Appendix D3. Actual Waiver Cost

Row # / Column Letter

Actual Waiver Cost Renewal Comprehensive Version

State: California

Medicaid Eligibility Group (MEG)	R1 Member Months	Retrospective Year 1 (R1) Aggregate Costs						
		MCO/PIHP Capitated Costs (Including incentives and risksharing payouts/withholds) or PCCM Case Management Fees	Fee-for-Service Costs	State Plan Service Costs (D+E)	FFS Incentive Costs (not included in capitation rates, provide documentation)	1915(b)(3) service costs (provide documentation)	Administration Costs	Total Actual Waiver Costs (F+G+H+I)
Disabled	14,124,515		$ 691,355,873	$ 691,355,873			$ 16,147,679	$ 707,503,552
Foster Care	777,482		$ 132,466,143	$ 132,466,143			$ 3,093,950	$ 135,560,093
MCHIP	2,910,303		$ 15,017,554	$ 15,017,554			$ 350,758	$ 15,368,312
Other	80,074,486		$ 635,274,933	$ 635,274,933			$ 14,837,822	$ 650,112,755
Total	**97,886,786**	**$ -**	**$ 1,474,114,503**	**$ 1,474,114,503**	**$ -**	**$ -**	**$ 34,430,209**	**$ 1,508,544,712**
R1 Overall PMPM Casemix for R1 (R1 MMs)								

Medicaid Eligibility Group (MEG)	R2 Member Months	Retrospective Year 2 (R2) Aggregate Costs						
		MCO/PIHP Capitated Costs (Including incentives and risksharing payouts/withholds) or PCCM Case Management Fees	Fee-for-Service Costs	State Plan Service Costs (D+E)	FFS Incentive Costs (not included in capitation rates, provide documentation)	1915(b)(3) service costs (provide documentation)	Administration Costs (Attach list using CMS 64.10 Waiver schedule categories)	Total Actual Waiver Costs (F+G+H+I)
Disabled	7,223,876		$ 673,886,948	$ 673,886,948			$ 215,876	$ 674,102,824
Foster Care	395,267		$ 148,004,875	$ 148,004,875			$ 47,413	$ 148,052,288
MCHIP	1,555,190		$ 14,287,415	$ 14,287,415			$ 4,577	$ 14,291,992
Other	40,090,739		$ 533,112,482	$ 533,112,482			$ 170,780	$ 533,283,262
Total	**49,265,072**	**$ -**	**$ 1,369,291,720**	**$ 1,369,291,720**	**$ -**	**$ -**	**$ 438,646**	**$ 1,369,730,366**
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

Row # / Column Letter: B, C, K, L, M, N, O

Actual Waiver Cost Renewal Comprehensive Version

State: California

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	14,124,515	$ 48.95	$ -	$ -	$ 1.14	**$ 50.09**
Foster Care	777,482	$ 170.38	$ -	$ -	$ 3.98	**$ 174.36**
MCHIP	2,910,303	$ 5.16	$ -	$ -	$ 0.12	**$ 5.28**
Other	80,074,486	$ 7.93	$ -	$ -	$ 0.19	**$ 8.12**
Total	**97,886,786**					
R1 Overall PMPM Casemix for R1 (R1 MMs)		**$ 15.06**	**$ -**	**$ -**	**$ 0.35**	**$ 15.41**

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	7,223,876	$ 93.29	$ -	$ -	$ 0.03	**$ 93.32**
Foster Care	395,267	$ 374.44	$ -	$ -	$ 0.12	**$ 374.56**
MCHIP	1,555,190	$ 9.19	$ -	$ -	$ 0.00	**$ 9.19**
Other	40,090,739	$ 13.30	$ -	$ -	$ 0.00	**$ 13.30**
Total	**49,265,072**					
R1 Overall PMPM Casemix for R2 (R2 MMs)		**$ 27.79**	**$ -**	**$ -**	**$ 0.01**	**$ 27.80**

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