

UPDATED 11.19.2021

B C D E F G H I J K L M N

Renewal Waiver

Estimated Member Month Calculations

State: California

Actual Enrollment for the Time Period - R1 = 7/1/18 through 6/30/19 R2 = 7/1/18 through 6/30/19 **R1 and R2 include actual data and dates used in conversion - no estimates
 Enrollment Projections for the Time Period - P1 = 1/1/22 through 12/31/22 P2 = 1/1/23 through 12/31/23 *Projections start on Quarter and include data for requested waiver period
 Enrollment Projections for the Time Period - P3 = 1/1/24 through 12/31/24 P4 = 1/1/25 through 12/31/25 P5 = 1/1/26 through 12/31/26

Medicaid Eligibility Group (MEG)	Retrospective Year 1 (R1)	Retrospective Year 2 (R2)	Projected Quarter 1	Projected Quarter 2	Projected Quarter 3	Projected Quarter 4	Projected Year 1	Projected Quarter 5	Projected Quarter 6	Projected Quarter 7	Projected Quarter 8	Projected Year 2
	6/30/19	6/30/19	1/1/22	4/1/22	7/1/22	10/1/22	(P1)	1/1/23	4/1/23	7/1/23	10/1/23	(P2)
Adult Expansion	36,779,905	36,779,905	9,194,976	9,194,976	9,194,976	9,194,976	36,779,905	9,194,976	9,194,976	9,194,976	9,194,976	36,779,905
CCI Dual (non-CMC)	6,866,224	6,866,224	1,716,556	1,716,556	1,716,556	1,716,556	6,866,224	-	-	-	-	0
CMC	1,316,547	1,316,547	329,137	329,137	329,137	329,137	1,316,547	-	-	-	-	0
Family	54,139,905	54,139,905	13,534,976	13,534,976	13,534,976	13,534,976	54,139,905	13,534,976	13,534,976	13,534,976	13,534,976	54,139,905
Foster Youth	994,882	994,882	248,721	248,721	248,721	248,721	994,882	248,721	248,721	248,721	248,721	994,882
MCHIP	14,869,740	14,869,740	3,717,435	3,717,435	3,717,435	3,717,435	14,869,740	3,717,435	3,717,435	3,717,435	3,717,435	14,869,740
SPD	9,108,336	9,108,336	2,277,084	2,277,084	2,277,084	2,277,084	9,108,336	2,328,334	2,328,334	2,328,334	2,328,334	9,313,336
SPD Dual	3,415,064	3,415,064	853,766	853,766	853,766	853,766	3,415,064	3,814,459	3,814,459	3,814,459	3,814,459	15,257,835
Total Member Months	127,490,603	127,490,603	31,872,651	31,872,651	31,872,651	31,872,651	127,490,603	32,838,901	32,838,901	32,838,901	32,838,901	131,355,603
Quarterly % Increase				0.0%	0.0%	0.0%		3.0%	0.0%	0.0%	0.0%	

Note: Due to rounding, the sum of the projected quarterly enrollment that is displayed may not equal the projected annual enrollment.

Modify Line items as necessary to fit the MEGs of the program.

State Completion Sections

To modify the formulas as necessary to fit the length of the program complete this section.

The formulas will automatically update given this data.

Use Quarter Starting Dates on Appendix D1. Appendix D6 will automatically become Quarter Ending Dates to sync with CMS-64.

	Total Projected 2 Year	Total Projected 5 Year
Adult Expansion	73,559,810	183,899,525
CCI Dual (non-CMC)	6,866,224	6,866,224
CMC	1,316,547	1,316,547
Family	108,279,810	270,699,525
Foster Youth	1,989,764	4,974,410
MCHIP	29,739,480	74,348,700
SPD	18,421,672	46,361,680
SPD Dual	18,672,899	64,446,404
Total	258,846,206	652,913,015

NUMBER OF DAYS OF DATA	
R2	364.00
Gap (end of R2 to P1)	-916.00
P1	364.00
P2	364.00
P3	365.00
P4	364.00
P5	364.00
TOTAL R2 to P2	176.00
(Days-365)	-189
TOTAL R2 to P1	-188
(Days-364)	-553
TOTAL R2 to P3	541.00
(Days-365)	176
TOTAL R2 to P4	905
(Days-364)	540
TOTAL R2 to P5	1269.00
(Days-364)	904

Medicaid Eligibility Group (MEG)	Projected Quarter 9	Projected Quarter 10	Projected Quarter 11	Projected Quarter 12	Projected Year 3	Projected Quarter 13	Projected Quarter 14	Projected Quarter 15	Projected Quarter 16	Projected Year 4	Projected Quarter 17	Projected Quarter 18	Projected Quarter 19	Projected Quarter 20	Projected Year 5
	1/1/24	4/1/24	7/1/24	10/1/24	(P3)	1/1/25	4/1/25	7/1/25	10/1/25	(P4)	1/1/26	4/1/26	7/1/26	10/1/26	(P5)
Adult Expansion	9,194,976	9,194,976	9,194,976	9,194,976	36,779,905	9,194,976	9,194,976	9,194,976	9,194,976	36,779,905	9,194,976	9,194,976	9,194,976	9,194,976	36,779,905
CCI Dual (non-CMC)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
CMC	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Family	13,534,976	13,534,976	13,534,976	13,534,976	54,139,905	13,534,976	13,534,976	13,534,976	13,534,976	54,139,905	13,534,976	13,534,976	13,534,976	13,534,976	54,139,905
Foster Youth	248,721	248,721	248,721	248,721	994,882	248,721	248,721	248,721	248,721	994,882	248,721	248,721	248,721	248,721	994,882
MCHIP	3,717,435	3,717,435	3,717,435	3,717,435	14,869,740	3,717,435	3,717,435	3,717,435	3,717,435	14,869,740	3,717,435	3,717,435	3,717,435	3,717,435	14,869,740
SPD	2,328,334	2,328,334	2,328,334	2,328,334	9,313,336	2,328,334	2,328,334	2,328,334	2,328,334	9,313,336	2,328,334	2,328,334	2,328,334	2,328,334	9,313,336
SPD Dual	3,814,459	3,814,459	3,814,459	3,814,459	15,257,835	3,814,459	3,814,459	3,814,459	3,814,459	15,257,835	3,814,459	3,814,459	3,814,459	3,814,459	15,257,835
Total Member Months	32,838,901	32,838,901	32,838,901	32,838,901	131,355,603	32,838,901	32,838,901	32,838,901	32,838,901	131,355,603	32,838,901	32,838,901	32,838,901	32,838,901	131,355,603
Quarterly % Increase	0.0%	0.0%	0.0%	0.0%		0.0%	0.0%	0.0%	0.0%		0.0%	0.0%	0.0%	0.0%	

	R1 to R2	R2 to P1	P1 to P2	P2 to P3	P3 to P4	P4 to P5	R2 to P2	R2 to P5
Annualized % Increase	0.00%	0.00%	see below*	see below*	see below*	see below*	0.67%	0.40%
% Increase	0.00%	0.00%	3.03%	0.00%	0.00%	0.00%	3.03%	3.03%

*Annualize and Regular Increase is the same over a normal 1 year period.

State of

Appendix D2.S Services in Waiver Cost

Row # /
Column
Letter

B C D E F G H I J K

Services in Actual Waiver Cost (Comprehensive and Expedited)

State: California

Renewal Waiver

Instructions: Modify columns as applicable to the waiver entity type and structure to note services in different MEGs.

* Please note with a * if there are any proposed changes.

State Plan Services	State Plan Approved Services	1915(b)(3) Services	MCO Capitated Reimbursement	FFS services Impacted by MCO	PCCM Fee-for Service Reimbursement	PIHP Capitated Reimbursement	PIHP Fee-for Service Reimbursement	PAHP Capitated Reimbursement	PAHP Fee-for Service Reimbursement
Inpatient Hospital (includes psych)	X		X						
IHS Inpatient									
Mental Health Facility									
Skilled Nursing Home	X		X						
ICF-MR Public									
ICF-MR Private									
ICF-Other	X		X						
Physician Services (includes psych)	X		X						
Outpatient Hospital (includes psych)	X		X						
IHS Outpatient									
Prescribed Drugs	X		X ^A						
Dental Services	X		X					X	
Other Practitioners (includes psych)	X		X						
Clinic Services	X		X						
Lab or Radiology (includes psych)	X		X						
Home Health Services	X		X						
Sterilizations									
EPSDT Screening	X		X						
Rural Health Clinic	X		X						
FQHC	X		X						
Tribal 638	X		X						
HCBS Waivers									
Personal Care									
Other Care Services	X		X						
Family Planning	X		X						
Targeted Case Mgmt - MR Waiver									
Individualized Alternative or Enhanced Services									
PCCM Case Management Fees									
Managed Care Capitated Services	X		X						
Targeted Case Mgmt - MH/SA									

^A Effective January 1, 2022, pharmacy and related benefits (listed in Attachment III) that are billed by a pharmacy on a pharmacy claim, including covered outpatient drugs and physician administered drugs, medical supplies and enteral nutritional products, as described in the Medi-Cal Rx All Plan Letter (APL 20-020) will be carved out of Medi-Cal managed care capitated benefits. Pharmacy and related benefits that are billed on medical and institutional claims, including physician administered drugs, other outpatient drugs, legend, non-legend and specialty drugs, medical supplies and enteral nutritional products, that are not carved-out to Medi-Cal Rx as discussed above, and further described in Medi-Cal Rx All Plan Letter (APL 20-020), will remain carved in to Medi-Cal managed care capitated benefits.

Modify Line items as necessary to fit the services of the program.

State Completion Sections

Row # /
Column
Letter

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E

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Administration in Actual Waiver Cost (Comprehensive and Expedited)

State:

California

Renewal Waiver

Instructions: Modify columns as applicable to the waiver entity type and structure to note administration in different MEGs, etc.

CMS 64.10 line Item	CMS 64.10 Explanation	Contract	Match Rate	BY Expenses
1	FAMILY PLANNING		90% FFP	\$ -
2	DESIGN DEVELOPMENT OR INSTALLATION OF MMIS*		90% FFP	\$ -
A.	COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER STATE AGENCIES AND INSTITUTIONS		90% FFP	\$ -
B.	COST OF PRIVATE SECTOR CONTRACTORS		90% FFP	\$ -
C.	DRUG CLAIMS SYSTEM		90% FFP	\$ -
3	SKILLED PROFESSIONAL MEDICAL PERSONNEL		75% FFP	\$ -
4	OPERATION OF AN APPROVED MMIS*:		75% FFP	\$ -
A.	COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER STATE AGENCIES AND INSTITUTIONS		75% FFP	\$ 2,177,735
B.	COST OF PRIVATE SECTOR CONTRACTORS	IT contracts - CAPMAN, PACES	75% FFP	\$ 6,136,225
5	MECHANIZED SYSTEMS, NOT APPROVED UNDER MMIS PROCEDURES:		50% FFP	\$ -
A.	COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER STATE AGENCIES AND INSTITUTIONS		50% FFP	\$ 39,472,495
B.	COST OF PRIVATE SECTOR CONTRACTORS	Actuarial services contract	50% FFP	\$ 13,021,103
6	PEER REVIEW ORGANIZATIONS (PRO)		75% FFP	\$ -
7. A.	THIRD PARTY LIABILITY RECOVERY PROCEDURE - BILLING OFFSET		50% FFP	\$ 292,681
B.	ASSIGNMENT OF RIGHTS - BILLING OFFSET		50% FFP	\$ 601
8	IMMIGRATION STATUS VERIFICATION SYSTEM COSTS		100% FFP	\$ -
9	NURSE AIDE TRAINING COSTS		50% FFP	\$ -
10	PREADMISSION SCREENING COSTS		75% FFP	\$ -
11	RESIDENT REVIEW ACTIVITIES COSTS		75% FFP	\$ -
12	DRUG USE REVIEW PROGRAM		75% FFP	\$ -
13	OUTSTATIONED ELIGIBILITY WORKERS		50% FFP	\$ -
14.	TANF BASE		90% FFP	\$ -
15.	TANF SECONDARY 90%		90% FFP	\$ -
16.	TANF SECONDARY 75%		75% FFP	\$ -
17.	EXTERNAL REVIEW	EQRO	75% FFP	\$ 4,421,647
18.	ENROLLMENT BROKERS	Enrollment broker	50% FFP	\$ 76,434,380
19.	OTHER FINANCIAL PARTICIPATION		50% FFP	\$ -
20	Total			\$ 141,956,866

*Allocation basis is ___% of Medicaid costs OR ___% of Medicaid eligibles OR ___ other, please explain:

Add multiple line items as necessary to fit the administration of the program (i.e. if you have more than one contract on line 19, detail the contracts separately).

State Completion Sections

Appendix D3. Actual Waiver Cost

B C D E F G H I J K L M N O
 Actual Waiver Cost Renewal Comprehensive Version State: California Actual Waiver Cost Renewal Comprehensive Version State: California

Medicaid Eligibility Group (MEG)	R1 Member Months	Retrospective Year 1 (R1) Aggregate Costs						R1 Per Member Per Month (PMPM) Costs					
		MCO/PIHP Capitated Costs (Including incentives and risksharing payouts/withholds) or PCCM Case Management Fees	Fee-for-Service Costs	State Plan Service Costs (D+E)	FFS Incentive Costs (not included in capitation rates, provide documentation)	1915(b)(3) service costs (provide documentation)	Administration Costs	Total Actual Waiver Costs (F+G+H+I)	State Plan Service Costs (F/C)	Incentive Costs (G/C)	1915(b)(3) Service Costs (H/C)	Administration Costs (I/C)	Total Actual Waiver Costs (J/C)
Adult Expansion	36,779,905	\$ 17,155,167,263	\$ -	\$ 17,155,167,263	\$ -	\$ -	\$ 51,973,795	\$ 17,207,141,058	\$ 466.43	\$ -	\$ -	\$ 1.41	\$ 467.84
CCI Dual (non-CMC)	6,866,224	\$ 3,300,358,826	\$ -	\$ 3,300,358,826	\$ -	\$ -	\$ 9,998,863	\$ 3,310,357,689	\$ 480.67	\$ -	\$ -	\$ 1.46	\$ 482.12
CMC	1,316,547	\$ 359,452,878	\$ -	\$ 359,452,878	\$ -	\$ -	\$ 1,089,009	\$ 360,541,887	\$ 273.03	\$ -	\$ -	\$ 0.83	\$ 273.85
Family	54,139,905	\$ 11,665,762,529	\$ -	\$ 11,665,762,529	\$ -	\$ -	\$ 35,342,935	\$ 11,701,105,464	\$ 215.47	\$ -	\$ -	\$ 0.65	\$ 216.13
Foster Youth	994,882	\$ 209,129,121	\$ -	\$ 209,129,121	\$ -	\$ -	\$ 633,584	\$ 209,762,704	\$ 210.20	\$ -	\$ -	\$ 0.64	\$ 210.84
MCHIP	14,869,740	\$ 2,185,601,728	\$ -	\$ 2,185,601,728	\$ -	\$ -	\$ 6,621,563	\$ 2,192,223,291	\$ 146.98	\$ -	\$ -	\$ 0.45	\$ 147.43
SPD	9,108,336	\$ 10,769,907,875	\$ -	\$ 10,769,907,875	\$ -	\$ -	\$ 32,628,827	\$ 10,802,536,702	\$ 1,182.42	\$ -	\$ -	\$ 3.58	\$ 1,186.01
SPD Dual	3,415,064	\$ 1,210,804,914	\$ -	\$ 1,210,804,914	\$ -	\$ -	\$ 3,668,290	\$ 1,214,473,204	\$ 354.55	\$ -	\$ -	\$ 1.07	\$ 355.62
Total	127,490,603	\$ 46,856,185,134	\$ -	\$ 46,856,185,134	\$ -	\$ -	\$ 141,956,866	\$ 46,998,142,000					
R1 Overall PMPM Casemix for R1 (R1 MM)								\$ 367.53	\$ -	\$ -	\$ 1.11	\$ 368.64	

Medicaid Eligibility Group (MEG)	R2 Member Months	Retrospective Year 2 (R2) Aggregate Costs						R2 Per Member Per Month (PMPM) Costs					
		MCO/PIHP Capitated Costs (Including incentives and risksharing payouts/withholds) or PCCM Case Management Fees	Fee-for-Service Costs	State Plan Service Costs (D+E)	FFS Incentive Costs (not included in capitation rates, provide documentation)	1915(b)(3) service costs (provide documentation)	Administration Costs (Attach list using CMS 64.10 Waiver schedule categories)	Total Actual Waiver Costs (F+G+H+I)	State Plan Service Costs (F/C)	Incentive Costs (G/C)	1915(b)(3) Service Costs (H/C)	Administration Costs (I/C)	Total Actual Waiver Costs (J/C)
Adult Expansion	36,779,905	\$ 17,155,167,263	\$ -	\$ 17,155,167,263	\$ -	\$ -	\$ 51,973,795	\$ 17,207,141,058	\$ 466.43	\$ -	\$ -	\$ 1.41	\$ 467.84
CCI Dual (non-CMC)	6,866,224	\$ 3,300,358,826	\$ -	\$ 3,300,358,826	\$ -	\$ -	\$ 9,998,863	\$ 3,310,357,689	\$ 480.67	\$ -	\$ -	\$ 1.46	\$ 482.12
CMC	1,316,547	\$ 359,452,878	\$ -	\$ 359,452,878	\$ -	\$ -	\$ 1,089,009	\$ 360,541,887	\$ 273.03	\$ -	\$ -	\$ 0.83	\$ 273.85
Family	54,139,905	\$ 11,665,762,529	\$ -	\$ 11,665,762,529	\$ -	\$ -	\$ 35,342,935	\$ 11,701,105,464	\$ 215.47	\$ -	\$ -	\$ 0.65	\$ 216.13
Foster Youth	994,882	\$ 209,129,121	\$ -	\$ 209,129,121	\$ -	\$ -	\$ 633,584	\$ 209,762,704	\$ 210.20	\$ -	\$ -	\$ 0.64	\$ 210.84
MCHIP	14,869,740	\$ 2,185,601,728	\$ -	\$ 2,185,601,728	\$ -	\$ -	\$ 6,621,563	\$ 2,192,223,291	\$ 146.98	\$ -	\$ -	\$ 0.45	\$ 147.43
SPD	9,108,336	\$ 10,769,907,875	\$ -	\$ 10,769,907,875	\$ -	\$ -	\$ 32,628,827	\$ 10,802,536,702	\$ 1,182.42	\$ -	\$ -	\$ 3.58	\$ 1,186.01
SPD Dual	3,415,064	\$ 1,210,804,914	\$ -	\$ 1,210,804,914	\$ -	\$ -	\$ 3,668,290	\$ 1,214,473,204	\$ 354.55	\$ -	\$ -	\$ 1.07	\$ 355.62
Total	127,490,603	\$ 46,856,185,134	\$ -	\$ 46,856,185,134	\$ -	\$ -	\$ 141,956,866	\$ 46,998,142,000					
R2 Overall PMPM Casemix for R2 (R2 MM)								\$ 367.53	\$ -	\$ -	\$ 1.11	\$ 368.64	

Modify Line Items as necessary to fit the MEGs of the program.
 State Completion Sections

Note: The States completing the Expedited Test will only attach the most recent waiver Schedule D, and the corresponding quarters of waiver forms from the CMS-64.9 Waiver and CMS-64.21U Waiver and CMS 64.10 Waiver. Completion of this Appendix is not necessary for expedited waivers.

Note: The States completing the Comprehensive Test will attach the most recent waiver Schedule D, and the corresponding quarters of waiver forms from the CMS-64.9 Waiver and CMS-64.21U Waiver and CMS 64.10 Waiver. Completion of this Appendix is required for Comprehensive Waivers.

State of

Appendix D4. Adjustments in Projection

Row # /
Column
Letter

B

C

D

Adjustments and Services in Waiver Cost Projection (Comprehensive and Expedited)

State: California

Prospective Years 1 through 5 (P1 - P5) or Years 1 through 2 (P1 -P2)

Renewal Waiver

*** If a change please note**

2
3
4
5
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7

Adjustments to the Waiver Cost Projection	Adjustments Made	Location of Adjustment
State Plan Trend	X	Tab D5, column J, for P1 through P5.
State Plan Programmatic/policy/pricing changes	X	Tab D5, column L, for P1 through P5.
Administrative Cost Adjustment	X	Tab D5, column Y, for P1 through P5.
1915(b)(3) service Trend		
Incentives (not in cap payment) Adjustments		
Other		

15
16

State Completion Sections

Appendix D5. Waiver Cost Projection

B C D G H I J K L M N O X Y Z AA AB

State: California

Waiver Cost Projection Renewal Comprehensive Version

Note: Complete this Appendix for all Prospective Years

Modify Line Items as necessary to fit the MEGs of the program.
State Completion Sections

Medicaid Eligibility Group (MEG)	Retrospective Year 2 (R2) Member Months	R2 Per Member Per Month (PMPM) Costs			Prospective Year 1 (P1) Projection for State Plan Services**							P1 Projection for Administration Costs**				Total P1 PMPM Projected Waiver Costs (O+S+W+AA)
		State Plan Service Costs*	Administration Costs*	Total Actual Waiver Costs*	R2 PMPM State Plan Service Costs* (Same as D13-D18)	State Plan Inflation Adjustment (Annual Year 1) (Preprint Explains)	PMPM Effect of Inflation Adjustment (IXJ)	Program Adjustment [Consolidated Adjustments] (Preprint Explains)	PMPM Effect of Program Adjustment ((I+K)xL)	Aggregate PMPM Effect of State (K+M)	Total P1 PMPM State Plan Service Cost Projection (I+N)	R2 PMPM Administration Costs* (Same as G13-G18)	Administration Costs (Annual Year 1) (Preprint Explains)	PMPM Effect of Inflation Adjustment (XxY)	Total P1 PMPM Administration Cost Projection (X+Z)	
Adult Expansion	36,779,905	\$ 466.43	\$ 1.41	\$ 467.84	\$ 466.43	18.42%	\$ 85.93	-3.23%	\$ (17.84)	\$ 68.09	\$ 534.52	\$ 1.41	20.17%	\$ 0.29	\$ 1.70	\$ 536.22
CCI Dual (non-CMC)	6,866,224	\$ 480.67	\$ 1.46	\$ 482.12	\$ 480.67	18.42%	\$ 88.56	1.59%	\$ 9.04	\$ 97.59	\$ 578.26	\$ 1.46	20.17%	\$ 0.29	\$ 1.75	\$ 580.01
CMC	1,316,547	\$ 273.03	\$ 0.83	\$ 273.85	\$ 273.03	18.42%	\$ 50.30	0.54%	\$ 1.75	\$ 52.05	\$ 325.08	\$ 0.83	20.17%	\$ 0.17	\$ 0.99	\$ 326.07
Family	54,139,905	\$ 215.47	\$ 0.65	\$ 216.13	\$ 215.47	18.42%	\$ 39.70	3.74%	\$ 9.54	\$ 49.24	\$ 264.71	\$ 0.65	20.17%	\$ 0.13	\$ 0.78	\$ 265.50
Foster Youth	994,882	\$ 210.20	\$ 0.64	\$ 210.84	\$ 210.20	18.42%	\$ 38.73	8.17%	\$ 20.35	\$ 59.07	\$ 269.28	\$ 0.64	20.17%	\$ 0.13	\$ 0.77	\$ 270.04
MCHIP	14,869,740	\$ 146.98	\$ 0.45	\$ 147.43	\$ 146.98	18.42%	\$ 27.08	7.20%	\$ 12.54	\$ 39.62	\$ 186.60	\$ 0.45	20.17%	\$ 0.09	\$ 0.54	\$ 187.14
SPD	9,108,336	\$ 1,182.42	\$ 3.58	\$ 1,186.01	\$ 1,182.42	18.42%	\$ 217.85	-6.00%	\$ (84.00)	\$ 133.84	\$ 1,316.26	\$ 3.58	20.17%	\$ 0.72	\$ 4.30	\$ 1,320.57
SPD Dual	3,415,064	\$ 354.55	\$ 1.07	\$ 355.62	\$ 354.55	18.42%	\$ 65.32	7.38%	\$ 30.98	\$ 96.30	\$ 450.85	\$ 1.07	20.17%	\$ 0.22	\$ 1.29	\$ 452.14
Total	127,490,603															
P1 PMPM Casemix for R2 (R2 MMs)		\$ 367.53	\$ 1.11	\$ 368.64	\$ 367.53	18.42%	\$ 67.71	-0.95%	\$ (4.14)	\$ 63.57	\$ 431.10	\$ 1.11	20.17%	\$ 0.22	\$ 1.34	\$ 432.44

* For comprehensive waivers, Columns D, E, F, G and H are columns K, L, M, N, and O from the Actual Waiver Cost Spreadsheet D3. For expedited waivers, sum the CMS-64.9 WAV and 64.210WAV forms and divide by the member months for column D. Sum the CMS 64.10 WAV forms and divide by the member months for column H. Sum D+G for Column H.
** If additional columns are needed in order to identify all of the adjustments being made, please insert the appropriate number of columns and label them accordingly.

Medicaid Eligibility Group (MEG)	Retrospective Year 2 (R2) Member Months	P1 Per Member Per Month (PMPM) Costs			Prospective Year 2 (P2) Projection for State Plan Services**							P2 Projection for Administration Costs**				Total P2 PMPM Projected Waiver Costs (O+S+W+AA)
		P1 PMPM State Plan Service Costs (same as O13-O18)	P1 PMPM Administration Service Costs (same as AA13-AA18)	P1 PMPM Total Actual Waiver Costs (same as AB13-AB18)	P1 PMPM State Plan Service Cost Projection (Same as D30-D35)	State Plan Inflation Adjustment (Annual Year 2) (Preprint Explains)	PMPM Effect of Inflation Adjustment (IXJ)	Program Adjustment [Consolidated Adjustments] (Preprint Explains)	PMPM Effect of Program Adjustment ((I+K)xL)	Aggregate PMPM Effect of State (K+M)	Total P2 PMPM State Plan Service Cost Projection (I+N)	P1 PMPM Administration Cost Projection (Same as G30-G35)	Administration Costs (Annual Year 2)	PMPM Effect of Inflation Adjustment (XxY)	Total P2 PMPM Administration Cost Projection (X+Z)	
Adult Expansion	36,779,905	\$ 534.52	\$ 1.70	\$ 536.22	\$ 534.52	4.95%	\$ 26.46	2.00%	\$ 11.23	\$ 37.69	\$ 572.21	\$ 1.70	5.39%	\$ 0.09	\$ 1.79	\$ 574.00
CCI Dual (non-CMC)		\$ 578.26	\$ 1.75	\$ 580.01	\$ 578.26	0.00%	\$ -	-100.00%	\$ (578.26)	\$ (578.26)	\$ -	\$ 1.75	-100.00%	\$ (1.75)	\$ -	\$ -
CMC		\$ 325.08	\$ 0.99	\$ 326.07	\$ 325.08	0.00%	\$ -	-100.00%	\$ (325.08)	\$ (325.08)	\$ -	\$ 0.99	-100.00%	\$ (0.99)	\$ -	\$ -
Family	54,139,905	\$ 264.71	\$ 0.78	\$ 265.50	\$ 264.71	4.95%	\$ 13.10	-0.08%	\$ (0.22)	\$ 12.88	\$ 277.60	\$ 0.78	5.39%	\$ 0.04	\$ 0.83	\$ 278.42
Foster Youth	994,882	\$ 269.28	\$ 0.77	\$ 270.04	\$ 269.28	4.95%	\$ 13.33	-0.08%	\$ (0.22)	\$ 13.11	\$ 282.39	\$ 0.77	5.39%	\$ 0.04	\$ 0.81	\$ 283.20
MCHIP	14,869,740	\$ 186.60	\$ 0.54	\$ 187.14	\$ 186.60	4.95%	\$ 9.24	-0.08%	\$ (0.16)	\$ 9.07	\$ 195.67	\$ 0.54	5.39%	\$ 0.03	\$ 0.56	\$ 196.24
SPD	9,108,336	\$ 1,316.26	\$ 4.30	\$ 1,320.57	\$ 1,316.26	4.95%	\$ 65.16	3.83%	\$ 52.92	\$ 118.07	\$ 1,434.34	\$ 4.30	5.39%	\$ 0.23	\$ 4.54	\$ 1,438.87
SPD Dual	11,597,835	\$ 512.00	\$ 1.53	\$ 513.53	\$ 512.00	4.95%	\$ 25.34	29.38%	\$ 157.89	\$ 183.23	\$ 695.23	\$ 1.53	5.39%	\$ 0.08	\$ 1.61	\$ 696.84
Total	127,490,603															
P2 PMPM Casemix for R2 (R2 MMs)		\$ 431.10	\$ 1.34	\$ 432.44	\$ 431.10	4.95%	\$ 21.34	4.70%	\$ 21.27	\$ 42.61	\$ 473.71	\$ 1.34	5.39%	\$ 0.07	\$ 1.41	\$ 475.12

Medicaid Eligibility Group (MEG)	Retrospective Year 2 (R2) Member Months	P2 Per Member Per Month (PMPM) Costs			Prospective Year 3 (P3) Projection for State Plan Services**							P3 Projection for Administration Costs**				Total P3 PMPM Projected Waiver Costs
		P2 PMPM State Plan Service Costs	P2 PMPM Administration Service Costs	P2 PMPM Total Actual Waiver Costs	P2 PMPM State Plan Service Cost Projection	State Plan Inflation Adjustment (Annual Year 3)	PMPM Effect of Inflation Adjustment	Program Adjustment [Consolidated Adjustments] (Preprint Explains)	PMPM Effect of Program Adjustment	Aggregate PMPM Effect of State	Total P3 PMPM State Plan Service Cost Projection	P2 PMPM Administration Cost Projection	Administration Costs (Annual Year 3)	PMPM Effect of Inflation Adjustment	Total P3 PMPM Administration Cost Projection	
Adult Expansion	36,779,905	\$ 572.21	\$ 1.79	\$ 574.00	\$ 572.21	4.95%	\$ 28.32	-1.35%	\$ (8.14)	\$ 20.19	\$ 592.40	\$ 1.79	5.39%	\$ 0.10	\$ 1.89	\$ 594.29
CCI Dual (non-CMC)		\$ -	\$ -	\$ -	\$ -	0.00%	\$ -	0.00%	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -	\$ -	\$ -
CMC		\$ -	\$ -	\$ -	\$ -	0.00%	\$ -	0.00%	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -	\$ -	\$ -
Family	54,139,905	\$ 277.60	\$ 0.83	\$ 278.42	\$ 277.60	4.95%	\$ 13.74	-1.29%	\$ (3.76)	\$ 9.98	\$ 287.58	\$ 0.83	5.39%	\$ 0.04	\$ 0.87	\$ 288.45
Foster Youth	994,882	\$ 282.39	\$ 0.81	\$ 283.20	\$ 282.39	4.95%	\$ 13.98	-1.22%	\$ (3.62)	\$ 10.36	\$ 292.75	\$ 0.81	5.39%	\$ 0.04	\$ 0.85	\$ 293.60
MCHIP	14,869,740	\$ 195.67	\$ 0.56	\$ 196.24	\$ 195.67	4.95%	\$ 9.69	-1.24%	\$ (2.55)	\$ 7.14	\$ 202.81	\$ 0.56	5.39%	\$ 0.03	\$ 0.59	\$ 203.41
SPD	9,108,336	\$ 1,434.34	\$ 4.54	\$ 1,438.87	\$ 1,434.34	4.95%	\$ 71.00	-1.37%	\$ (20.59)	\$ 50.41	\$ 1,484.75	\$ 4.54	5.39%	\$ 0.24	\$ 4.78	\$ 1,489.53
SPD Dual	11,597,835	\$ 695.23	\$ 1.61	\$ 696.84	\$ 695.23	4.95%	\$ 34.41	-0.92%	\$ (6.69)	\$ 27.73	\$ 722.96	\$ 1.61	5.39%	\$ 0.09	\$ 1.70	\$ 724.66
Total	127,490,603															
P3 PMPM Casemix for R2 (R2 MMs)		\$ 473.71	\$ 1.41	\$ 475.12	\$ 473.71	4.95%	\$ 23.45	-1.28%	\$ (6.35)	\$ 17.10	\$ 490.81	\$ 1.41	5.39%	\$ 0.08	\$ 1.49	\$ 492.29

Appendix D5. Waiver Cost Projection

Waiver Cost Projection Renewal Waiver Comprehensive Version																	
State: California																	
Medicaid Eligibility Group (MEG)	Retrospective Year 2 (R2) Member Months	P3 Per Member Per Month (PMPM) Costs			Prospective Year 4 (P4) Projection for State Plan Services**								P4 Projection for Administration Costs**				Total P4 PMPM Projected Waiver Costs
		P3 PMPM State Plan Service Costs	P3 PMPM Administration Service Costs	P3 PMPM Total Actual Waiver Costs	P3 PMPM State Plan Service Cost Projection	State Plan Inflation Adjustment (Annual Year 4)	PMPM Effect of Inflation Adjustment	Program Adjustment [Consolidated Adjustments] (Preprint Explains)	PMPM Effect of Program Adjustment	Aggregate PMPM Effect of State Plan Service Adj.	Total P4 PMPM State Plan Service Cost Projection	P3 PMPM Administration Cost Projection	Administration Costs Inflation Adjustment (Annual Year 4)	PMPM Effect of Inflation Adjustment	Total P4 PMPM Administration Cost Projection		
Adult Expansion	36,779,905	\$ 592.40	\$ 1.89	\$ 594.29	\$ 592.40	4.95%	\$ 29.32	-0.72%	\$ (4.47)	\$ 24.86	\$ 617.26	\$ 1.89	5.39%	\$ 0.10	\$ 1.99	\$ 619.25	
CCI Dual (non-CMC)		\$ -	\$ -	\$ -	\$ -	0.00%	\$ -	0.00%	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -	\$ -	\$ -	
CMC		\$ -	\$ -	\$ -	\$ -	0.00%	\$ -	0.00%	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -	\$ -	\$ -	
Family	54,139,905	\$ 287.58	\$ 0.87	\$ 288.45	\$ 287.58	4.95%	\$ 14.24	-1.31%	\$ (3.96)	\$ 10.27	\$ 297.85	\$ 0.87	5.39%	\$ 0.05	\$ 0.92	\$ 298.77	
Foster Youth	994,882	\$ 292.75	\$ 0.85	\$ 293.60	\$ 292.75	4.95%	\$ 14.49	-1.27%	\$ (3.89)	\$ 10.60	\$ 303.35	\$ 0.85	5.39%	\$ 0.05	\$ 0.90	\$ 304.25	
MCHIP	14,869,740	\$ 202.81	\$ 0.59	\$ 203.41	\$ 202.81	4.95%	\$ 10.04	-1.55%	\$ (3.30)	\$ 6.74	\$ 209.56	\$ 0.59	5.39%	\$ 0.03	\$ 0.63	\$ 210.18	
SPD	9,108,336	\$ 1,484.75	\$ 4.78	\$ 1,489.53	\$ 1,484.75	4.95%	\$ 73.50	-0.73%	\$ (11.30)	\$ 62.19	\$ 1,546.94	\$ 4.78	5.39%	\$ 0.26	\$ 5.04	\$ 1,551.98	
SPD Dual	11,597,835	\$ 722.96	\$ 1.70	\$ 724.66	\$ 722.96	4.95%	\$ 35.79	-0.48%	\$ (3.67)	\$ 32.11	\$ 755.07	\$ 1.70	5.39%	\$ 0.09	\$ 1.79	\$ 756.86	
Total	127,490,603																
P4 PMPM Casemix for R2 (R2 MMs)		\$ 490.81	\$ 1.49	\$ 492.29	\$ 490.81	4.95%	\$ 24.29	-0.88%	\$ (4.53)	\$ 19.77	\$ 510.57	\$ 1.49	5.39%	\$ 0.08	\$ 1.57	\$ 512.14	

Medicaid Eligibility Group (MEG)	Retrospective Year 2 (R2) Member Months	P4 Per Member Per Month (PMPM) Costs			Prospective Year 5 (P5) Projection for State Plan Services**								P5 Projection for Administration Costs**				Total P5 PMPM Projected Waiver Costs
		P4 PMPM State Plan Service Costs	P4 PMPM Administration Service Costs	P4 PMPM Total Actual Waiver Costs	P4 PMPM State Plan Service Cost Projection	State Plan Inflation Adjustment (Annual Year 5)	PMPM Effect of Inflation Adjustment	Program Adjustment [Consolidated Adjustments] (Preprint Explains)	PMPM Effect of Program Adjustment	Aggregate PMPM Effect of State Plan Service Adj.	Total P5 PMPM State Plan Service Cost Projection	P4 PMPM Administration Cost Projection	Administration Costs Inflation Adjustment (Annual Year 5)	PMPM Effect of Inflation Adjustment	Total P5 PMPM Administration Cost Projection		
Adult Expansion	36,779,905	\$ 617.26	\$ 1.99	\$ 619.25	\$ 617.26	4.95%	\$ 30.55	0.00%	\$ -	\$ 30.55	\$ 647.81	\$ 1.99	5.39%	\$ 0.11	\$ 2.09	\$ 649.91	
CCI Dual (non-CMC)		\$ -	\$ -	\$ -	\$ -	0.00%	\$ -	0.00%	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -	\$ -	\$ -	
CMC		\$ -	\$ -	\$ -	\$ -	0.00%	\$ -	0.00%	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -	\$ -	\$ -	
Family	54,139,905	\$ 297.85	\$ 0.92	\$ 298.77	\$ 297.85	4.95%	\$ 14.74	0.00%	\$ -	\$ 14.74	\$ 312.59	\$ 0.92	5.39%	\$ 0.05	\$ 0.97	\$ 313.56	
Foster Youth	994,882	\$ 303.35	\$ 0.90	\$ 304.25	\$ 303.35	4.95%	\$ 15.02	0.00%	\$ -	\$ 15.02	\$ 318.37	\$ 0.90	5.39%	\$ 0.05	\$ 0.94	\$ 319.31	
MCHIP	14,869,740	\$ 209.56	\$ 0.63	\$ 210.18	\$ 209.56	4.95%	\$ 10.37	0.00%	\$ -	\$ 10.37	\$ 219.93	\$ 0.63	5.39%	\$ 0.03	\$ 0.66	\$ 220.59	
SPD	9,108,336	\$ 1,546.94	\$ 5.04	\$ 1,551.98	\$ 1,546.94	4.95%	\$ 76.57	0.00%	\$ -	\$ 76.57	\$ 1,623.51	\$ 5.04	5.39%	\$ 0.27	\$ 5.31	\$ 1,628.83	
SPD Dual	11,597,835	\$ 755.07	\$ 1.79	\$ 756.86	\$ 755.07	4.95%	\$ 37.38	0.00%	\$ -	\$ 37.38	\$ 792.45	\$ 1.79	5.39%	\$ 0.10	\$ 1.89	\$ 794.33	
Total	127,490,603																
P5 PMPM Casemix for R2 (R2 MMs)		\$ 510.57	\$ 1.57	\$ 512.14	\$ 510.57	4.95%	\$ 25.27	0.00%	\$ -	\$ 25.27	\$ 535.85	\$ 1.57	5.39%	\$ 0.08	\$ 1.65	\$ 537.50	

State of

Appendix D6. RO Targets

Modify line items as necessary to fit the MEDS of the program.

State Completion Section

State: California
Projection for Upcoming Waiver Period

Quarterly CMS Targets for RO CMS-64 Review Renewal
State: California
Projection for Upcoming Waiver Period
Projections for RO CMS-64 Certification - Aggregate Cost

Quarterly CMS Targets for RO Cost Effectiveness Monitoring
State: California
Projection for Upcoming Waiver Period
Worksheet for RO PMPM Cost-Effectiveness Monitoring

Table with 7 columns: Medicaid Eligibility Group (MEG), Total Projected Year 1 Member Months (P1), Total PMPM State Plan Service Cost Projection, Total PMPM Incentive Cost Projection, Total PMPM 1915(b)(2) Service Administration Cost Projection, Total PMPM Projected Waiver Costs, Total PMPM Projected Service Costs (Column H-G).

Table with 3 columns: Waiver Form, Medicaid Eligibility Group (MEG), P1 Projected PMPM From Column G (Administration).

Large table with 20 columns: Member Months Projections, Q1-Q4 Quarterly Projected Costs (Service, Incentive, Admin, Waiver, PMPM), Total P1 Projected Waiver Costs, Waiver Form, Medicaid Eligibility Group (MEG), Q1-Q4 Quarterly Actual Costs (Aggregate, PMPM, Waiver Form).

Table with 7 columns: Medicaid Eligibility Group (MEG), Total Projected Year 2 Member Months (P2), Total PMPM State Plan Service Cost Projection, Total PMPM Incentive Cost Projection, Total PMPM 1915(b)(2) Service Administration Cost Projection, Total PMPM Projected Waiver Costs, Total PMPM Projected Service Costs (Column H-G).

Table with 3 columns: Waiver Form, Medicaid Eligibility Group (MEG), P2 Projected PMPM From Column G (Administration).

Large table with 20 columns: Member Months Projections, Q1-Q4 Quarterly Projected Costs (Service, Incentive, Admin, Waiver, PMPM), Total P2 Projected Waiver Costs, Waiver Form, Medicaid Eligibility Group (MEG), Q1-Q4 Quarterly Actual Costs (Aggregate, PMPM, Waiver Form).

Modify line items as necessary to fit the MEDS of the program.
Scale Conversion Sections

Projected Year 3 Summary Table with columns: Medicaid Eligibility Group (MEG), Total Projected Year 2 Member Months (PPM), Total PPM State Plan Service Cost Projection, Total PPM Incentive Cost Projection, Total PPM 1915(b)(3) Service Cost Projection, Total PPM Administration Cost Projection, Total PPM Waiver Costs, Total PPM Projected Service Costs (Column H-G).

Projected Year 3 Quarterly Projected Costs Table with columns for Q3, Q4, Q1, Q2, Q3, Q4, Q1, Q2, Q3, Q4, Q1, Q2, Q3, Q4, Q1, Q2, Q3, Q4, Q1, Q2, Q3, Q4, Q1, Q2, Q3, Q4.

Projected Year 4 Summary Table with columns: Medicaid Eligibility Group (MEG), Total Projected Year 2 Member Months (PPM), Total PPM State Plan Service Cost Projection, Total PPM Incentive Cost Projection, Total PPM 1915(b)(3) Service Cost Projection, Total PPM Administration Cost Projection, Total PPM Waiver Costs, Total PPM Projected Service Costs (Column H-G).

Projected Year 4 Quarterly Projected Costs Table with columns for Q3, Q4, Q1, Q2, Q3, Q4, Q1, Q2, Q3, Q4, Q1, Q2, Q3, Q4, Q1, Q2, Q3, Q4, Q1, Q2, Q3, Q4, Q1, Q2, Q3, Q4.

Projected Year 5 Summary Table with columns: Medicaid Eligibility Group (MEG), Total Projected Year 2 Member Months (PPM), Total PPM State Plan Service Cost Projection, Total PPM Incentive Cost Projection, Total PPM 1915(b)(3) Service Cost Projection, Total PPM Administration Cost Projection, Total PPM Waiver Costs, Total PPM Projected Service Costs (Column H-G).

Projected Year 5 Quarterly Projected Costs Table with columns for Q3, Q4, Q1, Q2, Q3, Q4, Q1, Q2, Q3, Q4, Q1, Q2, Q3, Q4, Q1, Q2, Q3, Q4, Q1, Q2, Q3, Q4, Q1, Q2, Q3, Q4.

Quarterly CMS Targets for RO CMS 64 Review Renewal State: California

Projected Year 3 State Completion Section - For Waiver Submission Table with columns: Waiver Form, Medicaid Eligibility Group (MEG), P1 Projected PPM From Column I (services), P1 Projected PPM From Column O (Administrations).

Projected Year 3 RO Completion Section - For ongoing monitoring Table with columns: Waiver Form, Medicaid Eligibility Group (MEG), Member Months Actuals, Actual Aggregate PPM Costs, Actual PPM Costs, Member Months Actuals, Actual Aggregate PPM Costs, Actual PPM Costs, Member Months Actuals, Actual Aggregate PPM Costs, Actual PPM Costs.

Projected Year 4 State Completion Section - For Waiver Submission Table with columns: Waiver Form, Medicaid Eligibility Group (MEG), P1 Projected PPM From Column I (services), P1 Projected PPM From Column O (Administrations).

Projected Year 4 RO Completion Section - For ongoing monitoring Table with columns: Waiver Form, Medicaid Eligibility Group (MEG), Member Months Actuals, Actual Aggregate PPM Costs, Actual PPM Costs, Member Months Actuals, Actual Aggregate PPM Costs, Actual PPM Costs, Member Months Actuals, Actual Aggregate PPM Costs, Actual PPM Costs.

Projected Year 5 State Completion Section - For Waiver Submission Table with columns: Waiver Form, Medicaid Eligibility Group (MEG), P1 Projected PPM From Column I (services), P1 Projected PPM From Column O (Administrations).

Projected Year 5 RO Completion Section - For ongoing monitoring Table with columns: Waiver Form, Medicaid Eligibility Group (MEG), Member Months Actuals, Actual Aggregate PPM Costs, Actual PPM Costs, Member Months Actuals, Actual Aggregate PPM Costs, Actual PPM Costs, Member Months Actuals, Actual Aggregate PPM Costs, Actual PPM Costs.

B C D E F G H I J K L M N
Cost Effectiveness Summary Sheet Renewal Waiver
 State: California

Medicaid Eligibility Group (MEG)	Projected Year 3 Member Months (P3)	P3 Projected PMPM Costs (Totals weighted on Projected Year 3 Member Months)					Overall P2 to P3 Change (annual)
		P3 PMPM State Plan Service Cost Projection	P3 PMPM Incentive Cost Projection	P3 PMPM 1915(b)(3) Service Cost Projection	P3 PMPM Administration Cost Projection	P3 PMPM Projected Waiver Costs	
Adult Expansion	36,779,905	\$ 592.40	\$ -	\$ -	\$ 1.89	\$ 594.29	3.53%
CCI Dual (non-CMC)	-	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
CMC	-	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Family	54,139,905	\$ 287.58	\$ -	\$ -	\$ 0.87	\$ 288.45	3.60%
Foster Youth	994,882	\$ 292.75	\$ -	\$ -	\$ 0.85	\$ 293.60	3.67%
MCHIP	14,869,740	\$ 202.81	\$ -	\$ -	\$ 0.59	\$ 203.41	3.65%
SPD	9,313,336	\$ 1,484.75	\$ -	\$ -	\$ 4.78	\$ 1,489.53	3.52%
SPD Dual	15,257,835	\$ 722.96	\$ -	\$ -	\$ 1.70	\$ 724.66	3.99%
Total	131,355,603						
P3 Weighted Average PMPM Casemix for P2 (P2 MMs)		\$ 498.83	\$ -	\$ -	\$ 1.50	\$ 500.32	3.63%
P3 Weighted Average PMPM Casemix for P3 (P3 MMs)		\$ 498.83	\$ -	\$ -	\$ 1.50	\$ 500.32	3.63%
Total Projected Waiver Expenditures P3 (P3 MMs)						\$65,720,463,026	

Medicaid Eligibility Group (MEG)	Projected Year 4 Member Months (P4)	P4 Projected PMPM Costs (Totals weighted on Projected Year 4 Member Months)					Overall P3 to P4 Change (annual)
		P4 PMPM State Plan Service Cost Projection	P4 PMPM Incentive Cost Projection	P4 PMPM 1915(b)(3) Service Cost Projection	P4 PMPM Administration Cost Projection	P4 PMPM Projected Waiver Costs	
Adult Expansion	36,779,905	\$ 617.26	\$ -	\$ -	\$ 1.99	\$ 619.25	4.20%
CCI Dual (non-CMC)	-	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
CMC	-	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Family	54,139,905	\$ 297.85	\$ -	\$ -	\$ 0.92	\$ 298.77	3.68%
Foster Youth	994,882	\$ 303.35	\$ -	\$ -	\$ 0.90	\$ 304.25	3.63%
MCHIP	14,869,740	\$ 209.56	\$ -	\$ -	\$ 0.63	\$ 210.18	3.33%
SPD	9,313,336	\$ 1,546.94	\$ -	\$ -	\$ 5.04	\$ 1,551.98	4.19%
SPD Dual	15,257,835	\$ 755.07	\$ -	\$ -	\$ 1.79	\$ 756.86	4.44%
Total	131,355,603						
P4 Weighted Average PMPM Casemix for P3 (P3 MMs)		\$ 519.00	\$ -	\$ -	\$ 1.58	\$ 520.58	4.05%
P4 Weighted Average PMPM Casemix for P4 (P4 MMs)		\$ 519.00	\$ -	\$ -	\$ 1.58	\$ 520.58	4.05%
Total Projected Waiver Expenditures P4 (P4 MMs)						\$68,381,287,716	

Medicaid Eligibility Group (MEG)	Projected Year 5 Member Months (P5)	P5 Projected PMPM Costs (Totals weighted on Projected Year 5 Member Months)					Overall P4 to P5 Change (annual)
		P5 PMPM State Plan Service Cost Projection	P5 PMPM Incentive Cost Projection	P5 PMPM 1915(b)(3) Service Cost Projection	P5 PMPM Administration Cost Projection	P5 PMPM Projected Waiver Costs	
Adult Expansion	36,779,905	\$ 647.81	\$ -	\$ -	\$ 2.09	\$ 649.91	4.95%
CCI Dual (non-CMC)	-	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
CMC	-	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Family	54,139,905	\$ 312.59	\$ -	\$ -	\$ 0.97	\$ 313.56	4.95%
Foster Youth	994,882	\$ 318.37	\$ -	\$ -	\$ 0.94	\$ 319.31	4.95%
MCHIP	14,869,740	\$ 219.93	\$ -	\$ -	\$ 0.66	\$ 220.59	4.95%
SPD	9,313,336	\$ 1,623.51	\$ -	\$ -	\$ 5.31	\$ 1,628.83	4.95%
SPD Dual	15,257,835	\$ 792.45	\$ -	\$ -	\$ 1.89	\$ 794.33	4.95%
Total	131,355,603						
P5 Weighted Average PMPM Casemix for P4 (P4 MMs)		\$ 544.69	\$ -	\$ -	\$ 1.66	\$ 546.36	4.95%
P5 Weighted Average PMPM Casemix for P5 (P5 MMs)		\$ 544.69	\$ -	\$ -	\$ 1.66	\$ 546.36	4.95%
Total Projected Waiver Expenditures P5 (P5 MMs)						\$71,767,073,453	

Medicaid Eligibility Group (MEG)	Projected Year 1 and 2 Member Months (P1 + P2)	Projected Year 1 - 5 Member Months (SUM of P1:P5)	Overall R1 to P2 Change (monthly)
CCI Dual (non-CMC)	6,866,224	6,866,224	#DIV/0!
CMC	1,316,547	1,316,547	#DIV/0!
Family	108,279,810	270,699,525	-0.13%
Foster Youth	1,989,764	4,974,410	-0.16%
MCHIP	29,739,480	74,348,700	-0.15%
SPD	18,421,672	46,361,680	
SPD Dual	18,672,899	64,446,404	
Total	258,846,206	652,913,015	-0.36%
P2 Weighted Average PMPM Casemix for R1 (R1 MMs)			-0.08%
P2 Weighted Average PMPM Casemix for P2 (P2 MMs)			-0.14%
Total Projected Waiver Expenditures P2 + P1 (Casemix for P1 and P2)		\$118,550,092,074	
Total Projected Waiver Expenditures P1:P5 (Casemix for P1 through P5)		\$324,418,916,269	

Modify Line items as necessary to fit the MEGs of the program.
State Completion Sections
 To modify the formulas as necessary to fit the length of the program complete this section. The formulas will automatically update given this data.
 PMPM from previously approved waiver.

Overall R1 to P5 Change (monthly)	Overall R1 to P2 Change (annualized)	Overall R1 to P5 Change (annualized)
0.0%	-1.3%	0.4%
-100.0%	#DIV/0!	-100.0%
-100.0%	#DIV/0!	-100.0%
0.0%	-1.6%	0.5%
0.0%	-1.9%	0.6%
0.0%	-1.8%	0.5%
0.1%	-4.2%	1.1%
0.0%	-1.0%	0.4%
0.0%	-1.7%	0.5%

State Plan Services Trend	4.95%
Administrative Cost Trend	5.39%