Appendix D5. Waiver Cost Projection

Row # / Column Letter

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 (IxJ)	Program Adjustment [Enter Description Here] (Preprint Explains)	PMPM Effect of Program Adjustment ((I+K)xL)	Aggregate PMPM Effect of State Plan Service Adj. (K+M)	Total P1 PMPM State Plan Service Cost Projection (I+N)
Disabled	7,223,876	$ 93.29	$ -	$ -	$ 0.03	$ 93.32	$ 93.29	3.9%	$ 3.61	9.8%	$ 9.50	$ 13.11	$ 106.39
Foster Care	395,267	$ 374.44	$ -	$ -	$ 0.12	$ 374.56	$ 374.44	3.9%	$ 14.49	9.8%	$ 38.12	$ 52.61	$ 427.05
MCHIP	1,555,190	$ 9.19	$ -	$ -	$ 0.00	$ 9.19	$ 9.19	3.9%	$ 0.36	9.8%	$ 0.94	$ 1.29	$ 10.48
Other	40,090,739	$ 13.30	$ -	$ -	$ 0.00	$ 13.30	$ 13.30	3.9%	$ 0.51	9.8%	$ 1.35	$ 1.87	$ 15.17
Total	**49,265,072**												
P1 PMPM Casemix for R2 (R2 MMs)		**$ 27.79**	**$ -**	**$ -**	**$ 0.01**	**$ 27.80**	**$ 27.79**	**3.9%**	**$ 1.08**	**9.8%**	**$ 2.83**	**$ 3.91**	**$ 31.70**

* 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)	Retrospective Year 2 (R2) 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 (IxJ)	Program Adjustment [Enter Description Here] (Preprint Explains)	PMPM Effect of Program Adjustment ((I+K)xL)	Aggregate PMPM Effect of State Plan Service Adj. (K+M)	Total P2 PMPM State Plan Service Cost Projection (I+N)
Disabled	7,223,876	$ 106.39	$ -	$ -	$ 10.44	$ 116.84	$ 106.39	2.7%	$ 2.91		$ -	$ 2.91	$ 109.31
Foster Care	395,267	$ 427.05	$ -	$ -	$ 41.92	$ 468.98	$ 427.05	2.7%	$ 11.69		$ -	$ 11.69	$ 438.74
MCHIP	1,555,190	$ 10.48	$ -	$ -	$ 1.03	$ 11.51	$ 10.48	2.7%	$ 0.29		$ -	$ 0.29	$ 10.76
Other	40,090,739	$ 15.17	$ -	$ -	$ 1.49	$ 16.65	$ 15.17	2.7%	$ 0.42		$ -	$ 0.42	$ 15.58
Total	**49,265,072**												
P2 PMPM Casemix for R2 (R2 MMs)		**$ 31.70**	**$ -**	**$ -**	**$ 3.11**	**$ 34.81**	**$ 31.70**	**2.7%**	**$ 0.87**	**0.0%**	**$ -**	**$ 0.87**	**$ 32.57**

Medicaid Eligibility Group (MEG)	Retrospective Year 2 (R2) Member Months	P2 Per Member Per Month (PMPM) Costs					Prospective Year 3 (P3) Projection for State Plan Services**						
		P2 PMPM State Plan Service Costs	P2 PMPM Incentive Service Costs	P2 PMPM 1915(b)(3) Service Costs	P2 PMPM Administration Service Costs	P2 PMPM Total Actual Waiver Costs	P2 PMPM State Plan Service Cost Projection	State Plan Inflation Adjustment (Annual Year 3)	PMPM Effect of Inflation Adjustment	Program Adjustment [Enter Description Here]	PMPM Effect of Program Adjustment	Aggregate PMPM Effect of State Plan Service Adj.	Total P3 PMPM State Plan Service Cost Projection
Disabled	7,223,876	$ 109.31	$ -	$ -	$ 11.02	$ 120.33	$ 109.31	2.8%	$ 3.07		$ -	$ 3.07	$ 112.38
Foster Care	395,267	$ 438.74	$ -	$ -	$ 44.24	$ 482.99	$ 438.74	2.8%	$ 12.34		$ -	$ 12.34	$ 451.08
MCHIP	1,555,190	$ 10.76	$ -	$ -	$ 1.09	$ 11.85	$ 10.76	2.8%	$ 0.30		$ -	$ 0.30	$ 11.07
Other	40,090,739	$ 15.58	$ -	$ -	$ 1.57	$ 17.15	$ 15.58	2.8%	$ 0.44		$ -	$ 0.44	$ 16.02
Total	**49,265,072**												
P3 PMPM Casemix for R2 (R2 MMs)		**$ 438.74**	**$ -**	**$ -**	**$ 44.24**	**$ 482.99**	**$ 438.74**	**0.2%**	**$ 0.92**	**0.0%**	**$ -**	**$ 0.92**	**$ 439.66**

Row # / Column Letter 2 | B | C | D | E | F | G | H | I | J | K | L | M | N | O

Waiver Cost Projection Renewal Waiver Comprehensive Version

State: California

Medicaid Eligibility Group (MEG)	Retrospective Year 2 (R2) Member Months	P3 Per Member Per Month (PMPM) Costs					Prospective Year 4 (P4) Projection for State Plan Services**						
		P3 PMPM State Plan Service Costs	P3 PMPM Incentive Service Costs	P3 PMPM 1915(b)(3) Service Costs	P3 PMPM Administration Service Costs	P3 PMPM Total Actual Waiver Costs	P3 PMPM State Plan Service Cost Projection	State Plan Inflation Adjustment (Annual Year 4)	PMPM Effect of Inflation Adjustment	Program Adjustment [Enter Description Here]	PMPM Effect of Program Adjustment	Aggregate PMPM Effect of State Plan Service Adj.	Total P4 PMPM State Plan Service Cost Projection
Disabled	7,223,876	$ 112.38	$ -	$ -	$ 11.63	$ 124.01	$ 112.38	2.9%	$ 3.24		$ -	$ 3.24	$ 115.62
Foster Care	395,267	$ 451.08	$ -	$ -	$ 46.69	$ 497.77	$ 451.08	2.9%	$ 12.99		$ -	$ 12.99	$ 464.07
MCHIP	1,555,190	$ 11.07	$ -	$ -	$ 1.15	$ 12.21	$ 11.07	2.9%	$ 0.32		$ -	$ 0.32	$ 11.39
Other	40,090,739	$ 16.02	$ -	$ -	$ 1.66	$ 17.68	$ 16.02	2.9%	$ 0.46		$ -	$ 0.46	$ 16.48
Total	**49,265,072**												
P4 PMPM Casemix for R2 (R2 MMs)		**$ 11.07**	**$ -**	**$ -**	**$ 1.15**	**$ 12.21**	**$ 11.07**	**8.7%**	**$ 0.96**	**0.0%**	**$ -**	**$ 0.96**	**$ 12.03**

Medicaid Eligibility Group (MEG)	Retrospective Year 2 (R2) Member Months	P4 Per Member Per Month (PMPM) Costs					Prospective Year 5 (P2) Projection for State Plan Services**						
		P4 PMPM State Plan Service Costs	P4 PMPM Incentive Service Costs	P4 PMPM 1915(b)(3) Service Costs	P4 PMPM Administration Service Costs	P4 PMPM Total Actual Waiver Costs	P4 PMPM State Plan Service Cost Projection	State Plan Inflation Adjustment (Annual Year 5)	PMPM Effect of Inflation Adjustment	Program Adjustment [Enter Description Here]	PMPM Effect of Program Adjustment	Aggregate PMPM Effect of State Plan Service Adj.	Total P5 PMPM State Plan Service Cost Projection
Disabled	7,223,876	$ 115.62	$ -	$ -	$ 12.28	$ 127.89	$ 115.62	2.8%	$ 3.24		$ -	$ 3.24	$ 118.85
Foster Care	395,267	$ 464.07	$ -	$ -	$ 49.27	$ 513.34	$ 464.07	2.8%	$ 12.99		$ -	$ 12.99	$ 477.06
MCHIP	1,555,190	$ 11.39	$ -	$ -	$ 1.21	$ 12.59	$ 11.39	2.8%	$ 0.32		$ -	$ 0.32	$ 11.70
Other	40,090,739	$ 16.48	$ -	$ -	$ 1.75	$ 18.23	$ 16.48	2.8%	$ 0.46		$ -	$ 0.46	$ 16.94
Total	**49,265,072**												
P5 PMPM Casemix for R2 (R2 MMs)		**$ 464.07**	**$ -**	**$ -**	**$ 49.27**	**$ 513.34**	**$ 464.07**	**0.2%**	**$ 0.96**	**0.0%**	**$ -**	**$ 0.96**	**$ 465.04**

Appendix D5. Waiver Cost Projection

Row # / Column Letter

2

Actual Waiver Cost Conversion Renewal Comprehensive Version

State: California

4 **Note: Complete this Appendix for all Prospective Years**

Waiver Cost Projection

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

6 State Completion Sections

7

Row	B	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB
8		P1 Projection for Incentive Costs not Included in Capitation Rates**				P1 Projection for 1915(b)(3) Service Costs**				P1 Projection for Administration Costs**				
9–12	Medicaid Eligibility Group (MEG)	R2 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)	Total P1 PMPM Administration Cost Projection (X+Z)	Total P1 PMPM Projected Waiver Costs (O+S+W+AA)
13	Disabled	$ -		$ -	$ -	$ -		$ -	$ -	$ 0.03	34851.3%	$ 10.41	$ 10.44	$ 116.84
14	Foster Care	$ -		$ -	$ -	$ -		$ -	$ -	$ 0.12	34851.3%	$ 41.80	$ 41.92	$ 468.98
15	MCHIP	$ -		$ -	$ -	$ -		$ -	$ -	$ 0.00	34851.3%	$ 1.03	$ 1.03	$ 11.51
16	Other	$ -		$ -	$ -	$ -		$ -	$ -	$ 0.00	34851.3%	$ 1.48	$ 1.49	$ 16.65
17	Total													
18	P1 PMPM Casemix for R2 (R2 MMs)	$ -	0.0%	$ -	$ -	$ -	0.0%	$ -	$ -	$ 0.01	34851.3%	$ 3.10	$ 3.11	$ 34.81

19–24

Row	B	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB
25		P2 Projection for Incentive Costs not Included in Capitation Rates**				P2 Projection for 1915(b)(3) Service Costs**				P2 Projection for Administration Costs**				
26–29	Medicaid Eligibility Group (MEG)	P1 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)	P1 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)	Total P2 PMPM Administration Cost Projection (X+Z)	Total P2 PMPM Projected Waiver Costs (O+S+W+AA)
30	Disabled	$ -		$ -	$ -	$ -		$ -	$ -	$ 10.44	5.5%	$ 0.58	$ 11.02	$ 120.33
31	Foster Care	$ -		$ -	$ -	$ -		$ -	$ -	$ 41.92	5.5%	$ 2.32	$ 44.24	$ 482.99
32	MCHIP	$ -		$ -	$ -	$ -		$ -	$ -	$ 1.03	5.5%	$ 0.06	$ 1.09	$ 11.85
33	Other	$ -		$ -	$ -	$ -		$ -	$ -	$ 1.49	5.5%	$ 0.08	$ 1.57	$ 17.15
34	Total													
35	P2 PMPM Casemix for R2 (R2 MMs)	$ -	0.0%	$ -	$ -	$ -	0.0%	$ -	$ -	$ 3.11	5.5%	$ 0.17	$ 3.28	$ 35.85

36–37

Row	B	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB
38		P3 Projection for Incentive Costs not Included in Capitation Rates**				P3 Projection for 1915(b)(3) Service Costs**				P3 Projection for Administration Costs**				
39–42	Medicaid Eligibility Group (MEG)	P2 PMPM Incentive Cost Projection	Incentive Cost Inflation Adjustment (Annual Year 3)	PMPM Effect of Inflation Adjustment	Total P3 PMPM Incentive Cost Projection	P2 PMPM 1915(b)(3) Service Cost Projection	1915(b)(3) Service Costs Inflation Adjustment (Annual Year 3)	PMPM Effect of Inflation Adjustment	Total P3 PMPM 1915(b)(3) Service Cost Projection	P2 PMPM Administration Cost Projection	Administration Costs Inflation Adjustment (Annual Year 3)	PMPM Effect of Inflation Adjustment	Total P3 PMPM Administration Cost Projection	Total P3 PMPM Projected Waiver Costs
43	Disabled	$ -		$ -	$ -	$ -		$ -	$ -	$ 11.02	5.5%	$ 0.61	$ 11.63	$ 124.01
44	Foster Care	$ -		$ -	$ -	$ -		$ -	$ -	$ 44.24	5.5%	$ 2.45	$ 46.69	$ 497.77
45	MCHIP	$ -		$ -	$ -	$ -		$ -	$ -	$ 1.09	5.5%	$ 0.06	$ 1.15	$ 12.21
46	Other	$ -		$ -	$ -	$ -		$ -	$ -	$ 1.57	5.5%	$ 0.09	$ 1.66	$ 17.68
47	Total													
48	P3 PMPM Casemix for R2 (R2 MMs)	$ -	0.0%	$ -	$ -	$ -	0.0%	$ -	$ -	$ 44.24	0.4%	$ 0.18	$ 44.42	$ 484.08

49

Row # / Column Letter 2

Actual Waiver Cost Conversion Renewal Comprehensive Version

State: California

Medicaid Eligibility Group (MEG)	P4 Projection for Incentive Costs not Included in Capitation Rates**				P4 Projection for 1915(b)(3) Service Costs**				P4 Projection for Administration Costs**				Total P4 PMPM Projected Waiver Costs
	P3 PMPM Incentive Cost Projection	Incentive Cost Inflation Adjustment (Annual Year 4)	PMPM Effect of Inflation Adjustment	Total P4 PMPM Incentive Cost Projection	P3 PMPM 1915(b)(3) Service Cost Projection	1915(b)(3) Service Costs Inflation Adjustment (Annual Year 4)	PMPM Effect of Inflation Adjustment	Total P4 PMPM 1915(b)(3) Service Cost Projection	P3 PMPM Administration Cost Projection	Administration Costs Inflation Adjustment (Annual Year 4)	PMPM Effect of Inflation Adjustment	Total P4 PMPM Administration Cost Projection	
Disabled	$ -		$ -	$ -	$ -		$ -	$ -	$ 11.63	5.5%	$ 0.64	$ 12.28	$ 127.89
Foster Care	$ -		$ -	$ -	$ -		$ -	$ -	$ 46.69	5.5%	$ 2.58	$ 49.27	$ 513.34
MCHIP	$ -		$ -	$ -	$ -		$ -	$ -	$ 1.15	5.5%	$ 0.06	$ 1.21	$ 12.59
Other	$ -		$ -	$ -	$ -		$ -	$ -	$ 1.66	5.5%	$ 0.09	$ 1.75	$ 18.23
Total													
P4 PMPM Casemix for R2 (R2 MMs)	**$ -**	**0.0%**	**$ -**	**$ -**	**$ -**	**0.0%**	**$ -**	**$ -**	**$ 1.15**	**16.7%**	**$ 0.19**	**$ 1.34**	**$ 13.37**

Medicaid Eligibility Group (MEG)	P5 Projection for Incentive Costs not Included in Capitation Rates**				P5 Projection for 1915(b)(3) Service Costs**				P5 Projection for Administration Costs**				Total P5 PMPM Projected Waiver Costs
	P4 PMPM Incentive Cost Projection	Incentive Cost Inflation Adjustment (Annual Year 2)	PMPM Effect of Inflation Adjustment	Total P5 PMPM Incentive Cost Projection	P4 PMPM 1915(b)(3) Service Cost Projection	1915(b)(3) Service Costs Inflation Adjustment (Annual Year 2)	PMPM Effect of Inflation Adjustment	Total P5 PMPM 1915(b)(3) Service Cost Projection	P4 PMPM Administration Cost Projection	Administration Costs Inflation Adjustment (Annual Year 5)	PMPM Effect of Inflation Adjustment	Total P5 PMPM Administration Cost Projection	
Disabled	$ -		$ -	$ -	$ -		$ -	$ -	$ 12.28	5.5%	$ 0.68	$ 12.95	$ 131.81
Foster Care	$ -		$ -	$ -	$ -		$ -	$ -	$ 49.27	5.5%	$ 2.72	$ 52.00	$ 529.06
MCHIP	$ -		$ -	$ -	$ -		$ -	$ -	$ 1.21	5.5%	$ 0.07	$ 1.28	$ 12.98
Other	$ -		$ -	$ -	$ -		$ -	$ -	$ 1.75	5.5%	$ 0.10	$ 1.85	$ 18.79
Total													
P5 PMPM Casemix for R2 (R2 MMs)	**$ -**	**0.0%**	**$ -**	**$ -**	**$ -**	**0.0%**	**$ -**	**$ -**	**$ 49.27**	**0.4%**	**$ 0.20**	**$ 49.47**	**$ 514.51**