

Row # / Column Letter

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

Renewal Waiver  
Estimated Member Month Calculations

State: **California**

5 Actual Enrollment for the Time Period - R1 = 7/1/13 through 6/30/14 R2 = 7/1/14 through 12/31/14 \*\*R1 and R2 include actual data and dates used in conversion - no estimates  
 6 Enrollment Projections for the Time Period - P1 = 7/1/15 through 6/30/16 P2 = 7/1/16 through 6/30/17 \*Projections start on Quarter and include data for requested waiver period  
 7 Enrollment Projections for the Time Period - P3 = 7/1/17 through 6/30/18 P4 = 7/1/18 through 6/30/19  
 8 Enrollment Projections for the Time Period - P5 = 7/1/19 through 6/30/20

Medicaid Eligibility Group (MEG)	Retrospective Year 1 (R1) 6/30/14	Retrospective Year 2 (R2) 12/31/14	Projected Quarter 1 7/1/15	Projected Quarter 2 9/30/15	Projected Quarter 3 12/30/15	Projected Quarter 4 3/31/16	Projected Year 1 (P1)	Projected Quarter 5 7/1/16	Projected Quarter 6 9/29/16	Projected Quarter 7 12/29/16	Projected Quarter 8 3/31/17	Projected Year 2 (P2)
Disabled	14,607,330	7,259,930	3,602,640	3,599,029	3,595,422	3,591,818	14,388,909	3,588,218	3,584,621	3,581,028	3,577,439	14,331,306
Foster Care	853,568	439,913	226,234	228,716	231,225	233,762	919,937	236,326	238,919	241,540	244,190	960,975
MCHIP	14,572,576	7,466,380	4,032,312	4,146,300	4,263,510	4,384,033	16,826,155	4,507,963	4,635,397	4,766,433	4,901,173	18,810,966
Other	82,664,094	44,610,021	23,733,727	24,232,214	24,741,171	25,260,818	97,967,930	25,791,379	26,333,084	26,886,166	27,450,865	106,461,494
Medicaid Expansion	10,015,955	13,488,953	7,486,723	7,656,958	7,831,064	8,009,129	30,983,874	8,191,243	8,377,498	8,567,988	8,762,809	33,899,538
<b>Total Member Months</b>	<b>122,713,523</b>	<b>73,265,197</b>	<b>39,081,636</b>	<b>39,863,217</b>	<b>40,662,392</b>	<b>41,479,560</b>	<b>161,086,805</b>	<b>42,315,129</b>	<b>43,169,519</b>	<b>44,043,155</b>	<b>44,936,476</b>	<b>174,464,279</b>
Quarterly % Increase				2.0%	2.0%	2.0%		2.0%	2.0%	2.0%	2.0%	

R2	183.00
Gap (end of R2 to P1)	-182.00
P1	365.00
P2	364.00
P3	364.00
P4	364.00
P5	365.00
TOTAL R2 to P2	730.00
(Days - 365)	365.00
Total R2 to P1	366.00
(Days - 366)	0.00
Total R2 to P3	1,094.00
(Days - 365)	729.00
Total R2 to P4	1,458.00
(Days-365)	1,093.00
TOTAL R2 to P5	1,823.00
(Days - 365)	1,458.00

Total Projected 5 Year	
Disabled	71,370,818
Foster Care	5,028,775
MCHIP	106,461,511
Other	582,463,724
Medicaid Expansion	186,951,248
<b>Total</b>	<b>952,276,076</b>

23 Modify Line items as necessary to fit the MEGs of the program.  
 24 State Completion Sections  
 25  
 26 To modify the formulas as necessary to fit the length of the program complete this section.  
 27 The formulas will automatically update given this data.  
 28 Use Quarter Starting Dates on Appendix D1. Appendix D6 will automatically become Quarter Ending Dates to sync with CMS-64.  
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Medicaid Eligibility Group (MEG)	Projected Quarter 9 1/30/00	Projected Quarter 10 4/30/00	Projected Quarter 11 7/30/00	Projected Quarter 12 10/30/00	Projected Year 3 (P1)	Projected Quarter 13 1/0/00	Projected Quarter 14 3/30/00	Projected Quarter 15 6/29/00	Projected Quarter 16 9/29/00	Projected Year 4 (P2)	Projected Quarter 17 1/0/00	Projected Quarter 18 3/30/00	Projected Quarter 19 6/29/00	Projected Quarter 20 9/29/00	Projected Year 5 (P2)
Disabled	3,573,853	3,570,271	3,566,692	3,563,117	14,273,933	3,559,546	3,555,978	3,552,414	3,548,853	14,216,791	3,545,296	3,541,743	3,538,193	3,534,647	14,159,879
Foster Care	246,869	249,577	252,315	255,083	1,003,844	257,881	260,710	263,570	266,461	1,048,622	269,384	272,329	275,327	278,347	1,095,397
MCHIP	5,039,722	5,182,188	5,328,681	5,479,315	21,029,906	5,634,207	5,793,478	5,957,251	6,125,654	23,510,590	6,298,817	6,476,875	6,659,967	6,848,235	26,283,894
Other	28,027,424	28,616,093	29,217,126	29,830,783	115,691,426	30,457,329	31,097,034	31,750,175	32,417,034	125,721,572	33,097,899	33,793,065	34,502,832	35,227,506	136,621,302
Medicaid Expansion	8,962,060	9,165,842	9,374,258	9,587,413	37,089,573	9,805,414	10,028,372	10,256,400	10,489,613	40,579,799	10,728,129	10,972,068	11,221,554	11,476,713	44,398,464
<b>Total Member Months</b>	<b>45,849,928</b>	<b>46,783,971</b>	<b>47,739,072</b>	<b>48,715,711</b>	<b>189,088,682</b>	<b>49,714,377</b>	<b>50,735,572</b>	<b>51,779,810</b>	<b>52,847,615</b>	<b>205,077,374</b>	<b>53,939,525</b>	<b>55,056,090</b>	<b>56,197,873</b>	<b>57,365,448</b>	<b>222,558,936</b>
Quarterly % Increase		2.0%	2.0%	2.0%		2.0%	2.1%	2.1%	2.1%		2.1%	2.1%	2.1%	2.1%	

	R1 to R2	R2 to P1	P1 to P2	P2 to P3	P3 to P4	P4 to P5	R2 to P5
Annualized % Increase							
% Increase							

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

State of

Appendix D2.S Services in Waiver Cost

Row # /  
Column  
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B C D E F G H I

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	x						x		
Skilled Nursing Home	x			x					
ICF-MR Public									
ICF-MR Private									
ICF-Other									
Physician Services (includes psych)	x			x			x		
Outpatient Hospital (includes psych)	x			x			x		
IHS Outpatient									
Prescribed Drugs	x			x					
Dental Services									
Other Practitioners (includes psych)	x			x			x		
Clinic Services	x			x			x		
Lab or Radiology (includes psych)	x			x			x		
Home Health Services									
Sterilizations									
EPSDT Screening									
Rural Health Clinic	x			x					
FQHC	x			x					
Tribal 638									
HCBS Waivers									
Personal Care									
Other Care Services									
Family Planning									
Targeted Case Mgmt - MR Waiver									
Individualized Alternative or Enhanced Services									
PCCM Case Management Fees									
Managed Care Capitated Services									
Targeted Case Mgmt - MH/SA	x						x		

Row # /  
Column  
Letter

B C D E F G H I

**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	R1 Expenses	R2 Expenses
1	FAMILY PLANNING		90% FFP	5,558,597	18,862,871
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		
B.	COST OF PRIVATE SECTOR CONTRACTORS		75% FFP		
5	MECHANIZED SYSTEMS, NOT APPROVED UNDER MMIS PROCEDURES:		50% FFP		
A.	COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER STATE AGENCIES AND INSTITUTIONS		50% FFP		
B.	COST OF PRIVATE SECTOR CONTRACTORS		50% FFP		
6	PEER REVIEW ORGANIZATIONS (PRO)		75% FFP		
7. A.	THIRD PARTY LIABILITY RECOVERY PROCEDURE - BILLING OFFSET		50% FFP		
B.	ASSIGNMENT OF RIGHTS - BILLING OFFSET		50% FFP		
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		75% FFP		
18.	ENROLLMENT BROKERS		50% FFP		
19.	OTHER FINANCIAL PARTICIPATION		50% FFP		
20	Total			\$ 47,203,191	\$ 143,724,790
				\$ 52,761,788	\$ 162,587,661

\*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

Row # /  
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B C D E F G H I J

Actual Waiver Cost Renewal Comprehensive Version  
State: California

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Medicaid Eligibility Group (MEG)	R1 Member Months	Retrospective Year 1 (R1) Aggregate Costs						Total Actual Waiver Costs (F+G+H+I)
		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	
Disabled	14,607,330		\$ 573,721,536	\$ 573,721,536			\$ 20,972,749	\$ 594,694,285
Foster Care	853,568		\$ 158,160,079	\$ 158,160,079			\$ 5,781,640	\$ 163,941,719
MCHIP	14,572,576		\$ 78,564,415	\$ 78,564,415			\$ 2,871,971	\$ 81,436,386
Other	82,664,094		\$ 584,893,998	\$ 584,893,998			\$ 21,381,165	\$ 606,275,163
Medicaid Expansion	10,015,955		\$ 47,988,829	\$ 47,988,829			\$ 1,754,262	\$ 49,743,091
<b>Total</b>	<b>122,713,523</b>	<b>\$ -</b>	<b>\$ 1,443,328,857</b>	<b>\$ 1,443,328,857</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 52,761,787</b>	<b>\$ 1,496,090,644</b>
R1 Overall PMPM Casemix for R1 (R1 MMs)								

Medicaid Eligibility Group (MEG)	R2 Member Months	Retrospective Year 2 (R2) Aggregate Costs						Total Actual Waiver Costs (F+G+H+I)
		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)	
Disabled	7,259,930		\$ 729,565,257	\$ 729,565,257			\$ 65,679,981	\$ 795,245,238
Foster Care	439,913		\$ 159,616,873	\$ 159,616,873			\$ 14,369,699	\$ 173,986,572
MCHIP	7,466,380		\$ 105,751,043	\$ 105,751,043			\$ 9,520,364	\$ 115,271,407
Other	44,610,021		\$ 651,129,212	\$ 651,129,212			\$ 58,618,683	\$ 709,747,895
Medicaid Expansion	13,488,953		\$ 159,941,616	\$ 159,941,616			\$ 14,398,934	\$ 174,340,550
<b>Total</b>	<b>73,265,197</b>	<b>\$ -</b>	<b>\$ 1,806,004,001</b>	<b>\$ 1,806,004,001</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 162,587,661</b>	<b>\$ 1,968,591,662</b>
R1 Overall PMPM Casemix for R2 (R2 MMs)								

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.

Appendix D3. Actual Waiver Cost

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B C K L M N O

Actual Waiver Cost Renewal Comprehensive Version  
State: California

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Medicaid Eligibility Group (MEG)	R1 Member Months	R1 Per Member Per Month (PMPM) Costs				
		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)
Disabled	14,607,330	\$ 39.28	\$ -	\$ -	\$ 1.44	\$ 40.71
Foster Care	853,568	\$ 185.29	\$ -	\$ -	\$ 6.77	\$ 192.07
MCHIP	14,572,576	\$ 5.39	\$ -	\$ -	\$ 0.20	\$ 5.59
Other	82,664,094	\$ 7.08			\$ 0.26	\$ 7.33
Medicaid Expansion	10,015,955	\$ 4.79	\$ -	\$ -	\$ 0.18	\$ 4.97
<b>Total</b>	<b>122,713,523</b>					
<b>R1 Overall PMPM Casemix for R1 (R1 MMs)</b>		<b>\$ 11.76</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 0.43</b>	<b>\$ 12.19</b>

Medicaid Eligibility Group (MEG)	R2 Member Months	R2 Per Member Per Month (PMPM) Costs				
		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)
Disabled	7,259,930	\$ 100.49	\$ -	\$ -	\$ 9.05	\$ 109.54
Foster Care	439,913	\$ 362.84	\$ -	\$ -	\$ 32.66	\$ 395.50
MCHIP	7,466,380	\$ 14.16	\$ -	\$ -	\$ 1.28	\$ 15.44
Other	44,610,021	\$ 14.60	\$ -	\$ -	\$ 1.31	\$ 15.91
Medicaid Expansion	13,488,953	\$ 11.86	\$ -	\$ -	\$ 1.07	\$ 12.92
<b>Total</b>	<b>73,265,197</b>					
<b>R2 Overall PMPM Casemix for R2 (R2 MMs)</b>		<b>\$ 24.65</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2.22</b>	<b>\$ 26.87</b>

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

State of

**Appendix D4. Adjustments in Projection**

Row # /  
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D

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

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State: California

4

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

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**Renewal Waiver**

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**\* If a change please note**

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Adjustments to the Waiver Cost Projection	Adjustments Made	Location of Adjustment
State Plan Trend		
State Plan Programmatic/policy/pricing changes	X	Appendix D5, Column L, lines 14
Administrative Cost Adjustment	X	Appendix D5, Column AC, lines 16 & 33 and Column AD lines 16 & 33
1915(b)(3) service Trend		
Incentives (not in cap payment) Adjustments		
Other		

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State Completion Sections

Appendix D5. Waiver Cost Projection

Row # /  
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B C D E F G H I J K L M N O P Q

Waiver Cost Projection Renewal Waiver Comprehensive Version  
State: California  
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**								
		State Plan Service Costs*	Incentive Costs*	1915(b)(3) 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 (xJ)	Program Adjustment [Enter Description Here] (Preprint Explains)	PMPM Effect of Program Adjustment ((I+K)xL)	Program Adjustment #2 Adult Optional Expansion (Preprint Explains)	PMPM Effect of Program Adjustment #2	Aggregate PMPM Effect of State Plan Service Adj. (K+M+O)	Total P1 PMPM State Plan Service Cost Projection (I+P)
Disabled	7,259,930	\$ 100.49	\$ -	\$ -	\$ 9.05	\$ 109.54	\$ 100.49	2.6%	\$ 2.61		\$ -		\$ 2.61	\$ 103.10	
Foster Care	439,913	\$ 362.84	\$ -	\$ -	\$ 32.66	\$ 395.50	\$ 362.84	2.6%	\$ 9.43	4.4%	\$ 16.38		\$ 25.81	\$ 388.65	
MCHIP	7,466,390	\$ 14.16	\$ -	\$ -	\$ 1.28	\$ 15.44	\$ 14.16	2.6%	\$ 0.37		\$ -		\$ 0.37	\$ 14.53	
Other	44,610,021	\$ 14.60	\$ -	\$ -	\$ 1.31	\$ 15.91	\$ 14.60	2.6%	\$ 0.38		\$ -		\$ 0.38	\$ 14.98	
Medicaid Expansion	13,488,953	\$ 11.86	\$ -	\$ -	\$ 1.07	\$ 12.92	\$ 11.86	2.6%	\$ 0.31		\$ -		\$ 0.31	\$ 12.17	
<b>Total</b>	<b>73,265,197</b>														
<b>P1 PMPM Casemix for R2 (R2 MMs)</b>		<b>\$ 24.65</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2.22</b>	<b>\$ 26.87</b>	<b>\$ 24.65</b>	<b>2.6%</b>	<b>\$ 0.64</b>	<b>0.4%</b>	<b>\$ 0.10</b>		<b>\$ -</b>	<b>\$ 0.74</b>	<b>\$ 25.39</b>

\* 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 64.21UWAV 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 G. 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)	Prospective Year 1 Member Months	P1 Per Member Per Month (PMPM) Costs					Prospective Year 2 (P2) Projection for State Plan Services**								
		P1 PMPM State Plan Service Costs (same as O13-O18)	P1 PMPM Incentive Service Costs (same as S13-S18)	P1 PMPM 1915(b)(3) Service Costs (same as W13-W18)	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 (xJ)	Program Adjustment [Enter Description Here] (Preprint Explains)	PMPM Effect of Program Adjustment ((I+K)xL)	Program Adjustment #2 Adult Optional Expansion (Preprint Explains)	Effect of Program Adjustment #2	Aggregate PMPM Effect of State Plan Service Adj. (K+M)	Total P2 PMPM State Plan Service Cost Projection (I+N)
Disabled	14,388,909	\$ 103.10	\$ -	\$ -	\$ 9.28	\$ 112.39	\$ 103.10	2.9%	\$ 3.00		\$ -		\$ 3.00	\$ 106.11	
Foster Care	919,937	\$ 388.65	\$ -	\$ -	\$ 33.51	\$ 422.17	\$ 388.65	2.9%	\$ 11.31		\$ -		\$ 11.31	\$ 399.96	
MCHIP	16,826,156	\$ 14.53	\$ -	\$ -	\$ 1.31	\$ 15.84	\$ 14.53	2.9%	\$ 0.42		\$ -		\$ 0.42	\$ 14.95	
Other	97,967,930	\$ 14.98	\$ -	\$ -	\$ 1.35	\$ 16.32	\$ 14.98	2.9%	\$ 0.44		\$ -		\$ 0.44	\$ 15.41	
Medicaid Expansion	30,983,874	\$ 12.17	\$ -	\$ -	\$ 1.10	\$ 13.26	\$ 12.17	2.9%	\$ 0.35		\$ -		\$ 0.35	\$ 12.52	
<b>Total</b>	<b>161,086,806</b>														
<b>P2 PMPM Casemix for R2 (R2 MMs)</b>		<b>\$ 25.39</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2.28</b>	<b>\$ 27.67</b>	<b>\$ 25.39</b>	<b>2.8%</b>	<b>\$ 0.71</b>	<b>0.0%</b>	<b>\$ -</b>		<b>\$ -</b>	<b>\$ 0.71</b>	<b>\$ 26.10</b>

Appendix D5. Waiver Cost Projection

Row # / Column Letter

B R S T U V W X Y Z AA AB AC AD AE AF

Actual Waiver Cost Conversion Renewal Comprehensive Version

State: California

Note: Complete this Appendix for all Prospective Years Waiver Cost Projection

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

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Medicaid Eligibility Group (MEG)	P1 Projection for Incentive Costs not Included in Capitation Rates**				P1 Projection for 1915(b)(3) Service Costs**				P1 Projection for Administration Costs**						Total P1 PMPM Projected Waiver Costs (O+S+W+AA)
	P1 PMPM Incentive Costs* (Same as E13-E18)	Incentive Cost Inflation Adjustment (Annual Year 1) (Preprint Explains)	PMPM Effect of Inflation Adjustment (PxQ)	Total P1 PMPM Incentive Cost Projection (P+R)	R2 PMPM 1915(b)(3) Service Costs* (Same as F13-F18)	1915(b)(3) Service Costs Inflation Adjustment (Annual Year 1) (Preprint Explains)	PMPM Effect of Inflation Adjustment (TxU)	Total P1 PMPM 1915(b)(3) Service Cost Projection (T+V)	R2 PMPM Administration Costs* (Same as G13-G18)	Administration Costs Inflation Adjustment (Annual Year 1) (Preprint Explains)	PMPM Effect of Inflation Adjustment (XxY)	Program Adjustment #2 Optional Adult Medicaid Expansion	Effect of Program Adjustment #2	Total P1 PMPM Administration Cost Projection (X+Z)	
Disabled	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ 9.05	2.6%	\$ 0.24			\$ 9.28	\$ 112.39
Foster Care	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ 32.66	2.6%	\$ 0.85			\$ 33.51	\$ 422.17
MCHIP	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ 1.28	2.6%	\$ 0.03			\$ 1.31	\$ 15.84
Other	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ 1.31	2.6%	\$ 0.03			\$ 1.35	\$ 16.32
Medicaid Expansion	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ 1.07	2.6%	\$ 0.03			\$ 1.10	\$ 13.28
<b>Total</b>															
P1 PMPM Casemix for R2 (R2 MMs)	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	\$ 2.22	2.6%	\$ 0.06		\$ -	\$ 2.28	\$ 27.67

Medicaid Eligibility Group (MEG)	P2 Projection for Incentive Costs not Included in Capitation Rates**				P2 Projection for 1915(b)(3) Service Costs**				P2 Projection for Administration Costs**						Total P2 PMPM Projected Waiver Costs (O+S+W+AA)
	P2 PMPM Incentive Cost Projection (Same as E30-E35)	Incentive Cost Inflation Adjustment (Annual Year 2) (Preprint Explains)	PMPM Effect of Inflation Adjustment (PxQ)	Total P2 PMPM Incentive Cost Projection (P+R)	P2 PMPM 1915(b)(3) Service Cost Projection (Same as F30-F35)	1915(b)(3) Service Costs Inflation Adjustment (Annual Year 2) (Preprint Explains)	PMPM Effect of Inflation Adjustment (TxU)	Total P2 PMPM 1915(b)(3) Service Cost Projection (T+V)	P1 PMPM Administration Cost Projection (Same as G30-G35)	Administration Costs Inflation Adjustment (Annual Year 2)	PMPM Effect of Inflation Adjustment (XxY)	Program Adjustment #2 Optional Adult Medicaid Expansion	Effect of Program Adjustment #2	Total P2 PMPM Administration Cost Projection (X+Z)	
Disabled	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ 9.28	2.9%	\$ 0.27			\$ 9.55	\$ 115.66
Foster Care	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ 33.51	2.9%	\$ 0.97			\$ 34.49	\$ 434.45
MCHIP	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ 1.31	2.9%	\$ 0.04			\$ 1.35	\$ 16.30
Other	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ 1.35	2.9%	\$ 0.04			\$ 1.39	\$ 16.80
Medicaid Expansion	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ 1.10	2.9%	\$ 0.03			\$ 1.13	\$ 13.65
<b>Total</b>															
P2 PMPM Casemix for R2 (R2 MMs)	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	\$ 2.28	2.8%	\$ 0.06		\$ -	\$ 2.34	\$ 28.44



Row #/  
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State: California  
Projection for Upcoming Waiver Period

**Projected Year 1**

Medicaid Eligibility Group (MEG)	Total Projected Year 1 Member Months (P1)	P1 Projected PMPM Costs from Appendix D5 (Totals weighted on Projected Year 1 Member Months)					Total PMPM Projected Service Costs (Column H-G)
		Total PMPM State Plan Service Cost Projection	Total PMPM Incentive Cost Projection	Total PMPM 1915(b)(3) Service Cost Projection	Total PMPM Administration Cost Projection	Total PMPM Projected Waiver Costs	
		Disabled	14,388,909	\$ 103.10	\$ -	\$ -	
Foster Care	919,937	\$ 388.65	\$ -	\$ -	\$ 33.51	\$ 422.17	\$ 388.65
MCHIP	16,826,155	\$ 14.53	\$ -	\$ -	\$ 1.31	\$ 15.84	\$ 14.53
Other	97,967,930	\$ 14.98	\$ -	\$ -	\$ 1.35	\$ 16.32	\$ 14.98
Medicaid Expansion	30,983,874	\$ 12.17	\$ -	\$ -	\$ 1.10	\$ 13.26	\$ 12.17
<b>Total</b>	<b>161,086,805</b>						
<b>P1 Weighted Average PMPM Casemix for P1 (P1 MMs)</b>		<b>\$ 24.39</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2.19</b>	<b>\$ 26.58</b>	

Medicaid Eligibility Group (MEG)	Member Months Projections	Q1 Quarterly Projected Costs			Q2 Quarterly Projected Costs			Q3 Quarterly Projected Costs			Q4 Quarterly Projected Costs			Total P1 Projected Waiver Costs
		64.9W /64.21U W Service Costs include Incentives	64.10 Waiver Administration Costs	64.9W /64.21U W Service Costs include Incentives	64.10 Waiver Administration Costs	64.9W /64.21U W Service Costs include Incentives	64.10 Waiver Administration Costs	64.9W /64.21U W Service Costs include Incentives	64.10 Waiver Administration Costs					
Disabled	3,602,640	\$ 371,449,636.97	\$ 33,440,195.88	3,599,029	\$ 371,077,325.37	\$ 33,406,678.08	3,595,422	\$ 370,705,426.20	\$ 33,373,197.42	3,591,818	\$ 370,333,836.34	\$ 33,339,744.60	\$ 1,617,126,040.84	
Foster Care	226,234	\$ 87,926,084.96	\$ 7,582,040.68	228,716	\$ 88,890,716.91	\$ 7,665,222.80	231,225	\$ 89,865,842.43	\$ 7,749,309.81	233,762	\$ 90,851,850.18	\$ 7,834,335.21	\$ 388,365,402.98	
MCHIP	4,032,312	\$ 58,597,091.35	\$ 5,275,273.16	4,146,300	\$ 60,253,551.77	\$ 5,424,397.99	4,263,510	\$ 61,956,833.93	\$ 5,577,738.00	4,384,033	\$ 63,708,260.22	\$ 5,735,412.25	\$ 266,528,558.66	
Other	23,733,727	\$ 355,425,068.20	\$ 31,997,565.18	24,232,214	\$ 362,890,173.70	\$ 32,669,620.20	24,741,171	\$ 370,512,072.97	\$ 33,355,790.76	25,260,818	\$ 378,294,060.62	\$ 34,056,373.47	\$ 1,599,200,725.09	
Medicaid Expansion	7,486,723	\$ 91,079,862.03	\$ 8,199,572.79	7,656,958	\$ 93,150,858.95	\$ 8,386,016.75	7,831,064	\$ 95,268,948.60	\$ 8,576,700.28	8,009,129	\$ 97,435,201.53	\$ 8,771,719.78	\$ 410,868,880.69	
<b>Total</b>	<b>39,081,636</b>	<b>\$ 964,477,743.50</b>	<b>\$ 86,494,647.68</b>	<b>39,863,217</b>	<b>\$ 976,262,626.70</b>	<b>\$ 87,551,935.82</b>	<b>40,662,392</b>	<b>\$ 988,309,124.12</b>	<b>\$ 88,632,736.27</b>	<b>41,479,560</b>	<b>\$ 1,000,623,208.88</b>	<b>\$ 89,377,585.30</b>	<b>\$ 4,282,089,608.27</b>	

**Projected Year 2**

Medicaid Eligibility Group (MEG)	Total Projected Year 2 Member Months (P2)	P2 Projected PMPM Costs from Appendix D5 (Totals weighted on Projected Year 2 Member Months)					Total PMPM Projected Service Costs (Column H-G)
		Total PMPM State Plan Service Cost Projection	Total PMPM Incentive Cost Projection	Total PMPM 1915(b)(3) Service Cost Projection	Total PMPM Administration Cost Projection	Total PMPM Projected Waiver Costs	
		Disabled	14,331,306	\$ 106.11	\$ -	\$ -	
Foster Care	960,975	\$ 399.96	\$ -	\$ -	\$ 34.49	\$ 434.45	\$ 399.96
MCHIP	18,810,966	\$ 14.95	\$ -	\$ -	\$ 1.35	\$ 16.30	\$ 14.95
Other	106,461,494	\$ 15.41	\$ -	\$ -	\$ 1.39	\$ 16.80	\$ 15.41
Medicaid Expansion	33,899,538	\$ 12.52	\$ -	\$ -	\$ 1.13	\$ 13.65	\$ 12.52
<b>Total</b>	<b>174,464,279</b>						
<b>P2 Weighted Average PMPM Casemix for P2 (P2 MMs)</b>		<b>\$ 24.37</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2.19</b>	<b>\$ 26.55</b>	

Medicaid Eligibility Group (MEG)	Member Months Projections	Q5 Quarterly Projected Costs			Q6 Quarterly Projected Costs			Q7 Quarterly Projected Costs			Q8 Quarterly Projected Costs			Total P2 Projected Waiver Costs
		64.9W /64.21U W Service Costs include Incentives	64.10 Waiver Administration Costs	64.9W /64.21U W Service Costs include Incentives	64.10 Waiver Administration Costs	64.9W /64.21U W Service Costs include Incentives	64.10 Waiver Administration Costs	64.9W /64.21U W Service Costs include Incentives	64.10 Waiver Administration Costs					
Disabled	3,588,218	\$ 380,728,572.27	\$ 34,272,212.44	3,584,621	\$ 380,346,911.88	\$ 34,237,856.35	3,581,028	\$ 379,965,675.92	\$ 34,203,538.46	3,577,439	\$ 379,584,864.37	\$ 34,169,258.78	\$ 1,657,508,890.48	
Foster Care	236,326	\$ 94,521,138.54	\$ 8,149,953.20	238,919	\$ 95,558,236.92	\$ 8,239,375.56	241,540	\$ 96,606,534.21	\$ 8,329,763.53	244,190	\$ 97,666,430.35	\$ 8,421,151.59	\$ 417,492,583.90	
MCHIP	4,507,963	\$ 67,415,514.26	\$ 6,088,572.47	4,635,397	\$ 69,321,259.41	\$ 6,240,122.78	4,766,433	\$ 71,280,871.62	\$ 6,416,522.07	4,901,173	\$ 73,295,876.27	\$ 6,597,907.64	\$ 306,636,646.51	
Other	25,791,379	\$ 397,479,060.36	\$ 35,780,048.76	26,333,084	\$ 405,627,446.63	\$ 36,531,549.15	26,886,166	\$ 414,351,167.44	\$ 37,298,832.70	27,450,865	\$ 423,053,921.48	\$ 38,082,232.37	\$ 1,788,404,258.88	
Medicaid Expansion	8,191,243	\$ 102,550,548.37	\$ 9,231,337.84	8,377,498	\$ 104,882,374.25	\$ 9,441,242.83	8,567,988	\$ 107,267,220.36	\$ 9,655,920.57	8,762,809	\$ 109,706,288.56	\$ 9,875,479.25	\$ 462,610,412.03	
<b>Total</b>	<b>42,315,129</b>	<b>\$ 1,042,694,833.80</b>	<b>\$ 93,502,124.70</b>	<b>43,169,519</b>	<b>\$ 1,055,939,220.10</b>	<b>\$ 94,690,146.67</b>	<b>44,043,155</b>	<b>\$ 1,069,471,469.53</b>	<b>\$ 95,904,577.33</b>	<b>44,936,476</b>	<b>\$ 1,083,307,381.03</b>	<b>\$ 97,146,029.63</b>	<b>\$ 4,632,652,791.80</b>	

**Projected Year 3**

Medicaid Eligibility Group (MEG)	Total Projected Year 3 Member Months (P3)	P3 Projected PMPM Costs from Appendix D5 (Totals weighted on Projected Year 3 Member Months)					Total PMPM Projected Service Costs (Column H-G)
		Total PMPM State Plan Service Cost Projection	Total PMPM Incentive Cost Projection	Total PMPM 1915(b)(3) Service Cost Projection	Total PMPM Administration Cost Projection	Total PMPM Projected Waiver Costs	
		Disabled	14,273,933	\$ 109.38	\$ -	\$ -	
Foster Care	1,003,844	\$ 412.32	\$ -	\$ -	\$ 35.56	\$ 447.87	\$ 412.32
MCHIP	21,029,906	\$ 15.42	\$ -	\$ -	\$ 1.39	\$ 16.80	\$ 15.42
Other	115,691,426	\$ 15.89	\$ -	\$ -	\$ 1.43	\$ 17.32	\$ 15.89
Medicaid Expansion	37,089,573	\$ 12.91	\$ -	\$ -	\$ 1.16	\$ 14.07	\$ 12.91
<b>Total</b>	<b>173,810,905</b>	<b>\$ 44</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2.19</b>	<b>\$ 26.55</b>	

Row # /  
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2 Modify Line Items as necessary to fit the MEGs of the program.

3 State Completion Sections State: California

P2 Weighted Average PMPM Casemix for P2 (P2 MMs)	\$ 26.56	\$ -	\$ -	\$ 2.38	\$ 28.94
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Medicaid Eligibility Group (MEG)	Q9 Quarterly Projected Costs			Q10 Quarterly Projected Costs			Q11 Quarterly Projected Costs			Q12 Quarterly Projected Costs			Total P3 Projected Waiver Costs
	Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	
Disabled	3,573,853	\$ 390,921,786.21	\$ 35,193,193.00	3,570,271	\$ 390,529,973.27	\$ 35,157,919.58	3,566,692	\$ 390,138,488.49	\$ 35,122,675.70	3,563,117	\$ 389,747,441.24	\$ 35,087,471.21	\$ 1,701,898,948.68
Foster Care	246,869	\$ 101,788,927.26	\$ 8,777,459.49	249,577	\$ 102,905,488.73	\$ 8,873,742.78	252,315	\$ 104,034,419.80	\$ 8,971,092.73	255,083	\$ 105,175,720.45	\$ 9,069,509.33	\$ 449,596,360.57
MCHIP	5,039,722	\$ 77,896,709.97	\$ 6,994,737.90	5,182,188	\$ 79,893,088.95	\$ 7,192,469.50	5,328,681	\$ 82,151,551.65	\$ 7,395,790.27	5,479,315	\$ 84,473,855.58	\$ 7,604,858.42	\$ 353,403,062.23
Other	28,027,424	\$ 445,286,382.84	\$ 40,087,429.90	28,616,093	\$ 454,638,875.94	\$ 40,929,399.09	29,217,126	\$ 464,187,802.40	\$ 41,789,052.41	29,830,783	\$ 473,937,292.96	\$ 42,666,761.76	\$ 2,003,522,997.30
Medicaid Expansion	8,962,060	\$ 115,667,823.59	\$ 10,413,131.37	9,165,842	\$ 118,297,913.15	\$ 10,649,908.27	9,374,258	\$ 120,987,810.91	\$ 10,892,069.47	9,587,413	\$ 123,738,872.05	\$ 11,139,736.97	\$ 521,787,265.79
<b>Total</b>	<b>45,849,928</b>	<b>\$ 1,131,361,629.87</b>	<b>\$ 101,465,951.66</b>	<b>46,783,971.00</b>	<b>\$ 1,146,265,340.05</b>	<b>\$ 102,803,439.22</b>	<b>47,739,072.00</b>	<b>\$ 1,161,500,073.24</b>	<b>\$ 104,170,680.58</b>	<b>48,715,711.00</b>	<b>\$ 1,177,073,182.27</b>	<b>\$ 105,568,337.68</b>	<b>\$ 5,030,208,634.57</b>

Projected Year 4

Medicaid Eligibility Group (MEG)	Total Projected Year 4 Member Months (P4)	P4 Projected PMPM Costs from Appendix D5 (Totals weighted on Projected Year 4 Member Months)					Total PMPM Projected Service Costs (Column H-G)
		Total PMPM State Plan Service Cost Projection	Total PMPM Incentive Cost Projection	Total PMPM 1915(b)(3) Service Cost Projection	Total PMPM Administration Cost Projection	Total PMPM Projected Waiver Costs	
Disabled	14,216,791	\$ 112.67			\$ 10.14	\$ 122.81	\$ 112.67
Foster Care	1,048,622	\$ 424.69			\$ 36.62	\$ 461.31	\$ 424.69
MCHIP	23,510,590	\$ 15.88			\$ 1.43	\$ 17.31	\$ 15.88
Other	125,721,572	\$ 16.36			\$ 1.47	\$ 17.84	\$ 16.36
Medicaid Expansion	40,579,799	\$ 13.29			\$ 1.20	\$ 14.49	\$ 13.29
<b>Total</b>	<b>205,077,374</b>	<b>\$ 24.46</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2.19</b>	<b>\$ 26.66</b>	
P2 Weighted Average PMPM Casemix for P2 (P2 MMs)		\$ 24.46	\$ -	\$ -	\$ 2.19	\$ 26.66	

Medicaid Eligibility Group (MEG)	Q13 Quarterly Projected Costs			Q14 Quarterly Projected Costs			Q15 Quarterly Projected Costs			Q16 Quarterly Projected Costs			Total P4 Projected Waiver Costs
	Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	
Disabled	3,559,546	\$ 401,037,536.47	\$ 36,103,875.29	3,555,978	\$ 400,635,546.46	\$ 36,067,685.67	3,552,414	\$ 400,234,007.11	\$ 36,031,536.62	3,548,853	\$ 399,832,805.76	\$ 35,995,418.00	\$ 1,745,938,411.38
Foster Care	257,881	\$ 109,519,272.41	\$ 9,444,062.36	260,710	\$ 110,720,718.12	\$ 9,547,665.39	263,570	\$ 111,935,329.20	\$ 9,652,403.69	266,461	\$ 113,163,105.64	\$ 9,758,277.27	\$ 483,740,834.09
MCHIP	5,634,207	\$ 89,467,658.65	\$ 8,054,431.43	5,793,478	\$ 91,996,781.82	\$ 8,282,118.72	5,957,251	\$ 94,597,393.91	\$ 8,516,241.89	6,125,654	\$ 97,271,527.49	\$ 8,756,983.92	\$ 406,943,137.83
Other	30,457,329	\$ 498,408,304.56	\$ 44,869,793.34	31,097,034	\$ 508,876,533.23	\$ 45,812,207.92	31,750,175	\$ 519,564,630.61	\$ 46,774,416.45	32,417,034	\$ 530,477,211.41	\$ 47,756,834.36	\$ 2,242,539,931.89
Medicaid Expansion	9,805,414	\$ 130,349,051.86	\$ 11,734,826.15	10,028,372	\$ 133,312,961.79	\$ 12,001,655.62	10,256,400	\$ 136,344,270.17	\$ 12,274,552.71	10,489,613	\$ 139,444,505.75	\$ 12,553,655.05	\$ 588,015,479.10
<b>Total</b>	<b>49,714,377</b>	<b>\$ 1,228,781,823.96</b>	<b>\$ 110,206,988.57</b>	<b>50,735,572</b>	<b>\$ 1,245,542,541.42</b>	<b>\$ 111,711,333.32</b>	<b>51,779,810</b>	<b>\$ 1,262,675,631.00</b>	<b>\$ 113,249,151.36</b>	<b>52,847,615</b>	<b>\$ 1,280,189,156.06</b>	<b>\$ 114,821,168.60</b>	<b>\$ 5,467,177,794.29</b>

Projected Year 5

Medicaid Eligibility Group (MEG)	Total Projected Year 5 Member Months (P5)	P5 Projected PMPM Costs from Appendix D5 (Totals weighted on Projected Year 5 Member Months)					Total PMPM Projected Service Costs (Column H-G)
		Total PMPM State Plan Service Cost Projection	Total PMPM Incentive Cost Projection	Total PMPM 1915(b)(3) Service Cost Projection	Total PMPM Administration Cost Projection	Total PMPM Projected Waiver Costs	
Disabled	14,159,879	\$ 115.94	\$ -	\$ -	\$ 10.44	\$ 126.38	\$ 115.94
Foster Care	1,095,397	\$ 437.05	\$ -	\$ -	\$ 37.69	\$ 474.74	\$ 437.05
MCHIP	26,293,894	\$ 16.34	\$ -	\$ -	\$ 1.47	\$ 17.81	\$ 16.34
Other	136,621,302	\$ 16.84	\$ -	\$ -	\$ 1.52	\$ 18.36	\$ 16.84
Medicaid Expansion	44,308,464	\$ 13.68	\$ -	\$ -	\$ 1.23	\$ 14.91	\$ 13.68
<b>Total</b>	<b>222,558,936</b>	<b>\$ 24.52</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2.20</b>	<b>\$ 26.72</b>	
P2 Weighted Average PMPM Casemix for P2 (P2 MMs)		\$ 24.52	\$ -	\$ -	\$ 2.20	\$ 26.72	

Medicaid Eligibility Group (MEG)	Q17 Quarterly Projected Costs			Q18 Quarterly Projected Costs			Q19 Quarterly Projected Costs			Q20 Quarterly Projected Costs			Total P2 Projected Waiver Costs
	Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	
Disabled	3,545,296	\$ 411,055,527.87	\$ 37,005,756.74	3,541,743	\$ 410,643,579.11	\$ 36,968,670.57	3,538,193	\$ 410,231,978.18	\$ 36,931,615.71	3,534,647	\$ 409,820,841.03	\$ 36,894,602.61	\$ 1,789,552,571.82
Foster Care	269,384	\$ 117,733,642.28	\$ 10,152,403.64	272,339	\$ 119,025,118.06	\$ 10,263,770.14	275,327	\$ 120,331,016.42	\$ 10,376,380.32	278,347	\$ 121,650,900.30	\$ 10,490,196.51	\$ 520,023,427.66
MCHIP	6,298,817	\$ 102,931,865.15	\$ 9,266,562.49	6,476,875	\$ 105,841,592.81	\$ 9,528,514.15	6,659,967	\$ 108,833,583.38	\$ 9,797,871.63	6,848,235	\$ 111,910,157.35	\$ 10,074,843.82	\$ 468,184,990.78
Other	33,097,899	\$ 557,380,101.06	\$ 50,178,798.62	33,793,065	\$ 569,086,937.66	\$ 51,232,720.34	34,502,832	\$ 581,039,660.16	\$ 52,308,778.23	35,227,506	\$ 593,243,421.72	\$ 53,407,436.21	\$ 2,507,877,853.99
Medicaid Expansion	10,728,129	\$ 146,765,340.60	\$ 13,212,721.79	10,972,068	\$ 150,102,529.25	\$ 13,513,156.11	11,221,554	\$ 153,515,603.22	\$ 13,820,422.09	11,476,713	\$ 157,006,286.22	\$ 14,134,674.92	\$ 662,070,734.19
<b>Total</b>	<b>53,939,525</b>	<b>\$ 1,335,866,476.96</b>	<b>\$ 119,816,243.27</b>	<b>55,056,090</b>	<b>\$ 1,354,699,756.90</b>	<b>\$ 121,506,831.30</b>	<b>56,197,873</b>	<b>\$ 1,373,951,841.36</b>	<b>\$ 123,235,067.98</b>	<b>57,365,448</b>	<b>\$ 1,393,631,606.61</b>	<b>\$ 125,001,754.06</b>	<b>\$ 5,947,709,578.43</b>

P Q R S T U

**Quarterly CMS Targets for RO CMS-64 Review Renewal**

State: California

Projection for Upcoming Waiver Period

Projections for RO CMS-64 Certification - Aggregate Cost

Projected Year 1 7/1/15 through 6/30/16

Waiver Form	Medicaid Eligibility Group (MEG)	Q1 Quarterly Projected Costs 9/30/15	Q2 Quarterly Projected Costs 12/31/15	Q3 Quarterly Projected Costs 3/30/16	Q4 Quarterly Projected Costs 6/30/16
64.21U Waiver Form	Disabled	\$ 371,449,636.97	\$ 371,077,325.37	\$ 370,705,426.20	\$ 370,333,836.34
64.21U Waiver Form	Foster Care	\$ 87,926,084.96	\$ 88,890,716.91	\$ 89,865,842.43	\$ 90,851,850.18
64.9 Waiver Form	MCHIP	\$ 58,597,091.35	\$ 60,253,551.77	\$ 61,956,833.93	\$ 63,708,260.22
64.9E Waiver Form	Other	\$ 355,425,068.20	\$ 362,890,173.70	\$ 370,512,072.97	\$ 378,294,060.62
64.9 Waiver Form	Medicaid Expansion	\$ 91,079,862.03	\$ 93,150,858.95	\$ 95,268,948.60	\$ 97,435,201.53
64.10 Waiver Form		\$ 86,494,647.68	\$ 87,551,935.82	\$ 88,632,736.27	\$ 89,737,585.30

Projected Year 2 7/1/16 through 6/30/17

Waiver Form	Medicaid Eligibility Group (MEG)	Q5 Quarterly Projected Costs 9/30/16	Q6 Quarterly Projected Costs 12/31/16	Q7 Quarterly Projected Costs 3/30/17	Q8 Quarterly Projected Costs 6/30/17
64.21U Waiver Form	Disabled	\$ 380,728,572.27	\$ 380,346,911.88	\$ 379,965,675.92	\$ 379,584,864.37
64.21U Waiver Form	Foster Care	\$ 94,521,138.54	\$ 95,558,236.92	\$ 96,606,534.21	\$ 97,666,430.35
64.9 Waiver Form	MCHIP	\$ 67,415,514.26	\$ 69,321,259.41	\$ 71,280,871.62	\$ 73,295,876.27
64.9E Waiver Form	Other	\$ 397,479,060.36	\$ 405,827,446.63	\$ 414,351,167.44	\$ 423,053,921.48
64.9 Waiver Form	Medicaid Expansion	\$ 102,550,548.37	\$ 104,882,374.25	\$ 107,267,220.36	\$ 109,706,288.56
64.10 Waiver Form		\$ 93,502,124.70	\$ 94,690,146.67	\$ 95,904,577.33	\$ 97,146,029.63

P Q R S T U

Quarterly CMS Targets for RO CMS-64 Review Renewal

State: California

Waiver Form	Medicaid Eligibility Group (MEG)	Q5 Quarterly Projected Costs 9/30/17	Q6 Quarterly Projected Costs 12/31/17	Q7 Quarterly Projected Costs 3/30/18	Q8 Quarterly Projected Costs 6/30/18
64.21U Waiver Form	Disabled	\$ 390,921,786.21	\$ 390,529,973.27	\$ 390,138,488.49	\$ 389,747,441.24
64.21U Waiver Form	Foster Care	\$ 101,788,927.26	\$ 102,905,488.73	\$ 104,034,419.80	\$ 105,175,720.45
64.9 Waiver Form	MCHIP	\$ 77,696,709.97	\$ 79,893,088.95	\$ 82,151,551.65	\$ 84,473,855.58
64.9E Waiver Form	Other	\$ 445,286,382.84	\$ 454,638,875.94	\$ 464,187,802.40	\$ 473,937,292.96
64.9 Waiver Form	Medicaid Expansion	\$ 115,667,823.59	\$ 118,297,913.15	\$ 120,987,810.91	\$ 123,738,872.05
64.10 Waiver Form		\$ 101,465,951.66	\$ 102,803,439.22	\$ 104,170,680.58	\$ 105,568,337.68

Waiver Form	Medicaid Eligibility Group (MEG)	Q5 Quarterly Projected Costs 9/30/18	Q6 Quarterly Projected Costs 12/31/18	Q7 Quarterly Projected Costs 3/30/19	Q8 Quarterly Projected Costs 6/30/19
64.21U Waiver Form	Disabled	\$ 401,037,536.47	\$ 400,635,546.46	\$ 400,234,007.11	\$ 399,832,805.76
64.21U Waiver Form	Foster Care	\$ 109,519,272.41	\$ 110,720,718.12	\$ 111,935,329.20	\$ 113,163,105.64
64.9 Waiver Form	MCHIP	\$ 89,467,658.65	\$ 91,996,781.82	\$ 94,597,393.91	\$ 97,271,527.49
64.9E Waiver Form	Other	\$ 498,408,304.56	\$ 508,876,533.23	\$ 519,564,630.61	\$ 530,477,211.41
64.9 Waiver Form	Medicaid Expansion	\$ 130,349,051.86	\$ 133,312,961.79	\$ 136,344,270.17	\$ 139,444,505.75
64.10 Waiver Form		\$ 110,206,988.57	\$ 111,711,333.32	\$ 113,249,151.36	\$ 114,821,168.60

Waiver Form	Medicaid Eligibility Group (MEG)	Q5 Quarterly Projected Costs 9/30/19	Q6 Quarterly Projected Costs 12/31/19	Q7 Quarterly Projected Costs 3/30/20	Q8 Quarterly Projected Costs 9/30/20
64.21U Waiver Form	Disabled	\$ 411,055,527.87	\$ 410,643,579.11	\$ 410,231,978.18	\$ 409,820,841.03
64.21U Waiver Form	Foster Care	\$ 117,733,642.28	\$ 119,025,118.06	\$ 120,331,016.42	\$ 121,650,900.30
64.9 Waiver Form	MCHIP	\$ 102,931,865.15	\$ 105,841,592.81	\$ 108,833,583.38	\$ 111,910,157.35
64.9E Waiver Form	Other	\$ 557,380,101.06	\$ 569,086,937.66	\$ 581,039,660.16	\$ 593,243,421.72
64.9 Waiver Form	Medicaid Expansion	\$ 146,765,340.60	\$ 150,102,529.25	\$ 153,515,603.22	\$ 157,006,286.22
64.10 Waiver Form		\$ 119,816,243.27	\$ 121,506,831.30	\$ 123,235,067.98	\$ 125,001,754.06

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State of

Appendix D6. RO Targets

V W X Y Z AA AB AC AD AE AF AG AH AI

Quarterly CMS Targets for RO Cost-Effectiveness Monitoring

State: California

Projection for Upcoming Waiver Period

Worksheet for RO PMPM Cost-Effectiveness Monitoring

Projected Year 1

Waiver Form	Medicaid Eligibility Group (MEG)	State Completion Section - For Waiver Submission	
		P1 Projected PMPM	
		From Column I (services)	From Column G (Administration)
64.21U Waiver Form	Disabled	\$	103.10
64.21U Waiver Form	Foster Care	\$	388.65
64.9 Waiver Form	MCHIP	\$	14.53
64.9 Waiver Form	Other	\$	14.98
64.9 Waiver Form	Medicaid Expansion	\$	12.17
64.10 Waiver Form	All MEGS	\$	2.19

Projected Year 1

Waiver Form	Medicaid Eligibility Group (MEG)	RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring		
		Q1 Quarterly Actual Costs			Q2 Quarterly Actual Costs			Q3 Quarterly Actual Costs			Q4 Quarterly Actual Costs		
		Member Months Actuals	Actual Aggregate	Actual PMPM Costs	Member Months Actuals	Actual Aggregate	Actual PMPM Costs	Member Months Actuals	Actual Aggregate	Actual PMPM Costs	Member Months Actuals	Actual Aggregate	Actual PMPM Costs
64.21U Waiver Form	Disabled	9/30/2015		#DIV/0!	12/31/2015		#DIV/0!	3/30/2016		#DIV/0!	6/30/2016		#DIV/0!
64.21U Waiver Form	Foster Care			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9 Waiver Form	MCHIP			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9E Waiver Form	Other			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9 Waiver Form	Medicaid Expansion			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.10 Waiver Form	All MEGS			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

Projected Year 2

Waiver Form	Medicaid Eligibility Group (MEG)	State Completion Section - For Waiver Submission	
		P1 Projected PMPM	
		From Column I (services)	From Column G (Administration)
64.21U Waiver Form	Disabled	\$	106.11
64.21U Waiver Form	Foster Care	\$	399.96
64.9 Waiver Form	MCHIP	\$	14.95
64.9 Waiver Form	Other	\$	15.41
64.9 Waiver Form	Medicaid Expansion	\$	12.52
64.10 Waiver Form	All MEGS	\$	2.19

Projected Year 2

Waiver Form	Medicaid Eligibility Group (MEG)	RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring		
		Q5 Quarterly Actual Costs			Q6 Quarterly Actual Costs			Q7 Quarterly Actual Costs			Q8 Quarterly Actual Costs		
		Member Months Actuals	Actual Aggregate	Actual PMPM Costs	Member Months Actuals	Actual Aggregate	Actual PMPM Costs	Member Months Actuals	Actual Aggregate	Actual PMPM Costs	Member Months Actuals	Actual Aggregate	Actual PMPM Costs
64.21U Waiver Form	Disabled	9/30/2016		#DIV/0!	12/31/2016		#DIV/0!	3/30/2017		#DIV/0!	6/30/2017		#DIV/0!
64.21U Waiver Form	Foster Care			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9 Waiver Form	MCHIP			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9E Waiver Form	Other			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9 Waiver Form	Medicaid Expansion			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.10 Waiver Form	All MEGS			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

Projected Year 3

Waiver Form	Medicaid Eligibility Group (MEG)	State Completion Section - For Waiver Submission	
		P1 Projected PMPM	
		From Column I (services)	From Column G (Administration)
64.21U Waiver Form	Disabled	\$	109.38
64.21U Waiver Form	Foster Care	\$	412.32
64.9 Waiver Form	MCHIP	\$	15.42
64.9 Waiver Form	Other	\$	15.89
64.9 Waiver Form	Medicaid Expansion	\$	12.91

V W X Y Z AA AB AC AD AE AF AG AH AI

Quarterly CMS Targets for RO Cost-Effectiveness Monitoring

State: California

64.10 Waiver Form	All MEGS	\$ 2.38
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Waiver Form	Medicaid Eligibility Group (MEG)	Q9 Quarterly Actual Costs			Q10 Quarterly Actual Costs			Q11 Quarterly Actual Costs			Q12 Quarterly Actual Costs		
		Member Months Actuals 9/30/2017	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals 12/31/2017	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals 3/30/2018	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals 6/30/2018	Actual Aggregate Waiver Form Costs	Actual PMPM Costs
64.21U Waiver Form	Disabled												
64.21U Waiver Form	Foster Care												
64.9 Waiver Form	MCHIP			#DIV/0!			#DIV/0!			#DIV/0!		#DIV/0!	
64.9E Waiver Form	Other			#DIV/0!			#DIV/0!			#DIV/0!		#DIV/0!	
64.9 Waiver Form	Medicaid Expansion			#DIV/0!			#DIV/0!			#DIV/0!		#DIV/0!	
64.10 Waiver Form	All MEGS			#DIV/0!			#DIV/0!			#DIV/0!		#DIV/0!	

Projected Year 4

Waiver Form	Medicaid Eligibility Group (MEG)	State Completion Section - For Waiver Submission	
		P1 Projected PMPM From Column I (services)	From Column G (Administration)
64.21U Waiver Form	Disabled	\$ 112.67	
64.21U Waiver Form	Foster Care	\$ 424.69	
64.9 Waiver Form	MCHIP	\$ 15.88	
64.9 Waiver Form	Other	\$ 16.36	
64.9 Waiver Form	Medicaid Expansion	\$ 13.29	
64.10 Waiver Form	All MEGS	\$ 2.19	

Waiver Form	Medicaid Eligibility Group (MEG)	Q13 Quarterly Actual Costs			Q14 Quarterly Actual Costs			Q15 Quarterly Actual Costs			Q16 Quarterly Actual Costs		
		Member Months Actuals 9/30/2018	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals 12/31/2018	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals 3/30/2019	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals 6/30/2019	Actual Aggregate Waiver Form Costs	Actual PMPM Costs
64.21U Waiver Form	Disabled			#DIV/0!			#DIV/0!			#DIV/0!		#DIV/0!	
64.21U Waiver Form	Foster Care			#DIV/0!			#DIV/0!			#DIV/0!		#DIV/0!	
64.9 Waiver Form	MCHIP			#DIV/0!			#DIV/0!			#DIV/0!		#DIV/0!	
64.9E Waiver Form	Other			#DIV/0!			#DIV/0!			#DIV/0!		#DIV/0!	
64.9 Waiver Form	Medicaid Expansion			#DIV/0!			#DIV/0!			#DIV/0!		#DIV/0!	
64.10 Waiver Form	All MEGS			#DIV/0!			#DIV/0!			#DIV/0!		#DIV/0!	

Projected Year 5

Waiver Form	Medicaid Eligibility Group (MEG)	State Completion Section - For Waiver Submission	
		P1 Projected PMPM From Column I (services)	From Column G (Administration)
64.21U Waiver Form	Disabled	\$ 115.94	
64.21U Waiver Form	Foster Care	\$ 437.05	
64.9 Waiver Form	MCHIP	\$ 16.34	
64.9 Waiver Form	Other	\$ 16.84	
64.9 Waiver Form	Medicaid Expansion	\$ 13.68	
64.10 Waiver Form	All MEGS	\$ 2.20	

Waiver Form	Medicaid Eligibility Group (MEG)	Q17 Quarterly Actual Costs			Q18 Quarterly Actual Costs			Q19 Quarterly Actual Costs			Q20 Quarterly Actual Costs		
		Member Months Actuals 9/30/2019	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals 12/31/2019	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals 3/30/2020	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals 9/30/2020	Actual Aggregate Waiver Form Costs	Actual PMPM Costs
64.21U Waiver Form	Disabled			#DIV/0!			#DIV/0!			#DIV/0!		#DIV/0!	
64.21U Waiver Form	Foster Care			#DIV/0!			#DIV/0!			#DIV/0!		#DIV/0!	
64.9 Waiver Form	MCHIP			#DIV/0!			#DIV/0!			#DIV/0!		#DIV/0!	
64.9E Waiver Form	Other			#DIV/0!			#DIV/0!			#DIV/0!		#DIV/0!	
64.9 Waiver Form	Medicaid Expansion			#DIV/0!			#DIV/0!			#DIV/0!		#DIV/0!	
64.10 Waiver Form	All MEGS			#DIV/0!			#DIV/0!			#DIV/0!		#DIV/0!	



	06/30/16	9/30/2016	12/31/16	03/31/17
R1 - State FY2013-14				
Average				
R2 - State FY2014-15				
Average				
<b>Disabled</b>				
<b>Foster Care</b>				
<b>MCHIP</b>				
	2014	1.071		
	2015	1.099	2.6%	
	2016	1.131	2.9%	
	2017	1.166	3.1%	
	2018	1.201	3.0%	
	2019	1.236	2.9%	