State of

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: State Plan Service Costs*	Incentive Costs*	1915(b)(3) Service Costs*	Administration Costs*	Total Actual Waiver Costs*	Prospective Year 1 (P1) Projection for State Plan Services**: 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)	Program Adjustment #2 Adult Optional Medicaid 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)
		D	E	F	G	H	I	J	K	L	M	N	O	P	Q
Disabled	7,259,930	$ 106.64	$ -	$ -	$ 6.33	$ 112.97	$ 106.64	2.6%	$ 2.77		$ -			$ 2.77	$ 109.41
Foster Care	439,913	$ 391.37	$ -	$ -	$ 23.24	$ 414.61	$ 391.37	2.6%	$ 10.18	0.3%	$ 1.04			$ 11.22	$ 402.59
MCHIP	7,466,380	$ 14.16	$ -	$ -	$ 0.84	$ 15.00	$ 14.16	2.6%	$ 0.37		$ -			$ 0.37	$ 14.53
Other	44,610,021	$ 15.90	$ -	$ -	$ 0.94	$ 16.85	$ 15.90	2.6%	$ 0.41		$ -			$ 0.41	$ 16.32
Medicaid Expansion	13,488,953	$ 13.74	$ -	$ -	$ 0.82	$ 14.56	$ 13.74	2.6%	$ 0.36		$ -			$ 0.36	$ 14.10
Total	**73,265,197**														
P1 PMPM Casemix for R2 (R2 MMs)		**$ 26.57**	**$ -**	**$ -**	**$ 1.58**	**$ 28.15**	**$ 26.57**	**2.6%**	**$ 0.69**	**0.0%**	**$ 0.01**		**$ -**	**$ 0.70**	**$ 27.27**

* 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.

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Medicaid Eligibility Group (MEG)	Prospective Year 1 Member Months	P1 Per Member Per Month (PMPM) Costs: 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)	Prospective Year 2 (P2) Projection for State Plan Services**: 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)	Program Adjustment #2 Adult Optional Medicaid 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)
		D	E	F	G	H	I	J	K	L	M	N	O	P	Q
Disabled	14,388,909	$ 109.41	$ -	$ -	$ 6.50	$ 115.91	$ 109.41	2.9%	$ 3.18		$ -			$ 3.18	$ 112.59
Foster Care	919,937	$ 402.59	$ -	$ -	$ 23.85	$ 426.44	$ 402.59	2.9%	$ 11.72		$ -			$ 11.72	$ 414.31
MCHIP	16,826,155	$ 14.53	$ -	$ -	$ 0.86	$ 15.39	$ 14.53	2.9%	$ 0.42		$ -			$ 0.42	$ 14.95
Other	97,967,930	$ 16.32	$ -	$ -	$ 0.97	$ 17.29	$ 16.32	2.9%	$ 0.47		$ -			$ 0.47	$ 16.79
Medicaid Expansion	30,983,874	$ 14.10	$ -	$ -	$ 0.84	$ 14.94	$ 14.10	2.9%	$ 0.41		$ -		$ -	$ 0.41	$ 14.51
Total	**161,086,805**														
P2 PMPM Casemix for R2 (R2 MMs)		**$ 27.27**	**$ -**	**$ -**	**$ 1.62**	**$ 28.89**	**$ 27.27**	**2.8%**	**$ 0.76**	**0.0%**	**$ -**		**$ -**	**$ 0.76**	**$ 28.03**

Appendix D5. Waiver Cost Projection

Row # / Column Letter

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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

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Row	B	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF
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)	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)	Total P1 PMPM Projected Waiver Costs (O+S+W+AA)
13	Disabled	$ -		$ -	$ -	$ -		$ -	$ -	$ 6.33	2.6%	$ 0.16			$ 6.50	$ 115.91
14	Foster Care	$ -		$ -	$ -	$ -		$ -	$ -	$ 23.24	2.6%	$ 0.60			$ 23.85	$ 426.44
15	MCHIP	$ -		$ -	$ -	$ -		$ -	$ -	$ 0.84	2.6%	$ 0.02			$ 0.86	$ 15.39
	Other			$ -	$ -	$ -		$ -	$ -	$ 0.94	2.6%	$ 0.02			$ 0.97	$ 17.29
16	Medicaid Expansion	$ -								$ 0.82	2.6%	$ 0.02			$ 0.84	$ 14.94
17	**Total**															
18	**P1 PMPM Casemix for R2 (R2 MMs)**	**$ -**	**0.0%**	**$ -**	**$ -**	**$ -**	**0.0%**	**$ -**	**$ -**	**$ 1.58**	**2.6%**	**$ 0.04**		**$ -**	**$ 1.62**	**$ 28.89**

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Row	B	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF
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)	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)	Total P2 PMPM Projected Waiver Costs (O+S+W+AA)
30	Disabled	$ -		$ -	$ -	$ -		$ -	$ -	$ 6.50	2.9%	$ 0.19			$ 6.69	$ 119.28
31	Foster Care	$ -		$ -	$ -	$ -		$ -	$ -	$ 23.85	2.9%	$ 0.69			$ 24.54	$ 438.84
32	MCHIP	$ -		$ -	$ -	$ -		$ -	$ -	$ 0.86	2.9%	$ 0.03			$ 0.89	$ 15.84
	Other	$ -		$ -	$ -	$ -		$ -	$ -	$ 0.97	2.9%	$ 0.03			$ 1.00	$ 17.79
33	Medicaid Expansion	$ -		$ -	$ -	$ -		$ -	$ -	$ 0.84	2.9%	$ 0.02			$ 0.86	$ 15.37
34	**Total**															
35	**P2 PMPM Casemix for R2 (R2 MMs)**	**$ -**	**0.0%**	**$ -**	**$ -**	**$ -**	**0.0%**	**$ -**	**$ -**	**$ 1.62**	**2.8%**	**$ 0.05**		**$ -**	**$ 1.66**	**$ 29.70**

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