetical	4 ====	T			_	Assumes start date of 7/1/		•
Eligible Member Months PMPM Cost		1.75% 3.0%	-	\$ -	\$		00,400	39,072 \$ 535.60	
Total Expenditure		0.070		\$ -	\$	- :		\$ 20,926,963	\$ 40,894,
Mental Health Institutions for Mental Disease (IMD)									
Pop Type:	Hypothetical					A	Assumes start date of 1/1/		
Eligible Member Months PMPM Cost		2.5% 5.3%	-	\$ -	\$	- :	\$ 13,526.99	17,256 \$ 14,243.92	
Total Expenditure				\$ -		- (\$ 245,798,558	\$ 359,665,
Expansion Parents <=100% FPL									
Pop Type:	Expansion	0.50/	1		Assum	nes start date of 1/1/2			•
Eligible Member Months PMPM Cost		2.5% 5.3%	\$ -	\$ -	\$	169,914 671.61	348,324 \$ 707.21	357,032 \$ 744.69	
Total Expenditure			\$ -			114,115,918			\$ 626,329,
Expansion Adults w/out Dependent Children <=100% FPL									
Pop Type:	Expansion				Assum	nes start date of 1/1/2			
Eligible Member Months PMPM Cost		2.5% 5.3%	-	\$ -	\$	200,487 937.16	\$ 410,997 \$ 986.83	421,272 \$ 1,039.13	
Total Expenditure			-	\$ -		187,887,968		\$ 437,757,341	\$ 1,031,229,
Expansion Parents 101-133% FPL									
Pop Type:	Expansion				Assum	nes start date of 1/1/2			stimate for nonpayment of premiu
Eligible Member Months PMPM Cost		5.25% 5.3%	- s -	\$ -	\$	58,671 656.90	123,503 \$ 691.72	129,987 \$ 728.38	
Total Expenditure		5.5%	\$ -	\$ -	\$	38,541,205		\$ 94,679,562	\$ 218,649,
Expansion Adults w/out Dependent Children 101-133% FPL									
Pop Type:	Expansion				Assum				stimate for nonpayment of premiu
Eligible Member Months PMPM Cost		5.25%	-	-	•	185,674	390,844	411,363	
Total Expenditure		5.3%	-	\$ - \$ -		920.73 170,955,560		\$ 1,020.91 \$ 419,966,044	\$ 969,855,
								·	
		Start date of 5/1/1	9 (2 months of SFY19)					\$ 6,618,271,
		Assumes start da	te of 1/1/2020 (SFY20)						
		-							
		Assumes start da	te of 7/1/21 (SFY22)						
		Anticipated start of	date of 9/1/20 (10 mon	hs of SFY21)					
		-							

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DEMONSTRATION WITH WAIVER (WW NONE) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

1				DEMONSTR	ATION YEA	RS (DY)								TOTAL WW
ELIGIBILITY GROUP	DY 1	5	DEMO TREND RATE	DY 16 (S	FY 18) D	Y 17 (SFY 19)	DY	18 (SFY 20)	DY 19 (SF	Y 21)	DY	20 (SFY 22)		
				•						-				
Current Eligibles	Medicaid				Pa	rent Caretaker Re	elative (F	PCR) population 45	5-60% FPL: trans	ferred to E	Expansi	ion Parents effecti	ive 4/1/19	
Pop Type: Eligible Member Months	Wedicald	377,866	0%		377,866	364,366		320,957		319,534		318,076	T	
PMPM Cost	\$	949.03	5.3%	\$	999.33 \$	1,052.29	\$	1,108.07			\$	1,228.63		
Total Expenditure	*				612,830 \$	383,420,334		355,641,571			\$	390,798,881	\$	1,880,303,842
Demo Pop I - PCN Adults w/Children					P	CN ends 3/31/19								
Pop Type:	Hypothetical					•								
Eligible Member Months		104,836	5.9%		111,042	88,212								
PMPM Cost Total Expenditure	\$	46.18	5.3%	\$ \$ 5	48.63 \$ 399,987 \$	51.21 4,517,106	\$	53.92	\$ \$	56.78	\$ \$	59.79		9,917,093
Total Experiulture				\$ 5.	399,901 ş	4,517,100	à		D	-	à		Ф	9,917,093
Demo Pop III/V - UPP Adults with Children														
Pop Type:	Hypothetical								Anticipated star	t date of 9.	9/1/20			
Eligible Member Months		6,067	34.9%	\$	8,182 \$	11,034		14,881	\$	16,723		27,064		
PMPM Cost	\$	150.08	5.3%	\$	158.03 \$	166.41		175.23		1,166.79		1,228.63	_	50 504 405
Total Expenditure				\$ 1.	293,029 \$	1,836,200	\$	2,607,542	\$ 19,	512,792	\$	33,251,572	\$	58,501,135
Demo Pop I - PCN Childless Adults			1		DC	N ends 3/31/19								
Pop Type:	Medicaid				FO	10 61103 3/3 1/19								
Eligible Member Months		70,097	4.9%		73,812	58,293		-		-		-		
PMPM Cost	\$	48.97	5.3%	\$	51.57 \$	54.30	\$	57.18		60.21	\$	63.40		
Total Expenditure				\$ 3	806,153 \$	3,165,223	\$	-	\$	-	\$	-	\$	6,971,376
Demo Pop III/V - UPP Childless Adults														
Pop Type:	Medicaid								Anticipated star	t date of 0	2/1/20			
Eligible Member Months	Medicula	159	4.9%	I	167	175		184	Anticipated Star	160	,, 1, 20	202	1	
PMPM Cost	\$	68.45	5.3%	\$	72.08 \$	75.90	\$	79.92	\$ 1	1,166.79		1,228.63		
Total Expenditure				\$	10,702 \$	11,237	\$	11,799	\$	12,388	\$	13,008	\$	59,133
1							Mombe	ar months will incre	ace when the cri	taria ic av	nandad	to include victime	of domestic	c violence individuals
Former Targeted Adults	Fynansion			Started 11/1/	17		with co due to PMPM PMPM	urt ordered treatme the removal of con I will increase due I will decrease due	ent and certain in ntinuous eligibility to adding new ma to removing the	ndividuals of anaged ca housing si	on prob are direc	nation or parole. Ai cted payments.	lso, membe	c violence, individuals r months will decrease frail individuals removing
Pop Type:	Expansion		2.5%	Started 11/1/		78,000	with co due to PMPM PMPM	ourt ordered treatmenthe removal of con if will increase due to if will decrease due benefits from the t	ent and certain in atinuous eligibility to adding new ma to removing the traditional packag	ndividuals of the anaged ca housing so ge.	on prob are direc	nation or parole. All cted payments. benefit, and for no	lso, membe	r months will decrease
Pop Type: Eligible Member Months PMPM Cost	Expansion		2.5% 5.3%	\$	78,000 979.53 \$	78,000 1,031.45	with co due to PMPM PMPM certain	the removal of confident the removal of confident increase due of will decrease due benefits from the 121,696 1,281.14	ent and certain in trinuous eligibility to adding new ma to removing the traditional packag	ndividuals of anaged ca housing st ge. 163,378 1,349.04	on prob are direc support t	cted payments. benefit, and for no	lso, membe	r months will decrease frail individuals removing
Pop Type: Eligible Member Months	Expansion		2.5% 5.3%	\$	78,000		with co due to PMPM PMPM certain	urt ordered treatmenthe removal of confidential increase due of will decrease due benefits from the table 121,696	ent and certain in trinuous eligibility to adding new ma to removing the traditional packag	ndividuals of anaged ca housing st ge. 163,378 1,349.04	on prob are direc	pation or parole. All cted payments. benefit, and for no 167,462	lso, membe	r months will decrease
Pop Type: Eligible Member Months PMPM Cost Total Expenditure	Expansion		2.5% 5.3%	\$	78,000 979.53 \$	1,031.45	with co due to PMPM PMPM certain	the removal of confident the removal of confident increase due of will decrease due benefits from the 121,696 1,281.14	ent and certain in trinuous eligibility to adding new ma to removing the traditional packag	ndividuals of anaged ca housing st ge. 163,378 1,349.04	on prob are direc support t	cted payments. benefit, and for no	lso, membe	r months will decrease frail individuals removing
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Targeted Adults	•		2.5% 5.3%	\$	78,000 979.53 \$ 403,340 \$	1,031.45 80,452,717	with co due to PMPM PMPM certain	the removal of confident the removal of confident increase due of will decrease due benefits from the 121,696 1,281.14	ent and certain in trinuous eligibility to adding new ma to removing the traditional packag	ndividuals of anaged ca housing st ge. 163,378 1,349.04	on prob are direc support t	cted payments. benefit, and for no	lso, membe	r months will decrease frail individuals removing
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Targeted Adults Pop Type:	Expansion Expansion		5.3%	\$	78,000 979.53 \$ 403,340 \$	1,031.45 80,452,717 rted 3/1/19	with co due to PMPM PMPM certain	uurt ordered treatmithe removal of con I will increase due I will decrease due benefits from the t 121,696 1,281.14 155,909,778	ent and certain in trinuous eligibility to adding new ma to removing the traditional packag	ndividuals of anaged ca housing st ge. 163,378 1,349.04	on prob are direc support t	cted payments. benefit, and for no	lso, membe	r months will decrease frail individuals removing
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Targeted Adults Pop Type: Eligible Member Months PMPM Cost PMPM Cost	•		2.5% 5.3% 2.5% 5.3%	\$	78,000 979.53 \$ 403,340 \$ Sta	1,031.45 80,452,717 rted 3/1/19 12,000 33.33	with co due to PMPM PMPM certain	unt ordered treatm the removal of con will increase due in will decrease due benefits from the in 121,696 1,281.14 155,909,778	ent and certain in titinuous eligibility to adding new mi to removing the traditional packas \$ 1 \$ 220,	ndividuals of anaged ca housing st ge. 163,378 1,349.04	on prob are direct support I	cted payments. benefit, and for no	lso, membe	r months will decrease frail individuals removing 771,054,298
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Targeted Adults Pop Type: Eligible Member Months	•		2.5%	\$ \$ 76.	78,000 979.53 \$ 403,340 \$	1,031.45 80,452,717 rted 3/1/19 12,000	with co due to PMPM PMPM certain	uurt ordered treatmethe removal of con will increase due to will decrease due benefits from the 121,696 1,281.14 155,909,778	ent and certain in titinuous eligibility to adding new mi to removing the traditional packas \$ 1 \$ 220,	ndividuals of an aged cathousing some second cathousing some second cathous ca	on prob are direc support I	nation or parole. Al cted payments. benefit, and for no 167,462 1,420.54 237,885,946	lso, membe	r months will decrease frail individuals removing
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Targeted Adults Pop Type: Eligible Member Months PMPM Cost Total Expenditure	•		2.5%	\$ \$ 76.	78,000 979.53 \$ 403,340 \$ Sta	1,031.45 80,452,717 rted 3/1/19 12,000 33.33	with co due to PMPM PMPM certain	unt ordered treatm the removal of con will increase due in will decrease due benefits from the in 121,696 1,281.14 155,909,778	ent and certain in titinuous eligibility to adding new mi to removing the traditional packas \$ 1 \$ 220,	ndividuals of an aged cathousing some second cathousing some second cathous ca	on prob are direct support I	nation or parole. Al cted payments. benefit, and for no 167,462 1,420.54 237,885,946	lso, membe	r months will decrease frail individuals removing 771,054,298
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Targeted Adults Pop Type: Eligible Member Months PMPM Cost Total Expenditure System of Care	Expansion		2.5%	\$ \$ 76.	78,000 979.53 \$ 403,340 \$ Sta	1,031.45 80,452,717 rted 3/1/19 12,000 33.33	with co due to PMPM PMPM certain \$ \$	unt ordered treatm the removal of cond will increase due it will decrease due benefits from the 121,696 1,281.14 155,909,778	ent and certain in titinuous eligibility to adding new mu to removing the traditional packages \$ 1 \$ 220.	ndividuals of an aged cathousing some set of the cathous in the ca	on prob are direct support I	nation or parole. Al cted payments. benefit, and for no 167,462 1,420.54 237,885,946	lso, membe	r months will decrease frail individuals removing 771,054,298
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Targeted Adults Pop Type: Eligible Member Months PMPM Cost Total Expenditure System of Care Pop Type:	•		2.5%	\$ \$ 76.	78,000 979.53 \$ 403,340 \$ Sta	1,031.45 80,452,717 rted 3/1/19 12,000 33.33	with co due to PMPM PMPM certain \$ \$	unt ordered treatm the removal of con I will increase due : I will decrease due benefits from the 121,696 1,281,14 155,909,778 18,450 37,27 687,556	ent and certain in titinuous eligibility to adding new mu to removing the traditional packages \$ 1 \$ 220.	adividuals of anaged ca housing sige. 163,378 1,349.04 402,517	on prob are direct support I	nation or parole. Al cted payments. benefit, and for no 167,462 1,420.54 237,885,946	lso, membe	r months will decrease frail individuals removing 771,054,298
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Targeted Adults Pop Type: Eligible Member Months PMPM Cost Total Expenditure System of Care Pop Type: Eligible Member Months	Expansion		5.3% 2.5% 5.3%	\$ \$ 76	78,000 979.53 \$ 403,340 \$ Sta	1,031.45 80,452,717 rted 3/1/19 12,000 33.33	with co due to PMPM PMPM certain \$ \$	unt ordered treatm the removal of cont will increase due it will decrease due benefits from the 121,696 1,281.14 155,909,778 18,450 37.27 687,556 tted start date of 1717,720	ent and certain in titinuous eligibility to adding new mu to removing the traditional packages \$ 1 \$ 220.	adividuals of anaged ca housing style. 163,378 1,349.04 402,517	on prob are direct support I	ation or parole. Al cted payments. benefit, and for no 167,462 1,420.54 237,885,946	lso, membe	r months will decrease frail individuals removing 771,054,298
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Targeted Adults Pop Type: Eligible Member Months PMPM Cost Total Expenditure System of Care Pop Type:	Expansion		2.5%	\$ \$ 76	78,000 979.53 \$ 403,340 \$ Sta	1,031.45 80,452,717 rted 3/1/19 12,000 33.33	with co due to PMPM PMPM certain \$ \$	unt ordered treatm the removal of con I will increase due : I will decrease due benefits from the 121,696 1,281,14 155,909,778 18,450 37,27 687,556	ent and certain in titutous eligibility to adding new mu to removing the traditional packag \$ 1 \$ 220,	adividuals of anaged ca housing sige. 163,378 1,349.04 402,517	on prob are direct support I	nation or parole. Al cted payments. benefit, and for no 167,462 1,420.54 237,885,946	lso, membe	r months will decrease frail individuals removing 771,054,298
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Targeted Adults Pop Type: Eligible Member Months PMPM Cost Total Expenditure System of Care Pop Type: Eligible Member Months PMPM Cost Total Expenditure	Expansion		5.3% 2.5% 5.3%	\$ \$ 76	78,000 979.53 \$ 403,340 \$ Sta	1,031.45 80,452,717 rted 3/1/19 12,000 33.33	with co due to PMPM PMPM certain \$ \$	unt ordered treatm the removal of con will increase due : will decrease due : 121,696 1,281,14 155,909,778 18,450 37,27 687,556	ent and certain in titutous eligibility to adding new mu to removing the traditional packag \$ 1 \$ 220,	adividuals of anaged ca housing sige. 163,378 1,349.04 402,517 39.24	on prob are direct support I	nation or parole. Ai cted payments. benefit, and for no 167,462 1,420.54 237,885,946	lso, membe	r months will decrease frail individuals removing 771,054,298 1,087,556
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Targeted Adults Pop Type: Eligible Member Months PMPM Cost Total Expenditure System of Care Pop Type: Eligible Member Months PMPM Cost Total Expenditure System of Care Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Blind/Disabled	Expansion Hypothetical		5.3% 2.5% 5.3%	\$ \$ 76	78,000 979.53 \$ 403,340 \$ Sta	1,031.45 80,452,717 rted 3/1/19 12,000 33.33	with co due to PMPM PMPM certain \$ \$	unt ordered treatm the removal of con will increase due : will decrease due : 121,696 1,281,14 155,909,778 18,450 37,27 687,556	ent and certain in titutous eligibility to adding new mu to removing the traditional packag \$ 1 \$ 220,	adividuals of anaged ca housing sige. 163,378 1,349.04 402,517 39.24	on prob are direct support I	nation or parole. Ai cted payments. benefit, and for no 167,462 1,420.54 237,885,946	lso, membe	r months will decrease frail individuals removing 771,054,298 1,087,556
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Targeted Adults Pop Type: Eligible Member Months PMPM Cost Total Expenditure System of Care Pop Type: Eligible Member Months PMPM Cost Total Expenditure System of Care Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Blind/Disabled Pop Type:	Expansion		2.5% 5.3% 5.3%	\$ 76. \$ \$ \$ \$	78,000 979.53 \$403,340 \$ - - - \$	1,031,45 80,452,717 rted 3/1/19 12,000 33,33 400,000	with co due to PMPM PMPM certain \$ \$	unt ordered treatm the removal of cond will increase due it will decrease due benefits from the 121,696 1,281.14 155,909,778 18,450 37.27 687,556 ted start date of 1717, 720 2,100 1,512,000	ent and certain intinuous eligibility to adding new mu to removing the traditional packag \$ 220,	dividuals e: anaged ca housing st ge. 163,378 1,349.04 402,517 39.24 1,440 2,211 184,272	on prob are direct support I	ation or parole. Al cted payments. benefit, and for no 167,462 1420,54 237,885,946 41.32 - 1,440 2,328 3,353,038	lso, membe	r months will decrease frail individuals removing 771,054,298 1,087,556
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Targeted Adults Pop Type: Eligible Member Months PMPM Cost Total Expenditure System of Care Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Blind/Disabled Pop Type: Eligible Member Months	Expansion Hypothetical		5.3% 2.5% 5.3% 5.3%	\$ 76.	78,000 979,53 \$403,340 \$ \$\$ - - - \$ - \$ - \$	1,031,45 80,452,717 rted 3/1/19 12,000 33,33 400,000	with co due to PMPM PMPM certain \$ \$ \$	unt ordered treatment of the removal of con fivili increase due : will decrease due : twill decrease due : 121,696 1,281,14 155,909,778 687,556 etect start date of 1/1/2 720 2,100 1,512,000 412,361	ent and certain in titutous eligibility to adding new mu to removing the traditional packags \$ 1 \$ 220.	dividuals of an anged ca housing sign. 163,378 1,349.04 402,517 39.24 1,440 2,211 184,272 412,361	on prob	nation or parole. Al cted payments. benefit, and for no 167,462 1,420,54 237,885,946 41.32 1,440 2,328 3,353,038	lso, membe	r months will decrease frail individuals removing 771,054,298 1,087,556
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Targeted Adults Pop Type: Eligible Member Months PMPM Cost Total Expenditure System of Care Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - 1 Blind/Disabled Pop Type: Eligible Member Months	Expansion Hypothetical		2.5% 5.3% 5.3%	\$ 76 \$ \$ \$ \$	78,000 979.53 \$403,340 \$ \$\frac{1}{2}\$ \$\frac{1}{2}\$ \$\frac{1}{2}\$ \$\frac{1}{2}\$ \$\frac{1}{2}\$ \$\frac{1}{2}\$ \$\frac{1}{2}\$ \$\frac{1}{2}\$	1,031,45 80,452,717 rted 3/1/19 12,000 33,33 400,000 412,361 18,97	with co due to PMPM PMPM certain \$ \$ \$	unt ordered treatm the removal of cond will increase due it will decrease due benefits from the benefits from the 121,696 1,281.14 155,909,778 18,450 37.27 687,556 teled start date of 1/1/7, 720 2,100 1,512,000 412,361 19,54	ent and certain intinuous eligibility to adding new mu to removing the traditional package \$ 220.	dividuals of an anged ca housing style. 163,378 1,349.04 402,517 39.24 1,440 2,211 184,272 412,361 20.13	on prob	167.462 1420.54 237.885,946 41.32 1,440 237.885,946 41.32 1,440 2,328 3,353,038	lso, membe	r months will decrease frail individuals removing 771,054,298 1,087,556 8,049,310
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Targeted Adults Pop Type: Eligible Member Months PMPM Cost Total Expenditure System of Care Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Blind/Disabled Pop Type: Eligible Member Months	Expansion Hypothetical		5.3% 2.5% 5.3% 5.3%	\$ 76 \$ \$ \$ \$	78,000 979,53 \$403,340 \$ \$\$ - - - \$ - \$ - \$	1,031,45 80,452,717 rted 3/1/19 12,000 33,33 400,000	with co due to PMPM PMPM certain \$ \$ \$	unt ordered treatment of the removal of con fivili increase due : will decrease due : twill decrease due : 121,696 1,281,14 155,909,778 687,556 etect start date of 1/1/2 720 2,100 1,512,000 412,361	ent and certain intinuous eligibility to adding new mu to removing the traditional package \$ 220.	dividuals of an anged ca housing sign. 163,378 1,349.04 402,517 39.24 1,440 2,211 184,272 412,361	on prob	nation or parole. Al cted payments. benefit, and for no 167,462 1,420,54 237,885,946 41.32 1,440 2,328 3,353,038	lso, membe	r months will decrease frail individuals removing 771,054,298 1,087,556
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Targeted Adults Pop Type: Eligible Member Months PMPM Cost Total Expenditure System of Care Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Blind/Disabled Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Blind/Disabled Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Blind/Disabled Pop Type: Eligible Member Months PMPM Cost Total Expenditure	Expansion Hypothetical		5.3% 2.5% 5.3% 5.3%	\$ 76 \$ \$ \$ \$	78,000 979.53 \$403,340 \$ \$\frac{1}{2}\$ \$\frac{1}{2}\$ \$\frac{1}{2}\$ \$\frac{1}{2}\$ \$\frac{1}{2}\$ \$\frac{1}{2}\$ \$\frac{1}{2}\$ \$\frac{1}{2}\$	1,031,45 80,452,717 rted 3/1/19 12,000 33,33 400,000 412,361 18,97	with co- due to be plumping of the control of the co- state of the control of the	unt ordered treatm the removal of cont will increase due it will decrease due benefits from the 121,696 1,281.14 155,909,778 18,450 37.27 687,556 19,100 1,512,000 1,512,000 412,361 19,54 8,058,267	ent and certain intinuous eligibility to adding new mu to removing the traditional packages 220.	dividuals of an anged ca housing style. 163,378 1,349.04 402,517 39.24 1,440 2,211 184,272 412,361 20.13	on prob	167.462 1420.54 237.885,946 41.32 1,440 237.885,946 41.32 1,440 2,328 3,353,038	lso, membe	r months will decrease frail individuals removing 771,054,298 1,087,556 8,049,310
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Targeted Adults Pop Type: Eligible Member Months PMPM Cost Total Expenditure System of Care Pop Type: Eligible Member Months PMPM Cost Total Expenditure System of Care Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Blind/Disabled Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Blind/Disabled Pop Type: Eligible Member Months PMPM Cost Total Expenditure	Expansion Hypothetical		5.3% 2.5% 5.3% 5.3%	\$ \$ 76	78,000 979.53 \$403,340 \$ \$\frac{1}{2}\$ \$\frac{1}{2}\$ \$\frac{1}{2}\$ \$\frac{1}{2}\$ \$\frac{1}{2}\$ \$\frac{1}{2}\$ \$\frac{1}{2}\$ \$\frac{1}{2}\$	1,031,45 80,452,717 rted 3/1/19 12,000 33,33 400,000 412,361 18,97	with co- due to be plumping of the control of the co- state of the control of the	unt ordered treatm the removal of cond will increase due it will decrease due it will decrease due benefits from the table 121,696 1,281,14 155,909,778 687,556 18,450 37,27 687,556 1,000 1,512,000 1,512,000 442,361 19,54 8,058,267 ated start date of 1	ent and certain in timuous eligibility to adding new to removing the traditional package \$ 1 \$ 220.	dividuals of an anged ca housing step 163,378 (349.04 402,517 39.24 1,440 2,211 184,272 412,361 20.13 300,015	on prob	1,440 2,328 3,353,038 412,361 20,73 8,549,016	lso, membe	r months will decrease frail individuals removing 771,054,298 1,087,556 8,049,310
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Targeted Adults Pop Type: Eligible Member Months PMPM Cost Total Expenditure System of Care Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Blind/Disabled Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Blind/Disabled Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Blind/Disabled Pop Type: Eligible Member Months PMPM Cost Total Expenditure	Expansion Hypothetical		5.3% 2.5% 5.3% 5.3%	\$ \$ 76.	78,000 979,53 \$ 403,340 \$ Ste \$ - \$ \$ 412,361 18,42 \$ 595,690 \$	1,031,45 80,452,717 rted 3/1/19 12,000 33,33 400,000 412,361 18,97 7,823,560	with code to be plumber of the code to be pl	unt ordered treatm the removal of cond will increase due it will decrease due benefits from the benefits from the 121,696 1,281,14 155,909,778 18,450 37,27 687,556 ted start date of 11/17, 720 2,100 1,512,000 412,361 19,54 8,058,267 ated start date of 1 19,54 8,058,267	ent and certain intinuous eligibility to adding new mu to removing the traditional package \$ 220, \$ \$ 220,	dividuals of an aged ca housing sign. 163,378 (349.04 402,517 39.24 1,440 2,211 184,272 412,361 20.13 300,015	on prob	167.462 1420.54 237.885,946 41.32 1,440 237.885,946 41.32 1,440 2,328 3,353,038 412,361 20.73 8,549,016	lso, membe	r months will decrease frail individuals removing 771,054,298 1,087,556 8,049,310
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Targeted Adults Pop Type: Eligible Member Months PMPM Cost Total Expenditure System of Care Pop Type: Eligible Member Months PMPM Cost Total Expenditure System of Care Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Blind/Disabled Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental - Eligible Member Months PMPM Cost Total Expenditure Dental - Aged Pop Type:	Expansion Hypothetical		5.3% 2.5% 5.3% 5.3%	\$ \$ 76	78,000 979.53 \$403,340 \$ \$\frac{1}{2}\$ \$\frac{1}{2}\$ \$\frac{1}{2}\$ \$\frac{1}{2}\$ \$\frac{1}{2}\$ \$\frac{1}{2}\$ \$\frac{1}{2}\$ \$\frac{1}{2}\$	1,031,45 80,452,717 rted 3/1/19 12,000 33,33 400,000 412,361 18,97 7,823,560	with co- due to be plumping of the control of the co- state of the control of the	unt ordered treatm the removal of cond will increase due it will decrease due it will decrease due benefits from the table 121,696 1,281,14 155,909,778 687,556 18,450 37,27 687,556 1,000 1,512,000 1,512,000 442,361 19,54 8,058,267 ated start date of 1	ent and certain in timuous eligibility to adding new mu to removing the traditional package \$ 1 \$ 220.	dividuals of an anged ca housing step 163,378 (349.04 402,517 39.24 1,440 2,211 184,272 412,361 20.13 300,015	on prob	1,440 2,328 3,353,038 412,361 20,73 8,549,016	lso, membe	r months will decrease frail individuals removing 771,054,298 1,087,556 8,049,310

DEMONSTRATION WITH WAIVER (WW NONE) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

		DE110 TOF:	DEMONSTRATION '	YEARS (DY)					TOTAL WW
ELIGIBILITY GROUP	DY 15	DEMO TREND RATE	DY 16 (SFY 18)	DY 17 (SFY 19)	ים	Y 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
Former Foster Care Pop Type:	Hypothetical								
Eligible Member Months	Пурошенси	0%	10			10	10	10	
PMPM Cost Total Expenditure		4.8%	\$ 990.87 \$ 9,909			1,088.28 10,883	\$ 1,140.51 \$ 11,405		\$ 54,534
Substance Use Disorder (SUD)		1							
Pop Type: Eligible Member Months	Hypothetical	6.9%	39,456	42,175		40,554	43,348	46,335	
PMPM Cost		5.0%	\$ 3,321.96	\$ 3,488.06	\$	3,662.46	\$ 3,845.58	\$ 4,037.86	
Total Expenditure			\$ 131,072,269	\$ 147,108,390	\$	148,527,403	\$ 166,698,858	\$ 187,093,676	\$ 780,500,596
Withdrawal Management Pop Type:	Hypothetical			Started 5/1/19	1				
Eligible Member Months PMPM Cost	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.0% 5.0%	\$ -	\$ 700.00)	4,018 735.00	4,018 \$ 771.75	4,018 \$ 810.34	
Total Expenditure		5.0%		\$ 468,738		2,953,046		\$ 3,255,733	\$ 9,778,216
Medicaid for Justice-Involved Populations									
Pop Type: Eliqible Member Months	Hypothetical	1.75%	1-				Assumes start date of 71/3	2021 39,072	
PMPM Cost		3.0%	-		- \$	-	\$ 520.00	\$ 535.60	A 40.004.000
Total Expenditure				\$ -	- \$		\$ 19,968,000	\$ 20,926,963	\$ 40,894,963
Mental Health Institutions for Mental Disease (IMD) Pop Type:	Hypothetical					,	Assumes start date of 71/.	2021	
Eligible Member Months PMPM Cost	•	2.5% 5.3%	-	\$ -	- \$		8,418	17,256	
Total Expenditure		0.570		\$ -	- \$		\$ 113,866,796	\$ 245,798,558	\$ 359,665,354
Expansion Parents <=100% FPL					Assun	nes start date of 1/1/.	20		
Pop Type: Eliqible Member Months	Expansion	2.5%	I -			169,914	348,324	357,032	
PMPM Cost Total Expenditure		5.3%	\$ -	\$ - \$ -	- \$ - \$	640.57 108,841,789	\$ 674.52	\$ 710.27	\$ 597,381,956
·				-				\$ 200,000,041	Ψ 007,001,000
Expansion Adults w/out Dependent Children <=100% FPL					Assun	nes start date of 1/1/.	20		
Pop Type:	Expansion				PMPI				its from the traditional package.
Eligible Member Months PMPM Cost		2.5% 5.3%	-	\$ -		200,487 899.03			
Total Expenditure			-	\$ -	- \$	180,242,854	\$ 389,081,237	\$ 419,945,107	\$ 989,269,198
									stimate for nonpayment of
Expansion Parents 101-133% FPL							on of 8.3% to account for int for removal of retroacti		d prior to enrollment. Further
Pop Type: Eligible Member Months	Expansion	5.25%	T			E2 049	111,667	117,529	
PMPM Cost		5.3%			- \$	53,048 625.86	\$ 659.03	\$ 693.96	
Total Expenditure			-	\$ -	- \$	33,200,871	\$ 73,591,888	\$ 81,560,602	\$ 188,353,362
									stimate for nonpayment of d prior to enrollment. Further
Expansion Adults w/out Dependent Children 101-133% FPL							int for removal of retroacti		a prior to emounterit. Tarther
Down Transaction	Formandan								
Pop Type: Eligible Member Months	Expansion	5.25%	-	-		167,879	353,386	371,939	its from the traditional package.
PMPM Cost Total Expenditure		5.3%	-	\$ - \$ -	- \$ - \$	882.60 148,169,813		\$ 978.63 \$ 363,991,028	\$ 840,588,862
					-				
		Start date of 5/1/1	19 (2 months of SFY19	9)					\$ 6,232,205,690
		Assumes start da	ate of 1/1/2020 (SFY20)					
		Assumes start da	ate of 7/1/21 (SFY22)						
			(5. 122)						

Anticipated start date of 9/1/20 (10 months of SFY21)