Row # / Column	В	С	D	Е	F	G	н	1	J	К	L	М	N			
Letter						D										
2					Fatin		wal Waiver									
3							er Month Cal	culations								
4				ı	State:	<u>California</u>										
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 actua	Il data and da	tes used in co	nversion - no estimate	S	
6	Enrollment Projections for the Time Period -	P1 =		through		P2 =		through		*Projections	start on Quar	ter and includ	e data for requ	uested waiver period		
7	Enrollment Projections for the Time Period -	P3 =		through	6/30/18	P4	7/1/18		6/30/19							
8	Enrollment Projections for the Time Period -	P5 =	7/1/19	through	6/30/20									i		
9	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		R2	183.00
10		6/30/14	12/31/14	7/1/15	9/30/15	12/30/15	3/31/16	(P1)	7/1/16	9/29/16	12/29/16	3/31/17	(P2)		Gap (end of R2 to P1)	-182.00
11	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		P1	365.00
12	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		P2	364.00
13	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		P3	364.00
14	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		P4	364.00
15	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		P5	365.00
16	Total Member Months	122,713,523	73,265,197	39,081,636	39,863,217	40,662,392	41,479,560	161,086,805	42,315,129	43,169,519	44,043,155	44,936,476	174,464,279		TOTAL R2 to P2	730.00
17	Quarterly % Increase				2.0%	2.0%	2.0%		2.0%	2.0%	2.0%	2.0%			(Days - 365)	365.00
18															Total R2 to P1	366.00
19								_							(Days - 366)	0.00
20									Total Proiected						Total R2 to P3	1,094.00
21									5 Year						(Days - 365)	729.00
22	M. P. Line in the MEO.							Disabled	71,370,818						Total R2 to P4	1,458.00
23 24	Modify Line items as necessary to fit the MEGs of the program. State Completion Sections							Foster Care MCHIP	5,028,775 106,461,511						(Days-365) TOTAL R2 to P5	1,093.00 1,823.00
25	State Completion Sections							Other	582,463,724						(Days - 365)	1,458.00
26	To modify the formulas as necessary to fit the length of the prog	ram complete thi	s section.					Medicaid Expansion	186,951,248						(Bays 500)	1,400.00
27	The formulas will automatically update given this data.							,	952,276,076							
28	Use Quarter Starting Dates on Appendix D1. Appendix D6 will a	automatically bec	ome Quarter Ending	Dates to sync w	ith CMS-64.			Ŀ								
29																
30		Desirated.	Desirated	Desirated	Designated	Designated	Dunington		Desirated	Desirated.	Desirated	Desirated	Desirated			Duningtod
31	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
32		1/30/00	4/30/00	7/30/00	10/30/00	(P1)	1/0/00	3/30/00	6/29/00	9/29/00	(P2)	1/0/00	3/30/00	6/29/00	9/29/00	(P2)
33	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	3,534,6	
34	Forster 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	272,339	275,327	278,3	
35 36	MCHIP Other	5,039,722 28,027,424	5,182,188 28,616,093	5,328,681 29,217,126	5,479,315 29,830,783	21,029,906 115,691,426	5,634,207 30,457,329	5,793,478 31,097,034	5,957,251 31,750,175	6,125,654 32,417,034	23,510,590 125,721,572	6,298,817 33,097,899	6,476,875 33,793,065	6,659,967 34,502,832	6,848,2 35,227,5	
36 37	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	35,227,5	
0,		0,502,000	5,105,042	5,514,250	3,007,413	07,000,070	3,000,414	10,020,372	10,200,400	10,400,010	40,070,799	10,720,123	10,072,000	11,221,334	11,470,7	44,000,404

1	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
2		1/30/00	4/30/00	7/30/00	10/30/00	(P1)	1/0/00	3/30/00	6/29/00	9/29/00	(P2)	1/0/00	3/30/00	6/29/00	9/29/00	(P2)
3	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
4	Forster 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	272,339	275,327	278,347	1,095,397
5	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
6	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
7	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
8	Total Member Months	45,849,928	46,783,971	47,739,072	48,715,711	189,088,682	49,714,377	50,735,572	51,779,810	52,847,615	205,077,374	53,939,525	55,056,090	56,197,873	57,365,448	222,558,936
19	Quarterly % Increase		2.0%	2.0%	2.0%		2.0%	2.1%	2.1%	2.1%		2.1%	2.1%	2.1%	2.1%	

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

39 40

41

42

^{*}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	В	С	D	E	F	G	
2			Services in	Actual Waiver Co	ost (Comprehensi	ve and Expedited)	
3				State:	California		
4				Rene	wal Waiver		
5	Instructions: Modify columns as applicable	to the waiver entity type	oe and structure to	note services in	different MEGs.		
6	* Please note with a * if there are any propo	sed changes.					

8 State Plan Services PAHP 9 State Plan 1915(b)(3) MCO FFS services **PCCM** PIHP PIHP PAHP Service Category Capitated Capitated 10 Approved Services Impacted Fee-for Service Fee-for Service Capitated Fee-for Service 11 Services Reimbursement by MCO Reimbursement Reimbursement Reimbursement Reimbursement Reimbursement Inpatient Hospital (includes psych) 12 13 IHS Inpatient Mental Health Facility 14 15 Skilled Nursing Home ICF-MR Public 16 17 ICF-MR Private ICF-Other 18 19 Physician Services (includes psych) Outpatient Hospital (includes psych) 20 х х 21 IHS Outpatient 22 Prescribed Drugs 23 **Dental Services** Other Practitioners (includes psych) 24 х х 25 Clinic Services Lab or Radiology (includes psych) 26 Home Health Services 27 28 Sterilizations 29 EPSDT Screening 30 Rural Health Clinic FQHC 31 32 Tribal 638 HCBS Waivers 33 34 Personal Care 35 Other Care Services 36 Family Planning Targeted Case Mgmt - MR Waiver 37 Individualized Alternative or Enhanced Services 38 PCCM Case Management Fees 39 Managed Care Capitated Services 40 Targeted Case Mgmt - MH/SA

Row#/						
Column	В	C	D	E	F	G
Letter		A Institute of the Association			Pro D	
2		Administration in Actual W			peaitea)	
3			State:	California		
4			Renewal Waiver			50
5		Instructions: Modify columns as applicable to the waiv	er entity type and s	tructure to note ad	iministration in different ivi	EGS, etc.
6						
7	CMS 64.10 line Item	CMS 64.10 Explanation	Contract	Match Rate	R1 Expenses	R2 Expenses
8	1	FAMILY PLANNING		90% FFP		
9	2	DESIGN DEVELOPMENT OR INSTALLATION OF MMIS*		90% FFP		
10	A.	COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER STATE AGENCIES AND INSTITUTIONS		90% FFP		
11	B.	COST OF PRIVATE SECTOR CONTRACTORS		90% FFP		
12	C.	DRUG CLAIMS SYSTEM		90% FFP		
13	3	SKILLED PROFESSIONAL MEDICAL PERSONNEL		75% FFP	5,558,597	18,862,871
14	4	OPERATION OF AN APPROVED MMIS*:		75% FFP		
15	A.	COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER STATE AGENCIES AND INSTITUTIONS		75% FFP		
16	B.	COST OF PRIVATE SECTOR CONTRACTORS		75% FFP		
17	5	MECHANIZED SYSTEMS, NOT APPROVED UNDER MMIS PROCEDURES:		50% FFP		
18	A.	COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER STATE AGENCIES AND INSTITUTIONS		50% FFP		
19	B.	COST OF PRIVATE SECTOR CONTRACTORS		50% FFP		
20	6	PEER REVIEW ORGANIZATIONS (PRO)		75% FFP		
21	7. A.	THIRD PARTY LIABILITY RECOVERY PROCEDURE - BILLING OFFSET		50% FFP		
22	B.	ASSIGNMENT OF RIGHTS - BILLING OFFSET		50% FFP		
23	8	IMMIGRATION STATUS VERIFICATION SYSTEM COSTS		100% FFP		
24	9	NURSE AIDE TRAINING COSTS		50% FFP		
25	10	PREADMISSION SCREENING COSTS		75% FFP		
26	11	RESIDENT REVIEW ACTIVITIES COSTS		75% FFP		
27	12	DRUG USE REVIEW PROGRAM		75% FFP		
28	13	OUTSTATIONED ELIGIBILITY WORKERS		50% FFP		
29	14.	TANF BASE		90% FFP		
30	15.	TANF SECONDARY 90%		90% FFP		
31	16.	TANF SECONDARY 75%		75% FFP		
32	17.	EXTERNAL REVIEW		75% FFP		
33	18.	ENROLLMENT BROKERS		50% FFP		

OTHER FINANCIAL PARTICIPATION

37 *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). 38

State Completion Sections

34

35

36

39

47,203,191

52,761,788 \$

50% FFP

143,724,790

162,587,661

Н

Appendix D3. Actual Waiver Cost

Row # / Column Letter	В	С	D	E	F	G	Н	1	J
2			Actual Waiver	r Cost Renewal Com	prehensive Versio	on			
				State:	California				

6												
7				Retrospective Year 1 (R1) Aggregate Costs								
8			MCO/PIHP			FFS Incentive	1915(b)(3)	Administration				
9	Medicaid Eligibility Group	R1	Capitated Costs			Costs	service costs	Costs				
10	(MEG)	Member	(Including incentives and risksharing payouts/withholds)	Fee-for-Service	State Plan	(not included in capitation rates.	(provide		Total Actual			
11	(MEG)	Months	or PCCM Case	Costs	Service Costs	provide documentation)	documentation)		Waiver Costs			
12			Management Fees		(D+E)	P ,	,		(F+G+H+I)			
13	Disabled	14,607,330		\$ 573,721,536	\$ 573,721,536			\$ 20,972,749	\$ 594,694,285			
14	Foster Care	853,568		\$ 158,160,079	\$ 158,160,079			\$ 5,781,640	\$ 163,941,719			
15	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			
16	Medicaid Expansion	10,015,955		\$ 47,988,829	\$ 47,988,829			\$ 1,754,262	\$ 49,743,091			
17	Total	122,713,523	\$ -	\$ 1,443,328,857	\$ 1,443,328,857	\$ -	\$ -	\$ 52,761,787	\$ 1,496,090,644			
18	R1 Overall PMPM Casemix for R1 (R1 MMs)											

20				Retrospective Year 2 (R2) Aggregate Costs								
21			MCO/PIHP			FFS Incentive	1915(b)(3)	Administration				
22	Medicaid Eligibility Group	R2	Capitated Costs			Costs	service costs	Costs				
23	(MEG)	Member	(Including incentives and risksharing payouts/withholds)	Fee-for-Service	State Plan	(not included in capitation rates.	(provide	(Attach list using CMS 64.10 Waiver	Total Actual			
24	(=-)	Months	or PCCM Case	Costs	Service Costs	provide documentation)	documentation)	schedule categories)	Waiver Costs			
25			Management Fees		(D+E)				(F+G+H+I)			
26	Disabled	7,259,930		\$ 729,565,257	\$ 729,565,257			\$ 65,679,981	\$ 795,245,238			
27	Foster Care	439,913		\$ 159,616,873	\$ 159,616,873			\$ 14,369,699	\$ 173,986,572			
28	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			
29	Medicaid Expansion	13,488,953		\$ 159,941,616	\$ 159,941,616			\$ 14,398,934	\$ 174,340,550			
30	Total	73,265,197	\$ -	\$ 1,806,004,001	\$ 1,806,004,001	\$ -	\$ -	\$ 162,587,661	\$ 1,968,591,662			
31	R1 Overall PMPM Casemix for R2 (R2 MMs)							·				

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

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

Row # / Column Letter	В	С	К	L	М	N	0
2			A	ctual Waiver Cost Renew State:	wal Comprehensive Version	on	
4				Oldio.	Camorria		

7				R1 Per Member Per Month (PMPM) Costs						
8 9	Medicaid Eligibility Group	R1								
10 11 12	(MEG)	Member Months	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)			
13	Disabled	14,607,330	\$ 39.28	\$ -	\$ -	\$ 1.44	\$ 40.71			
14	Foster Care	853,568	\$ 185.29	\$ -	\$ -	\$ 6.77	\$ 192.07			
15	MCHIP	14,572,576	\$ 5.39	\$ -	\$ -	\$ 0.20	\$ 5.59			
	Other	82,664,094	\$ 7.08			\$ 0.26	\$ 7.33			
16	Medicaid Expansion	10,015,955	\$ 4.79	\$ -	\$ -	\$ 0.18	\$ 4.97			
17	Total	122,713,523			-					
18	R1 Overall PMPM Casemix for R1 (R1 MMs)		\$ 11.76	\$ -	\$ -	\$ 0.43	\$ 12.19			

20				R2 P	er Member Per Month (PMPM) (Costs	
21 22	Medicaid Eligibility Group	R2					
23	(MEG)	Member	State Plan	Incentive	1915(b)(3)	Administration	Total Actual
24 25		Months	Service Costs (F/C)	Costs (G/C)	Service Costs (H/C)	Costs (I/C)	Waiver Costs (J/C)
26	Disabled	7,259,930	\$ 100.49	\$ -	\$ -	\$ 9.05	\$ 109.54
27	Foster Care	439,913	\$ 362.84	\$ -	\$ -	\$ 32.66	\$ 395.50
28	MCHIP	7,466,380	\$ 14.16	\$ -	\$ -	\$ 1.28	\$ 15.44
	Other	44,610,021	\$ 14.60	\$ -	\$ -	\$ 1.31	\$ 15.91
29	Medicaid Expansion	13,488,953	\$ 11.86	\$ -	\$ -	\$ 1.07	\$ 12.92
30	Total	73,265,197					
31	R1 Overall PMPM Casemix for R2 (R2 MMs)		\$ 24.65	\$ -	\$ -	\$ 2.22	\$ 26.87

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

State of

89101112131415

Appendix D4. Adjustments in Projection

Row # / Column Letter	В	С		D
2	Adjustme	ents and Services in Waive	r Cost Projection (Compr	ehensive and Expedited)
2		State:	California	
4	1	Prospective Years 1 throug	h 5 (P1 - P5) or Years 1 th	nough 2 (P1 -P2)
5		F	Renewal Waiver	
6		* If a	change please note	
7				

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		

State Completion Sections

Appendix D5. Waiver Cost Projection

Row # / Column Letter 2 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

8				R2 Pe	er Member Per Month (F	PMPM) Costs					Prospective Year 1 (P1)	Projection for Stat	e Plan Services**			
9	Medicaid Eligibility Group	Retrospective						R2 PMPM	State Plan	PMPM Effect of	Program Adjustment	PMPM Effect of	Program Adjustment #2	PMPM Effect of Program	Aggregate PMPM	Total P1 PMPM
10	(MEG)	Year 2 (R2)	State Plan	Incentive	1915(b)(3)	Administration	Total Actual	State Plan	Inflation Adjustment	Inflation	[Enter Description	Program	Adult Optional	Adjustment #2	Effect of State	State Plan Service
11		Member	Service Costs*	Costs*	Service Costs*	Costs*	Waiver Costs*	Service Costs*	(Annual Year 1)	Adjustment	Here]	Adjustment	Expansion		Plan Service Adj.	Cost Projection
12		Months						(Same as D13-D18)	(Preprint Explains)	(IxJ)	(Preprint Explains)	((I+K)xL)	(Preprint Explains)		(K+M+O)	(I+P)
13	Disabled	7,259,930	\$ 100.49	\$ -	\$ -	\$ 9.05	\$ 109.54	\$ 100.49	2.6%	\$ 2.61		\$ -			\$ 2.61	\$ 103.10
14	Foster Care	439,913	\$ 362.84	\$ -	\$ -	\$ 32.66	\$ 395.50	\$ 362.84	2.6%	\$ 9.43	4.4%	\$ 16.38			\$ 25.81	\$ 388.65
15	MCHIP	7,466,380	\$ 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
16	Medicaid Expansion	13,488,953	\$ 11.86	\$ -	\$ -	\$ 1.07	\$ 12.92	\$ 11.86	2.6%	\$ 0.31		\$ -			\$ 0.31	\$ 12.17
17	Total	73,265,197														
18	P1 PMPM Casemix for R2 (R2 MMs)		\$ 24.65	\$ -	\$ -	\$ 2.22	\$ 26.87	\$ 24.65	2.6%	\$ 0.64	0.4%	\$ 0.10		\$ -	\$ 0.74	\$ 25.39
19																

^{*} 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 B. If the CMS-64.10 WAV forms and divide by the member months for column B. If the CMS-64.10 WAV forms and divide by the member months for column B. If the CMS-64.10 WAV forms and divide by the member months for column B. If the CMS-64.10 WAV forms and divide by the member months for column B. If the CMS-64.10 WAV forms and divide by the member months for column B. If the CMS-64.10 WAV forms and divide by the member months for column B. If the CMS-64.10 WAV forms and divide by the member months for column B. If the CMS-64.10 WAV forms and divide by the member months for column B. If the CMS-64.10 WAV forms and divide by the member months for column B. If the CMS-64.10 WAV forms and divide by the member months for column B. If the CMS-64.10 WAV forms and divide by the member months for column B. If the CMS-64.10 WAV forms and divide by the member months for column B. If the CMS-64.10 WAV forms and divide by the member months for column B. If the CMS-64.10 WAV forms and divide by the member months for column B. If the CMS-64.10 WAV forms and divide by the member months for column B. If the CMS-64.10 WAV forms and divide by the member months for column B. If the CMS-64.10 WAV forms and divide by the member months for column B. If the CMS-64.10 WAV forms and divide by the member months for column B. If the CMS-64.10 WAV forms and divide by the member months for column B. If the CMS-64.10 WAV forms and divide by the member months for column B. If the CMS-64.10 WAV forms and divide by the member months for column B. If the CMS-64.10 WAV forms and divide by the member months for column B. If the CMS-64.10 WAV forms and divide by the member months for column B. If the CMS-64.10 WAV forms and divide by the member mon

25				P1 P	er Member Per Month (F	MPM) Costs				F	Prospective Year 2 (P2)	Projection for Stat	e Plan Services**			
26	Medicaid Eligibility Group	Prospective	P1 PMPM	P1 PMPM	P1 PMPM	P1 PMPM	P1 PMPM	P1 PMPM	State Plan	PMPM Effect of	Program Adjustment	PMPM Effect of	Program Adjustment #2	Effect of Program	Aggregate PMPM	Total P2 PMPM
27	(MEG)	Year 1	State Plan	Incentive	1915(b)(3)	Administration	Total Actual	State Plan Service	Inflation Adjustment	Inflation	[Enter Description	Program	Adult Optional	Adjustment #2	Effect of State	State Plan Service
28		Member	Service Costs	Service Costs	Service Costs	Service Costs	Waiver Costs	Cost Projection	(Annual Year 2)	Adjustment	Here]	Adjustment	Expansion		Plan Service Adj.	Cost Projection
29		Months	(same as O13-O18)	(same as S13-S18)	(same as W13-W18)	(same as AA13-AA18)	(same as AB13-AB18)	(Same as D30-D35)	(Preprint Explains)	(IxJ)	(Preprint Explains)	((I+K)xL)	(Preprint Explains)		(K+M)	(I+N)
30	Disabled	14,388,909	\$ 103.10	\$ -	\$ -	\$ 9.28	\$ 112.39	\$ 103.10	2.9%	\$ 3.00		\$ -			\$ 3.00	\$ 106.11
31	Foster Care	919,937	\$ 388.65	\$ -	\$ -	\$ 33.51	\$ 422.17	\$ 388.65	2.9%	\$ 11.31		\$ -			\$ 11.31	\$ 399.96
32	MCHIP	16,826,155	\$ 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
33	Medicaid Expansion	30,983,874	\$ 12.17	\$ -	\$ -	\$ 1.10	\$ 13.26	\$ 12.17	2.9%	\$ 0.35		\$ -		\$ -	\$ 0.35	\$ 12.52
34	Total	161,086,805														
35	P2 PMPM Casemix for R2 (R2 MMs)		\$ 25.39	\$ -	\$ -	\$ 2.28	\$ 27.67	\$ 25.39	2.8%	\$ 0.71	0.0%	\$ -		\$ -	\$ 0.71	\$ 26.10
36 79	·			_		_	_	_			_					

Appendix D5. Waiver Cost Projection

Row # /
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Letter

2

Actual Waiver Cost Conversion Renewal Comprehensive Version
State: California
Note: Complete this Appendix for all Prospective Years
Waiver Cost Projection

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

		P1 Projecti	on for Incentive Costs r	ot Included in Cap	itation Rates**		P1 Projection for 1915(I	o)(3) Service Costs	••		P1	Projection for Adm	inistration Costs**			
	Medicaid Eligibility Group	P1 PMPM	Incentive Cost	PMPM Effect of	Total P1 PMPM	R2 PMPM	1915(b)(3) Service Costs	PMPM Effect of	Total P1 PMPM	R2 PMPM	Administration Costs	PMPM Effect of	Program Adjustment #2	Effect of	Total P1 PMPM	Total P1 PMPM
)	(MEG)	Incentive	Inflation Adjustment	Inflation	Incentive Cost	1915(b)(3)	Inflation Adjustment	Inflation	1915(b)(3) Service	Administration	Inflation Adjustment	Inflation	Optional Adult	Program	Administration Cost	Projected
		Costs*	(Annual Year 1)	Adjustment	Projection	Service Costs*	(Annual Year 1)	Adjustment	Cost Projection	Costs*	(Annual Year 1)	Adjustment	Medicaid	Adjustment #2	Projection	Waiver Costs
2		(Same as E13-E18)	(Preprint Explains)	(PxQ)	(P+R)	(Same as F13-F18)	(Preprint Explains)	(TxU)	(T+V)	(Same as G13-G18)	(Preprint Explains)	(XxY)	Expansion		(X+Z)	(O+S+W+AA)
1	Disabled	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ 9.05	2.6%	\$ 0.24			\$ 9.28	\$ 112.39
ŀ	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	\$ 13.26
,	Total															
	P1 PMPM Casemix for R2 (R2 MMs)	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	\$ 2.22	2.6%	\$ 0.06		\$ -	\$ 2.28	\$ 27.67

24																
25		P2 Projection	n for Incentive Costs n	ot Included in Cap	itation Rates**		2 Projection for 1915(I)(3) Service Costs	••		P2	Projection for Adm	inistration Costs**			
26	Medicaid Eligibility Group	P2 PMPM	Incentive Cost	PMPM Effect of	Total P2 PMPM	P2 PMPM	1915(b)(3) Service Costs	PMPM Effect of	Total P2 PMPM	P1 PMPM	Administration Costs	PMPM Effect of	Program Adjustment #2	Effect of	Total P2 PMPM	Total P2 PMPM
27	(MEG)	Incentive Cost	Inflation Adjustment	Inflation	Incentive Cost	1915(b)(3) Service	Inflation Adjustment	Inflation	1915(b)(3) Service	Administration Cost	Inflation Adjustment	Inflation	Optional Adult	Program	Administration Cost	Projected
28		Projection	(Annual Year 2)	Adjustment	Projection	Cost Projection	(Annual Year 2)	Adjustment	Cost Projection	Projection	(Annual Year 2)	Adjustment	Medicaid	Adjustment #2	Projection	Waiver Costs
29		(Same as E30-E35)	(Preprint Explains)	(PxQ)	(P+R)	(Same as F30-F35)	(Preprint Explains)	(TxU)	(T+V)	(Same as G30-G35)		(XxY)	Expansion		(X+Z)	(O+S+W+AA)
30	Disabled	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ 9.28	2.9%	\$ 0.27			\$ 9.55	\$ 115.66
31	Foster Care	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ 33.51	2.9%	\$ 0.97			\$ 34.49	\$ 434.45
32	MCHIP	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ 1.31	2.9%	\$ 0.04			\$ 1.35	\$ 16.30
	Other	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ 1.35	2.9%	\$ 0.04			\$ 1.39	\$ 16.80
33	Medicaid Expansion	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ 1.10	2.9%	\$ 0.03			\$ 1.13	\$ 13.65
34	Total															
35	P2 PMPM Casemix for R2 (R2 MMs)	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	\$ 2.28	2.8%	\$ 0.06		\$ -	\$ 2.34	\$ 28.44

Appendix D6. RO Targets

Row # / Column Letter Modify Line items as necessary to fit the MEGs of the program. State Completion Sections State: California Projection for Upcoming Waiver Period Projected Year 1 P1 Projected PMPM Costs from Appendix D5 (Totals weighted on Projected Year 1 Member Months) Total PMPM Medicaid Total PMPM Total PMPM Total PMPM Total PMPM 8 Service Costs Eligibility Group Member Months State Plan Service Incentive 1915(b)(3) Service Projected 9 10 Disabled 14.388.909 \$ 103.10 \$ 9.28 \$ 112.39 11 Foster Care 919,937 388.65 \$ 33.51 \$ 422.17 12 MCHIP 16,826,155 14.53 \$ 1.31 \$ 15.84 14.53 97,967,930 14.98 \$ 1.35 \$ 16.32 14.98 30,983,874 1.10 \$ 13.26 13 12.17 \$ 161.086.805 14 P1 Weighted Average PMPM Casemix for P1 (P1 MMs) 24.39 \$ 18

		Q	1 Quarterly Projected Co	sts	Q	Quarterly Projected Cos	its		Q3 Quarterly Projected C	osts		Q4 Quarterly Projected C	osts	
	Medicaid	Member Months	64.9W /64.21U W	64.10 Waiver	Member Months	64.9W /64.21U W	64.10 Waiver	Member Months	64.9W /64.21U W	64.10 Waiver	Member Months	64.9W /64.21U W	64.10 Waiver	
	Eligibility Group	Projections	Service Costs	Administration	Projections	Service Costs	Administration	Projections	Service Costs	Administration	Projections	Service Costs	Administration	Total P1 Projected
	(MEG)		include incentives	Costs		include incentives	Costs		include incentives	Costs		include incentives	Costs	Waiver Costs
Di	isabled	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
Fo	oster 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
M	CHIP	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
O	ther	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
М	edicaid 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
To	otal	39,081,636	\$ 964,477,743.50	\$ 86,494,647.68	39,863,217	\$ 976,262,626.70	\$ 87,551,935.82	40,662,392	\$ 988,309,124.12	\$ 88,632,736.27	41,479,560	\$ 1,000,623,208.88	\$ 89,737,585.30	\$ 4,282,089,608.27

27 Projected Year 2

21	Projected Year 2							
28		Total Projected	P2 Projected P	MPM Costs from Appen	dix D5 (Totals weighted	on Projected Year 2 Me	mber Months)	Total PMPM
29	Medicaid	Year 2	Total PMPM	Total PMPM	Total PMPM	Total PMPM	Total PMPM	Projected
30	Eligibility Group	Member Months	State Plan Service	Incentive	1915(b)(3) Service	Administration	Projected	Service Costs
31	(MEG)	(P2)	Cost Projection	Cost Projection	Cost Projection	Cost Projection	Waiver Costs	(Column H-G)
32	Disabled	14,331,306	\$ 106.11	\$ -	\$ -	\$ 9.55	\$ 115.66	\$ 106.11
33	Foster Care	960,975	\$ 399.96	\$ -	\$ -	\$ 34.49	\$ 434.45	\$ 399.96
	MCHIP	18,810,966	\$ 14.95	\$ -	\$ -	\$ 1.35	\$ 16.30	\$ 14.95
34	Other	106,461,494	\$ 15.41	\$ -	\$ -	\$ 1.39	\$ 16.80	\$ 15.41
35	Medicaid Expansion	33,899,538	\$ 12.52	\$ -	\$ -	\$ 1.13	\$ 13.65	\$ 12.52
36	Total	174,464,279						
37	P2 Weighted Average PMPM Casemix for P2 (P2 MMs)	•	\$ 24.37	\$ -	\$ -	\$ 2.19	\$ 26.55	

45 47

	Q	5 Quarterly Projected Cos	sts	Qe	Quarterly Projected Co	sts		Q7 Quarterly Projected C	osts		Q8 Quarterly Projected C	osts	
Medicaid	Member Months	64.9W /64.21U W	64.10 Waiver	Member Months	64.9W /64.21U W	64.10 Waiver	Member Months	64.9W /64.21U W	64.10 Waiver	Member Months	64.9W /64.21U W	64.10 Waiver	
Eligibility Group	Projections	Service Costs	Administration	Projections	Service Costs	Administration	Projections	Service Costs	Administration	Projections	Service Costs	Administration	Total P2 Projected
(MEG)		include incentives	Costs		include incentives	Costs		include incentives	Costs		include incentives	Costs	Waiver 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	\$ 6,068,572.47	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	\$ 405,827,446.63	\$ 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
Total	42,315,129	\$ 1,042,694,833.80	\$ 93,502,124.70	43,169,519	\$ 1,055,936,229.10	\$ 94,690,146.67	44,043,155	\$ 1,069,471,469.53	\$ 95,904,577.33	44,936,476	\$ 1,083,307,381.03	\$ 97,146,029.63	\$ 4,632,652,791.80

Projected Year 3

	Total Projected	P3 Projected P	MPM Costs from Apper	ndix D5 (Totals weighted	i on Projected Year 3 Me	mber Months)	Total PMPM
Medicaid	Year 3	Total PMPM	Total PMPM	Total PMPM	Total PMPM	Total PMPM	Projected
Eligibility Group	Member Months	State Plan Service	Incentive	1915(b)(3) Service	Administration	Projected	Service Costs
(MEG)	(P3)	Cost Projection	Cost Projection	Cost Projection	Cost Projection	Waiver Costs	(Column H-G)
Disabled	14,273,933	\$ 109.38	\$ -	\$ -	\$ 9.85	\$ 119.23	\$ 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
Total	173,810,905	44					

Row # /
Column
Letter
2 Modify Line items as necessary to fit the MEGs of the program.

State Completion Sections				State:	California	
P2 Weighted Average PMPM Casemix for P2 (P2 MMs)	\$ 26.56	\$ -	\$ -	\$ 2.38	\$ 28.94	

	Q	9 Quarterly Projected Cos	ts	Q10	Quarterly Projected Co	sts		Q11 Quarterly Projected (Costs		Q12 Quarterly Projected (Costs	
Medicaid	Member Months	64.9W /64.21U W	64.10 Waiver	Member Months	64.9W /64.21U W	64.10 Waiver	Member Months	64.9W /64.21U W	64.10 Waiver	Member Months	64.9W /64.21U W	64.10 Waiver	
Eligibility Group	Projections	Service Costs	Administration	Projections	Service Costs	Administration	Projections	Service Costs	Administration	Projections	Service Costs	Administration	Total P3 Projected
(MEG)		include incentives	Costs		include incentives	Costs		include incentives	Costs		include incentives	Costs	Waiver 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	\$ 77,696,709.97	\$ 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
Total	45,849,928	\$ 1,131,361,629.87	\$ 101,465,951.66	\$ 46,783,971.00	\$ 1,146,265,340.05	\$ 102,803,439.22	\$ 47,739,072.00	\$ 1,161,500,073.24	\$ 104,170,680.58	\$ 48,715,711.00	\$ 1,177,073,182.27	\$ 105,568,337.68	\$ 5,030,208,634.57

Projected Year 4	Total Projected	P4 Projected P	MPM Costs from Anner	ndix D5 (Totals weighter	d on Projected Year 4 Me	mher Months)	Total PMPM
Medicaid Eligibility Group (MEG)	Year 4 Member Months (P4)	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	Projected Service Costs (Column H-G)
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
Total	205,077,374						
P2 Weighted Average PMPM Casemix for P2 (P2 MMs)		\$ 24.46	\$ -	\$ -	\$ 2.19	\$ 26.66	

	Q1	13 Quarterly Projected Co	sts	Q14	Quarterly Projected Co	sts		Q15 Quarterly Projected	Costs		Q16 Quarterly Projected C	osts	
Medicaid	Member Months	64.9W /64.21U W	64.10 Waiver	Member Months	64.9W /64.21U W	64.10 Waiver	Member Months	64.9W /64.21U W	64.10 Waiver	Member Months	64.9W /64.21U W	64.10 Waiver	
Eligibility Group	Projections	Service Costs	Administration	Projections	Service Costs	Administration	Projections	Service Costs	Administration	Projections	Service Costs	Administration	Total P4 Projected
(MEG)		include incentives	Costs		include incentives	Costs		include incentives	Costs		include incentives	Costs	Waiver 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
Total	49,714,377	\$ 1,228,781,823.96	\$ 110,206,988.57	50,735,572	\$ 1,245,542,541.42	\$ 111,711,333.32	51,779,810	\$ 1,262,675,631.00	\$ 113,249,151.36	52,847,615	\$ 1,280,189,156.06	\$ 114,821,168.60	\$ 5,467,177,794.29

Projected Year 5

	Total Projected	P5 Projected P	MPM Costs from Apper	ndix D5 (Totals weighted	i on Projected Year 5 Me	mber Months)	Total PMPM
Medicaid	Year 5	Total PMPM	Total PMPM	Total PMPM	Total PMPM	Total PMPM	Projected
Eligibility Group	Member Months	State Plan Service	Incentive	1915(b)(3) Service	Administration	Projected	Service Costs
(MEG)	(P5)	Cost Projection	Cost Projection	Cost Projection	Cost Projection	Waiver Costs	(Column H-G)
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	26,283,894	\$ 16.34	\$ -	\$ -	\$ 1.47	\$ 17.81	\$ 16.34
Other	136,621,302	\$ 16.84	\$ -	\$ -	\$ 1.52	\$ 18.36	\$ 16.84
Medicaid Expansion	44,398,464	\$ 13.68	\$ -	\$ -	\$ 1.23	\$ 14.91	\$ 13.68
Total	222,558,936						
P2 Weighted Average PMPM Casemix for P2 (P2 MMs)		\$ 24.52	\$ -	\$ -	\$ 2.20	\$ 26.72	

	Q1	7 Quarterly Projected Co	sts	Q18	Quarterly Projected Co	sts		Q19 Quarterly Projected Costs			Q20 Quarterly Projected (Costs	
Medicaid	Member Months	64.9W /64.21U W	64.10 Waiver	Member Months	64.9W /64.21U W	64.10 Waiver	Member Months	64.9W /64.21U W	64.10 Waiver	Member Months	64.9W /64.21U W	64.10 Waiver	
Eligibility Group	Projections	Service Costs	Administration	Projections	Service Costs	Administration	Projections	Service Costs	Administration	Projections	Service Costs	Administration	Total P2 Projected
(MEG)		include incentives	Costs		include incentives	Costs		include incentives	Costs		include incentives	Costs	Waiver 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
Total	53,939,525	\$ 1,335,866,476.96	\$ 119,816,243.27	55,056,090	\$ 1,354,699,756.90	\$ 121,506,831.30	56,197,873	\$ 1,373,951,841.36	\$ 123,235,067.98	57,365,448	\$ 1,393,631,606.61	\$ 125,001,754.06	\$ 5,947,709,578.43

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	Q6 Quarterly Projected Costs	Q7 Quarterly Projected Costs	Q8 Quarterly Projected Costs
		9/30/16	12/31/16	3/30/17	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

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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

"D6. RO Targets" 12 of 16 Section D Worksheets - CA 17 R08 Waiver Renewal_Final 06-11-15.xls

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			
		State Completion Se	ction - For Waiver Submission
		P1 Projected PMPM	
Waiver Form	Medicaid Eligibility Group (MEG)	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	
04.40 Webser Frame	AUMEGG	2 10	

Projected Year 1		RO Completion Sec	tion - For ongoing monitoring		RO Completion	n Section - For ongoing	monitoring	RO Completi	on Section - For ongoing	g monitoring	RO Completion	Section - For ongoing I	monitoring
		Q1 Quar	Q1 Quarterly Actual Costs		Q2	Q2 Quarterly Actual Costs		Q3 Quarterly Actual Costs			Q4 Quarterly Actual Costs		
		Member Months	Actual	Actual	Member Months	Actual	Actual	Member Months	Actual	Actual	Member Months	Actual	Actual
Waiver Form	Medicaid Eligibility Group (MEG)	Actuals	Aggregate	PMPM Costs	Actuals	Aggregate	PMPM Costs	Actuals	Aggregate	PMPM Costs	Actuals	Aggregate	PMPM Costs
		9/30/2015	Waiver Form Costs		12/31/2015	Waiver Form Costs		3/30/2016	Waiver Form Costs		6/30/2016	Waiver Form 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 2				
		Sta	ate Completion Sec	tion - For Waiver Submi
		P1 Projecte	d PMPM	
Waiver Form	Medicaid Eligibility Group (MEG)	From Column I	(services)	
		From Column G (A	dministration)	
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		RO Completion Sect	tion - For ongoing monitoring		RO Completion	n Section - For ongoing	monitoring	RO Completi	ion Section - For ongoin	g monitoring	RO Completion	Section - For ongoing	monitoring
		Q5 Quart	Q5 Quarterly Actual Costs		Q6	Q6 Quarterly Actual Costs		Q7 Quarterly Actual Costs			Q8 Quarterly Actual Costs		
		Member Months	Actual	Actual	Member Months	Actual	Actual	Member Months	Actual	Actual	Member Months	Actual	Actual
Waiver Form	Medicaid Eligibility Group (MEG)	Actuals	Aggregate	PMPM Costs	Actuals	Aggregate	PMPM Costs	Actuals	Aggregate	PMPM Costs	Actuals	Aggregate	PMPM Costs
		9/30/2016	Waiver Form Costs		12/31/2016	Waiver Form Costs		3/30/2017	Waiver Form Costs		6/30/2017	Waiver Form 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 3						
		State Completion Section - For Waiver Submission				
		P1 Projected PMPM				
Waiver Form	Medicaid Eligibility Group (MEG)	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				

Quarterly CMS Targets for RO Cost-Effectiveness Monitoring

California

2.38

		Q9 Quar	Q10 Quarterly Actual Costs			Q11 Quarterly Actual Costs			Q12 Quarterly Actual Costs				
Waiver Form	Medicaid Eligibility Group (MEG)	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		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

Projected Year 4							
		State Completion Section - For Waiver Submission					
		P1 Projected PMPM					
Waiver Form	Medicaid Eligibility Group (MEG)	From Column I (services)					
		From Column G (Administration)					
64.21U Waiver Form	Disabled	\$ 112.67	T .				
64.21U Waiver Form	Foster Care	\$ 424.69	<u> </u>				
64.9 Waiver Form	MCHIP	\$ 15.88	I				
64.9 Waiver Form	Other	\$ 16.36	1				
64.9 Waiver Form	Medicaid Expansion	\$ 13.29	Ž				
64.10 Waiver Form	All MEGS	\$ 2.19	Ī				

		Q13 Quarterly Actual Costs			Q14 Quarterly Actual Costs			Q15 Quarterly Actual Costs			Q16 Quarterly Actual Costs		
Waiver Form	Medicaid Eligibility Group (MEG)	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	·											
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

Projected real 5							
		State Completion Section - For Waiver Submission					
		P1 Projected PMPM					
Waiver Form	Medicaid Eligibility Group (MEG)	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					

		Q17 Quarterly Actual Costs			Q18 Quarterly Actual Costs			Q19 Quarterly Actual Costs			Q20 Quarterly Actual Costs		
		Member Months	Actual	Actual									
Waiver Form	Medicaid Eligibility Group (MEG)	Actuals 9/30/2019	Aggregate Waiver Form Costs	PMPM Costs	Actuals 12/31/2019	Aggregate Waiver Form Costs	PMPM Costs		Aggregate Waiver Form Costs	PMPM Costs	Actuals 9/30/2020	Aggregate Waiver Form Costs	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												
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!

Appendix D7. S

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

Cost Effectiveness Summary Sheet Renewal Waiver

								Costs to be from the pri	input below are from to or waiver submission:	he prior waiver submits to the retrospective y	ssion. Compare the pros sars of the current waive	spective years r submission.
Retrospective Period			R1 Pe	r Member Per Month (PM	IPM) Coets			P:	Per Member Per Mon	th (PMPM) Costs from	the prior waiver aubmis	sion
Medicald	R1	R1 PMPM	R1 PMPM	R1 PMPM	R1 PMPM	R1 PMPM		P1 PMPM	P1 PMPM	P1 PMPM	P1 PMPM	P1 PMPM
Eliability Group (NEG)	Member Months	State Plan Service Costs	Incentive Costs	1915(b)(3) Service Costs	Administration	Total Actual Walver Costs		State Plan Service Costs	Incentive Costs	1915(b)(3) Service Costs	Administration	Total Actual Waiver Costs
Disabled	14,607,230	\$ 39.20	\$.	\$.	\$ 1.44	\$ 40.71		\$ 106.26			\$ 9.42	\$ 115.66
Foster Care MCHIP	853.568 14,572,576	\$ 185.29 \$ 5.39		5 .	S 6.77	\$ 192.07 \$ 5.59		\$ 493.17 \$ 8.50			\$ 43.73	S 536.90 S 9.25
Other	82,664,094	\$ 7.00	\$.	5 .	\$ 0.26			\$ 12.76			\$ 1.12	
Medicald Expansion Total	10,015,955	\$ 4.79		5	\$ 0.18	\$ 4.97		-		-	+	1
R1 Oversil PMPM Casemix for R1 (R1 MMs)	122/13523	\$ 11.76		s .	S 0.43	\$ 12.19		\$ 25.64	s .	1	- 5 2.20	
Total R1 Expenditures	1				1	\$1,495,090,644		Total Previous P1 Pro	ection using R1 memb	oer months	1	\$3,431,203,261
		R2 Per Membe	r Per Month (PMPM)	Costs (Totals weighted o	on Retrospective Year 2 I	lember Months)		P	Per Member Per Mon	th (PMPM) Costs from	the prior waiver automia	sion
Medicald	R2	R2 PMPM	R2 PMPM	R2 PMPM	R2 PMPM	R2 PMPM	Overall	P2 PMPM	P2 PMPM	P2 PMPM	P2 PMPM	P2 PMPM
Eligibility Group (MEG)	Member Months	State Plan Service Costs	Incentive	1915(b)(3) Service Costs	Administration Costs	Total Actual Walver Costs	R1 to R2 Change (annual)	State Plan Service Costs	Incentive Costs	1915(b)(2) Service Costs	Administration Costs	Total Actual Waiver Costs
Disabled	7,259,930	\$ 100.49		s .	\$ 9.05	\$ 109.54	169.1%	\$ 111.79			\$ 9.00	\$ 121.65
Foster Care	439,913 7,466,380	\$ 362.84		\$.	\$ 32.66 \$ 1.29	\$ 295.50	105.9% 176.3%	\$ 518.82 \$ 8.94			\$ 45.78	\$ 564.60
Other	44,610,021	\$ 14.60		\$.	\$ 131	\$ 15.91	116.9%	\$ 13.42			\$ 1.18	
Medicaid Expansion	13.488.953 59.776.244	\$ 11.86			\$ 1.07	\$ 12.92	160.2%					
R2 Weighted Average PMPM Cassenix for R1 (R1 MMs)	39.7/0.244	\$ 26.97	s -	s -	S 243	\$ 29.40	141.1%					
R2 OVerall PMPM Cassemix for R2 (R2 MMs)		\$ 27.54	1 .	s .	S 240	\$ 22,93 \$1,968,591,662	170.1%	\$ 29.53	s .	1.5	- \$ 2.51	\$ 21.00
Total K2 Expenditures					•		l.	Total Previous P2 Pro	ection using R2 memb	ser months		\$1,850,940,640
Total Previous Waiver Period Expenditures (Cassenix for R1 and R2)						\$2,464,692,306						\$5,297,148,909
Total Difference between Projections and Actual Walver Cost for Prev	vious Walver Period					\$1,822,466,603						
Prospective Period												
	Projected Year 1	P1 PMPM		(Totals weighted on Pro	jected Year 1 Member M	P1 PMPM						
Medicaid Eligibility Group	Year 1 Member Months	P1 PMPM State Plan Service	P1 PMPM Incentive	P1 PMPM 1915(b)(3) Service	P1 PMPM Administration	Projected	Overall R2 to P1 Change	l				
(MEG)	(P1) 14,388,909	Cost Projection	Cost Projection	Cost Projection	Cost Projection	Walver Costs	(annual)	Į.				
Disabled Foster Care	14,388,909	\$ 100.10 \$ 269.65	\$ -	5 -	\$ 9.28 \$ 33.51	\$ 112.39 \$ 422.17	2.6% 6.7%	ł				
MORP	16,826,155	\$ 94.53		5	\$ 1.31	\$ 15.04	2.6%	t				
Other Medicaid Expansion	97,967,930 30,983,874	\$ 14.98 \$ 12.17		5	S 135	\$ 16.32 \$ 13.26	24%	ł				
Medicald Expansion Total	161,086,874	e 12.17	•	1	1.10	a 13.26		i				
P1 Weighted Average PMPM Casemix for R2 (R2 MMs)		\$ 29.37		\$.	\$ 254	\$ 30.92	5.2% -0.6%	1				
P1 Weighted Average PMPM Casemix for P1 (P1 MMs) Total Projected Waiver Expenditures P1(P1 MMs)	1	\$ 24.29	,	s .	\$ 2.19	\$ 26.58	-9.6%	ı				
Medicald	Projected Year 2	P2 PMPM	rojected PMPM Costs P2 PMPM	(Totals weighted on Pro P2 PMPM	P2 PMPM	P2 PMPM	Overall	l				
Eligibility Group	Member Months	State Plan Service	Incentive	1915(b)(3) Service		Projected	P1 to P2 Change	l				
Eligibility Group (MEG)	(P2)	Cost Projection	Cost Projection	Cost Projection	Cost Projection	Walver Costs	(annual)	ļ				
Disabled Foster Care	14,331,306 960,975	S 106.11 S 299.96	5 -	5 -	S 9.55	\$ 115.66 \$ 434.45	2.9%	ł				
MCHP	18,810,966	\$ 94.95	1	\$	\$ 1.35	\$ 16.30	2.9%	İ				
Other Medicald Expansion	106,461,494 23,899,538	S 15.41 S 12.52		s .	S 1.39	\$ 16.80 \$ 13.65	23%	ļ.				
Total	174,464,279	3 1/3/			1.12	3 13.66	73%	i				
P2 Weighted Average PMPM Casemix for P1 (P1 MMs)		\$ 25.10										
				s .	S 225		2.9%					
P2 Weichted Average PMPM Casemix for P2 (P2 MMs) Total Projected Walver Excenditures P2 (P3 MMs)		\$ 24.37	1	5	5 225 5 219	\$ 26.55	41%	j				
P2 Weishted Average PMPM Casemix for P2 (P2 MMs) Total Projected Weiver Expenditures P2 (P2 MMs)		\$ 24.37	1 .	5	S 2.19		41%					
Total Projected Walver Expanditures P2 (P3 MMs)	Projected Year 3	\$ 24.37 P1P	S rojected PMPM Costs	(Totals weighted on Pro	5 2.19 Djected Year 2 Member M	\$ 26.55 \$4,622,652,792 setha)	41% Ownsi	<u> </u> 				
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The Propose Nation Continues of Parl Mills Copyright (Comp.) Copyright (Comp.) Copyright (Comp.) Copyright (Comp.) Copyright (Comp.) Copyright (Copyright (Copy	Verification (1997) Verificat	P 2 PEPS	Services PRPS Cases Incertise Case Projection S. S	P 3 PRIME 1975(0)(3) Annual 1975(0)(4) Annual 1975(0)(4) Annual 1975(0)(4) Annual 1975(0)(4) Annual 1975(0)(5) Annual 19	1.00 1.00	1 14.00	### ATT ### AT	R1 to P5 Change (annualized) 0.3% 0.2% 1.2% 0.3% 0.3%				
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The Proposed Nation Cognition of Type 1980 Cognition Comment Cognition Comment Cognition Comment Cognition Cognitio	Verification (1997) Verificat	P 2 PEPS	Services PRPS Cases Incertise Case Projection S. S	P 3 PRIME 1975(0)(3) Annual 1975(0)(4) Annual 1975(0)(4) Annual 1975(0)(4) Annual 1975(0)(4) Annual 1975(0)(5) Annual 19	1.00 1.00	1 14.00	413 - 415 -	R1 to P5 Chance (annualized) 0.3% 0.2% 1.8% 0.3% 0.3%				

Registed 16 Sectional Pollutioners CA 7 DBB International Pollution Pollutio

State of California Appendix D. Trend Data

R1 - State FY2013-14	06/30/16 Home Health Ag			03/31/17
Average	Quarter 2	Index	% Change	
R2 - State FY2014-15	20	14 1.071		
Average	20	15 1.099	2.6%	
_	20	16 1.131	2.9%	
	20	17 1.166	3.1%	
Disabled	20	18 1.201	3.0%	
Foster Care	20	19 1.236	2.9%	
MCHIP				