State of

Appendix D1. Member Months

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

Renewal Waiver

Estimated Member Month Calculations

State: **California**

Actual Enrollment for the Time Period - R1 = 7/1/18 through 6/30/19 R2 = 7/1/18 through 6/30/19 **R1 and R2 include actual data and dates used in conversion - no estimates

Enrollment Projections for the Time Period - P1 = 1/1/22 through 12/31/22 P2 = 1/1/23 through 12/31/23 *Projections start on Quarter and include data for requested waiver period

Enrollment Projections for the Time Period - P3 = 1/1/24 through 12/31/24 P4 = 1/1/25 through 12/31/25 P5 = 1/1/26 through 12/31/26

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
	6/30/19	6/30/19	1/1/22	4/1/22	7/1/22	10/1/22	(P1)	1/1/23	4/1/23	7/1/23	10/1/23	(P2)
Adult Expansion	36,779,905	36,779,905	9,194,976	9,194,976	9,194,976	9,194,976	36,779,905	9,194,976	9,194,976	9,194,976	9,194,976	36,779,905
CCI Dual (non-CMC)	6,866,224	6,866,224	1,716,556	1,716,556	1,716,556	1,716,556	6,866,224	-	-	-	-	0
CMC	1,316,547	1,316,547	329,137	329,137	329,137	329,137	1,316,547	-	-	-	-	0
Family	54,139,905	54,139,905	13,534,976	13,534,976	13,534,976	13,534,976	54,139,905	13,534,976	13,534,976	13,534,976	13,534,976	54,139,905
Foster Youth	994,882	994,882	248,721	248,721	248,721	248,721	994,882	248,721	248,721	248,721	248,721	994,882
MCHIP	14,869,740	14,869,740	3,717,435	3,717,435	3,717,435	3,717,435	14,869,740	3,717,435	3,717,435	3,717,435	3,717,435	14,869,740
SPD	9,108,336	9,108,336	2,277,084	2,277,084	2,277,084	2,277,084	9,108,336	2,328,334	2,328,334	2,328,334	2,328,334	9,313,336
SPD Dual	3,415,064	3,415,064	853,766	853,766	853,766	853,766	3,415,064	3,814,459	3,814,459	3,814,459	3,814,459	15,257,835
Total Member Months	**127,490,603**	**127,490,603**	**31,872,651**	**31,872,651**	**31,872,651**	**31,872,651**	**127,490,603**	**32,838,901**	**32,838,901**	**32,838,901**	**32,838,901**	**131,355,603**
Quarterly % Increase				**0.0%**	**0.0%**	**0.0%**		**3.0%**	**0.0%**	**0.0%**	**0.0%**	

Note: *Due to rounding, the sum of the projected quarterly enrollment that is displayed may not equal the projected annual enrollment.*

	Total Projected 2 Year	Total Projected 5 Year
Adult Expansion	73,559,810	183,899,525
CCI Dual (non-CMC)	6,866,224	6,866,224
CMC	1,316,547	1,316,547
Family	108,279,810	270,699,525
Foster Youth	1,989,764	4,974,410
MCHIP	29,739,480	74,348,700
SPD	18,421,672	46,361,680
SPD Dual	18,672,899	64,446,404
	258,846,206	**652,913,015**

NUMBER OF DAYS OF DATA	
R2	364.00
Gap (end of R2 to P1)	-916.00
P1	364.00
P2	364.00
P3	365.00
P4	364.00
P5	364.00
TOTAL R2 to P2	176.00
(Days-365)	-189
TOTAL R2 to P1	-188
(Days-364)	-553
TOTAL R2 to P3	541.00
(Days-365)	176
TOTAL R2 to P4	905
(Days-364)	540
TOTAL R2 to P5	1269.00
(Days-364)	904

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

State Completion Sections

To modify the formulas as necessary to fit the length of the program complete this section.

The formulas will automatically update given this data.

Use Quarter Starting Dates on Appendix D1. Appendix D6 will automatically become Quarter Ending Dates to sync with CMS-64.

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
	1/1/24	4/1/24	7/1/24	10/1/24	(P3)	1/1/25	4/1/25	7/1/25	10/1/25	(P4)	1/1/26	4/1/26	7/1/26	10/1/26	(P5)
Adult Expansion	9,194,976	9,194,976	9,194,976	9,194,976	36,779,905	9,194,976	9,194,976	9,194,976	9,194,976	36,779,905	9,194,976	9,194,976	9,194,976	9,194,976	36,779,905
CCI Dual (non-CMC)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
CMC	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Family	13,534,976	13,534,976	13,534,976	13,534,976	54,139,905	13,534,976	13,534,976	13,534,976	13,534,976	54,139,905	13,534,976	13,534,976	13,534,976	13,534,976	54,139,905
Foster Youth	248,721	248,721	248,721	248,721	994,882	248,721	248,721	248,721	248,721	994,882	248,721	248,721	248,721	248,721	994,882
MCHIP	3,717,435	3,717,435	3,717,435	3,717,435	14,869,740	3,717,435	3,717,435	3,717,435	3,717,435	14,869,740	3,717,435	3,717,435	3,717,435	3,717,435	14,869,740
SPD	2,328,334	2,328,334	2,328,334	2,328,334	9,313,336	2,328,334	2,328,334	2,328,334	2,328,334	9,313,336	2,328,334	2,328,334	2,328,334	2,328,334	9,313,336
SPD Dual	3,814,459	3,814,459	3,814,459	3,814,459	15,257,835	3,814,459	3,814,459	3,814,459	3,814,459	15,257,835	3,814,459	3,814,459	3,814,459	3,814,459	15,257,835
Total Member Months	**32,838,901**	**32,838,901**	**32,838,901**	**32,838,901**	**131,355,603**	**32,838,901**	**32,838,901**	**32,838,901**	**32,838,901**	**131,355,603**	**32,838,901**	**32,838,901**	**32,838,901**	**32,838,901**	**131,355,603**
Quarterly % Increase	**0.0%**	**0.0%**	**0.0%**	**0.0%**		**0.0%**	**0.0%**	**0.0%**	**0.0%**		**0.0%**	**0.0%**	**0.0%**	**0.0%**	

	R1 to R2	R2 to P1	P1 to P2	P2 to P3	P3 to P4	P4 to P5	R2 to P2	R2 to P5
Annualized % Increase	0.00%	0.00%	see below*	see below*	see below*	see below*	0.67%	0.40%
% Increase	0.00%	0.00%	3.03%	0.00%	0.00%	0.00%	3.03%	3.03%

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

State of

Appendix D2.S Services in Waiver Cost

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

State of

Appendix D2.S Services in Waiver Cost

Row # / Column Letter	B	C	D	K
3			**Services in**	
4				
5				
6	**Instructions:** Modify columns as applicable to the waiver entity type and structure to r			
7	* Please note with a * if there are any proposed changes.			
8				
9	**State Plan Services**			
10	**Service Category**	**State Plan Approved Services**	**1915(b)(3) Services**	**PAHP Fee-for Service Reimbursement**
13	Inpatient Hospital (includes psych)	X		
14	IHS Inpatient			
15	Mental Health Facility			
16	Skilled Nursing Home	X		
17	ICF-MR Public			
18	ICF-MR Private			
19	ICF-Other	X		
20	Physician Services (includes psych)	X		
21	Outpatient Hospital (includes psych)	X		
22	IHS Outpatient			
23	Prescribed Drugs	X		
24	Dental Services	X		
25	Other Practitioners (includes psych)	X		
26	Clinic Services	X		
27	Lab or Radiology (includes psych)	X		
28	Home Health Services	X		
29	Sterilizations			
30	EPSDT Screening	X		
31	Rural Health Clinic	X		
32	FQHC	X		
33	Tribal 638	X		
34	HCBS Waivers			
35	Personal Care			
36	Other Care Services	X		
37	Family Planning	X		
38	Targeted Case Mgmt - MR Waiver			
39	Individualized Alternative or Enhanced Services			
40	PCCM Case Management Fees			
41	Managed Care Capitated Services	X		
42	Targeted Case Mgmt - MH/SA			

Appendix D2.A Administration in Waiver Cost

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.

Row # / Column Letter	B	C	D	E	F
8	**CMS 64.10 line Item**	**CMS 64.10 Explanation**	**Contract**	**Match Rate**	**BY Expenses**
9	1	FAMILY PLANNING		90% FFP	$ -
10	2	DESIGN DEVELOPMENT OR INSTALLATION OF MMIS*		90% FFP	$ -
11	A.	COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER STATE AGENCIES AND INSTITUTIONS		90% FFP	$ -
12	B.	COST OF PRIVATE SECTOR CONTRACTORS		90% FFP	$ -
13	C.	DRUG CLAIMS SYSTEM		90% FFP	$ -
14	3	SKILLED PROFESSIONAL MEDICAL PERSONNEL		75% FFP	$ -
15	4	OPERATION OF AN APPROVED MMIS*:		75% FFP	$ -
16	A.	COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER STATE AGENCIES AND INSTITUTIONS		75% FFP	$ 2,177,735
17	B.	COST OF PRIVATE SECTOR CONTRACTORS	IT contracts - CAPMAN, PACES	75% FFP	$ 6,136,225
18	5	MECHANIZED SYSTEMS, NOT APPROVED UNDER MMIS PROCEDURES:		50% FFP	$ -
19	A.	COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER STATE AGENCIES AND INSTITUTIONS		50% FFP	$ 39,472,495
20	B.	COST OF PRIVATE SECTOR CONTRACTORS	Actuarial services contract	50% FFP	$ 13,021,103
21	6	PEER REVIEW ORGANIZATIONS (PRO)		75% FFP	$ -
22	7. A.	THIRD PARTY LIABILITY RECOVERY PROCEDURE - BILLING OFFSET		50% FFP	$ 292,681
23	B.	ASSIGNMENT OF RIGHTS - BILLING OFFSET		50% FFP	$ 601
24	8	IMMIGRATION STATUS VERIFICATION SYSTEM COSTS		100% FFP	$ -
25	9	NURSE AIDE TRAINING COSTS		50% FFP	$ -
26	10	PREADMISSION SCREENING COSTS		75% FFP	$ -
27	11	RESIDENT REVIEW ACTIVITIES COSTS		75% FFP	$ -
28	12	DRUG USE REVIEW PROGRAM		75% FFP	$ -
29	13	OUTSTATIONED ELIGIBILITY WORKERS		50% FFP	$ -
30	14.	TANF BASE		90% FFP	$ -
31	15.	TANF SECONDARY 90%		90% FFP	$ -
32	16.	TANF SECONDARY 75%		75% FFP	$ -
33	17.	EXTERNAL REVIEW	EQRO	75% FFP	$ 4,421,647
34	18.	ENROLLMENT BROKERS	Enrollment broker	50% FFP	$ 76,434,380
35	19.	OTHER FINANCIAL PARTICIPATION		50% FFP	$ -
36	20	Total			**$ 141,956,866**

37

38 *Allocation basis is ___% of Medicaid costs OR ___ % of Medicaid eligibles OR ___ other, please explain:

39 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).

40 State Completion Sections

State of

Appendix D3. Actual Waiver Cost

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

Actual Waiver Cost Renewal Comprehensive Version
State: California

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)	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)
Adult Expansion	36,779,905	$ 17,155,167,263	$ -	$ 17,155,167,263		$ -	$ 51,973,795	**$ 17,207,141,058**	$ 466.43	$ -	$ -	$ 1.41	**$ 467.84**
CCI Dual (non-CMC)	6,866,224	$ 3,300,358,826	$ -	$ 3,300,358,826		$ -	$ 9,998,863	**$ 3,310,357,689**	$ 480.67	$ -	$ -	$ 1.46	**$ 482.12**
CMC	1,316,547	$ 359,452,878	$ -	$ 359,452,878		$ -	$ 1,089,009	**$ 360,541,887**	$ 273.03	$ -	$ -	$ 0.83	**$ 273.85**
Family	54,139,905	$ 11,665,762,529	$ -	$ 11,665,762,529		$ -	$ 35,342,935	**$ 11,701,105,464**	$ 215.47	$ -	$ -	$ 0.65	**$ 216.13**
Foster Youth	994,882	$ 209,129,121	$ -	$ 209,129,121		$ -	$ 633,584	**$ 209,762,704**	$ 210.20	$ -	$ -	$ 0.64	**$ 210.84**
MCHIP	14,869,740	$ 2,185,601,728	$ -	$ 2,185,601,728		$ -	$ 6,621,563	**$ 2,192,223,291**	$ 146.98	$ -	$ -	$ 0.45	**$ 147.43**
SPD	9,108,336	$ 10,769,907,875	$ -	$ 10,769,907,875		$ -	$ 32,628,827	**$ 10,802,536,702**	$ 1,182.42	$ -	$ -	$ 3.58	**$ 1,186.01**
SPD Dual	3,415,064	$ 1,210,804,914	$ -	$ 1,210,804,914		$ -	$ 3,668,290	**$ 1,214,473,204**	$ 354.55	$ -	$ -	$ 1.07	**$ 355.62**
Total	**127,490,603**	**$ 46,856,185,134**	**$ -**	**$ 46,856,185,134**	**$ -**	**$ -**	**$ 141,956,866**	**$ 46,998,142,000**					
R1 Overall PMPM Casemix for R1 (R1 MMs)									**$ 367.53**	**$ -**	**$ -**	**$ 1.11**	**$ 368.64**

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)	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)
Adult Expansion	36,779,905	$ 17,155,167,263	$ -	$ 17,155,167,263		$ -	$ 51,973,795	**$ 17,207,141,058**	$ 466.43	$ -	$ -	$ 1.41	**$ 467.84**
CCI Dual (non-CMC)	6,866,224	$ 3,300,358,826	$ -	$ 3,300,358,826		$ -	$ 9,998,863	**$ 3,310,357,689**	$ 480.67	$ -	$ -	$ 1.46	**$ 482.12**
CMC	1,316,547	$ 359,452,878	$ -	$ 359,452,878		$ -	$ 1,089,009	**$ 360,541,887**	$ 273.03	$ -	$ -	$ 0.83	**$ 273.85**
Family	54,139,905	$ 11,665,762,529	$ -	$ 11,665,762,529		$ -	$ 35,342,935	**$ 11,701,105,464**	$ 215.47	$ -	$ -	$ 0.65	**$ 216.13**
Foster Youth	994,882	$ 209,129,121	$ -	$ 209,129,121		$ -	$ 633,584	**$ 209,762,704**	$ 210.20	$ -	$ -	$ 0.64	**$ 210.84**
MCHIP	14,869,740	$ 2,185,601,728	$ -	$ 2,185,601,728		$ -	$ 6,621,563	**$ 2,192,223,291**	$ 146.98	$ -	$ -	$ 0.45	**$ 147.43**
SPD	9,108,336	$ 10,769,907,875	$ -	$ 10,769,907,875		$ -	$ 32,628,827	**$ 10,802,536,702**	$ 1,182.42	$ -	$ -	$ 3.58	**$ 1,186.01**
SPD Dual	3,415,064	$ 1,210,804,914	$ -	$ 1,210,804,914		$ -	$ 3,668,290	**$ 1,214,473,204**	$ 354.55	$ -	$ -	$ 1.07	**$ 355.62**
Total	**127,490,603**	**$ 46,856,185,134**	**$ -**	**$ 46,856,185,134**	**$ -**	**$ -**	**$ 141,956,866**	**$ 46,998,142,000**					
R1 Overall PMPM Casemix for R2 (R2 MMs)									**$ 367.53**	**$ -**	**$ -**	**$ 1.11**	**$ 368.64**

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.

State of

Appendix D4. Adjustments in Projection

Row # / Column Letter	B	C	D
3		**Adjustments and Services in Waiver Cost Projection (Comprehensive and Expedited)**	
4		State: California	
5		**Prospective Years 1 through 5 (P1 - P5) or Years 1 though 2 (P1 -P2)**	
6		**Renewal Waiver**	
7		*** If a change please note**	
8			

Adjustments to the Waiver Cost Projection	Adjustments Made	Location of Adjustment
State Plan Trend	X	Tab D5, column J, for P1 through P5.
State Plan Programmatic/policy/pricing changes	X	Tab D5, column L, for P1 through P5.
Administrative Cost Adjustment	X	Tab D5, column Y, for P1 through P5.
1915(b)(3) service Trend		
Incentives (not in cap payment) Adjustments		
Other		

State Completion Sections

State of

Appendix D5. Waiver Cost Projection

B C D G H I J K L M N O X Y Z AA AB

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**							P1 Projection for Administration Costs**				
		State Plan 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)	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)
Adult Expansion	36,779,905	$ 466.43	$ 1.41	$ 467.84	$ 466.43	18.42%	$ 85.93	-3.23%	$ (17.84)	$ 68.09	$ 534.52	$ 1.41	20.17%	$ 0.29	$ 1.70	$ 536.22
CCI Dual (non-CMC)	6,866,224	$ 480.67	$ 1.46	$ 482.12	$ 480.67	18.42%	$ 88.56	1.59%	$ 9.04	$ 97.59	$ 578.26	$ 1.46	20.17%	$ 0.29	$ 1.75	$ 580.01
CMC	1,316,547	$ 273.03	$ 0.83	$ 273.85	$ 273.03	18.42%	$ 50.30	0.54%	$ 1.75	$ 52.05	$ 325.08	$ 0.83	20.17%	$ 0.17	$ 0.99	$ 326.07
Family	54,139,905	$ 215.47	$ 0.65	$ 216.13	$ 215.47	18.42%	$ 39.70	3.74%	$ 9.54	$ 49.24	$ 264.71	$ 0.65	20.17%	$ 0.13	$ 0.78	$ 265.50
Foster Youth	994,882	$ 210.20	$ 0.64	$ 210.84	$ 210.20	18.42%	$ 38.73	8.17%	$ 20.35	$ 59.07	$ 269.28	$ 0.64	20.17%	$ 0.13	$ 0.77	$ 270.04
MCHIP	14,869,740	$ 146.98	$ 0.45	$ 147.43	$ 146.98	18.42%	$ 27.08	7.20%	$ 12.54	$ 39.62	$ 186.60	$ 0.45	20.17%	$ 0.09	$ 0.54	$ 187.14
SPD	9,108,336	$ 1,182.42	$ 3.58	$ 1,186.01	$ 1,182.42	18.42%	$ 217.85	-6.00%	$ (84.00)	$ 133.84	$ 1,316.26	$ 3.58	20.17%	$ 0.72	$ 4.30	$ 1,320.57
SPD Dual	3,415,064	$ 354.55	$ 1.07	$ 355.62	$ 354.55	18.42%	$ 65.32	7.38%	$ 30.98	$ 96.30	$ 450.85	$ 1.07	20.17%	$ 0.22	$ 1.29	$ 452.14
Total	**127,490,603**															
P1 PMPM Casemix for R2 (R2 MMs)		**$ 367.53**	**$ 1.11**	**$ 368.64**	**$ 367.53**	**18.42%**	**$ 67.71**	**-0.95%**	**$ (4.14)**	**$ 63.57**	**$ 431.10**	**$ 1.11**	**20.17%**	**$ 0.22**	**$ 1.34**	**$ 432.44**

* 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**							P2 Projection for Administration Costs**				
		P1 PMPM State Plan Service Costs (same as O13-O18)	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)	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)
Adult Expansion	36,779,905	$ 534.52	$ 1.70	$ 536.22	$ 534.52	4.95%	$ 26.46	-1.58%	$ (8.87)	$ 17.58	$ 552.11	$ 1.70	5.39%	$ 0.09	$ 1.79	$ 553.90
CCI Dual (non-CMC)		$ 578.26	$ 1.75	$ 580.01	$ 578.26	0.00%	$ -	-100.00%	$ (578.26)	$ (578.26)	$ -	$ 1.75	-100.00%	$ (1.75)	$ -	$ -
CMC		$ 325.08	$ 0.99	$ 326.07	$ 325.08	0.00%	$ -	-100.00%	$ (325.08)	$ (325.08)	$ -	$ 0.99	-100.00%	$ (0.99)	$ -	$ -
Family	54,139,905	$ 264.71	$ 0.78	$ 265.50	$ 264.71	4.95%	$ 13.10	-7.39%	$ (20.54)	$ (7.44)	$ 257.28	$ 0.78	5.39%	$ 0.04	$ 0.83	$ 258.10
Foster Youth	994,882	$ 269.28	$ 0.77	$ 270.04	$ 269.28	4.95%	$ 13.33	-6.95%	$ (19.65)	$ (6.33)	$ 262.95	$ 0.77	5.39%	$ 0.04	$ 0.81	$ 263.76
MCHIP	14,869,740	$ 186.60	$ 0.54	$ 187.14	$ 186.60	4.95%	$ 9.24	-10.70%	$ (20.96)	$ (11.73)	$ 174.87	$ 0.54	5.39%	$ 0.03	$ 0.56	$ 175.44
SPD	9,108,336	$ 1,316.26	$ 4.30	$ 1,320.57	$ 1,316.26	4.95%	$ 65.16	3.26%	$ 45.01	$ 110.17	$ 1,426.43	$ 4.30	5.39%	$ 0.23	$ 4.54	$ 1,430.97
SPD Dual	11,597,835	$ 512.00	$ 1.53	$ 513.53	$ 512.00	4.95%	$ 25.34	29.37%	$ 157.80	$ 183.15	$ 695.15	$ 1.53	5.39%	$ 0.08	$ 1.61	$ 696.76
Total	**127,490,603**															
P2 PMPM Casemix for R2 (R2 MMs)		**$ 431.10**	**$ 1.34**	**$ 432.44**	**$ 431.10**	**4.95%**	**$ 21.34**	**0.82%**	**$ 3.69**	**$ 25.03**	**$ 456.13**	**$ 1.34**	**5.39%**	**$ 0.07**	**$ 1.41**	**$ 457.54**

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**							P3 Projection for Administration Costs**				
		P2 PMPM State Plan 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	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
Adult Expansion	36,779,905	$ 552.11	$ 1.79	$ 553.90	$ 552.11	4.95%	$ 27.33	-1.27%	$ (7.38)	$ 19.95	$ 572.05	$ 1.79	5.39%	$ 0.10	$ 1.89	$ 573.94
CCI Dual (non-CMC)		$ -	$ -	$ -	$ -	0.00%	$ -	0.00%	$ -	$ -	$ -	$ -	0.00%	$ -	$ -	$ -
CMC		$ -	$ -	$ -	$ -	0.00%	$ -	0.00%	$ -	$ -	$ -	$ -	0.00%	$ -	$ -	$ -
Family	54,139,905	$ 257.28	$ 0.83	$ 258.10	$ 257.28	4.95%	$ 12.74	-1.26%	$ (3.41)	$ 9.32	$ 266.60	$ 0.83	5.39%	$ 0.04	$ 0.87	$ 267.47
Foster Youth	994,882	$ 262.95	$ 0.81	$ 263.76	$ 262.95	4.95%	$ 13.02	-1.19%	$ (3.28)	$ 9.73	$ 272.69	$ 0.81	5.39%	$ 0.04	$ 0.85	$ 273.54
MCHIP	14,869,740	$ 174.87	$ 0.56	$ 175.44	$ 174.87	4.95%	$ 8.66	-1.26%	$ (2.31)	$ 6.35	$ 181.22	$ 0.56	5.39%	$ 0.03	$ 0.59	$ 181.81
SPD	9,108,336	$ 1,426.43	$ 4.54	$ 1,430.97	$ 1,426.43	4.95%	$ 70.61	-1.25%	$ (18.68)	$ 51.93	$ 1,478.36	$ 4.54	5.39%	$ 0.24	$ 4.78	$ 1,483.14
SPD Dual	11,597,835	$ 695.15	$ 1.61	$ 696.76	$ 695.15	4.95%	$ 34.41	-0.83%	$ (6.07)	$ 28.34	$ 723.49	$ 1.61	5.39%	$ 0.09	$ 1.70	$ 725.19
Total	**127,490,603**															
P3 PMPM Casemix for R2 (R2 MMs)		**$ 456.13**	**$ 1.41**	**$ 457.54**	**$ 456.13**	**4.95%**	**$ 22.58**	**-1.20%**	**$ (5.76)**	**$ 16.82**	**$ 472.95**	**$ 1.41**	**5.39%**	**$ 0.08**	**$ 1.49**	**$ 474.43**

Appendix D5. Waiver Cost Projection

Waiver Cost Projection Renewal Waiver Comprehensive Version

State: California

B	C	D	G	H	I	J	K	L	M	N	O	X	Y	Z	AA	AB
		P3 Per Member Per Month (PMPM) Costs			Prospective Year 4 (P4) Projection for State Plan Services**							P4 Projection for Administration Costs**				
Medicaid Eligibility Group (MEG)	Retrospective Year 2 (R2) Member Months	P3 PMPM State Plan 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	P3 PMPM Administration Cost Projection	Administration Costs Inflation Adjustment (Annual Year 4)	PMPM Effect of Inflation Adjustment	Total P4 PMPM Administration Cost Projection	Total P4 PMPM Projected Waiver Costs
Adult Expansion	36,779,905	$ 572.05	$ 1.89	$ 573.94	$ 572.05	4.95%	$ 28.32	-0.91%	$ (5.47)	$ 22.84	$ 594.90	$ 1.89	5.39%	$ 0.10	$ 1.99	**$ 596.89**
CCI Dual (non-CMC)		$ -	$ -	$ -	$ -	0.00%	$ -	0.00%	$ -	$ -	$ -	$ -	0.00%	$ -	$ -	**$ -**
CMC		$ -	$ -	$ -	$ -	0.00%	$ -	0.00%	$ -	$ -	$ -	$ -	0.00%	$ -	$ -	**$ -**
Family	54,139,905	$ 266.60	$ 0.87	$ 267.47	$ 266.60	4.95%	$ 13.20	-1.58%	$ (4.43)	$ 8.77	$ 275.37	$ 0.87	5.39%	$ 0.05	$ 0.92	**$ 276.29**
Foster Youth	994,882	$ 272.69	$ 0.85	$ 273.54	$ 272.69	4.95%	$ 13.50	-1.51%	$ (4.33)	$ 9.16	$ 281.85	$ 0.85	5.39%	$ 0.05	$ 0.90	**$ 282.75**
MCHIP	14,869,740	$ 181.22	$ 0.59	$ 181.81	$ 181.22	4.95%	$ 8.97	-1.90%	$ (3.61)	$ 5.36	$ 186.58	$ 0.59	5.39%	$ 0.03	$ 0.63	**$ 187.20**
SPD	9,108,336	$ 1,478.36	$ 4.78	$ 1,483.14	$ 1,478.36	4.95%	$ 73.18	-0.89%	$ (13.85)	$ 59.33	$ 1,537.69	$ 4.78	5.39%	$ 0.26	$ 5.04	**$ 1,542.73**
SPD Dual	11,597,835	$ 723.49	$ 1.70	$ 725.19	$ 723.49	4.95%	$ 35.81	-0.59%	$ (4.50)	$ 31.31	$ 754.81	$ 1.70	5.39%	$ 0.09	$ 1.79	**$ 756.60**
Total	**127,490,603**															
P4 PMPM Casemix for R2 (R2 MMs)		**$ 472.95**	**$ 1.49**	**$ 474.43**	**$ 472.95**	**4.95%**	**$ 23.41**	**-1.07%**	**$ (5.31)**	**$ 18.10**	**$ 491.04**	**$ 1.49**	**5.39%**	**$ 0.08**	**$ 1.57**	**$ 492.61**

B	C	D	G	H	I	J	K	L	M	N	O	X	Y	Z	AA	AB
		P4 Per Member Per Month (PMPM) Costs			Prospective Year 5 (P2) Projection for State Plan Services**							P5 Projection for Administration Costs**				
Medicaid Eligibility Group (MEG)	Retrospective Year 2 (R2) Member Months	P4 PMPM State Plan 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	P4 PMPM Administration Cost Projection	Administration Costs Inflation Adjustment (Annual Year 5)	PMPM Effect of Inflation Adjustment	Total P5 PMPM Administration Cost Projection	Total P5 PMPM Projected Waiver Costs
Adult Expansion	36,779,905	$ 594.90	$ 1.99	$ 596.89	$ 594.90	4.95%	$ 29.45	0.00%	$ -	$ 29.45	$ 624.34	$ 1.99	5.39%	$ 0.11	$ 2.09	**$ 626.44**
CCI Dual (non-CMC)		$ -	$ -	$ -	$ -	0.00%	$ -	0.00%	$ -	$ -	$ -	$ -	0.00%	$ -	$ -	**$ -**
CMC		$ -	$ -	$ -	$ -	0.00%	$ -	0.00%	$ -	$ -	$ -	$ -	0.00%	$ -	$ -	**$ -**
Family	54,139,905	$ 275.37	$ 0.92	$ 276.29	$ 275.37	4.95%	$ 13.63	0.00%	$ -	$ 13.63	$ 289.00	$ 0.92	5.39%	$ 0.05	$ 0.97	**$ 289.97**
Foster Youth	994,882	$ 281.85	$ 0.90	$ 282.75	$ 281.85	4.95%	$ 13.95	0.00%	$ -	$ 13.95	$ 295.80	$ 0.90	5.39%	$ 0.05	$ 0.94	**$ 296.75**
MCHIP	14,869,740	$ 186.58	$ 0.63	$ 187.20	$ 186.58	4.95%	$ 9.24	0.00%	$ -	$ 9.24	$ 195.81	$ 0.63	5.39%	$ 0.03	$ 0.66	**$ 196.47**
SPD	9,108,336	$ 1,537.69	$ 5.04	$ 1,542.73	$ 1,537.69	4.95%	$ 76.12	0.00%	$ -	$ 76.12	$ 1,613.81	$ 5.04	5.39%	$ 0.27	$ 5.31	**$ 1,619.12**
SPD Dual	11,597,835	$ 754.81	$ 1.79	$ 756.60	$ 754.81	4.95%	$ 37.36	0.00%	$ -	$ 37.36	$ 792.17	$ 1.79	5.39%	$ 0.10	$ 1.89	**$ 794.05**
Total	**127,490,603**															
P5 PMPM Casemix for R2 (R2 MMs)		**$ 491.04**	**$ 1.57**	**$ 492.61**	**$ 491.04**	**4.95%**	**$ 24.31**	**0.00%**	**$ -**	**$ 24.31**	**$ 515.35**	**$ 1.57**	**5.39%**	**$ 0.08**	**$ 1.65**	**$ 517.00**

State of

Appendix D6. RO Targets

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

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	
Adult Expansion	36,779,905	$ 534.52	$ -	$ -	$ 1.70	$ 536.22	$ 534.52
CCI Dual (non-CMC)	6,866,224	$ 578.26	$ -	$ -	$ 1.75	$ 580.01	$ 578.26
CMC	1,316,547	$ 325.08	$ -	$ -	$ 0.99	$ 326.07	$ 325.08
Family	54,139,905	$ 264.71	$ -	$ -	$ 0.78	$ 265.50	$ 264.71
Foster Youth	994,882	$ 269.28	$ -	$ -	$ 0.77	$ 270.04	$ 269.28
MCHIP	14,869,740	$ 186.60	$ -	$ -	$ 0.54	$ 187.14	$ 186.60
SPD	9,108,336	$ 1,316.26	$ -	$ -	$ 4.30	$ 1,320.57	$ 1,316.26
SPD Dual	3,415,064	$ 450.85	$ -	$ -	$ 1.29	$ 452.14	$ 450.85
Total	**127,490,603**						
P1 Weighted Average PMPM Casemix for P1 (P1 MMs)		**$ 431.10**	**$ -**	**$ -**	**$ 1.34**	**$ 432.44**	

Medicaid Eligibility Group (MEG)	Q1 Quarterly Projected Costs			Q2 Quarterly Projected Costs			Q3 Quarterly Projected Costs			Q4 Quarterly Projected Costs			Total P1 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	
Adult Expansion	9,194,976	$ 4,914,922,064.88	$ 15,614,294.12	9,194,976	$ 4,914,922,064.88	$ 15,614,294.12	9,194,976	$ 4,914,922,064.88	$ 15,614,294.12	9,194,976	$ 4,914,922,064.88	$ 15,614,294.12	**$ 19,722,145,436.01**
CCI Dual (non-CMC)	1,716,556	$ 992,614,403.99	$ 3,003,921.36	1,716,556	$ 992,614,403.99	$ 3,003,921.36	1,716,556	$ 992,614,403.99	$ 3,003,921.36	1,716,556	$ 992,614,403.99	$ 3,003,921.36	**$ 3,982,473,301.40**
CMC	329,137	$ 106,995,531.16	$ 327,166.90	329,137	$ 106,995,531.16	$ 327,166.90	329,137	$ 106,995,531.16	$ 327,166.90	329,137	$ 106,995,531.16	$ 327,166.90	**$ 429,290,792.26**
Family	13,534,976	$ 3,582,910,963.18	$ 10,617,946.45	13,534,976	$ 3,582,910,963.18	$ 10,617,946.45	13,534,976	$ 3,582,910,963.18	$ 10,617,946.45	13,534,976	$ 3,582,910,963.18	$ 10,617,946.45	**$ 14,374,115,638.51**
Foster Youth	248,721	$ 66,974,938.04	$ 190,345.19	248,721	$ 66,974,938.04	$ 190,345.19	248,721	$ 66,974,938.04	$ 190,345.19	248,721	$ 66,974,938.04	$ 190,345.19	**$ 268,661,132.93**
MCHIP	3,717,435	$ 693,677,254.05	$ 1,989,291.49	3,717,435	$ 693,677,254.05	$ 1,989,291.49	3,717,435	$ 693,677,254.05	$ 1,989,291.49	3,717,435	$ 693,677,254.05	$ 1,989,291.49	**$ 2,782,666,182.14**
SPD	2,277,084	$ 2,997,245,031.09	$ 9,802,557.25	2,277,084	$ 2,997,245,031.09	$ 9,802,557.25	2,277,084	$ 2,997,245,031.09	$ 9,802,557.25	2,277,084	$ 2,997,245,031.09	$ 9,802,557.25	**$ 12,028,190,353.38**
SPD Dual	853,766	$ 384,920,524.10	$ 1,102,050.70	853,766	$ 384,920,524.10	$ 1,102,050.70	853,766	$ 384,920,524.10	$ 1,102,050.70	853,766	$ 384,920,524.10	$ 1,102,050.70	**$ 1,544,090,299.19**
Total	**31,872,651**	**$ 13,740,260,710.49**	**$ 42,647,573.47**	**31,872,651**	**$ 13,740,260,710.49**	**$ 42,647,573.47**	**31,872,651**	**$ 13,740,260,710.49**	**$ 42,647,573.47**	**31,872,651**	**$ 13,740,260,710.49**	**$ 42,647,573.47**	**$ 55,131,633,135.83**

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	
Adult Expansion	36,779,905	$ 552.11	$ -	$ -	$ 1.79	$ 553.90	$ 552.11
CCI Dual (non-CMC)	-	$ -	$ -	$ -	$ -	$ -	$ -
CMC	-	$ -	$ -	$ -	$ -	$ -	$ -
Family	54,139,905	$ 257.28	$ -	$ -	$ 0.83	$ 258.10	$ 257.28
Foster Youth	994,882	$ 262.95	$ -	$ -	$ 0.81	$ 263.76	$ 262.95
MCHIP	14,869,740	$ 174.87	$ -	$ -	$ 0.56	$ 175.44	$ 174.87
SPD	9,313,336	$ 1,426.43	$ -	$ -	$ 4.54	$ 1,430.97	$ 1,426.43
SPD Dual	15,257,835	$ 695.15	$ -	$ -	$ 1.61	$ 696.76	$ 695.15
Total	**131,355,603**						
P2 Weighted Average PMPM Casemix for P2 (P2 MMs)		**$ 464.30**	**$ -**	**$ -**	**$ 1.42**	**$ 465.72**	

Medicaid Eligibility Group (MEG)	Q5 Quarterly Projected Costs			Q6 Quarterly Projected Costs			Q7 Quarterly Projected Costs			Q8 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	
Adult Expansion	9,194,976	$ 5,076,609,349.67	$ 16,455,904.58	9,194,976	$ 5,076,609,349.67	$ 16,455,904.58	9,194,976	$ 5,076,609,349.67	$ 16,455,904.58	9,194,976	$ 5,076,609,349.67	$ 16,455,904.58	**$ 20,372,261,016.98**
CCI Dual (non-CMC)	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	**$ -**
CMC	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	**$ -**
Family	13,534,976	$ 3,482,220,149.93	$ 11,190,253.76	13,534,976	$ 3,482,220,149.93	$ 11,190,253.76	13,534,976	$ 3,482,220,149.93	$ 11,190,253.76	13,534,976	$ 3,482,220,149.93	$ 11,190,253.76	**$ 13,973,641,614.78**
Foster Youth	248,721	$ 65,401,744.78	$ 200,604.80	248,721	$ 65,401,744.78	$ 200,604.80	248,721	$ 65,401,744.78	$ 200,604.80	248,721	$ 65,401,744.78	$ 200,604.80	**$ 262,409,398.30**
MCHIP	3,717,435	$ 650,083,691.58	$ 2,096,514.30	3,717,435	$ 650,083,691.58	$ 2,096,514.30	3,717,435	$ 650,083,691.58	$ 2,096,514.30	3,717,435	$ 650,083,691.58	$ 2,096,514.30	**$ 2,608,720,823.52**
SPD	2,328,334	$ 3,321,212,258.47	$ 10,563,431.50	2,328,334	$ 3,321,212,258.47	$ 10,563,431.50	2,328,334	$ 3,321,212,258.47	$ 10,563,431.50	2,328,334	$ 3,321,212,258.47	$ 10,563,431.50	**$ 13,327,102,759.86**
SPD Dual	3,814,459	$ 2,651,620,674.94	$ 6,146,483.75	3,814,459	$ 2,651,620,674.94	$ 6,146,483.75	3,814,459	$ 2,651,620,674.94	$ 6,146,483.75	3,814,459	$ 2,651,620,674.94	$ 6,146,483.75	**$ 10,631,068,634.79**
Total	**32,838,901**	**$ 15,247,147,869.37**	**$ 46,653,192.69**	**32,838,901**	**$ 15,247,147,869.37**	**$ 46,653,192.69**	**32,838,901**	**$ 15,247,147,869.37**	**$ 46,653,192.69**	**32,838,901**	**$ 15,247,147,869.37**	**$ 46,653,192.69**	**$ 61,175,204,248.23**

State of

Appendix D6. RO Targets

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

State Completion Sections

State: California

Projected Year 3

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	
Adult Expansion	36,779,905	$ 572.05	$ -	$ -	$ 1.89	$ 573.94	$ 572.05
CCI Dual (non-CMC)	-	$ -	$ -	$ -	$ -	$ -	$ -
CMC	-	$ -	$ -	$ -	$ -	$ -	$ -
Family	54,139,905	$ 266.60	$ -	$ -	$ 0.87	$ 267.47	$ 266.60
Foster Youth	994,882	$ 272.69	$ -	$ -	$ 0.85	$ 273.54	$ 272.69
MCHIP	14,869,740	$ 181.22	$ -	$ -	$ 0.59	$ 181.81	$ 181.22
SPD	9,313,336	$ 1,478.36	$ -	$ -	$ 4.78	$ 1,483.14	$ 1,478.36
SPD Dual	15,257,835	$ 723.49	$ -	$ -	$ 1.70	$ 725.19	$ 723.49
Total	**131,355,603**						
P3 Weighted Average PMPM Casemix for P3 (P3 MMs)		**$ 481.50**	**$ -**	**$ -**	**$ 1.50**	**$ 482.99**	

State of

Appendix D6. RO Targets

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

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

State Completion Sections

State: California

Medicaid Eligibility Group (MEG)	Q9 Quarterly Projected Costs			Q10 Quarterly Projected Costs			Q11 Quarterly Projected Costs			Q12 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	
Adult Expansion	9,194,976	$ 5,260,023,116.01	$ 17,342,877.83	9,194,976	$ 5,260,023,116.01	$ 17,342,877.83	9,194,976	$ 5,260,023,116.01	$ 17,342,877.83	9,194,976	$ 5,260,023,116.01	$ 17,342,877.83	**$ 21,109,463,975.40**
CCI Dual (non-CMC)	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	**$ -**
CMC	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	**$ -**
Family	13,534,976	$ 3,608,416,266.83	$ 11,793,408.44	13,534,976	$ 3,608,416,266.83	$ 11,793,408.44	13,534,976	$ 3,608,416,266.83	$ 11,793,408.44	13,534,976	$ 3,608,416,266.83	$ 11,793,408.44	**$ 14,480,838,701.08**
Foster Youth	248,721	$ 67,822,685.61	$ 211,417.40	248,721	$ 67,822,685.61	$ 211,417.40	248,721	$ 67,822,685.61	$ 211,417.40	248,721	$ 67,822,685.61	$ 211,417.40	**$ 272,136,412.03**
MCHIP	3,717,435	$ 673,674,410.74	$ 2,209,516.42	3,717,435	$ 673,674,410.74	$ 2,209,516.42	3,717,435	$ 673,674,410.74	$ 2,209,516.42	3,717,435	$ 673,674,410.74	$ 2,209,516.42	**$ 2,703,535,708.66**
SPD	2,328,334	$ 3,442,122,691.92	$ 11,132,800.46	2,328,334	$ 3,442,122,691.92	$ 11,132,800.46	2,328,334	$ 3,442,122,691.92	$ 11,132,800.46	2,328,334	$ 3,442,122,691.92	$ 11,132,800.46	**$ 13,813,021,969.52**
SPD Dual	3,814,459	$ 2,759,729,674.98	$ 6,477,779.23	3,814,459	$ 2,759,729,674.98	$ 6,477,779.23	3,814,459	$ 2,759,729,674.98	$ 6,477,779.23	3,814,459	$ 2,759,729,674.98	$ 6,477,779.23	**$ 11,064,829,816.84**
Total	**32,838,901**	**$ 15,811,788,846.11**	**$ 49,167,799.78**	**32,838,901**	**$ 15,811,788,846.11**	**$ 49,167,799.78**	**32,838,901**	**$ 15,811,788,846.11**	**$ 49,167,799.78**	**32,838,901**	**$ 15,811,788,846.11**	**$ 49,167,799.78**	**$ 63,443,826,583.53**

Projected Year 4

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	
Adult Expansion	36,779,905	$ 594.90	$ -	$ -	$ 1.99	$ 596.89	$ 594.90
CCI Dual (non-CMC)	-	$ -	$ -	$ -	$ -	$ -	$ -
CMC	-	$ -	$ -	$ -	$ -	$ -	$ -
Family	54,139,905	$ 275.37	$ -	$ -	$ 0.92	$ 276.29	$ 275.37
Foster Youth	994,882	$ 281.85	$ -	$ -	$ 0.90	$ 282.75	$ 281.85
MCHIP	14,869,740	$ 186.58	$ -	$ -	$ 0.63	$ 187.20	$ 186.58
SPD	9,313,336	$ 1,537.69	$ -	$ -	$ 5.04	$ 1,542.73	$ 1,537.69
SPD Dual	15,257,835	$ 754.81	$ -	$ -	$ 1.79	$ 756.60	$ 754.81
Total	**131,355,603**						
P4 Weighted Average PMPM Casemix for P4 (P4 MMs)		**$ 500.03**	**$ -**	**$ -**	**$ 1.58**	**$ 501.60**	

Medicaid Eligibility Group (MEG)	Q13 Quarterly Projected Costs			Q14 Quarterly Projected Costs			Q15 Quarterly Projected Costs			Q16 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	
Adult Expansion	9,194,976	$ 5,470,068,319.47	$ 18,277,658.95	9,194,976	$ 5,470,068,319.47	$ 18,277,658.95	9,194,976	$ 5,470,068,319.47	$ 18,277,658.95	9,194,976	$ 5,470,068,319.47	$ 18,277,658.95	**$ 21,953,383,913.68**
CCI Dual (non-CMC)	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	**$ -**
CMC	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	**$ -**
Family	13,534,976	$ 3,727,084,228.57	$ 12,429,073.16	13,534,976	$ 3,727,084,228.57	$ 12,429,073.16	13,534,976	$ 3,727,084,228.57	$ 12,429,073.16	13,534,976	$ 3,727,084,228.57	$ 12,429,073.16	**$ 14,958,053,206.88**
Foster Youth	248,721	$ 70,102,046.65	$ 222,812.79	248,721	$ 70,102,046.65	$ 222,812.79	248,721	$ 70,102,046.65	$ 222,812.79	248,721	$ 70,102,046.65	$ 222,812.79	**$ 281,299,437.78**
MCHIP	3,717,435	$ 693,591,053.62	$ 2,328,609.36	3,717,435	$ 693,591,053.62	$ 2,328,609.36	3,717,435	$ 693,591,053.62	$ 2,328,609.36	3,717,435	$ 693,591,053.62	$ 2,328,609.36	**$ 2,783,678,651.91**
SPD	2,328,334	$ 3,580,264,020.38	$ 11,732,858.40	2,328,334	$ 3,580,264,020.38	$ 11,732,858.40	2,328,334	$ 3,580,264,020.38	$ 11,732,858.40	2,328,334	$ 3,580,264,020.38	$ 11,732,858.40	**$ 14,367,987,515.12**
SPD Dual	3,814,459	$ 2,879,175,377.79	$ 6,826,931.53	3,814,459	$ 2,879,175,377.79	$ 6,826,931.53	3,814,459	$ 2,879,175,377.79	$ 6,826,931.53	3,814,459	$ 2,879,175,377.79	$ 6,826,931.53	**$ 11,544,009,237.29**
Total	**32,838,901**	**$ 16,420,285,046.48**	**$ 51,817,944.18**	**32,838,901**	**$ 16,420,285,046.48**	**$ 51,817,944.18**	**32,838,901**	**$ 16,420,285,046.48**	**$ 51,817,944.18**	**32,838,901**	**$ 16,420,285,046.48**	**$ 51,817,944.18**	**$ 65,888,411,962.65**

Projected Year 5

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	
Adult Expansion	36,779,905	$ 624.34	$ -	$ -	$ 2.09	$ 626.44	$ 624.34
CCI Dual (non-CMC)	-	$ -	$ -	$ -	$ -	$ -	$ -
CMC	-	$ -	$ -	$ -	$ -	$ -	$ -
Family	54,139,905	$ 289.00	$ -	$ -	$ 0.97	$ 289.97	$ 289.00
Foster Youth	994,882	$ 295.80	$ -	$ -	$ 0.94	$ 296.75	$ 295.80
MCHIP	14,869,740	$ 195.81	$ -	$ -	$ 0.66	$ 196.47	$ 195.81
SPD	9,313,336	$ 1,613.81	$ -	$ -	$ 5.31	$ 1,619.12	$ 1,613.81
SPD Dual	15,257,835	$ 792.17	$ -	$ -	$ 1.89	$ 794.05	$ 792.17
Total	**131,355,603**						
P5 Weighted Average PMPM Casemix for P5 (P5 MMs)		**$ 524.78**	**$ -**	**$ -**	**$ 1.66**	**$ 526.44**	

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	
Adult Expansion	9,194,976	$ 5,740,836,701.28	$ 19,262,824.77	9,194,976	$ 5,740,836,701.28	$ 19,262,824.77	9,194,976	$ 5,740,836,701.28	$ 19,262,824.77	9,194,976	$ 5,740,836,701.28	$ 19,262,824.77	**$ 23,040,398,104.21**
CCI Dual (non-CMC)	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	**$ -**

State of

Appendix D6. RO Targets

B	C	D	E	F	G	H	I	J	K	L	M	N	O
Modify Line items as necessary to fit the MEGs of the program.													
State Completion Sections					State:	California							
CMC	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	**$ -**
Family	13,534,976	$ 3,911,574,897.88	$ 13,099,000.20	13,534,976	$ 3,911,574,897.88	$ 13,099,000.20	13,534,976	$ 3,911,574,897.88	$ 13,099,000.20	13,534,976	$ 3,911,574,897.88	$ 13,099,000.20	**$ 15,698,695,592.31**
Foster Youth	248,721	$ 73,572,097.96	$ 234,822.40	248,721	$ 73,572,097.96	$ 234,822.40	248,721	$ 73,572,097.96	$ 234,822.40	248,721	$ 73,572,097.96	$ 234,822.40	**$ 295,227,681.45**
MCHIP	3,717,435	$ 727,923,810.78	$ 2,454,121.40	3,717,435	$ 727,923,810.78	$ 2,454,121.40	3,717,435	$ 727,923,810.78	$ 2,454,121.40	3,717,435	$ 727,923,810.78	$ 2,454,121.40	**$ 2,921,511,728.70**
SPD	2,328,334	$ 3,757,487,089.39	$ 12,365,259.47	2,328,334	$ 3,757,487,089.39	$ 12,365,259.47	2,328,334	$ 3,757,487,089.39	$ 12,365,259.47	2,328,334	$ 3,757,487,089.39	$ 12,365,259.47	**$ 15,079,409,395.43**
SPD Dual	3,814,459	$ 3,021,694,558.99	$ 7,194,903.14	3,814,459	$ 3,021,694,558.99	$ 7,194,903.14	3,814,459	$ 3,021,694,558.99	$ 7,194,903.14	3,814,459	$ 3,021,694,558.99	$ 7,194,903.14	**$ 12,115,557,848.53**
Total	**32,838,901**	**$ 17,233,089,156.28**	**$ 54,610,931.37**	**32,838,901**	**$ 17,233,089,156.28**	**$ 54,610,931.37**	**32,838,901**	**$ 17,233,089,156.28**	**$ 54,610,931.37**	**32,838,901**	**$ 17,233,089,156.28**	**$ 54,610,931.37**	**$ 69,150,800,350.62**

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 1/1/22 through 12/31/22

Waiver Form	Medicaid Eligibility Group (MEG)	Q1 Quarterly Projected Costs 3/31/22	Q2 Quarterly Projected Costs 6/30/22	Q3 Quarterly Projected Costs 9/30/22	Q4 Quarterly Projected Costs 12/31/22
	Adult Expansion	$ 4,914,922,064.88	$ 4,914,922,064.88	$ 4,914,922,064.88	$ 4,914,922,064.88
	CCI Dual (non-CMC)	$ 992,614,403.99	$ 992,614,403.99	$ 992,614,403.99	$ 992,614,403.99
	CMC	$ 106,995,531.16	$ 106,995,531.16	$ 106,995,531.16	$ 106,995,531.16
	Family	$ 3,582,910,963.18	$ 3,582,910,963.18	$ 3,582,910,963.18	$ 3,582,910,963.18
	Foster Youth	$ 66,974,938.04	$ 66,974,938.04	$ 66,974,938.04	$ 66,974,938.04
	MCHIP	$ 693,677,254.05	$ 693,677,254.05	$ 693,677,254.05	$ 693,677,254.05
	SPD	$ 2,997,245,031.09	$ 2,997,245,031.09	$ 2,997,245,031.09	$ 2,997,245,031.09
	SPD Dual	$ 384,920,524.10	$ 384,920,524.10	$ 384,920,524.10	$ 384,920,524.10
		$ 13,740,260,710.49	**$ 13,740,260,710.49**	**$ 13,740,260,710.49**	**$ 13,740,260,710.49**

Projected Year 2 1/1/23 through 12/31/23

Waiver Form	Medicaid Eligibility Group (MEG)	Q5 Quarterly Projected Costs 3/31/23	Q6 Quarterly Projected Costs 6/30/23	Q7 Quarterly Projected Costs 9/30/23	Q8 Quarterly Projected Costs 12/31/23
	Adult Expansion	$ 5,076,609,349.67	$ 5,076,609,349.67	$ 5,076,609,349.67	$ 5,076,609,349.67
	CCI Dual (non-CMC)	$ -	$ -	$ -	$ -
	CMC	$ -	$ -	$ -	$ -
	Family	$ 3,482,220,149.93	$ 3,482,220,149.93	$ 3,482,220,149.93	$ 3,482,220,149.93
	Foster Youth	$ 65,401,744.78	$ 65,401,744.78	$ 65,401,744.78	$ 65,401,744.78
	MCHIP	$ 650,083,691.58	$ 650,083,691.58	$ 650,083,691.58	$ 650,083,691.58
	SPD	$ 3,321,212,258.47	$ 3,321,212,258.47	$ 3,321,212,258.47	$ 3,321,212,258.47
	SPD Dual	$ 2,651,620,674.94	$ 2,651,620,674.94	$ 2,651,620,674.94	$ 2,651,620,674.94
		$ 15,247,147,869.37	**$ 15,247,147,869.37**	**$ 15,247,147,869.37**	**$ 15,247,147,869.37**

P Q R S T U

Quarterly CMS Targets for RO CMS-64 Review Renewal

State: California

P Q R S T U

Quarterly CMS Targets for RO CMS-64 Review Renewal

State: California

Projected Year 3 1/1/24 through 12/31/24

Waiver Form	Medicaid Eligibility Group (MEG)	Q9 Quarterly Projected Costs 3/31/24	Q10 Quarterly Projected Costs 6/30/24	Q11 Quarterly Projected Costs 9/30/24	Q12 Quarterly Projected Costs 12/31/24
	Adult Expansion	$ 5,260,023,116.01	$ 5,260,023,116.01	$ 5,260,023,116.01	$ 5,260,023,116.01
	CCI Dual (non-CMC)	$ -	$ -	$ -	$ -
	CMC	$ -	$ -	$ -	$ -
	Family	$ 3,608,416,266.83	$ 3,608,416,266.83	$ 3,608,416,266.83	$ 3,608,416,266.83
	Foster Youth	$ 67,822,685.61	$ 67,822,685.61	$ 67,822,685.61	$ 67,822,685.61
	MCHIP	$ 673,674,410.74	$ 673,674,410.74	$ 673,674,410.74	$ 673,674,410.74
	SPD	$ 3,442,122,691.92	$ 3,442,122,691.92	$ 3,442,122,691.92	$ 3,442,122,691.92
	SPD Dual	$ 2,759,729,674.98	$ 2,759,729,674.98	$ 2,759,729,674.98	$ 2,759,729,674.98
		$ 15,811,788,846.11	**$ 15,811,788,846.11**	**$ 15,811,788,846.11**	**$ 15,811,788,846.11**

Projected Year 4 1/1/25 through 12/31/25

Waiver Form	Medicaid Eligibility Group (MEG)	Q13 Quarterly Projected Costs 3/31/25	Q14 Quarterly Projected Costs 6/30/25	Q15 Quarterly Projected Costs 9/30/25	Q16 Quarterly Projected Costs 12/31/25
	Adult Expansion	$ 5,470,068,319.47	$ 5,470,068,319.47	$ 5,470,068,319.47	$ 5,470,068,319.47
	CCI Dual (non-CMC)	$ -	$ -	$ -	$ -
	CMC	$ -	$ -	$ -	$ -
	Family	$ 3,727,084,228.57	$ 3,727,084,228.57	$ 3,727,084,228.57	$ 3,727,084,228.57
	Foster Youth	$ 70,102,046.65	$ 70,102,046.65	$ 70,102,046.65	$ 70,102,046.65
	MCHIP	$ 693,591,053.62	$ 693,591,053.62	$ 693,591,053.62	$ 693,591,053.62
	SPD	$ 3,580,264,020.38	$ 3,580,264,020.38	$ 3,580,264,020.38	$ 3,580,264,020.38
	SPD Dual	$ 2,879,175,377.79	$ 2,879,175,377.79	$ 2,879,175,377.79	$ 2,879,175,377.79
		$ 16,420,285,046.48	**$ 16,420,285,046.48**	**$ 16,420,285,046.48**	**$ 16,420,285,046.48**

Projected Year 5 1/1/26 through 12/31/26

Waiver Form	Medicaid Eligibility Group (MEG)	Q17 Quarterly Projected Costs 3/31/26	Q18 Quarterly Projected Costs 6/30/26	Q19 Quarterly Projected Costs 9/30/26	Q20 Quarterly Projected Costs 12/31/26
	Adult Expansion	$ 5,740,836,701.28	$ 5,740,836,701.28	$ 5,740,836,701.28	$ 5,740,836,701.28
	CCI Dual (non-CMC)	$ -	$ -	$ -	$ -

P Q R S T U

Quarterly CMS Targets for RO CMS-64 Review Renewal

State: California

	CMC	$ -	$ -	$ -	$ -
	Family	$ 3,911,574,897.88	$ 3,911,574,897.88	$ 3,911,574,897.88	$ 3,911,574,897.88
	Foster Youth	$ 73,572,097.96	$ 73,572,097.96	$ 73,572,097.96	$ 73,572,097.96
	MCHIP	$ 727,923,810.78	$ 727,923,810.78	$ 727,923,810.78	$ 727,923,810.78
	SPD	$ 3,757,487,089.39	$ 3,757,487,089.39	$ 3,757,487,089.39	$ 3,757,487,089.39
	SPD Dual	$ 3,021,694,558.99	$ 3,021,694,558.99	$ 3,021,694,558.99	$ 3,021,694,558.99
		$ 17,233,089,156.28	**$ 17,233,089,156.28**	**$ 17,233,089,156.28**	**$ 17,233,089,156.28**

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)
	Adult Expansion	$ 534.52
	CCI Dual (non-CMC)	$ 578.26
	CMC	$ 325.08
	Family	$ 264.71
	Foster Youth	$ 269.28
	MCHIP	$ 186.60
	SPD	$ 1,316.26
	SPD Dual	$ 450.85
	All MEGS	**$ 1.34**

Projected Year 1

Waiver Form	Medicaid Eligibility Group (MEG)	RO Completion Section - For ongoing monitoring Q1 Quarterly Actual Costs Member Months Actuals 44651	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For ongoing monitoring Q2 Quarterly Actual Costs Member Months Actuals 44742	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For ongoing monitoring Q3 Quarterly Actual Costs Member Months Actuals 44834	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For ongoing monitoring Q4 Quarterly Actual Costs Member Months Actuals 44926	Actual Aggregate Waiver Form Costs	Actual PMPM Costs
	Adult Expansion			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	CCI Dual (non-CMC)			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	CMC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	Family			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	Foster Youth			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	MCHIP			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	SPD												
	SPD Dual			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	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)
	Adult Expansion	**$ 552.11**
	CCI Dual (non-CMC)	**$ -**
	CMC	**$ -**
	Family	**$ 257.28**
	Foster Youth	**$ 262.95**
	MCHIP	**$ 174.87**
	SPD	**$ 1,426.43**
	SPD Dual	**$ 695.15**
	All MEGS	**$ 1.42**

Projected Year 2

Waiver Form	Medicaid Eligibility Group (MEG)	RO Completion Section - For ongoing monitoring Q5 Quarterly Actual Costs Member Months Actuals 45016	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For ongoing monitoring Q6 Quarterly Actual Costs Member Months Actuals 45107	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For ongoing monitoring Q7 Quarterly Actual Costs Member Months Actuals 45199	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For ongoing monitoring Q8 Quarterly Actual Costs Member Months Actuals 45291	Actual Aggregate Waiver Form Costs	Actual PMPM Costs
	Adult Expansion			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	CCI Dual (non-CMC)			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	CMC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	Family			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	Foster Youth			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	MCHIP			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	SPD												
	SPD Dual			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	All MEGS			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

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

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)
	Adult Expansion	$ 572.05
	CCI Dual (non-CMC)	$ -
	CMC	$ -
	Family	$ 266.60
	Foster Youth	$ 272.69
	MCHIP	$ 181.22
	SPD	$ 1,478.36
	SPD Dual	$ 723.49
	All MEGS	$ 1.50

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

Projected Year 3

Waiver Form	Medicaid Eligibility Group (MEG)	RO Completion Section - For ongoing monitoring Q9 Quarterly Actual Costs Member Months Actuals 45382	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For ongoing monitoring Q10 Quarterly Actual Costs Member Months Actuals 45473	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For ongoing monitoring Q11 Quarterly Actual Costs Member Months Actuals 45565	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For ongoing monitoring Q12 Quarterly Actual Costs Member Months Actuals 45657	Actual Aggregate Waiver Form Costs	Actual PMPM Costs
	Adult Expansion			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	CCI Dual (non-CMC)			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	CMC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	Family			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	Foster Youth			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	MCHIP			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	SPD												
	SPD Dual			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	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)
	Adult Expansion	$ 594.90
	CCI Dual (non-CMC)	$ -
	CMC	$ -
	Family	$ 275.37
	Foster Youth	$ 281.85
	MCHIP	$ 186.58
	SPD	$ 1,537.69
	SPD Dual	$ 754.81
	All MEGS	$ 1.58

Projected Year 4

Waiver Form	Medicaid Eligibility Group (MEG)	RO Completion Section - For ongoing monitoring Q13 Quarterly Actual Costs Member Months Actuals 45747	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For ongoing monitoring Q14 Quarterly Actual Costs Member Months Actuals 45838	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For ongoing monitoring Q15 Quarterly Actual Costs Member Months Actuals 45930	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For ongoing monitoring Q16 Quarterly Actual Costs Member Months Actuals 46022	Actual Aggregate Waiver Form Costs	Actual PMPM Costs
	Adult Expansion			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	CCI Dual (non-CMC)			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	CMC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	Family			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	Foster Youth			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	MCHIP			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	SPD												
	SPD Dual			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	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)
	Adult Expansion	$ 624.34
	CCI Dual (non-CMC)	$ -
	CMC	$ -
	Family	$ 289.00
	Foster Youth	$ 295.80
	MCHIP	$ 195.81
	SPD	$ 1,613.81
	SPD Dual	$ 792.17
	All MEGS	$ 1.66

Projected Year 5

Waiver Form	Medicaid Eligibility Group (MEG)	RO Completion Section - For ongoing monitoring Q17 Quarterly Actual Costs Member Months Actuals 46112	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For ongoing monitoring Q18 Quarterly Actual Costs Member Months Actuals 46203	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For ongoing monitoring Q19 Quarterly Actual Costs Member Months Actuals 46295	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For ongoing monitoring Q20 Quarterly Actual Costs Member Months Actuals 46387	Actual Aggregate Waiver Form Costs	Actual PMPM Costs
	Adult Expansion			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	CCI Dual (non-CMC)			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

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								
	CMC			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	Family			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	Foster Youth			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	MCHIP			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	SPD												
	SPD Dual			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
	All MEGS			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

Appendix D7. Summary

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

Cost Effectiveness Summary Sheet Renewal Waiver

State: California

Costs to be input below are from the prior waiver submission. Compare the prospective years from the prior waiver submission to the retrospective years of the current waiver submission.

Retrospective Period

Medicaid Eligibility Group (MEG)	R1 Member Months	R1 PMPM State Plan Service Costs	R1 PMPM Incentive Costs	R1 PMPM 1915(b)(3) Service Costs	R1 PMPM Administration Costs	R1 PMPM Total Actual Waiver Costs
		R1 Per Member Per Month (PMPM) Costs				
Adult Expansion	36,779,905	$ 466.43	$ -	$ -	$ 1.41	$ 467.84
CCI Dual (non-CMC)	6,866,224	$ 480.67	$ -	$ -	$ 1.46	$ 482.12
CMC	1,316,547	$ 273.03	$ -	$ -	$ 0.83	$ 273.85
Family	54,139,905	$ 215.47	$ -	$ -	$ 0.65	$ 216.13
Foster Youth	994,882	$ 210.20	$ -	$ -	$ 0.64	$ 210.84
MCHIP	14,869,740	$ 146.98	$ -	$ -	$ 0.45	$ 147.43
SPD	9,108,336	$ 1,182.42	$ -	$ -	$ 3.58	$ 1,186.01
SPD Dual	3,415,064	$ 354.55	$ -	$ -	$ 1.07	$ 355.62
Total	**127,490,603**					
R1 Overall PMPM Casemix for R1 (R1 MMs)		**$ 367.53**	**$ -**	**$ -**	**$ 1.11**	**$ 368.64**
Total R1 Expenditures						**$46,998,142,000**

P1 PMPM State Plan Service Costs	P1 PMPM Incentive Costs	P1 PMPM 1915(b)(3) Service Costs	P1 PMPM Administration Costs	P1 PMPM Total Actual Waiver Costs
P1 Per Member Per Month (PMPM) Costs from the prior waiver submission				
$ -	$ -	$ -	$ -	$ -
Total Previous P1 Projection using R1 member months				**$0**

Medicaid Eligibility Group (MEG)	R2 Member Months	R2 PMPM State Plan Service Costs	R2 PMPM Incentive Costs	R2 PMPM 1915(b)(3) Service Costs	R2 PMPM Administration Costs	R2 PMPM Total Actual Waiver Costs	Overall R1 to R2 Change (annual)
		R2 Per Member Per Month (PMPM) Costs (Totals weighted on Retrospective Year 2 Member Months)					
Adult Expansion	36,779,905	$ 466.43	$ -	$ -	$ 1.41	$ 467.84	**0.00%**
CCI Dual (non-CMC)	6,866,224	$ 480.67	$ -	$ -	$ 1.46	$ 482.12	**0.00%**
CMC	1,316,547	$ 273.03	$ -	$ -	$ 0.83	$ 273.85	**0.00%**
Family	54,139,905	$ 215.47	$ -	$ -	$ 0.65	$ 216.13	**0.00%**
Foster Youth	994,882	$ 210.20	$ -	$ -	$ 0.64	$ 210.84	**0.00%**
MCHIP	14,869,740	$ 146.98	$ -	$ -	$ 0.45	$ 147.43	**0.00%**
SPD	9,108,336	$ 1,182.42	$ -	$ -	$ 3.58	$ 1,186.01	**0.00%**
SPD Dual	3,415,064	$ 354.55	$ -	$ -	$ 1.07	$ 355.62	**0.00%**
Total	**127,490,603**						
R2 Weighted Average PMPM Casemix for R1 (R1 MMs)							
R2 OVerall PMPM Casemix for R2 (R2 MMs)		**$ 367.53**	**$ -**	**$ -**	**$ 1.11**	**$ 368.64**	
Total R2 Expenditures						**$46,998,142,000**	

P2 PMPM State Plan Service Costs	P2 PMPM Incentive Costs	P2 PMPM 1915(b)(3) Service Costs	P2 PMPM Administration Costs	P2 PMPM Total Actual Waiver Costs
P2 Per Member Per Month (PMPM) Costs from the prior waiver submission				
$ -	$ -	$ -	$ -	$ -
Total Previous P2 Projection using R2 member months				**$0**

Total Previous Waiver Period Expenditures (Casemix for R1 and R2)						**$93,996,284,000**	
Total Difference between Projections and Actual Waiver Cost for Previous Waiver Period						**-$93,996,284,000**	

						$0

Prospective Period

Medicaid Eligibility Group (MEG)	Projected Year 1 Member Months (P1)	P1 PMPM State Plan Service Cost Projection	P1 PMPM Incentive Cost Projection	P1 PMPM 1915(b)(3) Service Cost Projection	P1 PMPM Administration Cost Projection	P1 PMPM Projected Waiver Costs	Overall R2 to P1 Change (annual)
		P1 Projected PMPM Costs (Totals weighted on Projected Year 1 Member Months)					
Adult Expansion	36,779,905	$ 534.52	$ -	$ -	$ 1.70	$ 536.22	**14.62%**
CCI Dual (non-CMC)	6,866,224	$ 578.26	$ -	$ -	$ 1.75	$ 580.01	**20.30%**
CMC	1,316,547	$ 325.08	$ -	$ -	$ 0.99	$ 326.07	**19.07%**
Family	54,139,905	$ 264.71	$ -	$ -	$ 0.78	$ 265.50	**22.84%**
Foster Youth	994,882	$ 269.28	$ -	$ -	$ 0.77	$ 270.04	**28.08%**
MCHIP	14,869,740	$ 186.60	$ -	$ -	$ 0.54	$ 187.14	**26.93%**
SPD	9,108,336	$ 1,316.26	$ -	$ -	$ 4.30	$ 1,320.57	**11.35%**
SPD Dual	3,415,064	$ 450.85	$ -	$ -	$ 1.29	$ 452.14	**27.14%**
Total	**127,490,603**						
P1 Weighted Average PMPM Casemix for R2 (R2 MMs)		**$ 431.10**	**$ -**	**$ -**	**$ 1.34**	**$ 432.44**	**17.31%**
P1 Weighted Average PMPM Casemix for P1 (P1 MMs)		**$ 431.10**	**$ -**	**$ -**	**$ 1.34**	**$ 432.44**	**17.31%**
Total Projected Waiver Expenditures P1(P1 MMs)						**$55,131,633,136**	

Medicaid Eligibility Group (MEG)	Projected Year 2 Member Months (P2)	P2 PMPM State Plan Service Cost Projection	P2 PMPM Incentive Cost Projection	P2 PMPM 1915(b)(3) Service Cost Projection	P2 PMPM Administration Cost Projection	P2 PMPM Projected Waiver Costs	Overall P1 to P2 Change (annual)
		P2 Projected PMPM Costs (Totals weighted on Projected Year 2 Member Months)					
Adult Expansion	36,779,905	$ 552.11	$ -	$ -	$ 1.79	$ 553.90	**3.30%**
CCI Dual (non-CMC)	-	$ -	$ -	$ -	$ -	$ -	**-100.00%**
CMC	-	$ -	$ -	$ -	$ -	$ -	**-100.00%**
Family	54,139,905	$ 257.28	$ -	$ -	$ 0.83	$ 258.10	**-2.79%**
Foster Youth	994,882	$ 262.95	$ -	$ -	$ 0.81	$ 263.76	**-2.33%**
MCHIP	14,869,740	$ 174.87	$ -	$ -	$ 0.56	$ 175.44	**-6.25%**
SPD	9,313,336	$ 1,426.43	$ -	$ -	$ 4.54	$ 1,430.97	**8.36%**
SPD Dual	15,257,835	$ 695.15	$ -	$ -	$ 1.61	$ 696.76	**54.10%**
Total	**131,355,603**						
P2 Weighted Average PMPM Casemix for P1 (P1 MMs)		**$ 411.51**	**$ -**	**$ -**	**$ 1.31**	**$ 412.82**	**-4.54%**
P2 Weighted Average PMPM Casemix for P2 (P2 MMs)		**$ 464.30**	**$ -**	**$ -**	**$ 1.42**	**$ 465.72**	**7.70%**
Total Projected Waiver Expenditures P2 (P2 MMs)						**$61,175,204,248**	

Medicaid Eligibility Group (MEG)	Projected Year 3 Member Months (P3)	P3 PMPM State Plan Service Cost Projection	P3 PMPM Incentive Cost Projection	P3 PMPM 1915(b)(3) Service Cost Projection	P3 PMPM Administration Cost Projection	P3 PMPM Projected Waiver Costs	Overall P2 to P3 Change (annual)
		P3 Projected PMPM Costs (Totals weighted on Projected Year 3 Member Months)					
Adult Expansion	36,779,905	$ 572.05	$ -	$ -	$ 1.89	$ 573.94	**3.62%**
CCI Dual (non-CMC)	-	$ -	$ -	$ -	$ -	$ -	**0.00%**
CMC	-	$ -	$ -	$ -	$ -	$ -	**0.00%**
Family	54,139,905	$ 266.60	$ -	$ -	$ 0.87	$ 267.47	**3.63%**
Foster Youth	994,882	$ 272.69	$ -	$ -	$ 0.85	$ 273.54	**3.71%**
MCHIP	14,869,740	$ 181.22	$ -	$ -	$ 0.59	$ 181.81	**3.63%**
SPD	9,313,336	$ 1,478.36	$ -	$ -	$ 4.78	$ 1,483.14	**3.65%**
SPD Dual	15,257,835	$ 723.49	$ -	$ -	$ 1.70	$ 725.19	**4.08%**
Total	**131,355,603**						
P3 Weighted Average PMPM Casemix for P2 (P2 MMs)		**$ 481.50**	**$ -**	**$ -**	**$ 1.50**	**$ 482.99**	**3.71%**
P3 Weighted Average PMPM Casemix for P3 (P3 MMs)		**$ 481.50**	**$ -**	**$ -**	**$ 1.50**	**$ 482.99**	**3.71%**
Total Projected Waiver Expenditures P3 (P3 MMs)						**$63,443,826,584**	

Medicaid Eligibility Group (MEG)	Projected Year 4 Member Months (P4)	P4 PMPM State Plan Service Cost Projection	P4 PMPM Incentive Cost Projection	P4 PMPM 1915(b)(3) Service Cost Projection	P4 PMPM Administration Cost Projection	P4 PMPM Projected Waiver Costs	Overall P3 to P4 Change (annual)
		P4 Projected PMPM Costs (Totals weighted on Projected Year 4 Member Months)					
Adult Expansion	36,779,905	$ 594.90	$ -	$ -	$ 1.99	$ 596.89	**4.00%**
CCI Dual (non-CMC)	-	$ -	$ -	$ -	$ -	$ -	**0.00%**
CMC	-	$ -	$ -	$ -	$ -	$ -	**0.00%**
Family	54,139,905	$ 275.37	$ -	$ -	$ 0.92	$ 276.29	**3.30%**
Foster Youth	994,882	$ 281.85	$ -	$ -	$ 0.90	$ 282.75	**3.37%**
MCHIP	14,869,740	$ 186.58	$ -	$ -	$ 0.63	$ 187.20	**2.96%**
SPD	9,313,336	$ 1,537.69	$ -	$ -	$ 5.04	$ 1,542.73	**4.02%**
SPD Dual	15,257,835	$ 754.81	$ -	$ -	$ 1.79	$ 756.60	**4.33%**
Total	**131,355,603**						
P4 Weighted Average PMPM Casemix for P3 (P3 MMs)		**$ 500.03**	**$ -**	**$ -**	**$ 1.58**	**$ 501.60**	**3.85%**
P4 Weighted Average PMPM Casemix for P4 (P4 MMs)		**$ 500.03**	**$ -**	**$ -**	**$ 1.58**	**$ 501.60**	**3.85%**
Total Projected Waiver Expenditures P4 (P4 MMs)						**$65,888,411,963**	

Medicaid Eligibility Group (MEG)	Projected Year 5 Member Months (P5)	P5 PMPM State Plan Service Cost Projection	P5 PMPM Incentive Cost Projection	P5 PMPM 1915(b)(3) Service Cost Projection	P5 PMPM Administration Cost Projection	P5 PMPM Projected Waiver Costs	Overall P4 to P5 Change (annual)
		P5 Projected PMPM Costs (Totals weighted on Projected Year 5 Member Months)					
Adult Expansion	36,779,905	$ 624.34	$ -	$ -	$ 2.09	$ 626.44	**4.95%**
CCI Dual (non-CMC)	-	$ -	$ -	$ -	$ -	$ -	**0.00%**
CMC	-	$ -	$ -	$ -	$ -	$ -	**0.00%**
Family	54,139,905	$ 289.00	$ -	$ -	$ 0.97	$ 289.97	**4.95%**
Foster Youth	994,882	$ 295.80	$ -	$ -	$ 0.94	$ 296.75	**4.95%**
MCHIP	14,869,740	$ 195.81	$ -	$ -	$ 0.66	$ 196.47	**4.95%**
SPD	9,313,336	$ 1,613.81	$ -	$ -	$ 5.31	$ 1,619.12	**4.95%**
SPD Dual	15,257,835	$ 792.17	$ -	$ -	$ 1.89	$ 794.05	**4.95%**
Total	**131,355,603**						
P5 Weighted Average PMPM Casemix for P4 (P4 MMs)		**$ 524.78**	**$ -**	**$ -**	**$ 1.66**	**$ 526.44**	**4.95%**
P5 Weighted Average PMPM Casemix for P5 (P5 MMs)		**$ 524.78**	**$ -**	**$ -**	**$ 1.66**	**$ 526.44**	**4.95%**
Total Projected Waiver Expenditures P5 (P5 MMs)						**$69,150,800,351**	

Medicaid Eligibility Group (MEG)	Projected Year 1 and 2 Member Months (P1 +P2)	Projected Year 1 - 5 Member Months (SUM of P1:P5)	Overall R1 to P2 Change (monthly)	Overall R1 to P5 Change (monthly)	Overall R1 to P2 Change (annualized)	Overall R1 to P5 Change (annualized)
Adult Expansion	73,559,810	183,899,525	-0.09%	0.0%	-1.1%	0.4%
CCI Dual (non-CMC)	6,866,224	6,866,224	#DIV/0!	-100.0%	#DIV/0!	-100.0%
CMC	1,316,547	1,316,547	#DIV/0!	-100.0%	#DIV/0!	-100.0%
Family	108,279,810	270,699,525	-0.09%	0.0%	-1.1%	0.4%
Foster Youth	1,989,764	4,974,410	-0.12%	0.0%	-1.4%	0.5%
MCHIP	29,739,480	74,348,700	-0.09%	0.0%	-1.1%	0.4%
SPD	18,421,672	46,361,680				
SPD Dual	18,672,899	64,446,404	-0.36%	0.1%	-4.2%	1.1%
Total	**258,846,206**	**652,913,015**				
P2 Weighted Average PMPM Casemix for R1 (R1 MMs)			-0.06%	0.0%	-0.7%	0.3%
P2 Weighted Average PMPM Casemix for P2 (P2 MMs)			-0.12%	0.0%	-1.5%	0.5%
Total Projected Waiver Expenditures P2 + P1 (Casemix for P1 and P2)		**$116,306,837,384**				
Total Projected Waiver Expenditures P1:P5 (Casemix for P1 through P5)		**$314,789,876,281**				

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

State Completion Sections

To modify the formulas as necessary to fit the length of the program complete this section. The formulas will automatically update given this data.

PMPM from previously approved waiver.

State Plan Services Trend	4.95%
Administrative Cost Trend	5.39%