DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

Managed Care Group

September 2, 2026

Tyler Sadwith
State Medicaid Director and Chief Deputy Director
Health Care Programs
Department of Health Care Services
Attn: Director's Office
P.O. Box 997413, MS0000
Sacramento, California 95899-7413

Re: California 1915(b) Waiver CA-0017.R10.04

Dear Director Sadwith:

We are writing to inform you that the Centers for Medicare & Medicaid Services (CMS) is approving California's request to amend its 1915(b) Waiver, CMS control number CA-0017.R10.04, titled California Advancing and Innovating Medi-Cal (CalAIM). This waiver allows California to seek technical changes to cost effectiveness to reflect policy updates implemented by California. This 1915(b) waiver is authorized under section(s) 1915(b)(1) and 1915(b)(4) of the Social Security Act (the Act) and provides a waiver of the following section of Title XIX:

- Section 1902(a)(1) Statewideness
- Section 1902(a)(10)(B) Comparability
- Section 1902(a)(23) Freedom of Choice

Our decision on the 1915(b) waiver is based on the evidence submitted to CMS demonstrating that the state's proposal is consistent with the purposes of the Medicaid program, will meet all statutory and regulatory requirements for assuring beneficiaries' access to and quality of services, and will be a cost-effective means of providing services to those beneficiaries in California's Medicaid population.

CMS approval of this waiver is conditioned on the state's continued compliance with Medicaid program integrity requirements, including 42 CFR 438 and 42 CFR 455. The state must ensure that the state and its managed care plans appropriately support program integrity activities, including the prevention, detection, investigation, referral, and resolution of fraud, waste, and abuse through appropriate staffing, oversight, controls, data, analytics, reporting, audits, and other actions. The state is responsible for monitoring all aspects of the managed care program, including the performance of every managed care plan related to program integrity as required in 42 CFR 438.66(b)(9). Any material changes to managed care plans' program integrity responsibilities must be clearly effectuated through the state's managed care contracts submitted to CMS for review and approval in accordance with 42 CFR 438.3(a).

With this amendment, the state is seeking technical changes to cost effectiveness to reflect policy updates implemented by California. This waiver amendment is approved effective January 1, 2022.

If you have any questions regarding the 1915(b) waiver, please contact Stephanie Sale at 214-767-4419 or via email at Stephanie.Sale@cms.hhs.gov.

Bill Brooks
Director
Division of Managed Care Operations

cc: Saralyn Ang-Olson, DHCS
Matthew Rodriguez, CMS
Brian Burdullis, CMS

Enclosure: 1915(b) Worksheet for State Reporting of Member Months

Section 1915(b) Waiver
Proposal for California Advancing and Innovating Medi-Cal (CalAIM)

Updated December 16, 2021
with technical corrections incorporated January 2022

Amendment Submitted November 4, 2022
Updated June 23, 2023

Cost Effectiveness Amendment Submitted October 10, 2024
Updated December 20, 2024

Cost Effectiveness Amendment Submitted June 15, 2026

Submitted to the Centers for Medicare & Medicaid Services on June 30, 2021 and amended on November 4, 2022, for Waiver Period of January 1, 2022, to December 31, 2026

MMA Amendment Version of 1915(b) Waiver Preprint (July 18, 2005)

Proposal for a Section 1915(b) Waiver
MCO, PIHP, PAHP, and/or PCCM Program

Facesheet

Please fill in and submit this Facesheet with each waiver proposal, renewal, or amendment request.

The **State** of ***California*** requests a waiver/amendment under the authority of section 1915(b) of the Act. The Medicaid agency will directly operate the waiver.

The **name of the waiver program** is ***California Advancing & Innovating Medi-Cal (CalAIM)***. (Please list each program name if the waiver authorizes more than one program.).

Type of request. This is an:
___ initial request for new waiver. All sections are filled.

__**X** __ amendment request for existing waiver, which modifies the following Section(s)/Part(s): Section A (Tribal Consultation pages only); Section D

__**X**__ Replacement pages are attached for specific Section/Part being amended (note: the State may, at its discretion, submit two versions of the replacement pages: one with changes to the old language highlighted (to assist CMS review), and one version with changes made, i.e. not highlighted, to actually go into the permanent copy of the waiver). Document is replaced in full, with changes highlighted

___ renewal request

__ This is the first time the State is using this waiver format to renew an existing waiver. The full preprint (i.e. Sections A through D) is filled out.

___The State has used this waiver format for its previous waiver period. Sections C and D are filled out.

Section A is ___ replaced in full

___ carried over from previous waiver period. The State:

___ assures there are no changes in the Program Description from the previous waiver period.

___ assures the same Program Description from the previous waiver period will be used, with the exception of changes noted in attached replacement pages.

Section B is ___ replaced in full

___ carried over from previous waiver period. The State:

___ assures there are no changes in the Monitoring Plan from the previous waiver period.

___ assures the same Monitoring Plan from the previous waiver period will be used, with exceptions noted in attached replacement pages

Effective Dates: This amendment is effective ***January 1, 2022*** and ending ***December 31, 2026***. (For beginning date for an initial or renewal request, please choose first day of a calendar quarter, if possible, or if not, the first day of a month. For an amendment, please identify the implementation date as the beginning date, and end of the waiver period as the end date)

State Contact: The State contact person for this waiver is ***Saralyn Ang-Olson*** and can be reached by telephone at ***(916) 345-8380***, or fax at ***Not Applicable***, or e-mail at ***Saralyn.Ang-Olson@dhcs.ca.gov***. (Please list for each program)

Section A: Program Description

Part I: Program Overview

Tribal consultation

For initial and renewal waiver requests, please describe the efforts the State has made to ensure Federally recognized tribes in the State are aware of and have had the opportunity to comment on this waiver proposal.

DHCS Response

The State regularly seeks advice from designees of Indian Health Programs and Urban Indian Organizations on matters having a direct effect on Indians, Indian Health Programs (IHPs), or Urban Indian Organizations as required by the American Recovery and Reinvestment Act of 2009 (ARRA). On April 7, 2021, California's Department of Health Care Services (DHCS) provided a memorandum to California Tribal Chairpersons, Indian Health Programs, and Urban Indian Organizations to inform them of this waiver amendment proposal (see Tribal public notice). The State requested that comments be provided within 30 days of the date of the memo, or May 7, 2021.

On April 7, 2021, the State shared the Tribal public notice and information for the Tribal and designees of IHPs advisory meeting to be held on April 30, 2021, via email to the IHPs' listservs. The public notice and information were also posted on the DHCS IHP homepage and in the Notices of Proposed Changes to Medi-Cal Program webpage.

On April 30, 2021, from 2:00 to 3:30 pm Pacific Time, State Medicaid Director Jacey Cooper, along with the DHCS Primary, Rural, and Indian Health Division (PRIHD), hosted the Tribal advisory meeting with approximately 43 attendees. The meeting was held electronically via Zoom to promote social distancing and mitigate the spread of COVID-19. The State made online video streaming and telephonic conference capabilities available to ensure statewide accessibility, as well as closed captioning. During the webinar, Director Cooper provided an overview of the CalAIM waivers, highlighted the potential impact on Tribes of the changes to the Medi-Cal program proposed in the CalAIM waivers, and engaged in a discussion with participants to consider questions and comments.

During the meeting, participants raised concerns about the conclusion of the Tribal Uncompensated Care (UCC) program under the CalAIM Section 1115 demonstration application and impacts to Tribal health programs that do not elect to become Tribal Federally Qualified Health Centers (FQHCs). Additionally, commenters were concerned that Tribal FQHC policies were not yet published. Participants also noted support for the proposed Indian Health Program Organized Delivery System (IHP-ODS), including access to traditional healers and natural helpers in the Drug Medi-Cal-Organized Delivery System (DMC-ODS) program as a way to provide culturally appropriate substance use disorder (SUD) services and supports. The State thanked the Tribes for

the operational questions and support and responded that additional details on the Tribal FQHCs' implementation would be available later in May 2021. DHCS published additional Tribal FQHC guidance on May 14, 2021, including details for providers on billing services rendered by Tribal FQHCs and billing codes, and reviewed the new policy with IHP providers and Tribal organizations on June 11, 2021. As described above, in response to comments, DHCS is seeking authority under the CalAIM Section 1115 demonstration to reinstate the Tribal UCC payments for chiropractic services, which are not accessible for Tribal health programs that do not elect to enroll as a Tribal FQHC.

The PowerPoint presentation used during the Tribal public hearing was posted on the DHCS IHP's Meetings, Webinars, and Presentations webpage and is accessible here.

In addition to the April 30 webinar, DHCS also discussed the CalAIM Section 1115 demonstration application during the regularly scheduled Tribal Quarterly Meetings (March 5, 2021, & May 28, 2021). During the May 28 webinar, DHCS received three comments regarding payment rates for Peer Support Specialists, natural helpers, and traditional healers, as well as a request to continue the Tribal UCC program and a request for responses to public comments submitted during the CalAIM Waiver public comment period on the waiver proposals. DHCS thanked the Tribes for their questions and noted all public comments will be posted on the DHCS CalAIM 1115 Demonstration & 1915(b) Waiver webpage, with responses addressed in the CalAIM Section 1115 demonstration application.

DHCS Update for November 2022 Amendment

For the coordinated CalAIM Section 1915(b) and Section 1115 amendments submitted to CMS in November 2022, the State shared the Tribal public notice on August 12, 2022 via email to the IHPs' listservs and held a webinar for Tribal and designees of IHPs advisory meeting on August 31, 2022. The public notice and information were also posted on the DHCS IHP homepage and in the Notices of Proposed Changes to MediCal Program webpage.

DHCS Update for October 2024 Cost Effectiveness Amendment

In the amendment submitted to CMS in October 2024, the State is seeking technical changes to cost effectiveness to reflect policy updates implemented by California through other authorities. Specifically, the cost effectiveness updates reflect:

- *Changes related to California's Managed Care Organization (MCO) tax and directed payments, among others, which do not directly impact tribal populations;*
- *Changes to the State Plan to reflect new behavioral health benefits related to the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) initiative, which underwent tribal consultation during the BH-CONNECT State Plan Amendment process. These benefits include Enhanced Community Health Worker Services and the following Evidence-Based*

Practices: Assertive Community Treatment, Forensic Assertive Community Treatment, Coordinated Specialty Care, Supported Employment, and Clubhouse.

DHCS Update for April 2026 Amendment

Tribal notice for the three components of this amendment is not required due to no tribal impact or tribal notice being previously conducted. First, the changes to recognize Placer and Sierra counties as separate MHPs do not require tribal notice because these changes did not have a direct effect on tribal members or providers; the updated MHP contracts do not change covered SMHS benefits in Sierra or Placer counties, the process by which members in those counties access care, or payment policies for services rendered by Indian Health Care Providers. Second, tribal notice for the addition of Mariposa, Lake, Sonoma, and Madera as DMC-ODS counties was previously conducted as part of the CalAIM 1115 and 1915(b) waiver renewals when DHCS sought tribal partners' feedback on the authorization of the DMC-ODS delivery system through the 1915(b) waiver (see first three paragraphs of this response for an overview of the tribal notice process related to the CalAIM 1915(b) waiver renewal in 2021). Finally, DHCS conducted outreach to inform Tribal partners of the selection of the new Dental PAHP. DHCS included information on the selected Dental PAHP in stakeholder communications distributed through the Department's Tribal listserv and presented this information during regularly scheduled Tribal engagement forums, including quarterly SPA/Waiver meetings, CalAIM-focused Tribal meetings, and quarterly Tribal partner meetings.

DHCS Update for June 2026 Cost Effectiveness Amendment

In the amendment submitted to CMS in June 2026, the State is seeking technical changes to cost effectiveness to reflect policy updates implemented by California through other authorities. Specifically, the cost effectiveness updates reflect changes related to California's managed care enrollment tax, state directed payments, and managed care incentive payments, as well as changes related to SMHS and DMC-ODS rates, expenditures and member months, which do not directly impact Tribal populations. Tribal notice for this amendment is not required due to no Tribal impact.

Section D: Cost-Effectiveness

Please follow the Instructions for Cost-Effectiveness (in the separate Instructions document) when filling out this section. Cost-effectiveness is one of the three elements required of a 1915(b) waiver. States must demonstrate that their waiver cost projections are reasonable and consistent with statute, regulation and guidance. The State must project waiver expenditures for the upcoming two-year waiver period, called Prospective Year 1 (P1) and Prospective Year 2 (P2). The State must then spend under that projection for the duration of the waiver. In order for CMS to renew a 1915(b) waiver, a State must demonstrate that the waiver was less than the projection during the retrospective two-year period.

A complete application includes the State completing the seven Appendices and the Section D. State Completion Section of the Preprint:

Appendix D1. Member Months
Appendix D2.S Services in the Actual Waiver Cost
Appendix D2.A Administration in the Actual Waiver Cost
Appendix D3. Actual Waiver Cost
Appendix D4. Adjustments in Projection
Appendix D5. Waiver Cost Projection
Appendix D6. RO Targets
Appendix D7. Summary Sheet

States should complete the Appendices first and then describe the Appendices in the State Completion Section of the Preprint. Each State should modify the spreadsheets to reflect their own program structure. Technical assistance is available through each State's CMS Regional Office.

Part I: State Completion Section

A. Assurances

a. [Required] Through the submission of this waiver, the State assures CMS:
   - The fiscal staff in the Medicaid agency has reviewed these calculations for accuracy and attests to their correctness.
   - The State assures CMS that the actual waiver costs will be less than or equal to or the State's waiver cost projection.
   - Capitated rates will be set following the requirements of 42 CFR 438.6(c) and will be submitted to the CMS Regional Office for approval.
   - Capitated 1915(b)(3) services will be set in an actuarially sound manner based only on approved 1915(b)(3) services and their administration subject to CMS RO prior approval.
   - The State will monitor, on a regular basis, the cost-effectiveness of the waiver (for example, the State may compare the PMPM Actual

Waiver Cost from the CMS 64 to the approved Waiver Cost Projections). If changes are needed, the State will submit a prospective amendment modifying the Waiver Cost Projections.

- The State will submit quarterly actual member month enrollment statistics by MEG in conjunction with the State's submitted CMS-64 forms.

b. Name of Medicaid Financial Officer making these assurances: ***- Rafael Davtian***

c. Telephone Number: ***(916) 322-5603***

d. E-mail: ***rafael.davtian@dhcs.ca.gov***

e. The State is choosing to report waiver expenditures based on

_X_ date of payment *(Applies to SMHS, DMC-ODS)*.

_X_ date of service within date of payment. The State understands the additional reporting requirements in the CMS-64 and has used the cost effectiveness spreadsheets designed specifically for reporting by date of service within day of payment. The State will submit an initial test upon the first renewal and then an initial and final test (for the preceding 4 years) upon the second renewal and thereafter. *(Applies to MCMC, Dental MC)*

DHCS Response

DHCS is reporting base and projected waiver expenditures on a date of payment basis for SMHS and DMC-ODS and a date of service basis for MCMC and Dental MC. The date of payment basis is consistent with existing and previous reporting for SMHS and DMC-ODS due to the cost-based financing and payment methodology for behavioral health services. Under CalAIM, DHCS aims for further delivery system integration and administrative simplification. When DHCS moves to a rate-based financing and payment methodology for behavioral health services, DHCS will be able to align waiver expenditure reporting for MCMC, Dental MC, SMHS, and DMC-ODS on a date of service basis.

B. For Renewal Waivers only (not conversion)- Expedited or Comprehensive Test—

To provide information on the waiver program to determine whether the waiver will be subject to the Expedited or Comprehensive cost effectiveness test. *Note: All waivers, even those eligible for the Expedited test, are subject to further review at the discretion of CMS and OMB.*

a.__ The State provides additional services under 1915(b)(3) authority.

b._X_ The State makes enhanced payments to contractors or providers. *(Applies to MCMC, Dental MC)*

c. ___ The State uses a sole-source procurement process to procure State Plan services under this waiver.

d.___ Enrollees in this waiver receive services under another 1915(b) waiver program that includes additional waiver services under 1915(b)(3) authority; enhanced payments to contractors or providers; or sole-source procurement processes to procure State Plan services. *Note: do not mark this box if this is a waiver for transportation services and dental pre-paid ambulatory health plans (PAHPs) that has overlapping populations with another waiver meeting one of these three criteria. For transportation and dental waivers alone, States do not need to consider an overlapping population with another waiver containing additional services, enhanced payments, or sole source procurement as a trigger for the comprehensive waiver test. However, if the transportation services or dental PAHP waiver meets the criteria in a, b, or c for additional services, enhanced payments, or sole source procurement then the State should mark the appropriate box and process the waiver using the Comprehensive Test.*

If you marked any of the above, you must complete the entire preprint and your renewal waiver is subject to the Comprehensive Test. If you did not mark any of the above, your renewal waiver (not conversion or initial waiver) is subject to the Expedited Test:

- Do not complete **Appendix D3**
- Attach the most recent waiver Schedule D, and the corresponding completed quarters of CMS-64.9 waiver and CMS-64.21U Waiver and CMS 64.10 Waiver forms, and
- Your waiver will not be reviewed by OMB *at the discretion of CMS and OMB*.

The following questions are to be completed in conjunction with the Worksheet Appendices. All narrative explanations should be included in the preprint. Where further clarification was needed, we have included additional information in the preprint.

C. Capitated portion of the waiver only: Type of Capitated Contract

The response to this question should be the same as in **A.I.b**.

a._**X**_ MCO *(Applies to MCMC)*

b._**X**_ PIHP *(Applies to SMHS, DMC-ODS)*

c._**X**_ PAHP *(Applies to Dental MC)*

d.___ Other (please explain):

D. PCCM portion of the waiver only: Reimbursement of PCCM Providers *[NOT APPLICABLE]*

Under this waiver, providers are reimbursed on a fee-for-service basis. PCCMs are reimbursed for patient management in the following manner (please check and describe):

a.___ Management fees are expected to be paid under this waiver. The management fees were calculated as follows.

1.___ First Year: $____ per member per month fee
2.___ Second Year: $____ per member per month fee
3.___ Third Year: $____ per member per month fee
4.___ Fourth Year: $____ per member per month fee

b.___ Enhanced fee for primary care services. Please explain which services will be affected by enhanced fees and how the amount of the enhancement was determined.

c.___ Bonus payments from savings generated under the program are paid to case managers who control beneficiary utilization. Under **D.I.H.d.**, please describe the criteria the State will use for awarding the incentive payments, the method for calculating incentives/bonuses, and the monitoring the State will have in place to ensure that total payments to the providers do not exceed the Waiver Cost Projections (Appendix D5). Bonus payments and incentives for reducing utilization are limited to savings of State Plan service costs under the waiver. Please also describe how the State will ensure that utilization is not adversely affected due to incentives inherent in the bonus payments. The costs associated with any bonus arrangements must be accounted for in Appendix D3. Actual Waiver Cost. d.___ Other reimbursement method/amount. $_____ Please explain the State's rationale for determining this method or amount.

E. Appendix D1 – Member Months

Please mark all that apply.

For Initial Waivers only: *[NOT APPLICABLE]*

a.___ Population in the base year data

1.___ Base year data is from the same population as to be included in the waiver.

2.___ Base year data is from a comparable population to the individuals to be included in the waiver. (Include a statement from an actuary or other explanation, which supports the conclusion that the populations are comparable.)

b.___ For an initial waiver, if the State estimates that not all eligible individuals will be enrolled in managed care (i.e., a percentage of individuals will not be enrolled because of changes in eligibility status and the length of the enrollment process) please note the adjustment here.

c.___ [Required] Explain the reason for any increase or decrease in member months projections from the base year or over time:

_____

d. ___[Required] Explain any other variance in eligible member months from BY to P2: _____

e.____[Required] List the year(s) being used by the State as a base year:____. If multiple years are being used, please explain:_____

f.____ [Required] Specify whether the base year is a State fiscal year (SFY), Federal fiscal year (FFY), or other period _____.

g.____[Required] Explain if any base year data is not derived directly from the State's MMIS fee-for-service claims data:

_____

For Conversion or Renewal Waivers:

a. **X** [Required] Population in the base year and R1 and R2 data is the population under the waiver. *(Applies to MCMC, Dental MC, SMHS, DMC-ODS)*

b. **X** For a renewal waiver, because of the timing of the waiver renewal submittal, the State did not have a complete R2 to submit. Please ensure that the formulas correctly calculated the annualized trend rates. *Note: it is no longer acceptable to estimate enrollment or cost data for R2 of the previous waiver period. (Applies to MCMC, Dental MC, SMHS, DMC-ODS)*

DHCS Response

DHCS adjusted the formulas to calculate the annualized trend rates correctly.

c. **X** [Required] Explain the reason for any increase or decrease in member months projections from the base year or over time:

DHCS Response

MCMC and Dental MC: *The base year member months include all Medi-Cal managed care populations under the waiver enrolled in State Fiscal Year (SFY) 2018-19. Although total member months in P1 are anticipated to be higher due to the moratorium on eligibility redeterminations during the public health emergency, with subsequent decreases anticipated in P2 and P3 due to the resumption of eligibility determinations, at this time DHCS is not projecting an increase or decrease in member months over the term of the waiver for purposes of the cost-effectiveness calculation, with one exception in P2 (described further below). Due to the high number of programmatic/policy/pricing change adjustments applicable to MCMC and Dental MC, DHCS believes that holding member months constant facilitates the identification and review of the impact of changes applicable during each year of this waiver. DHCS will continue to monitor caseload and may, in the future, work with CMS to amend the cost-effectiveness calculation to reflect an updated projection – especially if any changes to caseload are anticipated to materially change the per-capita expenditure level projected for an eligibility grouping.*

A caseload increase is assumed in P2 for the SPD and SPD Dual eligibility groups due to the mandatory enrollment, with certain exceptions, of dually eligible beneficiaries into the Medi-Cal managed care delivery system on a statewide basis. In the base year and in P1, dually eligible beneficiaries are mandatorily enrolled, with certain exceptions, into the Medi-Cal managed care delivery system in 27 of California's counties, i.e., County Organized Health System (COHS) and Coordinated Care Initiative (CCI) counties. The increase to P2 projected member months consists of 205,000 additional members months in the SPD eligibility group (roughly equivalent to 17,000 partial-dually eligible members per month) and 3,660,000 additional member months in the SPD Dual eligibility group (equivalent to 305,000 full-dually eligible members per month).

DHCS is requesting an amendment to revise projected member months for P4 and P5 based on recent data pertaining to the COVID-19 Public Health Emergency (PHE) unwinding and other changes since the base year. Amended member month projections for P4 and P5 are set equal to actual member months submitted to CMS in P2. While enrollment continues to be uncertain, DHCS believes that the amendment improves upon the previously submitted projections.

DHCS Update for June 2026 Cost Effectiveness Amendment

DHCS is requesting an amendment to revise member months for P2 and P3 based on actual member month data as reported quarterly to CMS.

SMHS and DMC-ODS: *DHCS is projecting an increase in member months in P1 due to the moratorium on eligibility redeterminations during the public health emergency. It is likely to take a year to bring current all redeterminations. Member months decrease in P2 and P3 due to the resumption of eligibility determinations and is consistent with California's decline in Medi-Cal enrollment prior to the COVID-19 Public Health Emergency (PHE). The base year member months data includes all Medi-Cal beneficiaries enrolled in State Fiscal Year 2018-19, which includes quarter ending September 30, 2018 through quarter ending June 30, 2019.*

On May 1, 2022, DHCS began enrolling non-citizens with unsatisfactory immigration status who are over 49 years of age in its State Only Medi-Cal program. By January 2024, DHCS will begin enrolling non-citizens with unsatisfactory immigration status between the ages of 26 and 49 in its State Only Medi-Cal program. Non-citizens with unsatisfactory immigration status are eligible to receive pregnancy related and emergency services through the federal Medicaid program. DHCS is projecting a 1.4% increase in member months as a result of enrolling those who are over 49 years of age and an increase of 5.48% as a result

of enrolling those who are between 26 and 49. DHCS has updated the projected member months in Projected Years 1 through 5 to reflect these changes.

*To account for non-citizens with unsatisfactory immigration status over 49 years of age, DHCS increased the member months reported in quarter 2 by .93% (1.4%*2/3) and increased the member months in all subsequent quarters by 1.4%. To account for non-citizens with unsatisfactory immigration status between 26 and 49 years of age, DHCS increased the member months reported in quarters 9 through 20 by 5.38%.*

DHCS Update for June 2026 Cost Effectiveness Amendment

DHCS is requesting an amendment to revise member months for P1 through P4 based on actual member months data as reported quarterly to CMS. DHCS is requesting an amendment to revise member months for P5 based upon updated projections. DHCS is also requesting an amendment to correct a formula error in R1 and R2 that assigned member months for the Medicaid Expansion MEG to the Other MEG and assigned member months for the Other MEG to the Medicaid Expansion MEG.

d. **X** Required] Explain any other variance in eligible member months from BY/R1 to P2:

DHCS Response

MCMC and Dental MC: *In P2, to align with the transition of CCI to a statewide aligned enrollment structure, the State is ending the CCI Dual (non-CMC) and CMC eligibility groups. Members in these eligibility groups are projected to shift to the SPD Dual eligibility group.*

SMHS and DMC-ODS: *Medi-Cal enrollment increased in P1 through P4 relative to R2. All individuals enrolled in Medi-Cal are required to enroll in the SMHS PIHP and all individuals enrolled in Medi-Cal in a county participating in DMC-ODS are required to enroll in the DMC-ODS PIHP.*.

e. **X** [Required] Specify whether the BY/R1/R2 is a State fiscal year (SFY), Federal fiscal year (FFY), or other period:

DHCS Response

MCMC, Dental MC, SMHS, and DMC-ODS: *BY/R1/R2 are SFY. BY reflects SFY 2018-19 (June 1, 2018 through September 30, 2019)*.

F. Appendix D2.S - Services in Actual Waiver Cost

For Initial Waivers: *[NOT APPLICABLE]*

a.___ [Required] Explain the exclusion of any services from the cost-effectiveness analysis. For States with multiple waivers serving a single beneficiary, please document how all costs for waiver covered individuals taken into account.

For Conversion or Renewal Waivers:

a. **X** [Required] Explain if different services are included in the Actual Waiver Cost from the previous period in **Appendix D3** than for the upcoming waiver period in **Appendix D5**. Explain the differences here and how the adjustments were made on **Appendix D5**:

DHCS Response

The previous 1915(b) waiver only included mental health services. This renewal waiver includes:

- *most components of the physical health and dental managed care delivery systems, which transitioned from the 1115 demonstration authority to the 1915(b) waiver; and*
- *substance use disorder services provided through DMC-ODS counties, which also transitioned from 1115 demonstration authority to the 1915(b) waiver.*

MCMC and Dental MC: *The Actual Waiver Cost in Appendix D3 represents expenditures under the 1115 demonstration that, with a few exceptions, align with services and populations under this renewal waiver. To address these exceptions, notably the carve-out or carve-in of certain services in P1 or P2, DHCS applied program adjustments to the P1 and P2 projected expenditures as described in Section D.I.J.b.2.vi.D below.*[1]

SMHS and DMC-ODS: *The State Plan costs reported in Appendix D5 for the base year includes expenditures for mental health services assigned to the 1915(b) waiver and expenditures for substance use disorder services assigned to the DMC-ODS 1115 demonstration reported on the CMS 64 for quarters ending September 30, 2018, December 31, 2018, March 31, 2019, and June 30, 2019. DHCS also included a program*

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[1] Effective January 1, 2022, pharmacy and related benefits (listed in Attachment III) that are billed by a pharmacy on a pharmacy claim, including covered outpatient drugs and physician administered drugs, medical supplies and enteral nutritional products, as described in the Medi-Cal Rx All Plan Letter (APL 20-020) will be carved out of Medi-Cal managed care capitated benefits. Pharmacy and related benefits that are billed on medical and institutional claims, including physician administered drugs, other outpatient drugs, legend, non-legend and specialty drugs, medical supplies and enteral nutritional products, that are not carved-out to Medi-Cal Rx as discussed above, and further described in Medi-Cal Rx All Plan Letter (APL 20-020), will remain carved in to Medi-Cal managed care capitated benefits.

adjustment in Prospective Year 2 to account for 10 new counties starting to provide substance use disorder services through the 1915(b) PIHP delivery system. DHCS included costs for lab or radiology in the retrospective state plan cost for SMHS. DHCS also included costs for the following specialty mental health impacted services: Psychiatric inpatient hospital services, other practitioners, physicians, pharmacy, long term care, and mental health services provided in FQHCs.

Service categories that have checkmarks in both Columns H and I reflect certain services in this category are responsibility of the psychiatric inpatient hospital services (either in the SMHS or DMC-ODS delivery system) as well as certain services in this category that are impacted by the psychiatric inpatient hospital services (either in the SMHS or DMC-ODS delivery system)

b. **X** [Required] Explain the exclusion of any services from the cost-effectiveness analysis. For States with multiple waivers serving a single beneficiary, please document how all costs for waiver covered individuals taken into account:

DHCS Response

MCMC and Dental MC: *DHCS has excluded from the cost-effectiveness analysis the following: 1) services delivered through the Medi-Cal managed care delivery system but not included in this waiver, such as Community-Based Adult Services (included in 1115 demonstration authority) and services for Out-of-State Former Foster Care Youth; 2) services carved out of the Medi-Cal managed care delivery system, such as In-Home Supportive Services and 1915(c) waiver HCBS services; 3) expenditures for Programs of All-Inclusive Care for the Elderly; and 4) state-only services provided through the Medi-Cal managed care delivery system for which DHCS does not seek federal authority or claim federal funds.*

SMHS and DMC-ODS: *All Medi-Cal mental health service costs and substance use disorder service costs, except for the following costs, are accounted for in this waiver: 1) the cost of substance use disorder services provided by prepaid inpatient health plans (PIHP) in an Institution for Mental Disease (IMD), and 2) the cost of specialty mental health and substance use disorder services provided by PIHPs to Medi-Cal beneficiaries with unsatisfactory immigration status excluding pregnancy related allowable claims. The cost of state plan substance use disorder services provided to beneficiaries residing in counties that do not provide substance use disorder services through a PIHP delivery system are excluded from this waiver. DHCS included a program adjustment in Prospective Year 2 to account for the cost of 10 new counties to begin*

providing substance use disorder services through a PIHP delivery system. The cost of substance use disorder services provided to beneficiaries in an IMD and the cost of substance use disorder services provided to AI/AN beneficiaries is separately accounted for in the State's 1115 demonstration and it is not included in the State's 1915(b) renewal waiver. California included a program adjustment in Prospective Year 1 to remove the cost of specialty mental health and substance use disorder services provided to Medi-Cal beneficiaries with unsatisfactory immigration status excluding pregnancy related allowable claims.

G. Appendix D2.A - Administration in Actual Waiver Cost

[Required] The State allocated administrative costs between the Fee-for-service and managed care program depending upon the program structure. *Note: initial programs will enter only FFS costs in the BY. Renewal and Conversion waivers will enter all waiver and FFS administrative costs in the R1 and R2 or BY.*

For Initial Waivers: *[NOT APPLICABLE]*

a. For an initial waiver, please document the amount of savings that will be accrued in the State Plan services. Savings under the waiver must be great enough to pay for the waiver administration costs in addition to those costs in FFS. Please state the aggregate budgeted amount projected to be spent on each additional service in the upcoming waiver period in the chart below. **Appendix D5** should reflect any savings to be accrued as well as any additional administration expected. The savings should at least offset the administration.

Additional Administration Expense	Savings projected in State Plan Services	Inflation projected	Amount projected to be spent in Prospective Period
(Service Example: Actuary, Independent Assessment, EQRO, Enrollment Broker- See attached documentation for justification of savings.)	*$54,264 savings or .03 PMPM*	*9.97% or $5,411*	*$59,675 or .03 PMPM P1* *$62,488 or .03 PMPM P2*
Total	*Appendix D5 should reflect this.*		*Appendix D5 should reflect this.*

The allocation method for either initial or renewal waivers is explained below:

a.___ The State allocates the administrative costs to the managed care program based upon the number of waiver enrollees as a percentage of total Medicaid enrollees. *Note: this is appropriate for MCO/PCCM programs.*

b.___ The State allocates administrative costs based upon the program cost as a percentage of the total Medicaid budget. It would not be appropriate to allocate the administrative cost of a mental health program based upon the percentage of enrollees enrolled. *Note: this is appropriate for statewide PIHP/PAHP programs.*

c. **X** Other (Please explain).

DHCS Response

MCMC and Dental MC: *DHCS is directly identifying administrative costs associated with this waiver. Reported amounts are based on actual or estimated program administration costs for State staff, related overhead/support costs, and administrative contractors (e.g., actuarial, Information Technology) dedicated to the Medi-Cal managed care delivery system. The EQRO costs included in the MCMC and Dental MC cost effectiveness calculations are specific to these delivery systems and do not overlap with the SMHS and DMC-ODS delivery systems.*

SMHS and DMC-ODS: *DHCS directly identifies DHCS' costs associated with this waiver. DHCS costs are based on actual percentages of time spent by State staff on this waiver. County-operated PIHPs Administration costs for: i) PIHP administration; ii) quality assurance and utilization review (QA-UR); and iii) Medi-Cal Administrative Activities (MAA), are also included as part of the State administrative costs. The EQRO costs included in the SMHS and DMC-ODS cost effectiveness calculations are specific to these delivery systems and do not overlap with the MCMC and Dental MC delivery systems.*

H. Appendix D3 – Actual Waiver Cost

a.__ The State is requesting a 1915(b)(3) waiver in **Section A.I.A.1.c** and will be providing non-state plan medical services. The State will be spending a portion of its waiver savings for additional services under the waiver. *(Applies to DMC-ODS)*

For an initial waiver, in the chart below, please document the amount of savings that will be accrued in the State Plan services. The amount of savings that will be spent on 1915(b)(3) services must be reflected on **Column T of Appendix D5** in the initial spreadsheet Appendices. Please include a justification of the amount of savings expected and the cost of the 1915(b)(3) services. Please state the aggregate budgeted amount projected to be spent on each additional service in the upcoming waiver

period in the chart below. This amount should be reflected in the State's Waiver Cost Projection for P1 and P2 on **Column W in Appendix D5**.

Chart: Initial Waiver State Specific 1915(b)(3) Service Expenses and Projections *[NOT APPLICABLE]*

1915(b)(3) Service	Savings ~~projected~~ accrued in State Plan Services	Inflation projected	Amount projected to be spent in Prospective Period
Total	***(PMPM in Appendix D5 Column T x projected member months should correspond)***		**(PMPM in Appendix D5 Column W x projected member months should correspond)**

For a renewal or conversion waiver, in the chart below, please state the actual amount spent on each 1915(b)(3) service in the retrospective waiver period. This amount must be built into the State's Actual Waiver Cost for R1 and R2 (BY for Conversion) on **Column H in Appendix D3**. Please state the aggregate amount of 1915(b)(3) savings budgeted for each additional service in the upcoming waiver period in the chart below. This amount must be built into the State's Waiver Cost Projection for P1 and P2 on **Column W in Appendix D5**.

Chart: Renewal/Conversion Waiver State Specific 1915(b)(3) Service Expenses and Projections *[NOT APPLICABLE]*

1915(b)(3) Service	Amount Spent in Retrospective Period	Inflation projected	Amount projected to be spent in Prospective Period
(Service Example: 1915(b)(3) step-down nursing care services financed from savings from inpatient hospital care. See attached documentation for justification of savings.)	*$1,751,500 or $.97 PMPM R1* *$1,959,150 or $1.04 PMPM R2 or BY in Conversion*	*8.6% or $169,245*	*$2,128,395 or 1.07 PMPM in P1* *$2,291,216 or 1.10 PMPM in P2*

Total	**(PMPM in Appendix D3 Column H x member months should correspond)**		**(PMPM in Appendix D5 Column W x projected member months should correspond)**

b._X_ The State is including voluntary populations in the waiver *(Applies to MCMC, Dental MC)*.

Describe below how the issue of selection bias has been addressed in the Actual Waiver Cost calculations:

DHCS Response

MCMC and Dental MC: *Voluntary populations in the waiver were voluntary prior to the waiver including the base year. DHCS has no knowledge of or reason to anticipate material changes in selection between the base year and years under the waiver. Examples of voluntary populations include: 1) beneficiaries in San Benito County choose between a single commercial plan and FFS, and enrollment in managed care is voluntary in P1 and P2, after which San Benito converted to a COHS county with corresponding mandatory enrollment in managed care; 2) Foster Youth in non-COHS counties; and 3) dually eligible beneficiaries except in COHS and CCI counties in P1 only (January 1, 2022 through December 31, 2022), after which they will be mandatorily enrolled in managed care statewide.*

c.___ Capitated portion of the waiver only -- Reinsurance or Stop/Loss Coverage: Please note how the State will be providing or requiring reinsurance or stop/loss coverage as required under the regulation. States may require MCOs/PIHPs/PAHPs to purchase reinsurance. Similarly, States may provide stop-loss coverage to MCOs/PIHPs/PAHPs when MCOs/PIHPs/PAHPs exceed certain payment thresholds for individual enrollees. Stop loss provisions usually set limits on maximum days of coverage or number of services for which the MCO/PIHP/PAHP will be responsible. If the State plans to provide stop/loss coverage, a description is required. The State must document the probability of incurring costs in excess of the stop/loss level and the frequency of such occurrence based on FFS experience. The expenses per capita (also known as the stoploss premium amount) should be deducted from the capitation year projected

costs. In the initial application, the effect should be neutral. In the renewal report, the actual reinsurance cost and claims cost should be reported in Actual Waiver Cost.

Basis and Method:

1.___ The State does not provide stop/loss protection for MCOs/PIHPs/PAHPs, but requires MCOs/PIHPs/PAHPs to purchase reinsurance coverage privately. No adjustment was necessary.

2.___ The State provides stop/loss protection (please describe):

DHCS Response

This question appears out-dated. Per 42 CFR § 438.6(b), the State is not required to provide or require reinsurance or stop-loss.

d.___ Incentive/bonus/enhanced Payments for both Capitated and fee-for-service Programs:

1.___ [For the capitated portion of the waiver] the total payments under a capitated contract include any incentives the State provides in addition to capitated payments under the waiver program. The costs associated with any bonus arrangements must be accounted for in the capitated costs **(Column D of Appendix D3 Actual Waiver Cost).** Regular State Plan service capitated adjustments would apply.

i. Document the criteria for awarding the incentive payments.
ii. Document the method for calculating incentives/bonuses, and
iii. Document the monitoring the State will have in place to ensure that total payments to the MCOs/PIHPs/PAHPs do not exceed the Waiver Cost Projection.

2.____ For the fee-for-service portion of the waiver, all fee-for-service must be accounted for in the fee-for-service incentive costs **(Column G of Appendix D3 Actual Waiver Cost).** For PCCM providers, the amount listed should match information provided in **D.I.D Reimbursement of Providers**. Any adjustments applied would need to meet the special criteria for fee-for-service incentives if the State elects to provide incentive payments in addition to management fees under the waiver program **(See D.I.I.e and D.I.J.e)**

i. Document the criteria for awarding the incentive payments.
ii. Document the method for calculating incentives/bonuses, and
iii. Document the monitoring the State will have in place to ensure that total payments to the

MCOs/PIHPs/PAHPs/PCCMs do not exceed the Waiver Cost Projection.

Current Initial Waiver Adjustments in the preprint

I. Appendix D4 – Initial Waiver – Adjustments in the Projection OR Conversion Waiver for DOS within DOP *[NOT APPLICABLE]*

Initial Waiver Cost Projection & Adjustments (If this is a Conversion or Renewal waiver for DOP, skip to J. Conversion or Renewal Waiver Cost Projection and Adjustments):

States may need to make certain adjustments to the Base Year in order to accurately reflect the waiver program in P1 and P2. If the State has made an adjustment to its Base Year, the State should note the adjustment and its location in Appendix D4, and include information on the basis and method used in this section of the preprint. Where noted, certain adjustments should be mathematically accounted for in Appendix D5.

The following adjustments are appropriate for initial waivers. Any adjustments that are required are indicated as such.

a. **State Plan Services Trend Adjustment** – the State must trend the data forward to reflect cost and utilization increases. The BY data already includes the actual Medicaid cost changes to date for the population enrolled in the program. This adjustment reflects the expected cost and utilization increases in the managed care program from BY to the end of the waiver (P2). Trend adjustments may be service-specific. The adjustments may be expressed as percentage factors. Some states calculate utilization and cost increases separately, while other states calculate a single trend rate encompassing both utilization and cost increases. The State must document the method used and how utilization and cost increases are not duplicative if they are calculated separately. **This adjustment must be mutually exclusive of programmatic/policy/pricing changes and CANNOT be taken twice. The State must document how it ensures there is no duplication with programmatic/policy/pricing changes.**

1.___ [Required, if the State's BY is more than 3 months prior to the beginning of P1] The State is using actual State cost increases to trend past data to the current time period *(i.e., trending from 1999 to present)* The actual trend rate used is: _____. Please document how that trend was calculated:

2.___ [Required, to trend BY to P1 and P2 in the future] When cost increases are unknown and in the future, the State is using a predictive trend of either State historical cost increases or national or regional factors that are predictive of future costs (same requirement as capitated ratesetting regulations) *(i.e., trending from present into the future)*.

i. ____ State historical cost increases. Please indicate the years on which the rates are based: base years_____ In addition, please indicate the mathematical method used (multiple regression,

linear regression, chi-square, least squares, exponential smoothing, etc.). Finally, please note and explain if the State's cost increase calculation includes more factors than a price increase such as changes in technology, practice patterns, and/or units of service PMPM.

ii.____National or regional factors that are predictive of this waiver's future costs. Please indicate the services and indicators used_____. Please indicate how this factor was determined to be predictive of this waiver's future costs. Finally, please note and explain if the State's cost increase calculation includes more factors than a price increase such as changes in technology, practice patterns, and/or units of service PMPM.

3.____The State estimated the PMPM cost changes in units of service, technology and/or practice patterns that would occur in the waiver separate from cost increase. Utilization adjustments made were service-specific and expressed as percentage factors. The State has documented how utilization and cost increases were not duplicated. This adjustment reflects the changes in utilization between the BY and the beginning of the P1 and between years P1 and P2.

i. Please indicate the years on which the utilization rate was based (if calculated separately only).

ii. Please document how the utilization did not duplicate separate cost increase trends.

b. __ **State Plan Services Programmatic/Policy/Pricing Change Adjustment:** This adjustment should account for any programmatic changes that are not cost neutral and that affect the Waiver Cost Projection. Adjustments to the BY data are typically for changes that occur after the BY (or after the collection of the BY data) and/or during P1 and P2 that affect the overall Medicaid program. For example, changes in rates, changes brought about by legal action, or changes brought about by legislation. For example, Federal mandates, changes in hospital payment from per diem rates to Diagnostic Related Group (DRG) rates or changes in the benefit coverage of the FFS program. **This adjustment must be mutually exclusive of trend and CANNOT be taken twice. The State must document how it ensures there is no duplication with trend.** If the State is changing one of the aspects noted above in the FFS State Plan then the State needs to estimate the impact of that adjustment. *Note: FFP on rates cannot be claimed until CMS approves the SPA per the 1/2/01 SMD letter. Prior approval of capitation rates is contingent upon approval of the SPA*.

Others:

- Additional State Plan Services (+)
- Reductions in State Plan Services (-)
- Legislative or Court Mandated Changes to the Program Structure or fee schedule not accounted for in cost increases or pricing (+/-)

1.___ The State has chosen not to make an adjustment because there were no programmatic or policy changes in the FFS program after the MMIS

claims tape was created. In addition, the State anticipates no programmatic or policy changes during the waiver period.

2.___ An adjustment was necessary. The adjustment(s) is(are) listed and described below:

i.__ The State projects an externally driven State Medicaid managed care rate increases/decreases between the base and rate periods. For each change, please report the following:

A.____ The size of the adjustment was based upon a newly approved State Plan Amendment (SPA). PMPM size of adjustment_____

B.____ The size of the adjustment was based on pending SPA. Approximate PMPM size of adjustment _____

C.____ Determine adjustment based on currently approved SPA. PMPM size of adjustment _____

D.____ Determine adjustment for Medicare Part D dual eligibles.

E.____ Other (please describe):

ii.__ The State has projected no externally driven managed care rate increases/decreases in the managed care rates.

iii.__ Changes brought about by legal action (please describe):
For each change, please report the following:

A.____ The size of the adjustment was based upon a newly approved State Plan Amendment (SPA). PMPM size of adjustment _____

B.____ The size of the adjustment was based on pending SPA. Approximate PMPM size of adjustment _____

C.____ Determine adjustment based on currently approved SPA. PMPM size of adjustment _____

D.____ Other (please describe):

iv.__ Changes in legislation (please describe):
For each change, please report the following:

A.____ The size of the adjustment was based upon a newly approved State Plan Amendment (SPA). PMPM size of adjustment _____

B.____ The size of the adjustment was based on pending SPA. Approximate PMPM size of adjustment _____

C.____ Determine adjustment based on currently approved SPA. PMPM size of adjustment _____

D.____ Other (please describe):

v.__ Other (please describe):

A.____ The size of the adjustment was based upon a newly approved State Plan Amendment (SPA). PMPM size of adjustment _____

B.____ The size of the adjustment was based on pending SPA. Approximate PMPM size of adjustment _____

C.____ Determine adjustment based on currently approved SPA. PMPM size of adjustment _____

D.____ Other (please describe):

c.___ **Administrative Cost Adjustment*:** The administrative expense factor in the initial waiver is based on the administrative costs for the eligible population participating in the waiver for fee-for-service. Examples of these costs include per claim claims processing costs, per record PRO review costs, and Surveillance and Utilization Review System (SURS) costs. *Note: one-time administration costs should not be built into the cost-effectiveness test on a long-term basis. States should use all relevant Medicaid administration claiming rules for administration costs they attribute to the managed care program.* If the State is changing the administration in the fee-for-service program then the State needs to estimate the impact of that adjustment.

1.___ No adjustment was necessary and no change is anticipated.

2.___ An administrative adjustment was made.

i.___ FFS administrative functions will change in the period between the beginning of P1 and the end of P2. Please describe:

A.____ Determine administration adjustment based upon an approved contract or cost allocation plan amendment (CAP).

B.____ Determine administration adjustment based on pending contract or cost allocation plan amendment (CAP).

C.____ Other (please describe):

ii.___ FFS cost increases were accounted for.

A.____ Determine administration adjustment based upon an approved contract or cost allocation plan amendment (CAP).

B.____ Determine administration adjustment based on pending contract or cost allocation plan amendment (CAP).

C.____ Other (please describe):

iii.___ [Required, when State Plan services were purchased through a sole source procurement with a governmental entity. No other State administrative adjustment is allowed.] If cost increase trends are unknown and in the future, the State must use the lower of: Actual State administration costs trended forward at the State historical administration trend rate or Actual State administration costs trended forward at the State Plan services trend rate. Please document both trend rates and indicate which trend rate was used.

A. Actual State Administration costs trended forward at the State historical administration trend rate. Please indicate the years on which the rates are based: base years_____ In addition, please indicate the mathematical method used (multiple regression, linear regression, chi-square, least squares, exponential smoothing, etc.). Finally, please note and explain if the

State's cost increase calculation includes more factors than a price increase.

B. Actual State Administration costs trended forward at the State Plan Service Trend rate. Please indicate the State Plan Service trend rate from **Section D.I.I.a**. above _____.

* For Combination Capitated and PCCM Waivers: If the capitated rates are adjusted by the amount of administration payments, then the PCCM Actual Waiver Cost must be calculated less the administration amount. For additional information, please see Special Note at end of this section.

d. **1915(b)(3) Adjustment:** The State must document the amount of State Plan Savings that will be used to provide additional 1915(b)(3) services in **Section D.I.H.a** above. The Base Year already includes the actual trend for the State Plan services in the program. This adjustment reflects the expected trend in the 1915(b)(3) services between the Base Year and P1 of the waiver and the trend between the beginning of the program (P1) and the end of the program (P2). Trend adjustments may be service-specific and expressed as percentage factors.

1.___ [Required, if the State's BY is more than 3 months prior to the beginning of P1 to trend BY to P1] The State is using the actual State historical trend to project past data to the current time period *(i.e., trending from 1999 to present).* The actual documented trend is: _____. Please provide documentation.

2.___ [Required, when the State's BY is trended to P2. No other 1915(b)(3) adjustment is allowed] If trends are unknown and in the future *(i.e., trending from present into the future)*, the State must use the State's trend for State Plan Services.

i. State Plan Service trend

A. Please indicate the State Plan Service trend rate from **Section D.I.I.a**. above _____.

e. **Incentives (not in capitated payment) Trend Adjustment:** If the State marked **Section D.I.H.d** , then this adjustment reports trend for that factor. Trend is limited to the rate for State Plan services.

1. List the State Plan trend rate by MEG from **Section D.I.I.a**._____

2. List the Incentive trend rate by MEG if different from **Section D.I.I.a** _____

3. Explain any differences:

f. **Graduate Medical Education (GME) Adjustment**: 42 CFR 438.6(c)(5) specifies that States can include or exclude GME payments for managed care participant utilization in the capitation rates. However, GME payments on behalf of managed care waiver participants must be included in cost-effectiveness calculations.

1.___ We assure CMS that GME payments are included from base year data.

2.___ We assure CMS that GME payments are included from the base year data using an adjustment. (Please describe adjustment.)
3.___ Other (please describe):

If GME rates or the GME payment method has changed since the Base Year data was completed, the Base Year data should be adjusted to reflect this change and the State needs to estimate the impact of that adjustment and account for it in **Appendix D5**.

1.___ GME adjustment was made.
   i.___ GME rates or payment method changed in the period between the end of the BY and the beginning of P1 (please describe).
   ii.___ GME rates or payment method is projected to change in the period between the beginning of P1 and the end of P2 (please describe).
2.___ No adjustment was necessary and no change is anticipated.

Method:

1.___ Determine GME adjustment based upon a newly approved State Plan Amendment (SPA).
2.___ Determine GME adjustment based on a pending SPA.
3.___ Determine GME adjustment based on currently approved GME SPA.
4.___ Other (please describe):

g. **Payments / Recoupments not Processed through MMIS Adjustment:** Any payments or recoupments for covered Medicaid State Plan services included in the waiver but processed outside of the MMIS system should be included in the Waiver Cost Projection. Any adjustments that would appear on the CMS-64.9 Waiver form should be reported and adjusted here. Any adjustments that would appear on the CMS summary form (line 9) would not be put into the waiver cost-effectiveness (e.g., TPL, probate, fraud and abuse). Any payments or recoupments made should be accounted for in **Appendix D5.**

1.___ Payments outside of the MMIS were made. Those payments include (please describe):
2.___ Recoupments outside of the MMIS were made. Those recoupments include (please describe):
3.___ The State had no recoupments/payments outside of the MMIS.

h. **Copayments Adjustment:** This adjustment accounts for any copayments that are collected under the FFS program but will not be collected in the waiver program. States must ensure that these copayments are included in the Waiver Cost Projection if not to be collected in the capitated program.

Basis and Method:

1.___ Claims data used for Waiver Cost Projection development already included copayments and no adjustment was necessary.

2.___ State added estimated amounts of copayments for these services in FFS that were not in the capitated program. Please account for this adjustment in Appendix D5.
3.___ The State has not to made an adjustment because the same copayments are collected in managed care and FFS.
4.___ Other (please describe):

If the State's FFS copayment structure has changed in the period between the end of the BY and the beginning of P1, the State needs to estimate the impact of this change adjustment.

1.___ No adjustment was necessary and no change is anticipated.
2___ The copayment structure changed in the period between the end of the BY and the beginning of P1. Please account for this adjustment in Appendix D5.

Method:

1.___ Determine copayment adjustment based upon a newly approved State Plan Amendment (SPA).
2.___ Determine copayment adjustment based on pending SPA.
3.___ Determine copayment adjustment based on currently approved copayment SPA.
4.___ Other (please describe):

i. **Third Party Liability (TPL) Adjustment**: This adjustment should be used only if the State is converting from fee-for-service to capitated managed care, and will delegate the collection and retention of TPL payments for post-pay recoveries to the MCO/PIHP/PAHP. If the MCO/PIHP/PAHP will collect and keep TPL, then the Base Year costs should be reduced by the amount to be collected.

Basis and method:

1.___No adjustment was necessary
2.___Base Year costs were cut with post-pay recoveries already deducted from the database.
3.___State collects TPL on behalf of MCO/PIHP/PAHP enrollees
4.___The State made this adjustment:*
   i.___ Post-pay recoveries were estimated and the base year costs were reduced by the amount of TPL to be collected by MCOs/PIHPs/PAHPs. Please account for this adjustment in **Appendix D5.**
   ii.___ Other (please describe):

j. **Pharmacy Rebate Factor Adjustment** : Rebates that States receive from drug manufacturers should be deducted from Base Year costs if pharmacy services are included in the fee-for-service or capitated base. If the base year costs are not reduced by the rebate factor, an inflated BY would result. Pharmacy rebates should also be deducted from FFS costs if pharmacy services are impacted by the waiver but not capitated.

Basis and Method:

1.___ Determine the percentage of Medicaid pharmacy costs that the rebates represent and adjust the base year costs by this percentage. States may want to make separate adjustments for prescription versus over the counter drugs and for different rebate percentages by population. States may assume that the rebates for the targeted population occur in the same proportion as the rebates for the total Medicaid population ***which includes accounting for Part D dual eligibles***. Please account for this adjustment in **Appendix D5**.

2.___ The State has not made this adjustment because pharmacy is not an included capitation service and the capitated contractor's providers do not prescribe drugs that are paid for by the State in FFS ***or Part D for the dual eligibles***.

3.___ Other (please describe):

k. **Disproportionate Share Hospital (DSH) Adjustment:** Section 4721 of the BBA specifies that DSH payments must be made solely to hospitals and not to MCOs/PIHPs/PAHPs. Section 4721(c) permits an exemption to the direct DSH payment for a limited number of States. If this exemption applies to the State, please identify and describe under "Other" including the supporting documentation. Unless the exemption in Section 4721(c) applies or the State has a FFS-only waiver (e.g., selective contracting waiver for hospital services where DSH is specifically included), DSH payments are not to be included in cost-effectiveness calculations.

1.___ We assure CMS that DSH payments are excluded from base year data.

2.___ We assure CMS that DSH payments are excluded from the base year data using an adjustment.

3.___ Other (please describe):

l. **Population Biased Selection Adjustment** (Required for programs with Voluntary Enrollment): Cost-effectiveness calculations for waiver programs with voluntary populations must include an analysis of the population that can be expected to enroll in the waiver. If the State finds that the population most likely to enroll in the waiver differs significantly from the population that will voluntarily remain in FFS, the Base Year costs must be adjusted to reflect this.

1.___ This adjustment is not necessary as there are no voluntary populations in the waiver program.

2.___ This adjustment was made:

a. ___Potential Selection bias was measured in the following manner:

b.___The base year costs were adjusted in the following manner:

m. **FQHC and RHC Cost-Settlement Adjustment:** Base Year costs should not include cost-settlement or supplemental payments made to FQHCs/RHCs. The Base Year costs should reflect fee-for-service payments for services provided at these sites, which will be built into the capitated rates.

1.___ We assure CMS that FQHC/RHC cost-settlement and supplemental payments are excluded from the Base Year costs. Payments for services provided at FQHCs/RHCs are reflected in the following manner:
2.___ We assure CMS that FQHC/RHC cost-settlement and supplemental payments are excluded from the base year data using an adjustment.
3.___ ***We assure CMS that Medicare Part D coverage has been accounted for in the FQHC/RHC adjustment.***
4.___ Other (please describe):

Special Note section:

Waiver Cost Projection Reporting: Special note for new capitated programs: The State is implementing the first year of a new capitated program (converting from fee-for-service reimbursement). The first year that the State implements a capitated program, the State will be making capitated payments for future services while it is reimbursing FFS claims from retrospective periods. This will cause State expenditures in the initial period to be much higher than usual. In order to adjust for this double payment, the State should not use the first quarter of costs (immediately following implementation) from the CMS-64 to calculate future Waiver Cost Projections, unless the State can distinguish and exclude dates of services prior to the implementation of the capitated program.

a.___ The State has excluded the first quarter of costs of the CMS-64 from the cost-effectiveness calculations and is basing the cost-effectiveness projections on the remaining quarters of data.
b.___ The State has included the first quarter of costs in the CMS-64 and excluded claims for dates of services prior to the implementation of the capitated program.

[NOT APPLICABLE] **Special Note for initial combined waivers (Capitated and PCCM) only:**
Adjustments Unique to the Combined Capitated and PCCM Cost-effectiveness Calculations -- Some adjustments to the Waiver Cost Projection are applicable only to the capitated program. When these adjustments are taken, there will need to be an offsetting adjustment to the PCCM Base year Costs in order to make the PCCM costs comparable to the Waiver Cost Projection. **In other words, because we are creating a single combined Waiver Cost Projection applicable to the PCCM and capitated waiver portions of the waiver, offsetting adjustments (positive and/or negative) need to be made to the PCCM Actual Waiver Cost for certain *capitated-only* adjustments.** When an offsetting adjustment is made, please note and include an explanation and your calculations. The most common offsetting adjustment is noted in the chart below and indicated with an asterisk (*) in the preprint.

Adjustment	Capitated Program	PCCM Program
Administrative Adjustment	The Capitated Waiver Cost Projection includes an administrative cost	The PCCM Actual Waiver Cost must include an exact offsetting addition of the amount of the

Adjustment	Capitated Program	PCCM Program
	adjustment. That adjustment is added into the combined Waiver Cost Projection adjustment. (This in effect adds an amount for administration to the Waiver Cost Projection for both the PCCM and Capitated program. You must now remove the impermissible costs from the PCCM With Waiver Calculations -- See the next column)	PMPM Waiver Cost Projection adjustment. (While this may seem counter-intuitive, adding the exact amount to the PCCM PMPM Actual Waiver Cost will subtract out of the equation: PMPM Waiver Cost Projection – PMPM Actual Waiver Cost = PMPM Cost-effectiveness).

n. **Incomplete Data Adjustment (DOS within DOP only)**– The State must adjust base period data to account for incomplete data. When fee-for-service data is summarized by date of service (DOS), data for a particular period of time is usually incomplete until a year or more after the end of the period. In order to use recent DOS data, the State must calculate an estimate of the services ultimate value after all claims have been reported . Such incomplete data adjustments are referred to in different ways, including "lag factors," "incurred but not reported (IBNR) factors," or incurring factors. If date of payment (DOP) data is used, completion factors are not needed, but projections are complicated by the fact that payments are related to services performed in various former periods. *Documentation of assumptions and estimates is required for this adjustment.*

1.___ Using the special DOS spreadsheets, the State is estimating DOS within DOP. Incomplete data adjustments are reflected in the following manner on **Appendix D5** for services to be complete and on **Appendix D7** to create a 12-month DOS within DOP projection:

2.___ The State is using Date of Payment only for cost-effectiveness – no adjustment is necessary.

3.___ Other (please describe):

o. *[NOT APPLICABLE]* **PCCM Case Management Fees (Initial PCCM waivers only) –** The State must add the case management fees that will be claimed by the State under new PCCM waivers. There should be sufficient savings under the waiver to offset these fees. The new PCCM case management fees will be accounted for with an adjustment on **Appendix D5.**

1.___ This adjustment is not necessary as this is not an initial PCCM waiver in the waiver program.

2.___ This adjustment was made in the following manner:

p. **Other adjustments**: Federal law, regulation, or policy change: If the federal government changes policy affecting Medicaid reimbursement, the State must adjust P1 and P2 to reflect all changes.

- Once the State's FFS institutional excess UPL is phased out, CMS will no longer match excess institutional UPL payments.
    - ♦ Excess payments addressed through transition periods should not be included in the 1915(b) cost-effectiveness process. Any State with excess payments should exclude the excess amount and only include the supplemental amount under 100% of the institutional UPL in the cost effectiveness process.
    - ♦ For all other payments made under the UPL, including supplemental payments, the costs should be included in the cost effectiveness calculations. This would apply to PCCM enrollees and to PAHP, PIHP or MCO enrollees if the institutional services were provided as FFS wrap-around. The recipient of the supplemental payment does not matter for the purposes of this analysis.
    1. No adjustment was made.
    2. This adjustment was made (Please describe) This adjustment must be mathematically accounted for in **Appendix D5**.

J. Appendix D4 – Conversion or Renewal Waiver Cost Projection and Adjustments.

If this is an Initial waiver submission, skip this section: States may need to make certain adjustments to the Waiver Cost Projection in order to accurately reflect the waiver program. If the State has made an adjustment to its Waiver Cost Projection, the State should note the adjustment and its location in **Appendix D4**, and include information on the basis and method, and mathematically account for the adjustment in **Appendix D5**.

CMS should examine the Actual Waiver Costs to ensure that if the State did not implement a programmatic adjustment built into the previous Waiver Cost Projection, that the State did not expend funds associated with the adjustment that was not implemented.

If the State implements a one-time only provision in its managed care program (typically administrative costs), the State should not reflect the adjustment in a permanent manner. CMS should examine future Waiver Cost Projections to ensure one-time-only adjustments are not permanently incorporated into the projections.

DHCS Response

DHCS anticipates additions or revisions to adjustments as we advance in implementation of CalAIM initiatives (e.g., behavioral health payment reform), expand on state budget initiatives, and receive further Legislative direction. DHCS will engage with CMS to amend these adjustments and cost effectiveness calculations as necessary.

a. _X_ **State Plan Services Trend Adjustment** – the State must trend the data forward to reflect cost and utilization increases. The R1 and R2 (BY for conversion) data already include the actual Medicaid cost changes for the population enrolled in the program. This adjustment reflects the expected cost and utilization increases in the managed care program from R2 (BY for conversion) to the end of the waiver (P2). Trend adjustments may be service-specific and expressed as percentage factors. Some states calculate utilization and cost separately, while other states calculate a single trend rate. The State must document the method used and how utilization and cost increases are not duplicative if they are calculated separately. **This adjustment must be mutually exclusive of programmatic/policy/pricing changes and CANNOT be taken twice. The State must document how it ensures there is no duplication with programmatic/policy/pricing changes.**

1. **X** [Required, if the State's BY or R2 is more than 3 months prior to the beginning of P1] The State is using actual State cost increases to trend past data to the current time period *(i.e., trending from 1999 to present)*

The actual trend rate used is:

DHCS Response

MCMC and Dental MC: *4.95 percent annually*

SMHS and DMC-ODS: *6.3 percent annually (applies to SMHS, DMC-ODS)*.

Please document how that trend was calculated:

DHCS Response

MCMC and Dental MC: *The State's actuaries reviewed the Medi-Cal managed care program experience trend with a focus on the major rate categories over a four-year period (CY 2016 to CY 2019) and the national per capita trend for the four major Medicaid categories of aid (Child, Adult, ACE OE, and SPD) as projected by CMS through CY 2026 in its most recent 2018 actuarial report (https://www.cms.gov/files/document/2018-report.pdf). Based on the review and internal discussion, the actuaries recommended the State use a single PMPM trend of 4.95 percent across all eligibility groups. In developing this single MEG-wide PMPM trend, the actuaries considered the program experience, national PMPM trend for Medicaid populations, CY 2021 capitation rate development trend assumptions, and consideration given the length of the projection period (5-year waiver period). For P1, the State applied a compounded trend factor of 18.42 percent, calculated by compounding the 4.95 percent annual trend over 3.5 years from the midpoint of the base year (January 1, 2019) to the midpoint of P1 (July 1, 2022).*

SMHS and DMC-ODS: *The retrospective year of data includes actual expenditures reported on the CMS 64 for quarters ending September 30, 2018, December 31, 2018, March 31, 2019, and June 30, 2019 for mental health services assigned to the 1915(b) waiver (CA17.R09) and substance use disorder services assigned to the DMC-ODS 1115 demonstration. DHCS reduced these actual expenditures by the amount it identified as costs incurred to provide services to beneficiaries with unsatisfactory immigration status excluding pregnancy related allowable claims; the amount it spent on substance use disorder services provided to beneficiaries in an IMD; and the amount it spent on substance use disorder services provided to American Indian and Alaskan Native beneficiaries. DHCS trended the result to Prospective Year 1 using the percentage change in the Home Health Agency Market Basket Index to account for inflation. The State Plan Inflation Adjustment for P2 through P5 is equal to the percentage change in the Home Health Agency Market Basket Index from the first quarter of the base year to the first quarter of the projected year.*

2. **X** [Required, to trend BY/R2 to P1 and P2 in the future] When cost increases are unknown and in the future, the State is using a predictive trend of either State historical cost increases or national or regional factors that are predictive of future costs (same requirement as capitated ratesetting regulations) *(i.e., trending from present into the future)*.
   i. **X** State historical cost increases *(Applies to MCMC, Dental MC)*.

      Please indicate the years on which the rates are based: ***CY 2016 through CY 2019***

      In addition, please indicate the mathematical method used (multiple regression, linear regression, chi-square, least squares, exponential smoothing, etc.). ***The mathematical method used is year over year exponential smoothing.***

      Finally, please note and explain if the State's cost increase calculation includes more factors than a price increase such as changes in technology, practice patterns, and/or units of service PMPM. ***Yes, the trend includes both the utilization trend (changes in technology, practice patterns, and units of services including service mix changes) component and the unit cost trend (price increase) component.***

   ii. **X** National or regional factors that are predictive of this waiver's future costs. *(Applies to MCMC, Dental MC, SMHS, DMC-ODS)*

      Please indicate the services and indicators used:

DHCS Response

MCMC and Dental MC: *A five-year annualized prospective PMPM trend (FY2021 to FY2026) as projected by CMS for each major category of aid (Aged, Disabled, Child, Adults, and Expansion Adults) in its 2018 Actuarial Report On The Financial Outlook For Medicaid. The categories of aid encompass a comprehensive level of Medicaid services.*

SMHS and DMC-ODS: *Home Health Agency Market Basket Index*

In addition, please indicate how this factor was determined to be predictive of this waiver's future costs:

DHCS Response

MCMC and Dental MC: *The prospective PMPM trend as projected by CMS for Medicaid on a national basis is considered to be an excellent indicator of future trends over a similar five-year projection period for this waiver's future costs given the large program size and similar types of covered populations and services.*

SMHS and DMC-ODS: *DHCS has found the Home Health Agency Market Basket Index produced by CMS as the most relevant and available predictor of future costs and is used in current payment processes for the SMHS and DMC-ODS delivery systems. CMS uses the Office of the Actuary (OACT) staff on a variety of market basket topics, including index development and construction, theoretical update frameworks, and wage studies which produce actuarially sound indexes.*

Finally, please note and explain if the State's cost increase calculation includes more factors than a price increase such as changes in technology, practice patterns, and/or units of service PMPM.

DHCS Response

MCMC and Dental MC: *Yes, the trend includes both the utilization trend (changes in technology, practice patterns, and units of services including service mix changes) component and the unit cost trend (price increase) component.*

SMHS and DMC-ODS: *The PMPM costs per MEG are trended for P1, P2, P3, P4 and P5 utilizing the percentage change in the CMS' Home Health Agency Market Basket (HHAMB) Index for each PY.*

3. **X** The State estimated the PMPM cost changes in units of service, technology and/or practice patterns that would occur in the waiver separate from cost increase. Utilization adjustments made were service-specific and expressed as percentage factors. The State has documented how utilization and cost increases were not duplicated. This adjustment reflects the changes in utilization between R2 and P1 and between years P1 and P2. *(Applies to SMHS, DMC-ODS)*

   i. Please indicate the years on which the utilization rate was based (if calculated separately only).

   DHCS Response

   SMHS and DMC-ODS: *DHCS estimated that it would spend an additional $11 million on SUD services provided through a PIHP delivery system to beneficiaries in 10 additional counties in prospective year. DHCS estimated $11 million based upon State Fiscal Year 2019-20 actual expenditures in counties that currently provide SUD services through a PIHP delivery system with populations similar to the 10 counties projected to begin providing SUD services through a PIHP delivery system.*

   ii. Please document how the utilization did not duplicate separate cost increase trends.

   DHCS Response

   SMHS and DMC-ODS: *DHCS's estimated cost increase due to change in utilization does not duplicate the inflation cost increase described above. DHCS used the percentage change in the HHAMB index from P1 (CY 2022) to P2 (CY 2023) to estimate the increase in the PMPM due to inflation. California separately calculated the percentage change in the PMPM in P1 as the ratio of total estimated increased costs for the 10 additional counties using SFY 2019-20 claims data to the R2 costs increased by the percentage change in the HHAMB index from 2018 Q2 to 2019 Q 2 ($4,130,795,712*1.0256).*

b. **X** **State Plan Services Programmatic/Policy/Pricing Change Adjustment:** These adjustments should account for any programmatic changes that are not cost neutral and that affect the Waiver Cost Projection. For example, changes in rates, changes brought about by legal action, or changes brought about by legislation. For example, Federal mandates, changes in hospital payment from per diem rates to Diagnostic Related Group (DRG) rates or changes in the benefit coverage of the FFS program. **This adjustment must be mutually exclusive of trend and CANNOT be taken twice. The State must document**

how it ensures there is no duplication with trend. If the State is changing one of the aspects noted above in the FFS State Plan then the State needs to estimate the impact of that adjustment. *Note: FFP on rates cannot be claimed until CMS approves the SPA per the 1/2/01 SMD letter. Prior approval of capitation rates is contingent upon approval of the SPA*. The R2 data was adjusted for changes that will occur after the R2 (BY for conversion) and during P1 and P2 that affect the overall Medicaid program.
(Applies to MCMC, Dental MC, SMHS, DMC-ODS)

Others:

- Additional State Plan Services (+)
- Reductions in State Plan Services (-)
- Legislative or Court Mandated Changes to the Program Structure or fee schedule not accounted for in Cost increase or pricing (+/-)
- Graduate Medical Education (GME) Changes - This adjustment accounts for **changes** in any GME payments in the program. 42 CFR 438.6(c)(5) specifies that States can include or exclude GME payments from the capitation rates. However, GME payments must be included in cost-effectiveness calculations.
- Copayment Changes - This adjustment accounts for changes from R2 to P1 in any copayments that are collected under the FFS program, but not collected in the MCO/PIHP/PAHP capitated program. States must ensure that these copayments are included in the Waiver Cost Projection if not to be collected in the capitated program. If the State is changing the copayments in the FFS program then the State needs to estimate the impact of that adjustment.

1.___ The State has chosen not to make an adjustment because there were no programmatic or policy changes in the FFS program after the MMIS claims tape was created. In addition, the State anticipates no programmatic or policy changes during the waiver period.

2. **X** An adjustment was necessary and is listed and described below:
(Applies to MCMC, Dental MC, SMHS, DMC-ODS)

i.__ The State projects an externally driven State Medicaid managed care rate increases/decreases between the base and rate periods. For each change, please report the following:

A.___ The size of the adjustment was based upon a newly approved State Plan Amendment (SPA). PMPM size of adjustment _____

B.___ The size of the adjustment was based on pending SPA. Approximate PMPM size of adjustment _____

C.___ Determine adjustment based on currently approved SPA. PMPM size of adjustment _____

D.___ Determine adjustment for Medicare Part D dual eligible,

E.___ Other (please describe):

ii.__ The State has projected no externally driven managed care rate increases/decreases in the managed care rates.

iii.__ The adjustment is a one-time only adjustment that should be deducted out of subsequent waiver renewal projections (i.e., start-up costs). Please explain:

iv.__ Changes brought about by legal action (please describe):
For each change, please report the following:
A.___ The size of the adjustment was based upon a newly approved State Plan Amendment (SPA). PMPM size of adjustment _____
B.___ The size of the adjustment was based on pending SPA. Approximate PMPM size of adjustment _____
C.___ Determine adjustment based on currently approved SPA. PMPM size of adjustment _____
D.___ Other (please describe):

v.__ Changes in legislation (please describe):
For each change, please report the following:
A.___ The size of the adjustment was based upon a newly approved State Plan Amendment (SPA). PMPM size of adjustment _____
B.___ The size of the adjustment was based on pending SPA. Approximate PMPM size of adjustment _____
C.___ Determine adjustment based on currently approved SPA. PMPM size of adjustment _____
D.___ Other (please describe):

vi.__X__ Other (please describe):
A.___ The size of the adjustment was based upon a newly approved State Plan Amendment (SPA). PMPM size of adjustment _____
B. ___The size of the adjustment was based on pending SPA. Approximate PMPM size of adjustment _____
C.___ Determine adjustment based on currently approved SPA. PMPM size of adjustment _____
D. __X__ Other (please describe):

DHCS Response

MCMC and Dental MC: *The State applied the following programmatic adjustments:*

1) *Reducing P1 and P2 projected expenditures for the carve-out (from Medi-Cal managed care) of specialty mental health services for a subset of beneficiaries in Sacramento County and Solano County, effective July 1, 2022. Note, these services and populations are included in this waiver under the behavioral health eligibility groups. The impact of the reduction is $16.7 million distributed across applicable eligibility groups and both projection years.*
2) *Increasing P1 projected expenditures for the carve-in (to Medi-Cal managed care) of dental services in San Mateo County, effective January 1, 2022. The impact of the increase is $10.7 million distributed across applicable eligibility groups.*
3) *Reducing P1 projected expenditures for the carve-out of pharmacy services billed on a pharmacy claim, effective January 1, 2022. The impact of the reduction is $6,904.0 million distributed across applicable eligibility groups. As noted previously, effective January 1, 2022, pharmacy and related benefits (listed in Attachment III) that are billed by a pharmacy on a pharmacy claim, including covered outpatient drugs and physician administered drugs, medical supplies and enteral nutritional products, as described in the Medi-Cal Rx All Plan Letter (APL 20-020) will be carved out of Medi-Cal managed care capitated benefits. Pharmacy and related benefits that are billed on medical and institutional claims, including physician administered drugs, other outpatient drugs, legend, non-legend and specialty drugs, medical supplies and enteral nutritional products, that are not carved-out to Medi-Cal Rx as discussed above, and further described in Medi-Cal Rx All Plan Letter (APL 20-020), will remain carved in to Medi-Cal managed care capitated benefits.*
4) *Reducing projected expenditures to account for the application of two new rate-setting efficiency adjustments in the waiver period that were not present in the base year. The impact of the reduction is $203.0 million distributed across applicable eligibility groups.*
5) *Increasing P1 projected expenditures for new or expanded covered services such as Major Organ Transplant, Community Health Worker services, Remote Patient Monitoring, Continuous Glucose Monitors, and Dyadic Behavioral Health services, effective January 1, 2022. The impact of the increase is $751.3 million distributed across applicable eligibility groups.*
6) *Increasing P1 projected expenditures for anticipated rate increases associated with addition of Enhanced Care Management as a benefit and the sunset/transition of Whole Person Care Pilots under the CalAIM framework, effective*

January 1, 2022. The impact of the increase is $565.0 million allocated across applicable eligibility groups.

7) *Increasing P1 projected expenditures to reflect the ramp-up of the Whole Child Model program, which was not fully phased in during the base year. The impact of the increase is $326.5 million distributed across applicable eligibility groups.*
8) *Adjusting P1, P2, P3, and P4 projected expenditures for new directed payments pursuant to 42 CFR § 438.6(c) that did not exist in the base year, and for increases to directed payments above and beyond annual Consumer Price Index-linked growth. The impact of the adjustment is an increase of $3,509.3 million in P1, $415.0 million in P2, and $75.0 million in P3, and a decrease of $100.0 million in P4, distributed across applicable eligibility groups.*
9) *Increasing P1 projected expenditures for new, time-limited incentive payments pursuant to 42 CFR § 438.6(b) that did not exist in the base year. The impact of the increase is $1,424.8 million distributed across applicable eligibility groups.*
10) *Reducing P2, P3, and P4 projected expenditures for the end of the time-limited incentive payments described above. The impact of the reduction is $38.0 million in P2, $809.3 million in P3, and $577.4 million in P4, distributed across applicable eligibility groups.*
11) *Increasing P2 projected expenditures for the carve-in of long-term care services statewide, effective January 1, 2023. The impact of the increase is $2.817.0 million distributed across applicable eligibility groups.*
12) *Reducing P2 projected expenditures for the end of the current Managed Care Enrollment Tax. The impact of the reduction is $2,656.3 million distributed across applicable eligibility groups. Increasing P4 and P5 projected expenditures for targeted Medi-Cal provider rate increases for primary care, maternal care, non-specialty mental health, reproductive health, emergency transportation, and home- and community-based services, among others. The impact of the increase is $1,240.0 million in P4 and an additional $2,105.8 million in P5 distributed across applicable eligibility groups.*

The cumulative, weighted-average impact of these adjustments is -0.95 percent in P1, +0.82 percent in P2, -1.20 percent in P3, and +32.32 percent in P4, and +2.11 percent in P5.

Note, for P2, the State applied a −100.0 percent adjustment to the CCI Dual (non-CMC) and CMC eligibility groups, shifted the member months to the SPD Dual eligibility group, and calculated

new, weighted-average P1 PMPMs for State Plan Service Costs and Administrative Service Costs.

SMHS and DMC-ODS: *California included two policy adjustments. In Prospective Year 1, California included a policy adjustment to remove non-pregnancy related services provided to Medi-Cal beneficiaries with unsatisfactory immigration status which were reported on the September 2018, December 2018, March 2019, and June 2019 quarter CMS 64 reports. California removed those expenditures in the September 2020 and December 2020 CMS 64 quarterly reports. In Retrospective Year 2, California included a policy adjustment of .26 percent to account for 10 counties starting to provide substance use disorder services through the PIHP delivery system. The base data calculated the percentage change in the PMPM in P1 as the ratio of total estimated increased costs for the 10 additional counties using SFY 2019-20 claims data to the R2 costs increased by the percentage change in the HHAMB index from 2018 Q2 to 2019 Q 2 ($4,130,795,712*1.0256).*

DHCS added another program and policy adjustment to account for increased costs and utilization for Mental Health Plans and DMC-ODS counties to provide Community-Based Mobile Crisis Intervention Services beginning in January of 2023. DHCS is projecting a PMPM of $1.46 to provide Community-Based Mobile Crisis Intervention Services. DHCS has updated the Policy and Program adjustment percentages in Cells L33 through L39 on Tab D.5 to account for this increase.

DHCS added another program and policy adjustment to account for increased costs and utilization for a set of Evidence Based Practices (EBP) that are being added to the SMHS delivery system. These EBPs include Assertive Community Treatment (ACT), Forensic ACT (FACT), Supported Employment, Clubhouse, Coordinated Specialty Care, and Enhanced Community Health Worker Services. Counties will be able to start opting in to provide these services in P4. DHCS is projecting a PMPM increase of $1.95 in P4 and an increase of $1.87 in P5. DHCS has updated the Policy and Program adjustment percentages in Cells L66 through L72 for P4 and L82 through L88 for P5 on Tab D.5 to account for this increase.

DHCS added another program and policy adjustment to account for increased costs and utilization for a set of Evidence Based Practices (EBP) that are being added to the SMHS delivery system. These EBPs include Assertive Community Treatment (ACT), Forensic ACT (FACT), Supported Employment, Clubhouse,

Coordinated Specialty Care, and Enhanced Community Health Worker Services. These EBPs provide currently covered services through specific program models. The currently covered services include Physician Services (including Psych), Other Practitioners (Including Psych), and Targeted Case Management. Counties will be able to start opting in to provide these services in P4. DHCS is projecting a PMPM increase of $1.95 in P4 and an increase of $1.87 in P5. DHCS has updated the Policy and Program adjustment percentages in Cells L66 through L72 for P4 and L82 through L88 for P5 on Tab D.5 to account for this increase. DHCS also provided documentation of the trend rate projections in the Trend Data tab, including the annualized cost at full-ramp up and statewide opt-in assumptions.

DHCS Update for June 2026 Cost Effectiveness Amendment

MCMC and Dental MC: *DHCS is requesting an amendment to include the following programmatic adjustment.*

1) *Increasing P2 and P3 projected expenditures for higher capitated expenditure levels associated with federally approved new or modified state-directed payments, including for hospital, nursing facility, and professional services, and California's federally approved managed care enrollment tax, that did not exist or were not fully reflected in the base year. The impact of the increase for directed payments is $2,645.9 million and for the managed care enrollment tax is $8,203.1 million in P2 with an additional increase of $3,440.1 million for directed payments and $4,497.0 million for the managed care enrollment tax in P3.*
2) *Decreasing P3 expenditures for lower expenditures associated with the discontinuation of managed care incentive payments reflected in prior-year projections. The impact of the decrease is $809.3 million in P3.*

Note: additional minor changes in P1, P4, and P5 are due to rounding effects, and have a negligible (0.00 percent, rounded) impact on total costs.

The cumulative, weighted-average impact of these adjustments is -0.95 percent in P1, +15.42 percent in P2, +8.09 percent in P3, and +5.64 percent in P4, and +2.11 percent in P5.

SMHS and DMC-ODS*: DHCS added another program and policy adjustment to account for increased service costs that resulted from*

increases in payments and utilization of services in the SMHS and DMC-ODS programs.

In the SMHS program, total members receiving services increased by 3 percent from P1 to P2 and by 3 percent from P2 to P3. Total SMHS outpatient service encounters also increased by 7 percent from P2 to P3 and by 3 percent from P3 to P4. Members receiving SMHS 24-hour services increased by 25 percent from P1 to P2 and by 19 percent from P2 to P3. Total SMHS inpatient services days also increased by 9 percent from P1 to P2 and by 6 percent from P2 to P3. Total SMHS Mobile Crisis encounters increased by 98 percent from P2 to P3 and by 30 percent from P3 to P4. These and other increases in utilization increased overall costs for the SMHS program.

In the DMC-ODS program, members receiving services increased by 9 percent from P1 to P2, by 10 percent from P2 to P3, and by 5 percent from P3 to P4. Total DMC-ODS encounters for outpatient services increased by 6 percent from P1 to P2, by 17 percent from P2 to P3, and by 11 percent from P3 to P4. The average minutes per DMC-ODS outpatient services encounter also increased by 21 percent from P1 to P2 and by 5 percent from P2 to P3. The average annual minutes per member for DMC-ODS outpatient services increased by 20 percent from P1 to P2, by 12 percent from P2 to P3, and by 6 percent from P3 to P4. Total members receiving DMC-ODS 24-hour services increased by 6 percent from P1 to P2 and by 4 percent from P2 to P3. Total DMC-ODS inpatient services days increased by 40 percent from P2 to P3.
These and other increases in utilization increased the overall cost of the DMC-ODS program.

Additionally, effective July 1, 2023, California transitioned the SMHS and DMC-ODS programs from cost-based reimbursement to fixed fee schedules. DHCS developed the fee schedules with the most recently available data gathered from counties, individual providers, the Bureau of Labor Statistics, and other appropriate data sources.

DHCS has updated the Policy and Program adjustment percentages in Cells L13 through L19 for P1, L33 through L39 for P2, L49 through L55 for P3, L66 through L72 for P4, and L82 through L88 for P5 on Tab D5 to account for the increases.

Lastly, DHCS proposes to remove the following paragraph, which was previously included in the approved 2024 cost effectiveness amendment. This language duplicates the EBP adjustment

described in the immediately preceding paragraph and is therefore being removed to improve clarity.

"DHCS added another program and policy adjustment to account for increased costs and utilization for a set of Evidence Based Practices (EBP) that are being added to the SMHS delivery system. These EBPs include Assertive Community Treatment (ACT), Forensic ACT (FACT), Supported Employment, Clubhouse, Coordinated Specialty Care, and Enhanced Community Health Worker Services. These EBPs provide currently covered services through specific program models. The currently covered services include Physician Services (including Psych), Other Practitioners (Including Psych), and Targeted Case Management. Counties will be able to start opting in to provide these services in P4. DHCS is projecting a PMPM increase of $1.95 in P4 and an increase of $1.87 in P5. DHCS has updated the Policy and Program adjustment percentages in Cells L66 through L72 for P4 and L82 through L88 for P5 on Tab D.5 to account for this increase. DHCS also provided documentation of the trend rate projections in the Trend Data tab, including the annualized cost at full-ramp up and statewide opt-in assumptions."

c. **_X_ Administrative Cost Adjustment:** This adjustment accounts for **changes** in the managed care program. The administrative expense factor in the renewal is based on the administrative costs for the eligible population participating in the waiver for managed care. Examples of these costs include per claim claims processing costs, additional per record PRO review costs, and additional Surveillance and Utilization Review System (SURS) costs; as well as actuarial contracts, consulting, encounter data processing, independent assessments, EQRO reviews, etc. *Note: one-time administration costs should not be built into the cost-effectiveness test on a long-term basis. States should use all relevant Medicaid administration claiming rules for administration costs they attribute to the managed care program.* If the State is changing the administration in the managed care program, then the State needs to estimate the impact of that adjustment. *(Applies to MCMC, Dental MC, DMC-ODS)*

1.___ No adjustment was necessary, and no change is anticipated.

2.**_X_** An administrative adjustment was made. *(Applies to MCMC, Dental MC, DMC-ODS)*

i.___ Administrative functions will change in the period between the beginning of P1 and the end of P2. Please describe:

ii.**_X_** Cost increases were accounted for. *(Applies to MCMC, Dental MC, DMC-ODS)*

A.___ Determine administration adjustment based upon an approved contract or cost allocation plan amendment (CAP).

B.___ Determine administration adjustment based on pending contract or cost allocation plan amendment (CAP).

C.___ State Historical State Administrative Inflation. The actual trend rate used is: _____. Please document how that trend was calculated:

D. **X** Other (please describe) *(Applies to MCMC, Dental MC, DMC-ODS)*:

DHCS Response

MCMC and Dental MC: *DHCS calculated a 5.39 percent trend rate based on the average of annual salary cost increases over a two-year period (SFY 2017-18 and SFY 2018-19) for program areas within DHCS that are directly responsible for the operation of the Medi-Cal managed care delivery system. For P1, the State applied a compounded trend factor of 20.17 percent, calculated by compounding the 5.39 percent annual trend rate over 3.5 years from the midpoint of the base period (January 1, 2019) to the midpoint of P1 (July 1, 2022).*

DMC-ODS: *DHCS anticipates 10 counties not currently participating in DMC-ODS will be joining in Prospective Year 2. Their participation in DMC-ODS will increase total administrative costs anticipated to be approximately $902,000 or an increase from .26% to .28% program adjustment percentage.*

DHCS Update for June 2026 Cost Effectiveness Amendment

DHCS added program and policy adjustments to account for increased administrative costs in SMHS and DMC-ODS. The program and policy adjustments, reflected in Tab D5, column Y, align with actual expenditures for P1 through P4 and with projected expenditures for P5.

iii.___ [Required, when State Plan services were purchased through a sole source procurement with a governmental entity. No other State administrative adjustment is allowed.] If cost increase trends are unknown and in the future, the State must use the lower of: Actual State administration costs trended forward at the State historical administration trend rate or Actual State administration costs trended forward at the State Plan services trend rate. Please document both trend rates and indicate which trend rate was used.

A. Actual State Administration costs trended forward at the State historical administration trend rate. Please indicate the years on which the rates are based: base years_____ In addition, please indicate the mathematical method used (multiple regression, linear

regression, chi-square, least squares, exponential smoothing, etc.). Finally, please note and explain if the State's cost increase calculation includes more factors than a price increase.

B. Actual State Administration costs trended forward at the State Plan Service Trend rate. Please indicate the State Plan Service trend rate from **Section D.I.J.a**. above _____.

d.__ 1915(b)(3) Trend Adjustment: The State must document the amount of 1915(b)(3) services in the R1/R2/BY **Section D.I.H.a** above. The R1/R2/BY already includes the actual trend for the 1915(b)(3) services in the program. This adjustment reflects the expected trend in the 1915(b)(3) services between the R2/BY and P1 of the waiver and the trend between the beginning of the program (P1) and the end of the program (P2). Trend adjustments may be service-specific and expressed as percentage factors.

1.___ [Required, if the State's BY or R2 is more than 3 months prior to the beginning of P1 to trend BY or R2 to P1] The State is using the actual State historical trend to project past data to the current time period *(i.e., trending from 1999 to present).* The actual documented trend is: _____. Please provide documentation.

2.__ [Required, when the State's BY or R2 is trended to P2. No other 1915(b)(3) adjustment is allowed] If trends are unknown and in the future *(i.e., trending from present into the future)*, the State must use the lower of State historical 1915(b)(3) trend or the State's trend for State Plan Services. Please document both trend rates and indicate which trend rate was used.

i. State historical 1915(b)(3) trend rates

1. Please indicate the years on which the rates are based: base years_____
2. Please indicate the mathematical method used (multiple regression, linear regression, chi-square, least squares, exponential smoothing, etc.):

ii. State Plan Service Trend

1. Please indicate the State Plan Service trend rate from **Section D.I.J.a**. above

e.___ Incentives (not in capitated payment) Trend Adjustment: Trend is limited to the rate for State Plan services.

1. List the State Plan trend rate by MEG from **Section D.I.J.a** _____
2. List the Incentive trend rate by MEG if different from **Section D.I.J.a**. _____
3. Explain any differences:

f.___ Other Adjustments including but not limited to federal government changes. (Please describe):

- If the federal government changes policy affecting Medicaid reimbursement, the State must adjust P1 and P2 to reflect all changes.
- Once the State's FFS institutional excess UPL is phased out, CMS will no longer match excess institutional UPL payments.
  - ♦ Excess payments addressed through transition periods should not be included in the 1915(b) cost-effectiveness process. Any State with excess payments should exclude the excess amount and only include the supplemental amount under 100% of the institutional UPL in the cost effectiveness process.
  - ♦ For all other payments made under the UPL, including supplemental payments, the costs should be included in the cost effectiveness calculations. This would apply to PCCM enrollees and to PAHP, PIHP or MCO enrollees if the institutional services were provided as FFS wrap-around. The recipient of the supplemental payment does not matter for the purposes of this analysis.

g.___ **Pharmacy Rebate Factor Adjustment (Conversion Waivers Only)*:** Rebates that States receive from drug manufacturers should be deducted from Base Year costs if pharmacy services are included in the capitated base. If the base year costs are not reduced by the rebate factor, an inflated BY would result. Pharmacy rebates should also be deducted from FFS costs if pharmacy services are impacted by the waiver but not capitated.

Basis and Method:

1.___ Determine the percentage of Medicaid pharmacy costs that the rebates represent and adjust the base year costs by this percentage. States may want to make separate adjustments for prescription versus over the counter drugs and for different rebate percentages by population. States may assume that the rebates for the targeted population occur in the same proportion as the rebates for the total Medicaid population ***which includes accounting for Part D dual eligibles***. Please account for this adjustment in **Appendix D5**.

2.___ The State has not made this adjustment because pharmacy is not an included capitation service and the capitated contractor's providers do not prescribe drugs that are paid for by the State in FFS ***or Part D for the dual eligibles***.

3.___ Other (please describe):

4.___ No adjustment was made.

5.___ This adjustment was made (Please describe). This adjustment must be mathematically accounted for in **Appendix D5**.

K. Appendix D5 – Waiver Cost Projection

The State should complete these appendices and include explanations of all adjustments in **Section D.I.I and D.I.J** above.

L. Appendix D6 – RO Targets

The State should complete these appendices and include explanations of all trends in enrollment in **Section D.I.E.** above.

M. Appendix D7 – Summary

Please explain any variance in the overall percentage change in spending from BY/R1 to P2.

1. Please explain caseload changes contributing to the overall annualized rate of change in **Appendix D7 Column I.** This response should be consistent with or the same as the answer given by the State in **Section D.I.E.c & d**:

DHCS Response

MCMC and Dental MC: *In P2, the State is projecting an increase in member months for the SPD and SPD Dual eligibility groups due to the mandatory enrollment, with certain exceptions, of dually eligible beneficiaries into the Medi-Cal managed care delivery system on a statewide basis. In the base year and in P1, dually eligible beneficiaries are mandatorily enrolled, with certain exceptions, into the Medi-Cal managed care delivery system in 27 of California's counties, i.e., COHS and CCI counties. The increase to P2 projected member months consists of 205,000 additional members months in the SPD eligibility group (roughly equivalent to 17,000 partial-dually eligible members per month) and 3,660,000 additional member months in the SPD Dual eligibility group (equivalent to 305,000 full-dually eligible members per month).*

Also in P2, to align with the transition of CCI to a statewide aligned enrollment structure, the State is ending the CCI Dual (non-CMC) and CMC eligibility groups. Members in these eligibility groups are projected to shift to the SPD Dual eligibility group.

No additional caseload changes are projected for purposes of the cost-effectiveness calculation, as described in Section D, Part I.E. Appendix D1 – Member Months.

SMHS and DMC-ODS: *The rate of change identified in Column I is due to inflation adjustments and program policy change. The rate of change from R2 to P1 is 4.5 percent. This is due to an inflation adjustment of 6.3 percent and policy change adjustment of related to the removal of non-pregnancy claims for beneficiaries with unsatisfactory immigration status. The inflation adjustment of 6.3 percent is equal to the percentage change in the Home Health Agency Market Basket Index from the quarter ending June 30, 2019, which is the last quarter in Retrospective Year 2 (Fiscal Year 2018-19), to the quarter ending March 31, 2022, which is the first*

quarter of Prospective Year 1 (Calendar Year 2022). The program policy change adjustment is equal to the amount of non-pregnancy claims for beneficiaries with unsatisfactory immigration status ($58,985,535.98) divided by the expenditures for mental health and substance use disorder services reported in the September 2018, December 2018, March 2019, and June 2019 quarter CMS 64 reports ($4,130,795,712.28).

The rate of change from P1 to P2 is 3.2 percent. This is due to an inflation adjustment of 2.6 percent and program policy change adjustment of .26 percent. The inflation adjustment of 2.6 percent is equal to the percentage change in the Home Health Agency Market Basket Index from the quarter ending March 31, 2022 (1st quarter of Calendar Year 2022) to the quarter ending March 22, 2023 (1st quarter of Calendar Year 2023). The program policy change adjustment of .26 percent accounts for 10 additional counties starting to provide substance use disorder services through a PIHP delivery system. California estimated the cost of those additional 10 counties would be $11 million based upon costs incurred by counties with similar populations in Fiscal Year 2019-20. California divided $11 million by the R2 expenditures trended forward to Fiscal Year 2019-20 using the percentage change in the Home Health Agency Market Basket Index.

The rate of change from P3 to P4, and P4 to P5 is entirely due to an inflation adjustment. The inflation adjustment for each year is equal to the percentage change in the Home Health Agency Market Basket Index from the 1st quarter of the base year to the 1st quarter of the prospective year.

2. Please explain unit cost changes contributing to the overall annualized rate of change in **Appendix D7 Column I.** This response should be consistent with or the same as the answer given by the State in the State's explanation of cost increase given in **Section D.I.I and D.I.J**:

DHCS Response

MCMC and Dental MC: *The State refers to the descriptions of the State Plan Services trend in Section D.I.J.a, the State Plan Services programmatic adjustments in Section D.I.J.b, and the Administrative Cost adjustment in Section D.I.J.c.*

SMHS and DMC-ODS: *As explained above, the overall annualized rate of change in Appendix D7, Column I includes an inflation adjustment. The inflation adjustment captures anticipated changes in unit costs.*

3. Please explain utilization changes contributing to the overall annualized rate of change in **Appendix D7 Column I.** This response should be consistent with or the same as the answer given by the State in the State's explanation of utilization given in **Section D.I.I and D.I.J**:

DHCS Response

MCMC and Dental MC: *The State refers to the descriptions of enrollment-related considerations in Section D.I.E.c, the State Plan Services trend in Section D.I.J.a, and the State Plan Services programmatic adjustments in Section D.I.J.b.*

SMHS and DMC-ODS: *As explained above, the overall annualized rate of change in Appendix D7, Column I includes three program policy change adjustments. These three program policy change adjustments capture anticipated changes in utilization.*

Please note any other principal factors contributing to the overall annualized rate of change in **Appendix D7 Column I.**

Part II: Appendices D.1-7

Please see attached Excel spreadsheets.

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	13,659,550	14,079,085	14,014,049	13,475,363	55,228,047
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	16,890,714	17,169,892	17,069,073	16,542,672	67,672,351
Foster Youth	994,882	994,882	248,721	248,721	248,721	248,721	994,882	274,008	276,019	275,186	273,086	1,098,299
MCHIP	14,869,740	14,869,740	3,717,435	3,717,435	3,717,435	3,717,435	14,869,740	3,738,800	3,770,119	3,742,003	3,691,805	14,942,727
SPD	9,108,336	9,108,336	2,277,084	2,277,084	2,277,084	2,277,084	9,108,336	2,501,919	2,547,141	2,538,769	2,500,270	10,088,099
SPD Dual	3,415,064	3,415,064	853,766	853,766	853,766	853,766	3,415,064	4,129,274	4,459,827	4,477,473	4,426,077	17,492,651
Total Member Months	**127,490,603**	**127,490,603**	**31,872,651**	**31,872,651**	**31,872,651**	**31,872,651**	**127,490,603**	**41,194,265**	**42,302,083**	**42,116,553**	**40,909,273**	**166,522,174**
Quarterly % Increase				**0.0%**	**0.0%**	**0.0%**		**29.2%**	**2.7%**	**-0.4%**	**-2.9%**	

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	92,007,952	248,961,605
CCI Dual (non-CMC)	6,866,224	6,866,224
CMC	1,316,547	1,316,547
Family	121,812,256	314,175,298
Foster Youth	2,093,181	5,244,195
MCHIP	29,812,467	71,614,745
SPD	19,196,435	47,862,884
SPD Dual	20,907,715	71,532,064
	294,012,777	**767,573,562**

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.

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

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	13,806,270	13,942,960	13,951,919	14,054,644	55,755,793	12,690,742	12,737,965	12,734,978	12,606,835	50,770,520	12,606,835	12,606,835	12,606,835	12,606,835	50,427,340
CCI Dual (non-CMC)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
CMC	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Family	17,191,600	17,243,814	16,990,999	16,816,140	68,242,553	15,692,734	15,534,353	15,511,167	15,476,447	62,214,701	15,476,447	15,476,447	15,476,447	15,476,447	61,905,788
Foster Youth	281,322	281,453	279,521	276,923	1,119,219	254,574	249,726	250,070	255,485	1,009,855	255,485	255,485	255,485	255,485	1,021,940
MCHIP	3,611,324	3,566,869	3,544,148	3,525,568	14,247,909	3,473,624	3,410,992	3,400,468	3,453,857	13,738,941	3,453,857	3,453,857	3,453,857	3,453,857	13,815,428
SPD	2,509,407	2,498,780	2,506,297	2,520,331	10,034,815	2,324,470	2,304,510	2,307,054	2,339,120	9,275,154	2,339,120	2,339,120	2,339,120	2,339,120	9,356,480
SPD Dual	4,443,136	4,467,203	4,506,284	4,563,495	17,980,118	3,836,404	4,035,001	4,068,811	4,140,803	16,081,019	4,140,803	4,140,803	4,140,803	4,140,803	16,563,212
Total Member Months	**41,843,059**	**42,001,079**	**41,779,168**	**41,757,101**	**167,380,407**	**38,272,548**	**38,272,547**	**38,272,548**	**38,272,547**	**153,090,190**	**38,272,547**	**38,272,547**	**38,272,547**	**38,272,547**	**153,090,188**
Quarterly % Increase	**2.3%**	**0.4%**	**-0.5%**	**-0.1%**		**-8.3%**	**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*	6.11%	2.47%
% Increase	0.00%	0.00%	30.62%	0.52%	-8.54%	0.00%	30.62%	20.08%

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

Appendix D2.S Services in Waiver Cost

Row # / Column Letter: B, C, D, E, F, G, H, I, J, K

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**	**PAHP Fee-for Service 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									

[A] Effective January 1, 2022, pharmacy and related benefits (listed in Attachment III) that are billed by a pharmacy on a pharmacy claim, including covered outpatient drugs and physician administered drugs, medical supplies and enteral nutritional products, as described in the Medi-Cal Rx All Plan Letter (APL 22-012) were carved out of Medi-Cal managed care capitated benefits. Pharmacy and related benefits that are billed on medical and institutional claims, including physician administered drugs, other outpatient drugs, legend, non-legend and specialty drugs, medical supplies and enteral nutritional products, that are not carved-out to Medi-Cal Rx as discussed above, and further described in Medi-Cal Rx All Plan Letter (APL 22-012), remain carved in to Medi-Cal managed care capitated benefits.

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

State Completion Sections

Row # / Column Letter	B	C	D	E	F
3		**Administration in Actual Waiver Cost (Comprehensive and Expedited)**			
4			State:	California	
5		**Renewal Waiver**			
6		**Instructions:** Modify columns as applicable to the waiver entity type and structure to note administration in different MEGs, etc.			
7					
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				

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.

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

9	Adjustments to the Waiver Cost Projection	Adjustments Made	Location of Adjustment
10	State Plan Trend	X	Tab D5, column J, for P1 through P5.
11	State Plan Programmatic/policy/pricing changes	X	Tab D5, column L, for P1 through P5.
12	Administrative Cost Adjustment	X	Tab D5, column Y, for P1 through P5.
13	1915(b)(3) service Trend		
14	Incentives (not in cap payment) Adjustments		
15	Other		

16

17 State Completion Sections

Appendix D5. Waiver Cost Projection

B C D E F G H I J K L M N O P Q R S T U V W X Y Z AA AB

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

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

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 Incentive Costs not Included in Capitation Rates**				P1 Projection for 1915(b)(3) Service Costs**				P1 Projection for Administration Costs**				Total P1 PMPM Projected Waiver Costs (O+S+W+AA)
		State Plan Service Costs* (Same as D13-D18)	Incentive Costs*	1915(b)(3) Service Costs*	Administration Costs*	Total Actual Waiver Costs*	R2 PMPM State Plan Service Costs* (Same as D30-D35)	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 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)	
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	$ -	0.00%	$ -	$ -	$ -		$ -	$ -	$ 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	$ -	0.00%	$ -	$ -	$ -		$ -	$ -	$ 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	$ -	0.00%	$ -	$ -	$ -		$ -	$ -	$ 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	$ -	0.00%	$ -	$ -	$ -		$ -	$ -	$ 0.65	20.17%	$ 0.13	$ 0.78	$ 265.49
Foster Youth	994,882	$ 210.20	$ -	$ -	$ 0.64	$ 210.84	$ 210.20	18.42%	$ 38.73	8.17%	$ 20.35	$ 59.07	$ 269.28	$ -	0.00%	$ -	$ -	$ -		$ -	$ -	$ 0.64	20.17%	$ 0.13	$ 0.77	$ 270.05
MCHIP	14,869,740	$ 146.98	$ -	$ -	$ 0.45	$ 147.43	$ 146.98	18.42%	$ 27.08	7.20%	$ 12.54	$ 39.62	$ 186.60	$ -	0.00%	$ -	$ -	$ -		$ -	$ -	$ 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	$ -	0.00%	$ -	$ -	$ -		$ -	$ -	$ 3.58	20.17%	$ 0.72	$ 4.30	$ 1,320.56
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	$ -	0.00%	$ -	$ -	$ -		$ -	$ -	$ 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**	**$ -**	**0.00%**	**$ -**	**$ -**	**$ -**	**0.0%**	**$ -**	**$ -**	**$ 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 Incentive Costs not Included in Capitation Rates**				P2 Projection for 1915(b)(3) Service Costs**				P2 Projection for Administration Costs**				Total P2 PMPM Projected Waiver Costs (O+S+W+AA)
		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)	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)	
Adult Expansion	36,779,905	$ 534.52	$ -	$ -	$ 1.70	$ 536.22	$ 534.52	4.95%	$ 26.46	8.22%	$ 46.13	$ 72.59	$ 607.11	$ -		$ -	$ -	$ -		$ -	$ -	$ 1.70	5.39%	$ 0.09	$ 1.79	$ 608.90
CCI Dual (non-CMC)		$ 578.26	$ -	$ -	$ 1.75	$ 580.01	$ 578.26	0.00%	$ -	0.00%	$ -	$ -	$ 578.26	$ -		$ -	$ -	$ -		$ -	$ -	$ 1.75	-100.00%	$ (1.75)	$ -	$ 578.26
CMC		$ 325.08	$ -	$ -	$ 0.99	$ 326.07	$ 325.08	0.00%	$ -	0.00%	$ -	$ -	$ 325.08	$ -		$ -	$ -	$ -		$ -	$ -	$ 0.99	-100.00%	$ (0.99)	$ -	$ 325.08
Family	54,139,905	$ 264.71	$ -	$ -	$ 0.78	$ 265.49	$ 264.71	4.95%	$ 13.10	16.39%	$ 45.53	$ 58.64	$ 323.35	$ -		$ -	$ -	$ -		$ -	$ -	$ 0.78	5.39%	$ 0.04	$ 0.82	$ 324.17
Foster Youth	994,882	$ 269.28	$ -	$ -	$ 0.77	$ 270.05	$ 269.28	4.95%	$ 13.33	19.52%	$ 55.16	$ 68.49	$ 337.77	$ -		$ -	$ -	$ -		$ -	$ -	$ 0.77	5.39%	$ 0.04	$ 0.81	$ 338.58
MCHIP	14,869,740	$ 186.60	$ -	$ -	$ 0.54	$ 187.14	$ 186.60	4.95%	$ 9.24	31.26%	$ 61.23	$ 70.46	$ 257.06	$ -		$ -	$ -	$ -		$ -	$ -	$ 0.54	5.39%	$ 0.03	$ 0.57	$ 257.63
SPD	9,108,336	$ 1,316.26	$ -	$ -	$ 4.30	$ 1,320.56	$ 1,316.26	4.95%	$ 65.15	8.78%	$ 121.26	$ 186.42	$ 1,502.68	$ -		$ -	$ -	$ -		$ -	$ -	$ 4.30	5.39%	$ 0.23	$ 4.53	$ 1,507.21
SPD Dual	11,597,835	$ 512.00	$ -	$ -	$ 1.53	$ 513.53	$ 512.00	4.95%	$ 25.34	42.77%	$ 229.84	$ 255.19	$ 767.19	$ -		$ -	$ -	$ -		$ -	$ -	$ 1.53	5.39%	$ 0.08	$ 1.61	$ 768.80
Total	**127,490,603**																							$ -		
P2 PMPM Casemix for R2 (R2 MMs)		**$ 431.10**	**$ -**	**$ -**	**$ 1.34**	**$ 432.44**	**$ 431.10**	**4.95%**	**$ 21.34**	**15.42%**	**$ 69.79**	**$ 91.13**	**$ 522.23**	**$ -**	**0.00%**	**$ -**	**$ -**	**$ -**	**0.0%**	**$ -**	**$ -**	**$ 1.34**	**5.38%**	**$ 0.07**	**$ 1.41**	**$ 523.64**

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 Incentive Costs not Included in Capitation Rates**				P3 Projection for 1915(b)(3) Service Costs**				P3 Projection for Administration Costs**				Total P3 PMPM Projected Waiver Costs
		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	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	
Adult Expansion	36,779,905	$ 607.11	$ -	$ -	$ 1.79	$ 608.90	$ 607.11	4.95%	$ 30.05	4.28%	$ 27.27	$ 57.32	$ 664.43	$ -		$ -	$ -	$ -		$ -	$ -	$ 1.79	5.39%	$ 0.10	$ 1.89	$ 666.32
CCI Dual (non-CMC)		$ 578.26	$ -	$ -	$ -	$ 578.26	$ 578.26	0.00%	$ -	0.00%	$ -	$ -	$ 578.26	$ -		$ -	$ -	$ -		$ -	$ -	$ -	0.00%	$ -	$ -	$ 578.26
CMC		$ 325.08	$ -	$ -	$ -	$ 325.08	$ 325.08	0.00%	$ -	0.00%	$ -	$ -	$ 325.08	$ -		$ -	$ -	$ -		$ -	$ -	$ -	0.00%	$ -	$ -	$ 325.08
Family	54,139,905	$ 323.35	$ -	$ -	$ 0.82	$ 324.17	$ 323.35	4.95%	$ 16.01	8.26%	$ 28.02	$ 44.03	$ 367.38	$ -		$ -	$ -	$ -		$ -	$ -	$ 0.82	5.39%	$ 0.04	$ 0.86	$ 368.24
Foster Youth	994,882	$ 337.77	$ -	$ -	$ 0.81	$ 338.58	$ 337.77	4.95%	$ 16.72	76.04%	$ 269.56	$ 286.28	$ 624.05	$ -		$ -	$ -	$ -		$ -	$ -	$ 0.81	5.39%	$ 0.04	$ 0.85	$ 624.90
MCHIP	14,869,740	$ 257.06	$ -	$ -	$ 0.57	$ 257.63	$ 257.06	4.95%	$ 12.72	16.94%	$ 45.70	$ 58.43	$ 315.49	$ -		$ -	$ -	$ -		$ -	$ -	$ 0.57	5.39%	$ 0.03	$ 0.60	$ 316.09
SPD	9,108,336	$ 1,502.68	$ -	$ -	$ 4.53	$ 1,507.21	$ 1,502.68	4.95%	$ 74.38	9.98%	$ 157.41	$ 231.79	$ 1,734.47	$ -		$ -	$ -	$ -		$ -	$ -	$ 4.53	5.39%	$ 0.24	$ 4.77	$ 1,739.24
SPD Dual	11,597,835	$ 767.19	$ -	$ -	$ 1.61	$ 768.80	$ 767.19	4.95%	$ 37.98	8.03%	$ 64.67	$ 102.64	$ 869.83	$ -		$ -	$ -	$ -		$ -	$ -	$ 1.61	5.39%	$ 0.09	$ 1.70	$ 871.53
Total	**127,490,603**																									
P3 PMPM Casemix for R2 (R2 MMs)		**$ 522.23**	**$ -**	**$ -**	**$ 1.41**	**$ 523.64**	**$ 522.23**	**4.95%**	**$ 25.85**	**8.09%**	**$ 44.33**	**$ 70.18**	**$ 592.41**	**$ -**	**0.00%**	**$ -**	**$ -**	**$ -**	**0.0%**	**$ -**	**$ -**	**$ 1.41**	**5.38%**	**$ 0.08**	**$ 1.49**	**$ 593.90**

B C D E F G H I J K L M N O P Q R S T U V W X Y Z AA AB

Waiver Cost Projection Renewal Waiver Comprehensive Version
State: California

Actual Waiver Cost Conversion Renewal 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**							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 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	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	
Adult Expansion	36,779,905	$ 664.43	$ -	$ -	$ 1.89	$ 666.32	$ 664.43	4.95%	$ 32.89	0.98%	$ 6.86	$ 39.75	$ 704.18	$ -		$ -	$ -	$ -		$ -	$ -	$ 1.89	5.39%	$ 0.10	$ 1.99	$ 706.17
CCI Dual (non-CMC)		$ 578.26	$ -	$ -	$ -	$ 578.26	$ 578.26	0.00%	$ -	0.00%	$ -	$ -	$ -	$ -		$ -	$ -	$ -		$ -	$ -	$ -	0.00%	$ -	$ -	$ -
CMC		$ 325.08	$ -	$ -	$ -	$ 325.08	$ 325.08	0.00%	$ -	0.00%	$ -	$ -	$ -	$ -		$ -	$ -	$ -		$ -	$ -	$ -	0.00%	$ -	$ -	$ -
Family	54,139,905	$ 367.38	$ -	$ -	$ 0.86	$ 368.24	$ 367.38	4.95%	$ 18.19	-2.63%	$ (10.14)	$ 8.05	$ 375.43	$ -		$ -	$ -	$ -		$ -	$ -	$ 0.86	5.39%	$ 0.05	$ 0.91	$ 376.34
Foster Youth	994,882	$ 624.05	$ -	$ -	$ 0.85	$ 624.90	$ 624.05	4.95%	$ 30.89	94.55%	$ 619.28	$ 650.17	$ 1,274.22	$ -		$ -	$ -	$ -		$ -	$ -	$ 0.85	5.39%	$ 0.05	$ 0.90	$ 1,275.12
MCHP	14,869,740	$ 315.49	$ -	$ -	$ 0.60	$ 316.09	$ 315.49	4.95%	$ 15.62	1.11%	$ 3.67	$ 19.29	$ 334.78	$ -		$ -	$ -	$ -		$ -	$ -	$ 0.60	5.39%	$ 0.03	$ 0.63	$ 335.41
SPD	9,108,336	$ 1,734.47	$ -	$ -	$ 4.77	$ 1,739.24	$ 1,734.47	4.95%	$ 85.86	18.82%	$ 342.51	$ 428.37	$ 2,162.84	$ -		$ -	$ -	$ -		$ -	$ -	$ 4.77	5.39%	$ 0.26	$ 5.03	$ 2,167.87
SPD Dual	11,597,835	$ 869.83	$ -	$ -	$ 1.70	$ 871.53	$ 869.83	4.95%	$ 43.06	9.20%	$ 83.99	$ 127.05	$ 996.88	$ -		$ -	$ -	$ -		$ -	$ -	$ 1.70	5.39%	$ 0.09	$ 1.79	$ 998.67
Total	**127,490,603**																									
P4 PMPM Casemix for R2 (R2 MMs)		**$ 592.41**	**$ -**	**$ -**	**$ 1.49**	**$ 593.90**	**$ 592.41**	**4.95%**	**$ 29.32**	**5.64%**	**$ 35.05**	**$ 64.37**	**$ 656.78**	**$ -**	**0.00%**	**$ -**	**$ -**	**$ -**	**0.0%**	**$ -**	**$ -**	**$ 1.49**	**5.36%**	**$ 0.08**	**$ 1.57**	**$ 658.35**

Medicaid Eligibility Group (MEG)	Retrospective Year 2 (R2) Member Months	P4 Per Member Per Month (PMPM) Costs					Prospective Year 5 (PY5) Projection for State Plan Services**							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 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	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	
Adult Expansion	36,779,905	$ 704.18	$ -	$ -	$ 1.99	$ 706.17	$ 704.18	4.95%	$ 34.86	0.91%	$ 6.70	$ 41.55	$ 745.73	$ -		$ -	$ -	$ -		$ -	$ -	$ 1.99	5.39%	$ 0.11	$ 2.10	$ 747.83
CCI Dual (non-CMC)		$ -	$ -	$ -	$ -	$ -	$ -	0.00%	$ -	0.00%	$ -	$ -	$ -	$ -		$ -	$ -	$ -		$ -	$ -	$ -	0.00%	$ -	$ -	$ -
CMC		$ -	$ -	$ -	$ -	$ -	$ -	0.00%	$ -	0.00%	$ -	$ -	$ -	$ -		$ -	$ -	$ -		$ -	$ -	$ -	0.00%	$ -	$ -	$ -
Family	54,139,905	$ 375.43	$ -	$ -	$ 0.91	$ 376.34	$ 375.43	4.95%	$ 18.58	0.65%	$ 2.58	$ 21.16	$ 396.59	$ -		$ -	$ -	$ -		$ -	$ -	$ 0.91	5.39%	$ 0.05	$ 0.96	$ 397.55
Foster Youth	994,882	$ 1,274.22	$ -	$ -	$ 0.90	$ 1,275.12	$ 1,274.22	4.95%	$ 63.07	12.46%	$ 166.62	$ 229.69	$ 1,503.91	$ -		$ -	$ -	$ -		$ -	$ -	$ 0.90	5.39%	$ 0.05	$ 0.95	$ 1,504.86
MCHP	14,869,740	$ 334.78	$ -	$ -	$ 0.63	$ 335.41	$ 334.78	4.95%	$ 16.57	2.31%	$ 8.10	$ 24.67	$ 359.45	$ -		$ -	$ -	$ -		$ -	$ -	$ 0.63	5.39%	$ 0.03	$ 0.66	$ 360.11
SPD	9,108,336	$ 2,162.84	$ -	$ -	$ 5.03	$ 2,167.87	$ 2,162.84	4.95%	$ 107.06	4.18%	$ 94.82	$ 201.88	$ 2,364.72	$ -		$ -	$ -	$ -		$ -	$ -	$ 5.03	5.39%	$ 0.27	$ 5.30	$ 2,370.02
SPD Dual	11,597,835	$ 996.88	$ -	$ -	$ 1.79	$ 998.67	$ 996.88	4.95%	$ 49.35	2.65%	$ 27.77	$ 77.11	$ 1,073.99	$ -		$ -	$ -	$ -		$ -	$ -	$ 1.79	5.39%	$ 0.10	$ 1.88	$ 1,075.88
Total	**127,490,603**																									
P5 PMPM Casemix for R2 (R2 MMs)		**$ 656.78**	**$ -**	**$ -**	**$ 1.57**	**$ 658.35**	**$ 656.78**	**4.95%**	**$ 32.51**	**2.11%**	**$ 14.57**	**$ 47.08**	**$ 703.86**	**$ -**	**0.00%**	**$ -**	**$ -**	**$ -**	**0.0%**	**$ -**	**$ -**	**$ 1.57**	**5.37%**	**$ 0.08**	**$ 1.65**	**$ 705.51**

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

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 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	Total PMPM Projected Service Costs (Column H-G)
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	$ 265.49	$ 264.71
Foster Youth	994,882	$ 269.28	$ -	$ -	$ 0.77	$ 270.05	$ 269.28
MCHIP	14,869,740	$ 186.60	$ -	$ -	$ 0.54	$ 187.14	$ 186.60
SPD	9,108,336	$ 1,316.26	$ -	$ -	$ 4.30	$ 1,320.56	$ 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**	**$ 432.43**	

Medicaid Eligibility Group (MEG)	Q1 Quarterly Projected Costs: Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	Q2 Quarterly Projected Costs: Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	Q3 Quarterly Projected Costs: Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	Q4 Quarterly Projected Costs: Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	Total P1 Projected Waiver Costs
Adult Expansion	9,194,976	$ 4,914,898,705.15	$ 15,631,459.63	9,194,976	$ 4,914,898,705.15	$ 15,631,459.63	9,194,976	$ 4,914,898,705.15	$ 15,631,459.63	9,194,976	$ 4,914,898,705.15	$ 15,631,459.63	**$ 19,722,120,659.10**
CCI Dual (non-CMC)	1,716,556	$ 992,615,672.56	$ 3,003,973.00	1,716,556	$ 992,615,672.56	$ 3,003,973.00	1,716,556	$ 992,615,672.56	$ 3,003,973.00	1,716,556	$ 992,615,672.56	$ 3,003,973.00	**$ 3,982,478,582.24**
CMC	329,137	$ 106,995,774.69	$ 325,845.38	329,137	$ 106,995,774.69	$ 325,845.38	329,137	$ 106,995,774.69	$ 325,845.38	329,137	$ 106,995,774.69	$ 325,845.38	**$ 429,286,480.29**
Family	13,534,976	$ 3,582,843,563.14	$ 10,557,281.48	13,534,976	$ 3,582,843,563.14	$ 10,557,281.48	13,534,976	$ 3,582,843,563.14	$ 10,557,281.48	13,534,976	$ 3,582,843,563.14	$ 10,557,281.48	**$ 14,373,603,378.45**
Foster Youth	248,721	$ 66,975,456.24	$ 191,514.79	248,721	$ 66,975,456.24	$ 191,514.79	248,721	$ 66,975,456.24	$ 191,514.79	248,721	$ 66,975,456.24	$ 191,514.79	**$ 268,667,884.10**
MCHIP	3,717,435	$ 693,673,371.00	$ 2,007,414.90	3,717,435	$ 693,673,371.00	$ 2,007,414.90	3,717,435	$ 693,673,371.00	$ 2,007,414.90	3,717,435	$ 693,673,371.00	$ 2,007,414.90	**$ 2,782,723,143.60**
SPD	2,277,084	$ 2,997,234,585.84	$ 9,791,461.20	2,277,084	$ 2,997,234,585.84	$ 9,791,461.20	2,277,084	$ 2,997,234,585.84	$ 9,791,461.20	2,277,084	$ 2,997,234,585.84	$ 9,791,461.20	**$ 12,028,104,188.16**
SPD Dual	853,766	$ 384,920,401.10	$ 1,101,358.14	853,766	$ 384,920,401.10	$ 1,101,358.14	853,766	$ 384,920,401.10	$ 1,101,358.14	853,766	$ 384,920,401.10	$ 1,101,358.14	**$ 1,544,087,036.96**
Total	**31,872,651**	**$ 13,740,157,529.72**	**$ 42,610,308.51**	**31,872,651**	**$ 13,740,157,529.72**	**$ 42,610,308.51**	**31,872,651**	**$ 13,740,157,529.72**	**$ 42,610,308.51**	**31,872,651**	**$ 13,740,157,529.72**	**$ 42,610,308.51**	**$ 55,131,071,352.90**

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 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	Total PMPM Projected Service Costs (Column H-G)
Adult Expansion	55,228,047	$ 607.11	$ -	$ -	$ 1.79	$ 608.90	$ 607.11
CCI Dual (non-CMC)	-	$ 578.26	$ -	$ -	$ -	$ 578.26	$ 578.26
CMC	-	$ 325.08	$ -	$ -	$ -	$ 325.08	$ 325.08
Family	67,672,351	$ 323.35	$ -	$ -	$ 0.82	$ 324.17	$ 323.35
Foster Youth	1,098,299	$ 337.77	$ -	$ -	$ 0.81	$ 338.58	$ 337.77
MCHIP	14,942,727	$ 257.06	$ -	$ -	$ 0.57	$ 257.63	$ 257.06
SPD	10,088,099	$ 1,502.68	$ -	$ -	$ 4.53	$ 1,507.21	$ 1,502.68
SPD Dual	17,492,651	$ 767.19	$ -	$ -	$ 1.61	$ 768.80	$ 767.19
Total	**166,522,174**						
P2 Weighted Average PMPM Casemix for P2 (P2 MMs)		**$ 529.68**	**$ -**	**$ -**	**$ 1.43**	**$ 531.10**	

Medicaid Eligibility Group (MEG)	Q5 Quarterly Projected Costs: Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	Q6 Quarterly Projected Costs: Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	Q7 Quarterly Projected Costs: Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	Q8 Quarterly Projected Costs: Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	Total P2 Projected Waiver Costs
Adult Expansion	13,659,550	$ 8,292,849,400.50	$ 24,450,594.50	14,079,085	$ 8,547,553,294.35	$ 25,201,562.15	14,014,049	$ 8,508,069,288.39	$ 25,085,147.71	13,475,363	$ 8,181,027,630.93	$ 24,120,899.77	**$ 33,628,357,818.30**
CCI Dual (non-CMC)	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	**$ -**
CMC	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	**$ -**
Family	16,890,714	$ 5,461,612,371.90	$ 13,850,385.48	17,169,892	$ 5,551,884,578.20	$ 14,079,311.44	17,069,073	$ 5,519,284,754.55	$ 13,996,639.86	16,542,672	$ 5,349,072,991.20	$ 13,564,991.04	**$ 21,937,346,023.67**
Foster Youth	274,008	$ 92,551,682.16	$ 221,946.48	276,019	$ 93,230,937.63	$ 223,575.39	275,186	$ 92,949,575.22	$ 222,900.66	273,086	$ 92,240,258.22	$ 221,199.66	**$ 371,862,075.42**
MCHIP	3,738,800	$ 961,095,928.00	$ 2,131,116.00	3,770,119	$ 969,146,790.14	$ 2,148,967.83	3,742,003	$ 961,919,291.18	$ 2,132,941.71	3,691,805	$ 949,015,393.30	$ 2,104,328.85	**$ 3,849,694,757.01**
SPD	2,501,919	$ 3,759,583,642.92	$ 11,333,693.07	2,547,141	$ 3,827,537,837.88	$ 11,538,548.73	2,538,769	$ 3,814,957,400.92	$ 11,500,623.57	2,500,270	$ 3,757,105,723.60	$ 11,326,223.10	**$ 15,204,883,693.79**
SPD Dual	4,129,274	$ 3,167,937,720.06	$ 6,648,131.14	4,459,827	$ 3,421,534,676.13	$ 7,180,321.47	4,477,473	$ 3,435,072,510.87	$ 7,208,731.53	4,426,077	$ 3,395,642,013.63	$ 7,125,983.97	**$ 13,448,350,088.80**
Total	**41,194,265**	**$ 21,735,630,745.54**	**$ 58,635,866.67**	**42,302,083**	**$ 22,410,888,114.33**	**$ 60,372,287.01**	**42,116,553**	**$ 22,332,252,821.13**	**$ 60,146,985.04**	**40,909,273**	**$ 21,724,104,010.88**	**$ 58,463,626.39**	**$ 88,440,494,456.99**

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 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	Total PMPM Projected Service Costs (Column H-G)
Adult Expansion	55,755,793	$ 664.43	$ -	$ -	$ 1.89	$ 666.32	$ 664.43
CCI Dual (non-CMC)	-	$ 578.26	$ -	$ -	$ -	$ 578.26	$ 578.26
CMC	-	$ 325.08	$ -	$ -	$ -	$ 325.08	$ 325.08
Family	68,242,553	$ 367.38	$ -	$ -	$ 0.86	$ 368.24	$ 367.38
Foster Youth	1,119,219	$ 624.05	$ -	$ -	$ 0.85	$ 624.90	$ 624.05
MCHIP	14,247,909	$ 315.49	$ -	$ -	$ 0.60	$ 316.09	$ 315.49
SPD	10,034,815	$ 1,734.47	$ -	$ -	$ 4.77	$ 1,739.24	$ 1,734.47
SPD Dual	17,980,118	$ 869.83	$ -	$ -	$ 1.70	$ 871.53	$ 869.83
Total	**167,380,407**						
P3 Weighted Average PMPM Casemix for P3 (P3 MMs)		**$ 598.54**	**$ -**	**$ -**	**$ 1.50**	**$ 600.04**	

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	13,806,270	$ 9,173,299,976.10	$ 26,093,850.30	13,942,960	$ 9,264,120,912.80	$ 26,352,194.40	13,951,919	$ 9,270,073,541.17	$ 26,369,126.91	14,054,644	$ 9,338,327,112.92	$ 26,563,277.16	$ 37,151,199,991.76
CCI Dual (non-CMC)	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	$ -
CMC	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	$ -
Family	17,191,600	$ 6,315,850,008.00	$ 14,784,776.00	17,243,814	$ 6,335,032,387.32	$ 14,829,680.04	16,990,999	$ 6,242,153,212.62	$ 14,612,259.14	16,816,140	$ 6,177,913,513.20	$ 14,461,880.40	$ 25,129,637,716.72
Foster Youth	281,322	$ 175,558,994.10	$ 239,123.70	281,453	$ 175,640,744.65	$ 239,235.05	279,521	$ 174,435,080.05	$ 237,592.85	276,923	$ 172,813,798.15	$ 235,384.55	$ 699,399,953.10
MCHIP	3,611,324	$ 1,139,336,608.76	$ 2,166,794.40	3,566,869	$ 1,125,311,500.81	$ 2,140,121.40	3,544,148	$ 1,118,143,252.52	$ 2,126,488.80	3,525,568	$ 1,112,281,448.32	$ 2,115,340.80	$ 4,503,621,555.81
SPD	2,509,407	$ 4,352,491,159.29	$ 11,969,871.39	2,498,780	$ 4,334,058,946.60	$ 11,919,180.60	2,506,297	$ 4,347,096,957.59	$ 11,955,036.69	2,520,331	$ 4,371,438,509.57	$ 12,021,978.87	$ 17,452,951,640.60
SPD Dual	4,443,136	$ 3,864,772,986.88	$ 7,553,331.20	4,467,203	$ 3,885,707,185.49	$ 7,594,245.10	4,506,284	$ 3,919,701,011.72	$ 7,660,682.80	4,563,495	$ 3,969,464,855.85	$ 7,757,941.50	$ 15,670,212,240.54
Total	**41,843,059**	**$ 25,021,309,733.13**	**$ 62,807,746.99**	**42,001,079**	**$ 25,119,871,677.67**	**$ 63,074,656.59**	**41,779,168**	**$ 25,071,603,055.67**	**$ 62,961,187.19**	**41,757,101**	**$ 25,142,239,238.01**	**$ 63,155,803.28**	**$ 100,607,023,098.53**

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	50,770,520	$ 704.18	$ -	$ -	$ 1.99	$ 706.17	$ 704.18
CCI Dual (non-CMC)	-	$ -	$ -	$ -	$ -	$ -	$ -
CMC	-	$ -	$ -	$ -	$ -	$ -	$ -
Family	62,214,701	$ 375.43	$ -	$ -	$ 0.91	$ 376.34	$ 375.43
Foster Youth	1,009,855	$ 1,274.22	$ -	$ -	$ 0.90	$ 1,275.12	$ 1,274.22
MCHIP	13,738,941	$ 334.78	$ -	$ -	$ 0.63	$ 335.41	$ 334.78
SPD	9,275,154	$ 2,162.84	$ -	$ -	$ 5.03	$ 2,167.87	$ 2,162.84
SPD Dual	16,081,019	$ 996.88	$ -	$ -	$ 1.79	$ 998.67	$ 996.88
Total	**153,090,190**						
P4 Weighted Average PMPM Casemix for P4 (P4 MMs)		**$ 660.31**	**$ -**	**$ -**	**$ 1.59**	**$ 661.89**	

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	12,690,742	$ 8,936,566,701.56	$ 25,254,576.58	12,737,965	$ 8,969,820,193.70	$ 25,348,550.35	12,734,978	$ 8,967,716,808.04	$ 25,342,606.22	12,606,835	$ 8,877,481,070.30	$ 25,087,601.65	$ 35,852,618,108.40
CCI Dual (non-CMC)	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	$ -
CMC	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	$ -
Family	15,692,734	$ 5,891,523,125.62	$ 14,280,387.94	15,534,353	$ 5,832,062,146.79	$ 14,136,261.23	15,511,167	$ 5,823,357,426.81	$ 14,115,161.97	15,476,447	$ 5,810,322,497.21	$ 14,083,566.77	$ 23,413,880,574.34
Foster Youth	254,574	$ 324,383,282.28	$ 229,116.60	249,726	$ 318,205,863.72	$ 224,753.40	250,070	$ 318,644,195.40	$ 225,063.00	255,485	$ 325,544,096.70	$ 229,936.50	$ 1,287,686,307.60
MCHIP	3,473,624	$ 1,162,899,842.72	$ 2,188,383.12	3,410,992	$ 1,141,931,901.76	$ 2,148,924.96	3,400,468	$ 1,138,408,677.04	$ 2,142,294.84	3,453,857	$ 1,156,282,246.46	$ 2,175,929.91	$ 4,608,178,200.81
SPD	2,324,470	$ 5,027,456,694.80	$ 11,692,084.10	2,304,510	$ 4,984,286,408.40	$ 11,591,685.30	2,307,054	$ 4,989,788,673.36	$ 11,604,481.62	2,339,120	$ 5,059,142,300.80	$ 11,765,773.60	$ 20,107,328,101.98
SPD Dual	3,836,404	$ 3,824,434,419.52	$ 6,867,163.16	4,035,001	$ 4,022,411,796.88	$ 7,222,651.79	4,068,811	$ 4,056,116,309.68	$ 7,283,171.69	4,140,803	$ 4,127,883,694.64	$ 7,412,037.37	$ 16,059,631,244.73
Total	**38,272,548**	**$ 25,167,264,066.50**	**$ 60,511,711.50**	**38,272,547**	**$ 25,268,718,311.25**	**$ 60,672,827.03**	**38,272,548**	**$ 25,294,032,090.33**	**$ 60,712,779.34**	**38,272,547**	**$ 25,356,655,906.11**	**$ 60,754,845.80**	**$ 101,329,322,537.86**

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	50,427,340	$ 745.73	$ -	$ -	$ 2.10	$ 747.83	$ 745.73
CCI Dual (non-CMC)	-	$ -	$ -	$ -	$ -	$ -	$ -
CMC	-	$ -	$ -	$ -	$ -	$ -	$ -
Family	61,905,788	$ 396.59	$ -	$ -	$ 0.96	$ 397.55	$ 396.59
Foster Youth	1,021,940	$ 1,503.91	$ -	$ -	$ 0.95	$ 1,504.86	$ 1,503.91
MCHIP	13,815,428	$ 359.45	$ -	$ -	$ 0.66	$ 360.11	$ 359.45
SPD	9,356,480	$ 2,364.72	$ -	$ -	$ 5.30	$ 2,370.02	$ 2,364.72
SPD Dual	16,563,212	$ 1,073.99	$ -	$ -	$ 1.89	$ 1,075.88	$ 1,073.99
Total	**153,090,188**						
P5 Weighted Average PMPM Casemix for P5 (P5 MMs)		**$ 706.75**	**$ -**	**$ -**	**$ 1.67**	**$ 708.42**	

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	12,606,835	$ 9,401,295,064.55	$ 26,474,353.50	12,606,835	$ 9,401,295,064.55	$ 26,474,353.50	12,606,835	$ 9,401,295,064.55	$ 26,474,353.50	12,606,835	$ 9,401,295,064.55	$ 26,474,353.50	$ 37,711,077,672.20
CCI Dual (non-CMC)	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	$ -
CMC	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	-	$ -	$ -	$ -
Family	15,476,447	$ 6,137,804,115.73	$ 14,857,389.12	15,476,447	$ 6,137,804,115.73	$ 14,857,389.12	15,476,447	$ 6,137,804,115.73	$ 14,857,389.12	15,476,447	$ 6,137,804,115.73	$ 14,857,389.12	$ 24,610,646,019.40
Foster Youth	255,485	$ 384,226,446.35	$ 242,710.75	255,485	$ 384,226,446.35	$ 242,710.75	255,485	$ 384,226,446.35	$ 242,710.75	255,485	$ 384,226,446.35	$ 242,710.75	$ 1,537,876,628.40
MCHIP	3,453,857	$ 1,241,488,898.65	$ 2,279,545.62	3,453,857	$ 1,241,488,898.65	$ 2,279,545.62	3,453,857	$ 1,241,488,898.65	$ 2,279,545.62	3,453,857	$ 1,241,488,898.65	$ 2,279,545.62	$ 4,975,073,777.08
SPD	2,339,120	$ 5,531,363,846.40	$ 12,397,336.00	2,339,120	$ 5,531,363,846.40	$ 12,397,336.00	2,339,120	$ 5,531,363,846.40	$ 12,397,336.00	2,339,120	$ 5,531,363,846.40	$ 12,397,336.00	$ 22,175,044,729.60
SPD Dual	4,140,803	$ 4,447,181,013.97	$ 7,826,117.67	4,140,803	$ 4,447,181,013.97	$ 7,826,117.67	4,140,803	$ 4,447,181,013.97	$ 7,826,117.67	4,140,803	$ 4,447,181,013.97	$ 7,826,117.67	$ 17,820,028,526.56
Total	**38,272,547**	**$ 27,143,359,385.65**	**$ 64,077,452.66**	**38,272,547**	**$ 27,143,359,385.65**	**$ 64,077,452.66**	**38,272,547**	**$ 27,143,359,385.65**	**$ 64,077,452.66**	**38,272,547**	**$ 27,143,359,385.65**	**$ 64,077,452.66**	**$ 108,829,747,353.24**

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	$ 4,914,898,705.15	$ 4,914,898,705.15	$ 4,914,898,705.15	$ 4,914,898,705.15
	CCI Dual (non-CMC)	$ 992,615,672.56	$ 992,615,672.56	$ 992,615,672.56	$ 992,615,672.56
	CMC	$ 106,995,774.69	$ 106,995,774.69	$ 106,995,774.69	$ 106,995,774.69
	Family	$ 3,582,843,563.14	$ 3,582,843,563.14	$ 3,582,843,563.14	$ 3,582,843,563.14
	Foster Youth	$ 66,975,456.24	$ 66,975,456.24	$ 66,975,456.24	$ 66,975,456.24
	MCHIP	$ 693,673,371.00	$ 693,673,371.00	$ 693,673,371.00	$ 693,673,371.00
	SPD	$ 2,997,234,585.84	$ 2,997,234,585.84	$ 2,997,234,585.84	$ 2,997,234,585.84
	SPD Dual	$ 384,920,401.10	$ 384,920,401.10	$ 384,920,401.10	$ 384,920,401.10
		$ 13,740,157,529.72	**$ 13,740,157,529.72**	**$ 13,740,157,529.72**	**$ 13,740,157,529.72**

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	$ 8,292,849,400.50	$ 8,547,553,294.35	$ 8,508,069,288.39	$ 8,181,027,630.93
	CCI Dual (non-CMC)	$ -	$ -	$ -	$ -
	CMC	$ -	$ -	$ -	$ -
	Family	$ 5,461,612,371.90	$ 5,551,884,578.20	$ 5,519,284,754.55	$ 5,349,072,991.20
	Foster Youth	$ 92,551,682.16	$ 93,230,937.63	$ 92,949,575.22	$ 92,240,258.22
	MCHIP	$ 961,095,928.00	$ 969,146,790.14	$ 961,919,291.18	$ 949,015,393.30
	SPD	$ 3,759,583,642.92	$ 3,827,537,837.88	$ 3,814,957,400.92	$ 3,757,105,723.60
	SPD Dual	$ 3,167,937,720.06	$ 3,421,534,676.13	$ 3,435,072,510.87	$ 3,395,642,013.63
		$ 21,735,630,745.54	**$ 22,410,888,114.33**	**$ 22,332,252,821.13**	**$ 21,724,104,010.88**

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	$ 9,173,299,976.10	$ 9,264,120,912.80	$ 9,270,073,541.17	$ 9,338,327,112.92
	CCI Dual (non-CMC)	$ -	$ -	$ -	$ -
	CMC	$ -	$ -	$ -	$ -
	Family	$ 6,315,850,008.00	$ 6,335,032,387.32	$ 6,242,153,212.62	$ 6,177,913,513.20
	Foster Youth	$ 175,558,994.10	$ 175,640,744.65	$ 174,435,080.05	$ 172,813,798.15
	MCHIP	$ 1,139,336,608.76	$ 1,125,311,500.81	$ 1,118,143,252.52	$ 1,112,281,448.32
	SPD	$ 4,352,491,159.29	$ 4,334,058,946.60	$ 4,347,096,957.59	$ 4,371,438,509.57
	SPD Dual	$ 3,864,772,986.88	$ 3,885,707,185.49	$ 3,919,701,011.72	$ 3,969,464,855.85
		$ 25,021,309,733.13	**$ 25,119,871,677.67**	**$ 25,071,603,055.67**	**$ 25,142,239,238.01**

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	$ 8,936,566,701.56	$ 8,969,820,193.70	$ 8,967,716,808.04	$ 8,877,481,070.30
	CCI Dual (non-CMC)	$ -	$ -	$ -	$ -
	CMC	$ -	$ -	$ -	$ -
	Family	$ 5,891,523,125.62	$ 5,832,062,146.79	$ 5,823,357,426.81	$ 5,810,322,497.21
	Foster Youth	$ 324,383,282.28	$ 318,205,863.72	$ 318,644,195.40	$ 325,544,096.70
	MCHIP	$ 1,162,899,842.72	$ 1,141,931,901.76	$ 1,138,408,677.04	$ 1,156,282,246.46
	SPD	$ 5,027,456,694.80	$ 4,984,286,408.40	$ 4,989,788,673.36	$ 5,059,142,300.80
	SPD Dual	$ 3,824,434,419.52	$ 4,022,411,796.88	$ 4,056,116,309.68	$ 4,127,883,694.64
		$ 25,167,264,066.50	**$ 25,268,718,311.25**	**$ 25,294,032,090.33**	**$ 25,356,655,906.11**

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	$ 9,401,295,064.55	$ 9,401,295,064.55	$ 9,401,295,064.55	$ 9,401,295,064.55
	CCI Dual (non-CMC)	$ -	$ -	$ -	$ -
	CMC	$ -	$ -	$ -	$ -
	Family	$ 6,137,804,115.73	$ 6,137,804,115.73	$ 6,137,804,115.73	$ 6,137,804,115.73
	Foster Youth	$ 384,226,446.35	$ 384,226,446.35	$ 384,226,446.35	$ 384,226,446.35
	MCHIP	$ 1,241,488,898.65	$ 1,241,488,898.65	$ 1,241,488,898.65	$ 1,241,488,898.65
	SPD	$ 5,531,363,846.40	$ 5,531,363,846.40	$ 5,531,363,846.40	$ 5,531,363,846.40
	SPD Dual	$ 4,447,181,013.97	$ 4,447,181,013.97	$ 4,447,181,013.97	$ 4,447,181,013.97
		$ 27,143,359,385.65	**$ 27,143,359,385.65**	**$ 27,143,359,385.65**	**$ 27,143,359,385.65**

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	$ 607.11
	CCI Dual (non-CMC)	$ 578.26
	CMC	$ 325.08
	Family	$ 323.35
	Foster Youth	$ 337.77
	MCHIP	$ 257.06
	SPD	$ 1,502.68
	SPD Dual	$ 767.19
	All MEGS	$ 1.43

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!

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	$ 664.43
	CCI Dual (non-CMC)	$ 578.26
	CMC	$ 325.08
	Family	$ 367.38
	Foster Youth	$ 624.05
	MCHIP	$ 315.49
	SPD	$ 1,734.47
	SPD Dual	$ 869.83
	All MEGS	$ 1.50

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			RO Completion Section - Forng monitoring			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring		
		Q9 Quarterly Actual Costs			Q10 Quarterly Actual Costs			Q11 Quarterly Actual Costs			Q12 Quarterly Actual Costs		
		Member Months Actuals 45382	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals 45473	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals 45565	Actual Aggregate Waiver Form Costs	Actual PMPM 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	$ 704.18
	CCI Dual (non-CMC)	$ -
	CMC	$ -
	Family	$ 375.43
	Foster Youth	$ 1,274.22
	MCHIP	$ 334.78
	SPD	$ 2,162.84
	SPD Dual	$ 996.88
	All MEGS	$ 1.59

Projected Year 4

Waiver Form	Medicaid Eligibility Group (MEG)	RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring		
		Q13 Quarterly Actual Costs			Q14 Quarterly Actual Costs			Q15 Quarterly Actual Costs			Q16 Quarterly Actual Costs		
		Member Months Actuals 45747	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals 45838	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals 45930	Actual Aggregate Waiver Form Costs	Actual PMPM 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	$ 745.73
	CCI Dual (non-CMC)	$ -
	CMC	$ -
	Family	$ 396.59
	Foster Youth	$ 1,503.91
	MCHIP	$ 359.45
	SPD	$ 2,364.72
	SPD Dual	$ 1,073.99
	All MEGS	$ 1.67

Projected Year 5

Waiver Form	Medicaid Eligibility Group (MEG)	RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring		
		Q17 Quarterly Actual Costs			Q18 Quarterly Actual Costs			Q19 Quarterly Actual Costs			Q20 Quarterly Actual Costs		
		Member Months Actuals 46112	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals 46203	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals 46295	Actual Aggregate Waiver Form Costs	Actual PMPM 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!
	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!

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
$ -	$ -	$ -	$ -	$ -
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
$ -	$ -	$ -	$ -	$ -
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	$ 265.49	**22.84%**
Foster Youth	994,882	$ 269.28	$ -	$ -	$ 0.77	$ 270.05	**28.08%**
MCHIP	14,869,740	$ 186.60	$ -	$ -	$ 0.54	$ 187.14	**26.94%**
SPD	9,108,336	$ 1,316.26	$ -	$ -	$ 4.30	$ 1,320.56	**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**	**$ 432.43**	**17.30%**
P1 Weighted Average PMPM Casemix for P1 (P1 MMs)		**$ 431.10**	**$ -**	**$ -**	**$ 1.34**	**$ 432.43**	**17.30%**
Total Projected Waiver Expenditures P1(P1 MMs)						**$55,131,071,353**	

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	55,228,047	$ 607.11	$ -	$ -	$ 1.79	$ 608.90	**13.55%**
CCI Dual (non-CMC)	-	$ 578.26	$ -	$ -	$ -	$ 578.26	**-0.30%**
CMC	-	$ 325.08	$ -	$ -	$ -	$ 325.08	**-0.30%**
Family	67,672,351	$ 323.35	$ -	$ -	$ 0.82	$ 324.17	**22.10%**
Foster Youth	1,098,299	$ 337.77	$ -	$ -	$ 0.81	$ 338.58	**25.38%**
MCHIP	14,942,727	$ 257.06	$ -	$ -	$ 0.57	$ 257.63	**37.67%**
SPD	10,088,099	$ 1,502.68	$ -	$ -	$ 4.53	$ 1,507.21	**14.13%**
SPD Dual	17,492,651	$ 767.19	$ -	$ -	$ 1.61	$ 768.80	**70.04%**
Total	**166,522,174**						
P2 Weighted Average PMPM Casemix for P1 (P1 MMs)		**$ 507.48**	**$ -**	**$ -**	**$ 1.30**	**$ 508.79**	**17.66%**
P2 Weighted Average PMPM Casemix for P2 (P2 MMs)		**$ 529.68**	**$ -**	**$ -**	**$ 1.43**	**$ 531.10**	**22.82%**
Total Projected Waiver Expenditures P2 (P2 MMs)						**$88,440,494,457**	

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	55,755,793	$ 664.43	$ -	$ -	$ 1.89	$ 666.32	**9.43%**
CCI Dual (non-CMC)	-	$ 578.26	$ -	$ -	$ -	$ 578.26	**0.00%**
CMC	-	$ 325.08	$ -	$ -	$ -	$ 325.08	**0.00%**
Family	68,242,553	$ 367.38	$ -	$ -	$ 0.86	$ 368.24	**13.59%**
Foster Youth	1,119,219	$ 624.05	$ -	$ -	$ 0.85	$ 624.90	**84.56%**
MCHIP	14,247,909	$ 315.49	$ -	$ -	$ 0.60	$ 316.09	**22.69%**
SPD	10,034,815	$ 1,734.47	$ -	$ -	$ 4.77	$ 1,739.24	**15.39%**
SPD Dual	17,980,118	$ 869.83	$ -	$ -	$ 1.70	$ 871.53	**13.36%**
Total	**167,380,407**						
P3 Weighted Average PMPM Casemix for P2 (P2 MMs)		**$ 598.54**	**$ -**	**$ -**	**$ 1.50**	**$ 600.04**	**12.98%**
P3 Weighted Average PMPM Casemix for P3 (P3 MMs)		**$ 599.56**	**$ -**	**$ -**	**$ 1.51**	**$ 601.07**	**13.17%**
Total Projected Waiver Expenditures P3 (P3 MMs)						**$100,607,023,099**	

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	50,770,520	$ 704.18	$ -	$ -	$ 1.99	$ 706.17	**5.98%**
CCI Dual (non-CMC)	-	$ -	$ -	$ -	$ -	$ -	**-100.00%**
CMC	-	$ -	$ -	$ -	$ -	$ -	**-100.00%**
Family	62,214,701	$ 375.43	$ -	$ -	$ 0.91	$ 376.34	**2.20%**
Foster Youth	1,009,855	$ 1,274.22	$ -	$ -	$ 0.90	$ 1,275.12	**104.05%**
MCHIP	13,738,941	$ 334.78	$ -	$ -	$ 0.63	$ 335.41	**6.11%**
SPD	9,275,154	$ 2,162.84	$ -	$ -	$ 5.03	$ 2,167.87	**24.64%**
SPD Dual	16,081,019	$ 996.88	$ -	$ -	$ 1.79	$ 998.67	**14.59%**
Total	**153,090,190**						
P4 Weighted Average PMPM Casemix for P3 (P3 MMs)		**$ 661.40**	**$ -**	**$ -**	**$ 1.59**	**$ 662.99**	**10.30%**
P4 Weighted Average PMPM Casemix for P4 (P4 MMs)		**$ 660.31**	**$ -**	**$ -**	**$ 1.59**	**$ 661.89**	**10.12%**
Total Projected Waiver Expenditures P4 (P4 MMs)						**$101,329,322,538**	

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	50,427,340	$ 745.73	$ -	$ -	$ 2.10	$ 747.83	**5.90%**
CCI Dual (non-CMC)	-	$ -	$ -	$ -	$ -	$ -	**0.00%**
CMC	-	$ -	$ -	$ -	$ -	$ -	**0.00%**
Family	61,905,788	$ 396.59	$ -	$ -	$ 0.96	$ 397.55	**5.64%**
Foster Youth	1,021,940	$ 1,503.91	$ -	$ -	$ 0.95	$ 1,504.86	**18.02%**
MCHIP	13,815,428	$ 359.45	$ -	$ -	$ 0.66	$ 360.11	**7.36%**
SPD	9,356,480	$ 2,364.72	$ -	$ -	$ 5.30	$ 2,370.02	**9.32%**
SPD Dual	16,563,212	$ 1,073.99	$ -	$ -	$ 1.89	$ 1,075.88	**7.73%**
Total	**153,090,188**						
P5 Weighted Average PMPM Casemix for P4 (P4 MMs)		**$ 706.75**	**$ -**	**$ -**	**$ 1.67**	**$ 708.42**	**7.03%**
P5 Weighted Average PMPM Casemix for P5 (P5 MMs)		**$ 709.21**	**$ -**	**$ -**	**$ 1.67**	**$ 710.89**	**7.40%**
Total Projected Waiver Expenditures P5 (P5 MMs)						**$108,829,747,353**	

Medicaid Eligibility Group (MEG)	Projected Year 1 and 2 Member Months (P1 +P2)	Projected Year 1 - 5 Member Months (SUM of P1:P5)	verall 1 to P2 Change monthly)	Overall R1 to P5 Change (monthly)	Overall R1 to P2 Change (annualized)	Overall R1 to P5 Change (annualized)
Adult Expansion	92,007,952	248,961,605	**-0.14%**	**0.1%**	**-1.7%**	**0.6%**
CCI Dual (non-CMC)	6,866,224	6,866,224	**-0.10%**	**-100.0%**	**-1.1%**	**-100.0%**
CMC	1,316,547	1,316,547	**-0.09%**	**-100.0%**	**-1.1%**	**-100.0%**
Family	121,812,256	314,175,298	**-0.21%**	**0.1%**	**-2.5%**	**0.8%**
Foster Youth	2,093,181	5,244,195	**-0.25%**	**0.2%**	**-3.0%**	**2.6%**
MCHIP	29,812,467	71,614,745	**-0.29%**	**0.1%**	**-3.5%**	**1.2%**
SPD	19,196,435	47,862,884				
SPD Dual	20,907,715	71,532,064	**-0.41%**	**0.1%**	**-4.8%**	**1.5%**
Total	**294,012,777**	**767,573,562**				
P2 Weighted Average PMPM Casemix for R1 (R1 MMs)			**0.17%**	**0.1%**	**-2.0%**	**0.7%**
P2 Weighted Average PMPM Casemix for P2 (P2 MMs)			**-0.19%**	**0.1%**	**-2.3%**	**0.9%**
Total Projected Waiver Expenditures P2 + P1 (Casemix for P1 and P2)			**$143,571,565,810**			
Total Projected Waiver Expenditures P1:P5 (Casemix for P1 through P5)			**$454,337,658,800**			

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%

Row # / Column Letter

Renewal Waiver

Estimated Member Month Calculations

State: **California**

5	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		
6	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		
7	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

Row	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		
	8/30/19	6/30/					19	1/1/22	4/2/22	7/2/22	10/2/22	(P1)	1/1/23	4/1/23		7/1/23	10/1/23	(P2)
10	SPD - Duals					17,026,788	17,026,788	4,852,635	4,852,635	4,852,635	4,852,635	19,410,538	5,046,740	5,046,740		5,046,740	5,046,740	20,186,960
11	SPD					10,544,648	10,544,648	3,005,225	3,005,225	3,005,225	3,005,225	12,020,899	3,125,434	3,125,434		3,125,434	3,125,434	12,501,735
12	Family					59,783,518	59,783,518	17,038,303	17,038,303	17,038,303	17,038,303	68,153,211	17,719,835	17,719,835		17,719,835	17,719,835	70,879,339
13	Foster Care					1,095,957	1,095,957	312,348	312,348	312,348	312,348	1,249,391	324,842	324,842		324,842	324,842	1,299,367
14	MCHP					15,706,224	15,706,224	4,476,274	4,476,274	4,476,274	4,476,274	17,905,095	4,655,325	4,655,325		4,655,325	4,655,325	18,621,299
15	Medicaid Expansion					40,565,478	40,565,478	11,561,161	11,561,161	11,561,161	11,561,161	46,244,645	12,023,608	12,023,608		12,023,608	12,023,608	48,094,431
16	Other					11,687,700	11,687,700	3,330,995	3,330,995	3,330,995	3,330,995	13,323,978	3,464,234	3,464,234		3,464,234	3,464,234	13,856,937
17	**Total Member Months**					**156,410,313**	**156,410,313**	**44,576,939**	**44,576,939**	**44,576,939**	**44,576,939**	**178,307,757**	**46,360,017**	**46,360,017**		**46,360,017**	**46,360,017**	**185,440,067**
18	**Quarterly % Increase**								**0.0%**	**0.0%**	**0.0%**		**4.0%**	**0.0%**		**0.0%**	**0.0%**	

NUMBER OF DAYS OF DATA

364.00	
ap (end of R2 to P1)	-916.00
	364.00
	364.00
	365.00
	364.00
	364.00
OTAL R2 to P2	176.00
(Days-365)	-189
TOTAL R2 to P1	-188
Days-364)	-553
OTAL R2 to P3	541.00
Days-365)	176
OTAL R2 to P4	905
Days-364)	540
OTAL 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.

	Total Projected 2 Year	Total Projected 5 Year
SPD - Duals	39,597,498	97,130,334
SPD	24,522,633	60,152,577
Family	139,032,549	341,038,665
Foster Care	2,548,758	6,251,952
MCHP	36,526,395	89,597,097
Medicaid Expansion	94,339,076	231,408,203
Other	27,180,915	66,673,186
	363,747,824	**892,252,015**

Row	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
37		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)
38	SPD - Duals	4,794,403	4,794,403	4,794,403	4,794,403	19,177,612	4,794,403	4,794,403	4,794,403	4,794,403	19,177,612	4,794,403	4,794,403	4,794,403	4,794,403	19,177,612
39	SPD	2,969,162	2,969,162	2,969,162	2,969,162	11,876,648	2,969,162	2,969,162	2,969,162	2,969,162	11,876,648	2,969,162	2,969,162	2,969,162	2,969,162	11,876,648
40	Family	16,833,843	16,833,843	16,833,843	16,833,843	67,335,372	16,833,843	16,833,843	16,833,843	16,833,843	67,335,372	16,833,843	16,833,843	16,833,843	16,833,843	67,335,372
41	Foster Care	308,600	308,600	308,600	308,600	1,234,398	308,600	308,600	308,600	308,600	1,234,398	308,600	308,600	308,600	308,600	1,234,398
42	MCHP	4,422,559	4,422,559	4,422,559	4,422,559	17,690,234	4,422,559	4,422,559	4,422,559	4,422,559	17,690,234	4,422,559	4,422,559	4,422,559	4,422,559	17,690,234
43	Medicaid Expansion	11,422,427	11,422,427	11,422,427	11,422,427	45,689,709	11,422,427	11,422,427	11,422,427	11,422,427	45,689,709	11,422,427	11,422,427	11,422,427	11,422,427	45,689,709
44	Other	3,291,023	3,291,023	3,291,023	3,291,023	13,164,090	3,291,023	3,291,023	3,291,023	3,291,023	13,164,090	3,291,023	3,291,023	3,291,023	3,291,023	13,164,090
45	**Total Member Months**	**44,042,016**	**44,042,016**	**44,042,016**	**44,042,016**	**176,168,064**	**44,042,016**	**44,042,016**	**44,042,016**	**44,042,016**	**176,168,064**	**44,042,016**	**44,042,016**	**44,042,016**	**44,042,016**	**176,168,064**
46	**Quarterly % Increase**		**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%	3.81%	see below*	see below*	see below*	see below*	3.86%	2.68%
% Increase	0.00%	14.00%	4.00%	-5.00%	0.00%	0.00%	18.56%	12.63%

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

Appendix D2.S Services in Waiver Cost

Row # / Column Letter: B, C, D, E, F, G, H, I

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

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

State Completion Sections

Row # / Column Letter

B C D E F

2 **Administration in Actual Waiver Cost (Comprehensive and Expedited)**

3 State: California

4 **Renewal Waiver**

5 **Instructions:** Modify columns as applicable to the waiver entity type and structure to note administration in different MEGs, etc.

6

Row	CMS 64.10 line Item	CMS 64.10 Explanation	Contract	Match Rate	BY Expenses
7					
8	1	FAMILY PLANNING		90% FFP	
9	2	DESIGN DEVELOPMENT OR INSTALLATION OF MMIS*		90% FFP	
10	A.	COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER STATE AGENCIES AND INSTITUTIONS		90% FFP	
11	B.	COST OF PRIVATE SECTOR CONTRACTORS		90% FFP	
12	C.	DRUG CLAIMS SYSTEM		90% FFP	
13	3	SKILLED PROFESSIONAL MEDICAL PERSONNEL		75% FFP	$ 384,474,506
14	4	OPERATION OF AN APPROVED MMIS*:		75% FFP	
15	A.	COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER STATE AGENCIES AND INSTITUTIONS		75% FFP	
16	B.	COST OF PRIVATE SECTOR CONTRACTORS		75% FFP	
17	5	MECHANIZED SYSTEMS, NOT APPROVED UNDER MMIS PROCEDURES:		50% FFP	
18	A.	COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER STATE AGENCIES AND INSTITUTIONS		50% FFP	
19	B.	COST OF PRIVATE SECTOR CONTRACTORS		50% FFP	
20	6	PEER REVIEW ORGANIZATIONS (PRO)		75% FFP	
21	7. A.	THIRD PARTY LIABILITY RECOVERY PROCEDURE - BILLING OFFSET		50% FFP	
22	B.	ASSIGNMENT OF RIGHTS - BILLING OFFSET		50% FFP	
23	8	IMMIGRATION STATUS VERIFICATION SYSTEM COSTS		100% FFP	
24	9	NURSE AIDE TRAINING COSTS		50% FFP	
25	10	PREADMISSION SCREENING COSTS		75% FFP	
26	11	RESIDENT REVIEW ACTIVITIES COSTS		75% FFP	
27	12	DRUG USE REVIEW PROGRAM		75% FFP	
28	13	OUTSTATIONED ELIGIBILITY WORKERS		50% FFP	
29	14.	TANF BASE		90% FFP	
30	15.	TANF SECONDARY 90%		90% FFP	
31	16.	TANF SECONDARY 75%		75% FFP	
32	17.	EXTERNAL REVIEW		50% FFP	$ 5,494,507
33	18.	ENROLLMENT BROKERS		50% FFP	
34	19.	OTHER FINANCIAL PARTICIPATION		50% FFP	$ 43,073,024
35	20	Total			**$ 433,042,037**

36

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

38 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).

39 State Completion Sections

Appendix D3. Actual Waiver Cost

Row # / Column Letter: 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

Row	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)
13	SPD - Duals	17,026,788		$ 405,011,367	$ 405,011,367			$ 42,448,465	**$ 447,459,832**	$ 23.79	$ -	$ -	$ 2.49	**$ 26.28**
14	SPD	10,544,648		$ 1,034,402,640	$ 1,034,402,640			$ 108,413,758	**$ 1,142,816,398**	$ 98.10	$ -	$ -	$ 10.28	**$ 108.38**
15	Family	59,783,518		$ 1,075,077,961	$ 1,075,077,961			$ 112,676,860	**$ 1,187,754,821**	$ 17.98	$ -	$ -	$ 1.88	**$ 19.87**
16	Foster Care	1,095,957		$ 399,885,987	$ 399,885,987			$ 41,911,284	**$ 441,797,271**	$ 364.87	$ -	$ -	$ 38.24	**$ 403.12**
17	MCHIP	15,706,224		$ 390,708,498	$ 390,708,498			$ 40,949,409	**$ 431,657,907**	$ 24.88	$ -	$ -	$ 2.61	**$ 27.48**
18	Medicaid Expansion	40,565,478		$ 31,212,100	$ 31,212,100			$ 3,271,280	**$ 34,483,381**	$ 0.77	$ -	$ -	$ 0.08	**$ 0.85**
19	Other	11,687,700		$ 795,463,271	$ 795,463,271			$ 83,370,981	**$ 878,834,251**	$ 68.06	$ -	$ -	$ 7.13	**$ 75.19**
20	**Total**	**156,410,313**	**$ -**	**$ 4,131,761,824**	**$ 4,131,761,824**	**$ -**	**$ -**	**$ 433,042,037**	**$ 4,564,803,861**					
21	**R1 Overall PMPM Casemix for R1 (R1 MMs)**									**$ 26.42**	**$ -**	**$ -**	**$ 2.77**	**$ 29.18**

Row	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)osts: 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)
29	SPD - Duals	17,026,788		$ 405,011,367	$ 405,011,367			$ 42,448,465	**$ 447,459,832**	$ 23.79	$ -	$ -	$ 2.49	**$ 26.28**
30	SPD	10,544,648		$ 1,034,402,640	$ 1,034,402,640			$ 108,413,758	**$ 1,142,816,398**	$ 98.10	$ -	$ -	$ 10.28	**$ 108.38**
31	Family	59,783,518		$ 1,075,077,961	$ 1,075,077,961			$ 112,676,860	**$ 1,187,754,821**	$ 17.98	$ -	$ -	$ 1.88	**$ 19.87**
32	Foster Care	1,095,957		$ 399,885,987	$ 399,885,987			$ 41,911,284	**$ 441,797,271**	$ 364.87	$ -	$ -	$ 38.24	**$ 403.12**
33	MCHIP	15,706,224		$ 390,708,498	$ 390,708,498			$ 40,949,409	**$ 431,657,907**	$ 24.88	$ -	$ -	$ 2.61	**$ 27.48**
34	Medicaid Expansion	40,565,478		$ 31,212,100	$ 31,212,100			$ 3,271,280	**$ 34,483,381**	$ 0.77	$ -	$ -	$ 0.08	**$ 0.85**
35	Other	11,687,700		$ 795,463,271	$ 795,463,271			$ 83,370,981	**$ 878,834,251**	$ 68.06	$ -	$ -	$ 7.13	**$ 75.19**
36	**Total**	**156,410,313**	**$ -**	**$ 4,131,761,824**	**$ 4,131,761,824**	**$ -**	**$ -**	**$ 433,042,037**	**$ 4,564,803,861**					
37	**R1 Overall PMPM Casemix for R2 (R2 MMs)**									**$ 26.42**	**$ -**	**$ -**	**$ 2.77**	**$ 29.18**

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 D4. Adjustments in Projection

Row # / Column Letter	B	C	D
2		**Adjustments and Services in Waiver Cost Projection (Comprehensive and Expedited)**	
3		State: California	
4		**Prospective Years 1 through 5 (P1 - P5) or Years 1 though 2 (P1 -P2)**	
5		**Renewal Waiver**	
6		*** If a change please note**	
7			
8	**Adjustments to the Waiver Cost Projection**	**Adjustments Made**	**Location of Adjustment**
9	State Plan Trend	X	DHCS entered in Column Y an inflation adjustment for administrative costs. The inflation adjustments are based upon the percentage change in the Home Health Agency Market Basket Index and are detailed in the Trend Data Tab.
10	State Plan Programmatic/policy/pricing changes	X	DHCS entered three program adjustments. The first was to remove the cost of non-pregnancy services provided to beneficiaries with unsatisfactory immigration status contained in the Retrospective Year expenditure data. DHCS included a program adjustment to remove the proportion of those expenditures that are for non-pregnancy services from the PMPM in P1. The adjustment is noted in cells L13 through L19. The second program adjustment was to add costs for ten counties not currently providing DMC-ODS services that DHCS anticipates will start providing DMC-ODS services in P2. The adjustment is noted in cells L33 through L39 in Worksheet D5 and accounts for 0.28% for each MEG. The third program adjustment was to add costs for Community Based Mobile Crisis Services DHCS anticipates will start in P2. These adjustments were also added in cells L33 through L39 in worksheet D5. Cells L33 through L39 include the 0.28% cost for counties that will begin providing DMC-ODS services in P2 plus the adjustment to provide Community Based Mobile Crisis Services in P2. In addition, DHCS updated the program and policy adjustments to add the cost for pregnancy services provided to beneficiaries with unsatisfactory immigration status who are 26 years of age and older. The program adjustment for beneficiaries with unsatisfactory immigration status who are 50 years of age and older are included in cells L13 through L19. The program adjustment for beneficiaries with unsatisfactory immigration status who are 26 through 49 years of age are included in cells L49 to L55. In addition, DHCS added a program and policy adjustment in P4 and P5 to account for new State Plan benefits added to implement BH-CONNECT. The P4 adjustments are included in cells L66 through L72 and the P5 adjustments are included in cells L82 through L88. **June 2026: DHCS added program and policy adjustments to account for increased service costs that resulted from increases in SMHS and DMC-ODS payments and utilization of services. The program and policy adjustments, reflected in Tab D5, column L, align with actual expenditures for P1 and P2 and with actual and projected expenditures for P3 through P5.**
11	Administrative Cost Adjustment	**X**	**June 2026: DHCS added program and policy adjustments to account for increased administrative costs in SMHS and DMC-ODS. The program and policy adjustments, reflected in Tab D5, column Y, align with actual expenditures for P1 through P3 and with actual and projected expenditures for P4 through P5.**
12	1915(b)(3) service Trend		
13	Incentives (not in cap payment) Adjustments		
14	Other	X	DHCS entered in Column Y an inflation adjustment for administrative costs. The inflation adjustments are based upon the percentage change in the Home Health Agency Market Basket Index and are detailed in the Trend Data Tab.
15			
16	State Completion Sections		

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

State Completion Sections

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

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

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)	PMPM Effect of Inflation Adjustment (bxJ)	Program Adjustment (See Tab D4)	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)
SPD - Duals	17,026,788	$ 23.79	$ -	$ -	$ 2.49	$ 26.28	$ 23.79	6.3%	$ 1.50	80.1%	$ 20.25	$ 21.76	$ 45.54
SPD	10,544,648	$ 98.10	$ -	$ -	$ 10.28	$ 108.38	$ 98.10	6.3%	$ 6.20	-93.8%	$ (97.83)	$ (91.63)	$ 6.47
Family	59,783,518	$ 17.98	$ -	$ -	$ 1.88	$ 19.87	$ 17.98	6.3%	$ 1.14	-39.3%	$ (7.52)	$ (6.38)	$ 11.60
Foster Care	1,095,957	$ 364.87	$ -	$ -	$ 38.24	$ 403.12	$ 364.87	6.3%	$ 23.06	-54.2%	$ (210.16)	$ (187.11)	$ 177.77
MCHP	15,706,224	$ 24.88	$ -	$ -	$ 2.61	$ 27.48	$ 24.88	6.3%	$ 1.57	-43.4%	$ (11.48)	$ (9.91)	$ 14.96
Medicaid Expansion	40,565,478	$ 0.77	$ -	$ -	$ 0.08	$ 0.85	$ 0.77	6.3%	$ 0.05	1651.3%	$ 13.51	$ 13.56	$ 14.33
Other	11,687,700	$ 68.06	$ -	$ -	$ 7.13	$ 75.19	$ 68.06	6.3%	$ 4.30	-83.1%	$ (60.16)	$ (55.86)	$ 12.20
Total	**156,410,313**												
P1 PMPM Casemix for R2 (R2 MMs)		**$ 26.42**	**$ -**	**$ -**	**$ 2.77**	**$ 29.18**	**$ 26.42**	**6.3%**	**$ 1.67**	**-38.7%**	**$ (10.88)**	**$ (9.21)**	**$ 17.20**

Medicaid Eligibility Group (MEG)	P1 Projection for Incentive Costs not Included in Capitation Rates**: 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)	P1 Projection for 1915(b)(3) Service Costs**: 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)	P1 Projection for Administration Costs**: 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)
SPD - Duals	$ -		$ -	$ -	$ -		$ -	$ -	$ 2.49	81.7%	$ 2.04	$ 4.53	**$ 50.07**
SPD	$ -		$ -	$ -	$ -		$ -	$ -	$ 10.28	6.3%	$ 0.65	$ 10.93	**$ 17.40**
Family	$ -		$ -	$ -	$ -		$ -	$ -	$ 1.88	6.3%	$ 0.12	$ 2.00	**$ 13.60**
Foster Care	$ -		$ -	$ -	$ -		$ -	$ -	$ 38.24	6.3%	$ 2.42	$ 40.66	**$ 218.43**
MCHP	$ -		$ -	$ -	$ -		$ -	$ -	$ 2.61	6.3%	$ 0.16	$ 2.77	**$ 17.73**
Medicaid Expansion	$ -		$ -	$ -	$ -		$ -	$ -	$ 0.08	1667.2%	$ 1.34	$ 1.43	**$ 15.76**
Other	$ -		$ -	$ -	$ -		$ -	$ -	$ 7.13	6.3%	$ 0.45	$ 7.58	**$ 19.78**
Total													
P1 PMPM Casemix for R2 (R2 MMs)	**$ -**	**0.0%**	**$ -**	**$ -**	**$ -**	**0.0%**	**$ -**	**$ -**	**$ 2.77**	**26.3%**	**$ 0.73**	**$ 3.50**	**$ 20.70**

* 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: 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)	PMPM Effect of Inflation Adjustment (bxJ)	Program Adjustment (See Tab D4)	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)
SPD - Duals	17,026,788	$ 45.54	$ -	$ -	$ 4.53	$ 50.07	$ 45.54	2.6%	$ 1.19	62.7%	$ 29.32	$ 30.52	$ 76.06
SPD	10,544,648	$ 6.47	$ -	$ -	$ 10.93	$ 17.40	$ 6.47	2.6%	$ 0.17	-37.8%	$ (2.51)	$ (2.34)	$ 4.13
Family	59,783,518	$ 11.60	$ -	$ -	$ 2.00	$ 13.60	$ 11.60	2.6%	$ 0.30	43.2%	$ 5.14	$ 5.45	$ 17.05
Foster Care	1,095,957	$ 177.77	$ -	$ -	$ 40.66	$ 218.43	$ 177.77	2.6%	$ 4.66	37.2%	$ 67.92	$ 72.58	$ 250.35
MCHP	15,706,224	$ 14.96	$ -	$ -	$ 2.77	$ 17.73	$ 14.96	2.6%	$ 0.39	56.5%	$ 8.68	$ 9.07	$ 24.03
Medicaid Expansion	40,565,478	$ 14.33	$ -	$ -	$ 1.43	$ 15.76	$ 14.33	2.6%	$ 0.38	53.7%	$ 7.89	$ 8.27	$ 22.60
Other	11,687,700	$ 12.20	$ -	$ -	$ 7.58	$ 19.78	$ 12.20	2.6%	$ 0.32	5.3%	$ 0.67	$ 0.99	$ 13.19
Total	**156,410,313**												
P2 PMPM Casemix for R2 (R2 MMs)		**$ 17.20**	**$ -**	**$ -**	**$ 3.50**	**$ 20.70**	**$ 17.20**	**2.6%**	**$ 0.45**	**47.8%**	**$ 8.43**	**$ 8.88**	**$ 26.08**

Medicaid Eligibility Group (MEG)	P2 Projection for Incentive Costs not Included in Capitation Rates**: 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)	P2 Projection for 1915(b)(3) Service Costs**: 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)	P2 Projection for Administration Costs**: 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)
SPD - Duals	$ -		$ -	$ -	$ -		$ -	$ -	$ 4.53	114.5%	$ 5.19	$ 9.72	**$ 85.78**
SPD	$ -		$ -	$ -	$ -		$ -	$ -	$ 10.93	2.6%	$ 0.29	$ 11.22	**$ 15.35**
Family	$ -		$ -	$ -	$ -		$ -	$ -	$ 2.00	8.9%	$ 0.18	$ 2.18	**$ 19.23**
Foster Care	$ -		$ -	$ -	$ -		$ -	$ -	$ 40.66	2.6%	$ 1.07	$ 41.73	**$ 292.08**
MCHP	$ -		$ -	$ -	$ -		$ -	$ -	$ 2.77	10.8%	$ 0.30	$ 3.07	**$ 27.10**
Medicaid Expansion	$ -		$ -	$ -	$ -		$ -	$ -	$ 1.43	101.9%	$ 1.46	$ 2.89	**$ 25.49**
Other	$ -		$ -	$ -	$ -		$ -	$ -	$ 7.58	2.6%	$ 0.20	$ 7.78	**$ 20.97**
Total													
P2 PMPM Casemix for R2 (R2 MMs)	**$ -**	**0.0%**	**$ -**	**$ -**	**$ -**	**0.0%**	**$ -**	**$ -**	**$ 3.50**	**30.9%**	**$ 1.08**	**$ 4.58**	**$ 30.66**

Medicaid Eligibility Group (MEG)	Retrospective Year 2 (R2) Member Months	P2 Per Member Per Month (PMPM) Costs: 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	Prospective Year 3 (P3) Projection for State Plan Services**: P2 PMPM State Plan Service Cost Projection	State Plan Inflation Adjustment (Annual Year 3)	PMPM Effect of Inflation Adjustment	Program Adjustment (See Tab D4)	PMPM Effect of Program Adjustment	Aggregate PMPM Effect of State Plan Service Adj.	Total P3 PMPM State Plan Service Cost Projection
SPD - Duals	17,026,788	$ 76.06	$ -	$ -	$ 9.72	$ 85.78	$ 76.06	2.7%	$ 2.07	37.9%	$ 29.59	$ 31.66	$ 107.72
SPD	10,544,648	$ 4.13	$ -	$ -	$ 11.22	$ 15.35	$ 4.13	2.7%	$ 0.11	100.5%	$ 4.26	$ 4.37	$ 8.50
Family	59,783,518	$ 17.05	$ -	$ -	$ 2.18	$ 19.23	$ 17.05	2.7%	$ 0.46	46.1%	$ 8.07	$ 8.54	$ 25.59
Foster Care	1,095,957	$ 250.35	$ -	$ -	$ 41.73	$ 292.08	$ 250.35	2.7%	$ 6.82	62.4%	$ 160.59	$ 167.42	$ 417.77
MCHP	15,706,224	$ 24.03	$ -	$ -	$ 3.07	$ 27.10	$ 24.03	2.7%	$ 0.65	48.6%	$ 12.01	$ 12.66	$ 36.69
Medicaid Expansion	40,565,478	$ 22.60	$ -	$ -	$ 2.89	$ 25.49	$ 22.60	2.7%	$ 0.62	66.3%	$ 15.38	$ 16.00	$ 38.60
Other	11,687,700	$ 13.19	$ -	$ -	$ 7.78	$ 20.97	$ 13.19	2.7%	$ 0.36	209.3%	$ 28.36	$ 28.72	$ 41.91
Total	**156,410,313**												
P3 PMPM Casemix for R2 (R2 MMs)		**$ 26.08**	**$ -**	**$ -**	**$ 4.58**	**$ 30.66**	**$ 26.08**	**2.7%**	**$ 0.71**	**56.1%**	**$ 15.03**	**$ 15.75**	**$ 41.83**

Medicaid Eligibility Group (MEG)	P3 Projection for Incentive Costs not Included in Capitation Rates**: P2 PMPM Incentive Cost Projection	Incentive Cost Inflation Adjustment (Annual Year 3)	PMPM Effect of Inflation Adjustment	Total P3 PMPM Incentive Cost Projection	P3 Projection for 1915(b)(3) Service Costs**: 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	P3 Projection for Administration Costs**: 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
SPD - Duals	$ -		$ -	$ -	$ -	-64.9%	$ -	$ -	$ 9.72	9.1%	$ 0.89	$ 10.61	**$ 118.33**
SPD	$ -		$ -	$ -	$ -	-64.9%	$ -	$ -	$ 11.22	2.7%	$ 0.31	$ 11.53	**$ 20.03**
Family	$ -		$ -	$ -	$ -	-64.9%	$ -	$ -	$ 2.18	15.6%	$ 0.34	$ 2.52	**$ 28.11**
Foster Care	$ -		$ -	$ -	$ -		$ -	$ -	$ 41.73	2.7%	$ 1.14	$ 42.87	**$ 460.64**
MCHP	$ -		$ -	$ -	$ -		$ -	$ -	$ 3.07	17.7%	$ 0.54	$ 3.61	**$ 40.30**
Medicaid Expansion	$ -		$ -	$ -	$ -	-64.9%	$ -	$ -	$ 2.89	31.5%	$ 0.91	$ 3.80	**$ 42.40**
Other	$ -		$ -	$ -	$ -		$ -	$ -	$ 7.78	2.7%	$ 0.21	$ 7.99	**$ 49.90**
Total													
P3 PMPM Casemix for R2 (R2 MMs)	**$ -**	**0.0%**	**$ -**	**$ -**	**$ -**	**0.0%**	**$ -**	**$ -**	**$ 4.58**	**12.2%**	**$ 0.56**	**$ 5.14**	**$ 46.97**

Row # / Column Letter: B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z, AA, AB

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**							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
		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 (See Tab D4)	PMPM Effect of Program Adjustment	Aggregate PMPM Effect of State Plan Service Adj.	Total P4 PMPM State Plan Service Cost Projection	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	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	Projected Waiver Costs
SPD - Duals	17,026,788	$ 107.72	$ -	$ -	$ 10.61	$ 118.33	$ 107.72	2.9%	$ 3.13	7.6%	$ 8.45	$ 11.58	$ 119.30	$ -		$ -	$ -	$ -	-100.0%	$ -	$ -	$ 10.61	2.9%	$ 0.31	$ 10.92	$ 130.22
SPD	10,544,648	$ 8.50	$ -	$ -	$ 11.53	$ 20.03	$ 8.50	2.9%	$ 0.25	75.1%	$ 6.57	$ 6.82	$ 15.32	$ -		$ -	$ -	$ -	-100.0%	$ -	$ -	$ 11.53	2.9%	$ 0.33	$ 11.86	$ 27.18
Family	59,783,518	$ 25.59	$ -	$ -	$ 2.52	$ 28.11	$ 25.59	2.9%	$ 0.74	18.6%	$ 4.90	$ 5.65	$ 31.24	$ -		$ -	$ -	$ -	-100.0%	$ -	$ -	$ 2.52	2.9%	$ 0.07	$ 2.59	$ 33.83
Foster Care	1,095,957	$ 417.77	$ -	$ -	$ 42.87	$ 460.64	$ 417.77	2.9%	$ 12.12	9.4%	$ 40.55	$ 52.68	$ 470.45	$ -		$ -	$ -	$ -		$ -	$ -	$ 42.87	2.9%	$ 1.24	$ 44.11	$ 514.56
MCHP	15,706,224	$ 36.69	$ -	$ -	$ 3.61	$ 40.30	$ 36.69	2.9%	$ 1.06	30.4%	$ 11.47	$ 12.53	$ 49.22	$ -		$ -	$ -	$ -		$ -	$ -	$ 3.61	2.9%	$ 0.10	$ 3.71	$ 52.93
Medicaid Expansion	40,565,478	$ 38.60	$ -	$ -	$ 3.80	$ 42.40	$ 38.60	2.9%	$ 1.12	43.2%	$ 17.17	$ 18.29	$ 56.89	$ -		$ -	$ -	$ -	-100.0%	$ -	$ -	$ 3.80	2.9%	$ 0.11	$ 3.91	$ 60.80
Other	11,687,700	$ 41.91	$ -	$ -	$ 7.99	$ 49.90	$ 41.91	2.9%	$ 1.22	44.9%	$ 19.37	$ 20.59	$ 62.50	$ -		$ -	$ -	$ -		$ -	$ -	$ 7.99	2.9%	$ 0.23	$ 8.22	$ 70.72
Total	**156,410,313**																									
P4 PMPM Casemix for R2 (R2 MMs)		**$ 41.83**	**$ -**	**$ -**	**$ 5.14**	**$ 46.97**	**$ 41.83**	**2.9%**	**$ 1.21**	**24.6%**	**$ 10.57**	**$ 11.79**	**$ 53.62**	**$ -**	**0.0%**	**$ -**	**$ -**	**$ -**	**0.0%**	**$ -**	**$ -**	**$ 5.14**	**2.9%**	**$ 0.15**	**$ 5.29**	**$ 58.91**

Actual Waiver Cost Conversion Renewal Comprehensive Version

State: California

Medicaid Eligibility Group (MEG)	Retrospective Year 2 (R2) Member Months	P4 Per Member Per Month (PMPM) Costs					Prospective Year 5 (P5) Projection for State Plan Services**							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
		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 (See Tab D4)	PMPM Effect of Program Adjustment	Aggregate PMPM Effect of State Plan Service Adj.	Total P5 PMPM State Plan Service Cost Projection	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	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	Projected Waiver Costs
SPD - Duals	17,026,788	$ 119.30	$ -	$ -	$ 10.92	$ 130.22	$ 119.30	2.9%	$ 3.46	21.5%	$ 26.36	$ 29.82	$ 149.12	$ -		$ -	$ -	$ -		$ -	$ -	$ 10.92	2.9%	$ 0.32	$ 11.24	$ 160.36
SPD	10,544,648	$ 15.32	$ -	$ -	$ 11.86	$ 27.18	$ 15.32	2.9%	$ 0.44	21.5%	$ 3.38	$ 3.83	$ 19.15	$ -		$ -	$ -	$ -		$ -	$ -	$ 11.86	2.9%	$ 0.34	$ 12.20	$ 31.35
Family	59,783,518	$ 31.24	$ -	$ -	$ 2.59	$ 33.83	$ 31.24	2.9%	$ 0.91	21.5%	$ 6.90	$ 7.81	$ 39.05	$ -		$ -	$ -	$ -		$ -	$ -	$ 2.59	2.9%	$ 0.08	$ 2.67	$ 41.72
Foster Care	1,095,957	$ 470.45	$ -	$ -	$ 44.11	$ 514.56	$ 470.45	2.9%	$ 13.65	21.5%	$ 103.96	$ 117.61	$ 588.06	$ -		$ -	$ -	$ -		$ -	$ -	$ 44.11	2.9%	$ 1.28	$ 45.39	$ 633.45
MCHP	15,706,224	$ 49.22	$ -	$ -	$ 3.71	$ 52.93	$ 49.22	2.9%	$ 1.43	21.5%	$ 10.88	$ 12.31	$ 61.53	$ -		$ -	$ -	$ -		$ -	$ -	$ 3.71	1.4%	$ 0.05	$ 3.76	$ 65.29
Medicaid Expansion	40,565,478	$ 56.89	$ -	$ -	$ 3.91	$ 60.80	$ 56.89	2.9%	$ 1.65	21.5%	$ 12.58	$ 14.23	$ 71.12	$ -		$ -	$ -	$ -		$ -	$ -	$ 3.91	11.2%	$ 0.44	$ 4.35	$ 75.47
Other	11,687,700	$ 62.50	$ -	$ -	$ 8.22	$ 70.72	$ 62.50	2.9%	$ 1.81	21.5%	$ 13.81	$ 15.63	$ 78.13	$ -		$ -	$ -	$ -		$ -	$ -	$ 8.22	2.9%	$ 0.24	$ 8.46	$ 86.59
Total	**156,410,313**																									
P5 PMPM Casemix for R2 (R2 MMs)		**$ 53.62**	**$ -**	**$ -**	**$ 5.29**	**$ 58.91**	**$ 53.62**	**2.9%**	**$ 1.56**	**21.5%**	**$ 11.85**	**$ 13.41**	**$ 67.03**	**$ -**	**0.0%**	**$ -**	**$ -**	**$ -**	**0.0%**	**$ -**	**$ -**	**$ 5.29**	**4.4%**	**$ 0.23**	**$ 5.52**	**$ 72.55**

Row # / Column Letter

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

3 State Completion Sections

State: California

4 **Projection for Upcoming Waiver Period**

5 ***Projected Year 1***

6			P1 Projected PMPM Costs from Appendix D5 (Totals weighted on Projected Year 1 Member Months)					
7–9	Medicaid Eligibility Group (MEG)	Total Projected Year 1 Member Months (P1)	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	Total PMPM Projected Service Costs (Column H-G)
10	SPD - Duals	19,410,538	$ 45.54	$ -	$ -	$ 4.53	$ 50.07	$ 45.54
	SPD	12,020,899	$ 6.47	$ -	$ -	$ 10.93	$ 17.40	$ 6.47
	Family	68,153,211	$ 11.60	$ -	$ -	$ 2.00	$ 13.60	$ 11.60
	Foster Care	1,249,391	$ 177.77	$ -	$ -	$ 40.66	$ 218.43	$ 177.77
11	MCHIP	17,905,095	$ 14.96	$ -	$ -	$ 2.77	$ 17.73	$ 14.96
12	Medicaid Expansion	46,244,645	$ 14.33	$ -	$ -	$ 1.43	$ 15.76	$ 14.33
13	Other	13,323,978	$ 12.20	$ -	$ -	$ 7.58	$ 19.78	$ 12.20
14	**Total**	**178,307,757**						
15	**P1 Weighted Average PMPM Casemix for P1 (P1 MMs)**		**$ 17.20**	**$ -**	**$ -**	**$ 3.49**	**$ 20.70**	

17		Q1 Quarterly Projected Costs			Q2 Quarterly Projected Costs			Q3 Quarterly Projected Costs			Q4 Quarterly Projected Costs			
18–20	Medicaid Eligibility Group (MEG)	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	Total P1 Projected Waiver Costs
21	SPD - Duals	4,852,635	$ 220,988,978.77	$ 21,982,434.65	4,852,635	$ 220,988,978.77	$ 21,982,434.65	4,852,635	$ 220,988,978.77	$ 21,982,434.65	4,852,635	$ 220,988,978.77	$ 21,982,434.65	**$ 971,885,653.68**
	SPD	3,005,225	$ 19,443,803.68	$ 32,847,105.75	3,005,225	$ 19,443,803.68	$ 32,847,105.75	3,005,225	$ 19,443,803.68	$ 32,847,105.75	3,005,225	$ 19,443,803.68	$ 32,847,105.75	**$ 209,163,637.73**
	Family	17,038,303	$ 197,644,310.51	$ 34,076,605.26	17,038,303	$ 197,644,310.51	$ 34,076,605.26	17,038,303	$ 197,644,310.51	$ 34,076,605.26	17,038,303	$ 197,644,310.51	$ 34,076,605.26	**$ 926,883,663.07**
	Foster Care	312,348	$ 55,526,058.63	$ 12,700,059.31	312,348	$ 55,526,058.63	$ 12,700,059.31	312,348	$ 55,526,058.63	$ 12,700,059.31	312,348	$ 55,526,058.63	$ 12,700,059.31	**$ 272,904,471.76**
22	MCHIP	4,476,274	$ 66,965,056.65	$ 12,399,278.54	4,476,274	$ 66,965,056.65	$ 12,399,278.54	4,476,274	$ 66,965,056.65	$ 12,399,278.54	4,476,274	$ 66,965,056.65	$ 12,399,278.54	**$ 317,457,340.73**
23	Medicaid Expansion	11,561,161	$ 165,671,440.43	$ 16,532,460.56	11,561,161	$ 165,671,440.43	$ 16,532,460.56	11,561,161	$ 165,671,440.43	$ 16,532,460.56	11,561,161	$ 165,671,440.43	$ 16,532,460.56	**$ 728,815,603.94**
24	Other	3,330,995	$ 40,638,132.90	$ 25,248,938.31	3,330,995	$ 40,638,132.90	$ 25,248,938.31	3,330,995	$ 40,638,132.90	$ 25,248,938.31	3,330,995	$ 40,638,132.90	$ 25,248,938.31	**$ 263,548,284.84**
25	**Total**	**44,576,939**	**$ 766,877,781.56**	**$ 155,786,882.38**	**44,576,939**	**$ 766,877,781.56**	**$ 155,786,882.38**	**44,576,939**	**$ 766,877,781.56**	**$ 155,786,882.38**	**44,576,939**	**$ 766,877,781.56**	**$ 155,786,882.38**	**$ 3,690,658,655.76**

27 ***Projected Year 2***

28			P2 Projected PMPM Costs from Appendix D5 (Totals weighted on Projected Year 2 Member Months)					
29–31	Medicaid Eligibility Group (MEG)	Total Projected Year 2 Member Months (P2)	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	Total PMPM Projected Service Costs (Column H-G)
32	SPD - Duals	20,186,960	$ 76.06	$ -	$ -	$ 9.72	$ 85.78	$ 76.06
	SPD	12,501,735	$ 4.13	$ -	$ -	$ 11.22	$ 15.35	$ 4.13
	Family	70,879,339	$ 17.05	$ -	$ -	$ 2.18	$ 19.23	$ 17.05
	Foster Care	1,299,367	$ 250.35	$ -	$ -	$ 41.73	$ 292.08	$ 250.35
33	MCHIP	18,621,299	$ 24.03	$ -	$ -	$ 3.07	$ 27.10	$ 24.03
34	Medicaid Expansion	48,094,431	$ 22.60	$ -	$ -	$ 2.89	$ 25.49	$ 22.60
35	Other	13,856,937	$ 13.19	$ -	$ -	$ 7.78	$ 20.97	$ 13.19
36	**Total**	**185,440,067**						
37	**P2 Weighted Average PMPM Casemix for P2 (P2 MMs)**		**$ 26.09**	**$ -**	**$ -**	**$ 4.58**	**$ 30.67**	

39		Q5 Quarterly Projected Costs			Q6 Quarterly Projected Costs			Q7 Quarterly Projected Costs			Q8 Quarterly Projected Costs			
40–42	Medicaid Eligibility Group (MEG)	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	Total P2 Projected Waiver Costs
43	SPD - Duals	5,046,740	$ 383,855,041.60	$ 49,054,312.44	5,046,740	$ 383,855,041.60	$ 49,054,312.44	5,046,740	$ 383,855,041.60	$ 49,054,312.44	5,046,740	$ 383,855,041.60	$ 49,054,312.44	**$ 1,731,637,416.17**
	SPD	3,125,434	$ 12,908,041.05	$ 35,067,365.75	3,125,434	$ 12,908,041.05	$ 35,067,365.75	3,125,434	$ 12,908,041.05	$ 35,067,365.75	3,125,434	$ 12,908,041.05	$ 35,067,365.75	**$ 191,901,627.17**
	Family	17,719,835	$ 302,123,182.24	$ 38,629,239.72	17,719,835	$ 302,123,182.24	$ 38,629,239.72	17,719,835	$ 302,123,182.24	$ 38,629,239.72	17,719,835	$ 302,123,182.24	$ 38,629,239.72	**$ 1,363,009,687.83**
	Foster Care	324,842	$ 81,324,108.28	$ 13,555,642.25	324,842	$ 81,324,108.28	$ 13,555,642.25	324,842	$ 81,324,108.28	$ 13,555,642.25	324,842	$ 81,324,108.28	$ 13,555,642.25	**$ 379,519,002.14**
44	MCHIP	4,655,325	$ 111,867,454.79	$ 14,291,847.12	4,655,325	$ 111,867,454.79	$ 14,291,847.12	4,655,325	$ 111,867,454.79	$ 14,291,847.12	4,655,325	$ 111,867,454.79	$ 14,291,847.12	**$ 504,637,207.63**
45	Medicaid Expansion	12,023,608	$ 271,733,533.55	$ 34,748,226.19	12,023,608	$ 271,733,533.55	$ 34,748,226.19	12,023,608	$ 271,733,533.55	$ 34,748,226.19	12,023,608	$ 271,733,533.55	$ 34,748,226.19	**$ 1,225,927,038.97**
46	Other	3,464,234	$ 45,693,250.15	$ 26,951,742.70	3,464,234	$ 45,693,250.15	$ 26,951,742.70	3,464,234	$ 45,693,250.15	$ 26,951,742.70	3,464,234	$ 45,693,250.15	$ 26,951,742.70	**$ 290,579,971.41**
47	**Total**	**46,360,017**	**$ 1,209,504,611.65**	**$ 212,298,376.17**	**46,360,017**	**$ 1,209,504,611.65**	**$ 212,298,376.17**	**46,360,017**	**$ 1,209,504,611.65**	**$ 212,298,376.17**	**46,360,017**	**$ 1,209,504,611.65**	**$ 212,298,376.17**	**$ 5,687,211,951.31**

49 ***Projected Year 3***

50			P2 Projected PMPM Costs from Appendix D5 (Totals weighted on Projected Year 2 Member Months)					
51–53	Medicaid Eligibility Group (MEG)	Total Projected Year 2 Member Months (P2)	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	Total PMPM Projected Service Costs (Column H-G)
54	SPD - Duals	19,177,612	$ 107.72	$ -	$ -	$ 10.61	$ 118.33	$ 107.72
	SPD	11,876,648	$ 8.50	$ -	$ -	$ 11.53	$ 20.03	$ 8.50
	Family	67,335,372	$ 25.59	$ -	$ -	$ 2.52	$ 28.11	$ 25.59
	Foster Care	1,234,398	$ 417.77	$ -	$ -	$ 42.87	$ 460.64	$ 417.77
55	MCHIP	17,690,234	$ 36.69	$ -	$ -	$ 3.61	$ 40.30	$ 36.69
56	Medicaid Expansion	45,689,709	$ 38.60	$ -	$ -	$ 3.80	$ 42.40	$ 38.60
57	Other	13,164,090	$ 41.91	$ -	$ -	$ 7.99	$ 49.90	$ 41.91
58	**Total**	**176,168,064**						
59	**P3 Weighted Average PMPM Casemix for P3 (P3 MMs)**		**$ 41.83**	**$ -**	**$ -**	**$ 5.14**	**$ 46.98**	

Row # / Column Letter

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

3 State Completion Sections

State: California

Row	Medicaid Eligibility Group (MEG)	Q9 Quarterly Projected Costs: Member Months Projections	Q9: 64.9W /64.21U W Service Costs include incentives	Q9: 64.10 Waiver Administration Costs	Q10 Quarterly Projected Costs: Member Months Projections	Q10: 64.9W /64.21U W Service Costs include incentives	Q10: 64.10 Waiver Administration Costs	Q11 Quarterly Projected Costs: Member Months Projections	Q11: 64.9W /64.21U W Service Costs include incentives	Q11: 64.10 Waiver Administration Costs	Q12 Quarterly Projected Costs: Member Months Projections	Q12: 64.9W /64.21U W Service Costs include incentives	Q12: 64.10 Waiver Administration Costs	Total P2 Projected Waiver Costs
65	SPD - Duals	4,794,403	$ 516,453,087.39	$ 50,868,615.46	4,794,403	$ 516,453,087.39	$ 50,868,615.46	4,794,403	$ 516,453,087.39	$ 50,868,615.46	4,794,403	$ 516,453,087.39	$ 50,868,615.46	$ 2,269,286,811.41
66	SPD	2,969,162	$ 25,237,876.86	$ 34,234,437.67	2,969,162	$ 25,237,876.86	$ 34,234,437.67	2,969,162	$ 25,237,876.86	$ 34,234,437.67	2,969,162	$ 25,237,876.86	$ 34,234,437.67	$ 237,889,258.15
	Family	16,833,843	$ 430,778,042.33	$ 42,421,284.36	16,833,843	$ 430,778,042.33	$ 42,421,284.36	16,833,843	$ 430,778,042.33	$ 42,421,284.36	16,833,843	$ 430,778,042.33	$ 42,421,284.36	$ 1,892,797,306.74
	Foster Care	308,600	$ 128,923,643.22	$ 13,229,663.65	308,600	$ 128,923,643.22	$ 13,229,663.65	308,600	$ 128,923,643.22	$ 13,229,663.65	308,600	$ 128,923,643.22	$ 13,229,663.65	$ 568,613,227.49
	MCHIP	4,422,559	$ 162,263,673.34	$ 15,965,436.38	4,422,559	$ 162,263,673.34	$ 15,965,436.38	4,422,559	$ 162,263,673.34	$ 15,965,436.38	4,422,559	$ 162,263,673.34	$ 15,965,436.38	$ 712,916,438.89
67	Medicaid Expansion	11,422,427	$ 440,905,693.60	$ 43,405,223.72	11,422,427	$ 440,905,693.60	$ 43,405,223.72	11,422,427	$ 440,905,693.60	$ 43,405,223.72	11,422,427	$ 440,905,693.60	$ 43,405,223.72	$ 1,937,243,669.27
68	Other	3,291,023	$ 137,926,755.74	$ 26,295,270.30	3,291,023	$ 137,926,755.74	$ 26,295,270.30	3,291,023	$ 137,926,755.74	$ 26,295,270.30	3,291,023	$ 137,926,755.74	$ 26,295,270.30	$ 656,888,104.17
69	**Total**	**44,042,016**	**$ 1,842,488,772.49**	**$ 226,419,931.55**	**44,042,016**	**$ 1,842,488,772.49**	**$ 226,419,931.55**	**44,042,016**	**$ 1,842,488,772.49**	**$ 226,419,931.55**	**44,042,016**	**$ 1,842,488,772.49**	**$ 226,419,931.55**	**$ 8,275,634,816.14**

Projected Year 4

Row	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 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	Total PMPM Projected Service Costs (Column H-G)
76	SPD - Duals	19,177,612	$ 119.30	$ -	$ -	$ 10.92	$ 130.22	$ 119.30
	SPD	11,876,648	$ 15.32	$ -	$ -	$ 11.86	$ 27.18	$ 15.32
	Family	67,335,372	$ 31.24	$ -	$ -	$ 2.59	$ 33.83	$ 31.24
	Foster Care	1,234,398	$ 470.45	$ -	$ -	$ 44.11	$ 514.56	$ 470.45
77	MCHIP	17,690,234	$ 49.22	$ -	$ -	$ 3.71	$ 52.93	$ 49.22
78	Medicaid Expansion	45,689,709	$ 56.89	$ -	$ -	$ 3.91	$ 60.80	$ 56.89
79	Other	13,164,090	$ 62.50	$ -	$ -	$ 8.22	$ 70.72	$ 62.50
80	**Total**	**176,168,064**						
81	**P4 Weighted Average PMPM Casemix for P4 (P4 MMs)**		**$ 53.62**	**$ -**	**$ -**	**$ 5.29**	**$ 58.91**	

Row	Medicaid Eligibility Group (MEG)	Q13 Quarterly Projected Costs: Member Months Projections	Q13: 64.9W /64.21U W Service Costs include incentives	Q13: 64.10 Waiver Administration Costs	Q14 Quarterly Projected Costs: Member Months Projections	Q14: 64.9W /64.21U W Service Costs include incentives	Q14: 64.10 Waiver Administration Costs	Q15 Quarterly Projected Costs: Member Months Projections	Q15: 64.9W /64.21U W Service Costs include incentives	Q15: 64.10 Waiver Administration Costs	Q16 Quarterly Projected Costs: Member Months Projections	Q16: 64.9W /64.21U W Service Costs include incentives	Q16: 64.10 Waiver Administration Costs	Total P2 Projected Waiver Costs
87	SPD - Duals	4,794,403	$ 571,972,273.73	$ 52,354,880.38	4,794,403	$ 571,972,273.73	$ 52,354,880.38	4,794,403	$ 571,972,273.73	$ 52,354,880.38	4,794,403	$ 571,972,273.73	$ 52,354,880.38	$ 2,497,308,616.43
	SPD	2,969,162	$ 45,487,561.59	$ 35,214,261.13	2,969,162	$ 45,487,561.59	$ 35,214,261.13	2,969,162	$ 45,487,561.59	$ 35,214,261.13	2,969,162	$ 45,487,561.59	$ 35,214,261.13	$ 322,807,290.88
	Family	16,833,843	$ 525,889,255.27	$ 43,599,653.37	16,833,843	$ 525,889,255.27	$ 43,599,653.37	16,833,843	$ 525,889,255.27	$ 43,599,653.37	16,833,843	$ 525,889,255.27	$ 43,599,653.37	$ 2,277,955,634.55
	Foster Care	308,600	$ 145,180,668.68	$ 13,612,327.12	308,600	$ 145,180,668.68	$ 13,612,327.12	308,600	$ 145,180,668.68	$ 13,612,327.12	308,600	$ 145,180,668.68	$ 13,612,327.12	$ 635,171,983.20
88	MCHIP	4,422,559	$ 217,678,332.02	$ 16,407,692.24	4,422,559	$ 217,678,332.02	$ 16,407,692.24	4,422,559	$ 217,678,332.02	$ 16,407,692.24	4,422,559	$ 217,678,332.02	$ 16,407,692.24	$ 936,344,097.04
89	Medicaid Expansion	11,422,427	$ 649,821,888.83	$ 44,661,690.72	11,422,427	$ 649,821,888.83	$ 44,661,690.72	11,422,427	$ 649,821,888.83	$ 44,661,690.72	11,422,427	$ 649,821,888.83	$ 44,661,690.72	$ 2,777,934,318.20
90	Other	3,291,023	$ 205,688,910.38	$ 27,052,205.49	3,291,023	$ 205,688,910.38	$ 27,052,205.49	3,291,023	$ 205,688,910.38	$ 27,052,205.49	3,291,023	$ 205,688,910.38	$ 27,052,205.49	$ 930,964,463.47
91	**Total**	**44,042,016**	**$ 2,361,718,890.49**	**$ 232,902,710.45**	**44,042,016**	**$ 2,361,718,890.49**	**$ 232,902,710.45**	**44,042,016**	**$ 2,361,718,890.49**	**$ 232,902,710.45**	**44,042,016**	**$ 2,361,718,890.49**	**$ 232,902,710.45**	**$ 10,378,486,403.77**

Projected Year 5

Row	Medicaid Eligibility Group (MEG)	Total Projected Year 2 Member Months (P2)	P2 Projected PMPM Costs from Appendix D5 (Totals weighteon Projected Year 2 Member Months): 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	Total PMPM Projected Service Costs (Column H-G)
98	SPD - Duals	19,177,612	$ 149.12	$ -	$ -	$ 11.24	$ 160.36	$ 149.12
	SPD	11,876,648	$ 19.15	$ -	$ -	$ 12.20	$ 31.35	$ 19.15
	Family	67,335,372	$ 39.05	$ -	$ -	$ 2.67	$ 41.72	$ 39.05
	Foster Care	1,234,398	$ 588.06	$ -	$ -	$ 45.39	$ 633.45	$ 588.06
99	MCHIP	17,690,234	$ 61.53	$ -	$ -	$ 3.76	$ 65.29	$ 61.53
100	Medicaid Expansion	45,689,709	$ 71.12	$ -	$ -	$ 4.35	$ 75.47	$ 71.12
101	Other	13,164,090	$ 78.13	$ -	$ -	$ 8.46	$ 86.59	$ 78.13
102	**Total**	**176,168,064**						
103	**P5 Weighted Average PMPM Casemix for P5 (P5 MMs)**		**$ 67.03**	**$ -**	**$ -**	**$ 5.52**	**$ 72.56**	

Row	Medicaid Eligibility Group (MEG)	Q Quarterly Projected Costs: Member Months Projections	Q: 64.9W /64.21U W Service Costs include incentives	Q: 64.10 Waiver Administration Costs	Q1Quarterly Projected Costs: Member Months Projections	Q1: 64.9W /64.21U W Service Costs include incentives	Q1: 64.10 Waiver Administration Costs	Q19 Quarterly Projected Costs: Member Months Projections	Q19: 64.9W /64.21U W Service Costs include incentives	Q19: 64.10 Waiver Administration Costs	Q20 Quarterly Projected Costs: Member Months Projections	Q20: 64.9W /64.21U W Service Costs include incentives	Q20: 64.10 Waiver Administration Costs	Total P2 Projected Waiver Costs
109	SPD - Duals	4,794,403	$ 714,941,370.15	$ 53,889,089.33	4,794,403	$ 714,941,370.15	$ 53,889,089.33	4,794,403	$ 714,941,370.15	$ 53,889,089.33	4,794,403	$ 714,941,370.15	$ 53,889,089.33	$ 3,075,321,837.90
110	SPD	2,969,162	$ 56,859,451.99	$ 36,223,776.20	2,969,162	$ 56,859,451.99	$ 36,223,776.20	2,969,162	$ 56,859,451.99	$ 36,223,776.20	2,969,162	$ 56,859,451.99	$ 36,223,776.20	$ 372,332,912.77
	Family	16,833,843	$ 657,361,569.09	$ 44,946,360.81	16,833,843	$ 657,361,569.09	$ 44,946,360.81	16,833,843	$ 657,361,569.09	$ 44,946,360.81	16,833,843	$ 657,361,569.09	$ 44,946,360.81	$ 2,809,231,719.58
	Foster Care	308,600	$ 181,475,064.35	$ 14,007,334.58	308,600	$ 181,475,064.35	$ 14,007,334.58	308,600	$ 181,475,064.35	$ 14,007,334.58	308,600	$ 181,475,064.35	$ 14,007,334.58	$ 781,929,595.69
	MCHIP	4,422,559	$ 272,120,027.82	$ 16,628,820.16	4,422,559	$ 272,120,027.82	$ 16,628,820.16	4,422,559	$ 272,120,027.82	$ 16,628,820.16	4,422,559	$ 272,120,027.82	$ 16,628,820.16	$ 1,154,995,391.94
111	Medicaid Expansion	11,422,427	$ 812,363,029.24	$ 49,687,558.73	11,422,427	$ 812,363,029.24	$ 49,687,558.73	11,422,427	$ 812,363,029.24	$ 49,687,558.73	11,422,427	$ 812,363,029.24	$ 49,687,558.73	$ 3,448,202,351.89
112	Other	3,291,023	$ 257,127,593.08	$ 27,842,050.91	3,291,023	$ 257,127,593.08	$ 27,842,050.91	3,291,023	$ 257,127,593.08	$ 27,842,050.91	3,291,023	$ 257,127,593.08	$ 27,842,050.91	$ 1,139,878,575.96
113	**Total**	**44,042,016**	**$ 2,952,248,105.71**	**$ 243,224,990.72**	**44,042,016**	**$ 2,952,248,105.71**	**$ 243,224,990.72**	**44,042,016**	**$ 2,952,248,105.71**	**$ 243,224,990.72**	**44,042,016**	**$ 2,952,248,105.71**	**$ 243,224,990.72**	**$ 12,781,892,385.72**

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 4/1/22	Q2 Quarterly Projected Costs 7/1/22	Q3 Quarterly Projected Costs 10/1/22	Q4 Quarterly Projected Costs 12/31/22
64.21U Waiver Form	SPD - Duals	$ 220,988,978.77	$ 220,988,978.77	$ 220,988,978.77	$ 220,988,978.77
64.21U Waiver Form	SPD	$ 19,443,803.68	$ 19,443,803.68	$ 19,443,803.68	$ 19,443,803.68
64.21U Waiver Form	Family	$ 197,644,310.51	$ 197,644,310.51	$ 197,644,310.51	$ 197,644,310.51
64.21U Waiver Form	Foster Care	$ 55,526,058.63	$ 55,526,058.63	$ 55,526,058.63	$ 55,526,058.63
64.21U Waiver Form	MCHIP	$ 66,965,056.65	$ 66,965,056.65	$ 66,965,056.65	$ 66,965,056.65
64.9 Waiver Form	Medicaid Expansion	$ 165,671,440.43	$ 165,671,440.43	$ 165,671,440.43	$ 165,671,440.43
64.9 Waiver Form	Other	$ 40,638,132.90	$ 40,638,132.90	$ 40,638,132.90	$ 40,638,132.90
64.10 Waiver Form		$ 155,786,882.38	$ 155,786,882.38	$ 155,786,882.38	$ 155,786,882.38

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
64.21U Waiver Form	SPD - Duals	$ 383,855,041.60	$ 383,855,041.60	$ 383,855,041.60	$ 383,855,041.60
64.21U Waiver Form	SPD	$ 12,908,041.05	$ 12,908,041.05	$ 12,908,041.05	$ 12,908,041.05
64.21U Waiver Form	Family	$ 302,123,182.24	$ 302,123,182.24	$ 302,123,182.24	$ 302,123,182.24
64.21U Waiver Form	Foster Care	$ 81,324,108.28	$ 81,324,108.28	$ 81,324,108.28	$ 81,324,108.28
64.21U Waiver Form	MCHIP	$ 111,867,454.79	$ 111,867,454.79	$ 111,867,454.79	$ 111,867,454.79
64.9 Waiver Form	Medicaid Expansion	$ 271,733,533.55	$ 271,733,533.55	$ 271,733,533.55	$ 271,733,533.55
64.9 Waiver Form	Other	$ 45,693,250.15	$ 45,693,250.15	$ 45,693,250.15	$ 45,693,250.15
64.10 Waiver Form		$ 212,298,376.17	$ 212,298,376.17	$ 212,298,376.17	$ 212,298,376.17

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
64.21U Waiver Form	SPD - Duals	$ 516,453,087.39	$ 516,453,087.39	$ 516,453,087.39	$ 516,453,087.39
64.21U Waiver Form	SPD	$ 25,237,876.86	$ 25,237,876.86	$ 25,237,876.86	$ 25,237,876.86
64.21U Waiver Form	Family	$ 430,778,042.33	$ 430,778,042.33	$ 430,778,042.33	$ 430,778,042.33
64.21U Waiver Form	Foster Care	$ 128,923,643.22	$ 128,923,643.22	$ 128,923,643.22	$ 128,923,643.22
64.21U Waiver Form	MCHIP	$ 162,263,673.34	$ 162,263,673.34	$ 162,263,673.34	$ 162,263,673.34
64.9 Waiver Form	Medicaid Expansion	$ 440,905,693.60	$ 440,905,693.60	$ 440,905,693.60	$ 440,905,693.60
64.9 Waiver Form	Other	$ 137,926,755.74	$ 137,926,755.74	$ 137,926,755.74	$ 137,926,755.74
64.10 Waiver Form		$ 226,419,931.55	$ 226,419,931.55	$ 226,419,931.55	$ 226,419,931.55

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
64.21U Waiver Form	SPD - Duals	$ 571,972,273.73	$ 571,972,273.73	$ 571,972,273.73	$ 571,972,273.73
64.21U Waiver Form	SPD	$ 45,487,561.59	$ 45,487,561.59	$ 45,487,561.59	$ 45,487,561.59
64.21U Waiver Form	Family	$ 525,889,255.27	$ 525,889,255.27	$ 525,889,255.27	$ 525,889,255.27
64.21U Waiver Form	Foster Care	$ 145,180,668.68	$ 145,180,668.68	$ 145,180,668.68	$ 145,180,668.68
64.21U Waiver Form	MCHIP	$ 217,678,332.02	$ 217,678,332.02	$ 217,678,332.02	$ 217,678,332.02
64.9 Waiver Form	Medicaid Expansion	$ 649,821,888.83	$ 649,821,888.83	$ 649,821,888.83	$ 649,821,888.83
64.9 Waiver Form	Other	$ 205,688,910.38	$ 205,688,910.38	$ 205,688,910.38	$ 205,688,910.38
64.10 Waiver Form		$ 232,902,710.45	$ 232,902,710.45	$ 232,902,710.45	$ 232,902,710.45

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
64.21U Waiver Form	SPD - Duals	$ 714,941,370.15	$ 714,941,370.15	$ 714,941,370.15	$ 714,941,370.15
64.21U Waiver Form	SPD	$ 56,859,451.99	$ 56,859,451.99	$ 56,859,451.99	$ 56,859,451.99
64.21U Waiver Form	Family	$ 657,361,569.09	$ 657,361,569.09	$ 657,361,569.09	$ 657,361,569.09
64.21U Waiver Form	Foster Care	$ 181,475,064.35	$ 181,475,064.35	$ 181,475,064.35	$ 181,475,064.35
64.21U Waiver Form	MCHIP	$ 272,120,027.82	$ 272,120,027.82	$ 272,120,027.82	$ 272,120,027.82
64.9 Waiver Form	Medicaid Expansion	$ 812,363,029.24	$ 812,363,029.24	$ 812,363,029.24	$ 812,363,029.24
64.9 Waiver Form	Other	$ 257,127,593.08	$ 257,127,593.08	$ 257,127,593.08	$ 257,127,593.08
64.10 Waiver Form		$ 243,224,990.72	$ 243,224,990.72	$ 243,224,990.72	$ 243,224,990.72

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)
64.21U Waiver Form	SPD - Duals	$ 45.54
64.21U Waiver Form	SPD	$ 6.47
64.21U Waiver Form	Family	$ 11.60
64.21U Waiver Form	Foster Care	$ 177.77
64.21U Waiver Form	MCHIP	$ 14.96
64.9 Waiver Form	Medicaid Expansion	$ 14.33
64.9 Waiver Form	Other	$ 12.20
64.10 Waiver Form	All MEGS	$ 3.49

Projected Year 1

Waiver Form	Medicaid Eligibility Group (MEG)	RO Completion Section - For ongoing monitoring Q1 Quarterly Actual Costs			RO Completion Section - For ongoing monitoring Q2 Quarterly Actual Costs			RO Completion Section - For ongoing monitoring Q3 Quarterly Actual Costs			RO Completion Section - For ongoing monitoring Q4 Quarterly Actual Costs		
		Member Months Actuals 44652	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals 44743	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals 44835	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals 44926	Actual Aggregate Waiver Form Costs	Actual PMPM Costs
64.21U Waiver Form	SPD - Duals			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.21U Waiver Form	SPD			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.21U Waiver Form	Family			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.21U Waiver Form	Foster Care			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.21U Waiver Form	MCHIP			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9 Waiver Form	Medicaid Expansion			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9 Waiver Form	Other			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.10 Waiver Form	All MEGS			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

Projected Year 2

Waiver Form	Medicaid Eligibility Group (MEG)	State Completion Section - For Waiver Submission P1 Projected PMPM From Column I (services) From Column G (Administration)
64.21U Waiver Form	SPD - Duals	$ 76.06
64.21U Waiver Form	SPD	$ 4.13
64.21U Waiver Form	Family	$ 17.05
64.21U Waiver Form	Foster Care	$ 250.35
64.21U Waiver Form	MCHIP	$ 24.03
64.9 Waiver Form	Medicaid Expansion	$ 22.60
64.9 Waiver Form	Other	$ 13.19
64.10 Waiver Form	All MEGS	$ 4.58

Projected Year 2

Waiver Form	Medicaid Eligibility Group (MEG)	RO Completion Section - For ongoing monitoring Q5 Quarterly Actual Costs			RO Completion Section - For ongoing monitoring Q6 Quarterly Actual Costs			RO Completion Section - For ongoing monitoring Q7 Quarterly Actual Costs			RO Completion Section - For ongoing monitoring Q8 Quarterly Actual Costs		
		Member Months Actuals 45016	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals 45107	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals 45199	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals 45291	Actual Aggregate Waiver Form Costs	Actual PMPM Costs
64.21U Waiver Form	SPD - Duals			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.21U Waiver Form	SPD			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.21U Waiver Form	Family			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.21U Waiver Form	Foster Care			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.21U Waiver Form	MCHIP			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9 Waiver Form	Medicaid Expansion			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9 Waiver Form	Other			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.10 Waiver Form	All MEGS			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

Projected Year 3

Waiver Form	Medicaid Eligibility Group (MEG)	State Completion Setion - For Waiver Submission P1 Projected PMPM From Column I (services) From Column G (Administration)
64.21U Waiver Form	SPD - Duals	$ 107.72
64.21U Waiver Form	SPD	$ 8.50
64.21U Waiver Form	Family	$ 25.59
64.21U Waiver Form	Foster Care	$ 417.77
64.21U Waiver Form	MCHIP	$ 36.69
64.9 Waiver Form	Medicaid Expansion	$ 38.60
64.9 Waiver Form	Other	$ 41.91
64.10 Waiver Form	All MEGS	$ 5.14

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			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring		
		Q9 Quarterly Actual Costs			Q10 Quarterly Actual Costs			Q11 Quarterly Actual Costs			Q12 Quarterly Actual Costs		
		Member Months Actuals 45382	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals 45473	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals 45565	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals 45657	Actual Aggregate Waiver Form Costs	Actual PMPM Costs
64.21U Waiver Form	SPD - Duals			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.21U Waiver Form	SPD			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.21U Waiver Form	Family			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.21U Waiver Form	Foster Care			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.21U Waiver Form	MCHIP			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9 Waiver Form	Medicaid Expansion			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9 Waiver Form	Other			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.10 Waiver Form	All MEGS			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

Projected Year 4

Waiver Form	Medicaid Eligibility Group (MEG)	State Completion Section - For Waiver Submission
		P1 Projected PMPM From Column I (services) From Column G (Administration)
64.21U Waiver Form	SPD - Duals	$ 119.30
64.21U Waiver Form	SPD	$ 15.32
64.21U Waiver Form	Family	$ 31.24
64.21U Waiver Form	Foster Care	$ 470.45
64.21U Waiver Form	MCHIP	$ 49.22
64.9 Waiver Form	Medicaid Expansion	$ 56.89
64.9 Waiver Form	Other	$ 62.50
64.10 Waiver Form	All MEGS	$ 5.29

Projected Year 4

Waiver Form	Medicaid Eligibility Group (MEG)	RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring		
		Q13 Quarterly Actual Costs			Q14 Quarterly Actual Costs			Q15 Quarterly Actual Costs			Q16 Quarterly Actual Costs		
		Member Months Actuals 45747	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals 45838	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals 45930	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals 46022	Actual Aggregate Waiver Form Costs	Actual PMPM Costs
64.21U Waiver Form	SPD - Duals			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.21U Waiver Form	SPD			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.21U Waiver Form	Family			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.21U Waiver Form	Foster Care			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.21U Waiver Form	MCHIP			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9 Waiver Form	Medicaid Expansion			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9 Waiver Form	Other			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.10 Waiver Form	All MEGS			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

Projected Year 5

Waiver Form	Medicaid Eligibility Group (MEG)	State Completion Section - For Waiver Submission
		P1 Projected PMPM From Column I (services) From Column G (Administration)
64.21U Waiver Form	SPD - Duals	$ 149.12
64.21U Waiver Form	SPD	$ 19.15
64.21U Waiver Form	Family	$ 39.05
64.21U Waiver Form	Foster Care	$ 588.06
64.21U Waiver Form	MCHIP	$ 61.53
64.9 Waiver Form	Medicaid Expansion	$ 71.12
64.9 Waiver Form	Other	$ 78.13
64.10 Waiver Form	All MEGS	$ 5.52

Projected Year 5

Waiver Form	Medicaid Eligibility Group (MEG)	RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring		
		Q17 Quarterly Actual Costs			Q18 Quarterly Actual Costs			Q19 Quarterly Actual Costs			Q20 Quarterly Actual Costs		
		Member Months Actuals 46112	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals 46203	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals 46295	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals 46387	Actual Aggregate Waiver Form Costs	Actual PMPM Costs
64.21U Waiver Form	SPD - Duals			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.21U Waiver Form	SPD			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.21U Waiver Form	Family			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.21U Waiver Form	Foster Care			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.21U Waiver Form	MCHIP			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9 Waiver Form	Medicaid Expansion			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9 Waiver Form	Other			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.10 Waiver Form	All MEGS			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

Row # / Column Letter: 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 Per Member Per Month (PMPM) Costs: 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	P1 Per Member Per Month (PMPM) Costs from the prior waiver submission: 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
SPD - Duals	17,026,788	$ 23.79	$ -	$ -	$ 2.49	$ 26.28					
SPD	10,544,648	$ 98.10	$ -	$ -	$ 10.28	$ 108.38					
Family	59,783,518	$ 17.98	$ -	$ -	$ 1.88	$ 19.87					
Foster Care	1,095,957	$ 364.87	$ -	$ -	$ 38.24	$ 403.12					
MCHIP	15,706,224	$ 24.88	$ -	$ -	$ 2.61	$ 27.48					
Medicaid Expansion	40,565,478	$ 0.77	$ -	$ -	$ 0.08	$ 0.85					
Other	11,687,700	$ 68.06	$ -	$ -	$ 7.13	$ 75.19					
Total	**156,410,313**										
R1 Overall PMPM Casemix for R1 (R1 MMs)		**$ 26.42**	**$ -**	**$ -**	**$ 2.77**	**$ 29.18**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Total R1 Expenditures						**$4,564,803,861**	**Total Previous P1 Projection using R1 meber months**				**$0**

Medicaid Eligibility Group (MEG)	R2 Member Months	R2 Per Member Per Month (PMPM) Costs (Totals weighted on Retrospective Year 2 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)	P2 Per Member Per Month (PMPM) Costs from the prior waiver submission: 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
SPD - Duals	17,026,788	$ 23.79	$ -	$ -	$ 2.49	**$ 26.28**						
SPD	10,544,648	$ 98.10	$ -	$ -	$ 10.28	**$ 108.38**						
Family	59,783,518	$ 17.98	$ -	$ -	$ 1.88	**$ 19.87**						
Foster Care	1,095,957	$ 364.87	$ -	$ -	$ 38.24	**$ 403.12**						
MCHIP	15,706,224	$ 24.88	$ -	$ -	$ 2.61	**$ 27.48**						
Medicaid Expansion	40,565,478	$ 0.77	$ -	$ -	$ 0.08	**$ 0.85**						
Other	11,687,700	$ 68.06	$ -	$ -	$ 7.13	**$ 75.19**						
Total	**156,410,313**											
R2 Weighted Average PMPM Casemix for R1 (R1 MMs)												
R2 OVerall PMPM Casemix for R2 (R2 MMs)		**$ 26.42**	**$ -**	**$ -**	**$ 2.77**	**$ 29.18**		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Total R2 Expenditures						**$4,564,803,861**		**Total Previous P2 Projection using R2 member months**				**$0**
Total Previous Waiver Period Expenditures (Casemix for R1 and R2)						**$9,129,607,721**						**$0**
Total Difference between Projections and Actual Waiver Cost for Previous Waiver Period						**-$9,129,607,721**						

Prospective Period

Medicaid Eligibility Group (MEG)	Projected Year 1 Member Months (P1)	P1 Projected PMPM Costs (Totals weighted on Projected Year 1 Member Months): 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)
SPD - Duals	19,410,538	$ 45.54	$ -	$ -	$ 4.53	$ 50.07	**90.5%**
SPD	12,020,899	$ 6.47	$ -	$ -	$ 10.93	$ 17.40	**-83.9%**
Family	68,153,211	$ 11.60	$ -	$ -	$ 2.00	$ 13.60	**-31.5%**
Foster Care	1,249,391	$ 177.77	$ -	$ -	$ 40.66	$ 218.43	**-45.8%**
MCHIP	17,905,095	$ 14.96	$ -	$ -	$ 2.77	$ 17.73	**-35.5%**
Medicaid Expansion	46,244,645	$ 14.33	$ -	$ -	$ 1.43	$ 15.76	**1754.0%**
Other	13,323,978	$ 12.20	$ -	$ -	$ 7.58	$ 19.78	**-73.7%**
Total	**178,307,757**						
P1 Weighted Average PMPM Casemix for R2 (R2 MMs)		**$ 17.20**	**$ -**	**$ -**	**$ 3.49**	**$ 20.70**	**-29.1%**
P1 Weighted Average PMPM Casemix for P1 (P1 MMs)		**$ 17.20**	**$ -**	**$ -**	**$ 3.49**	**$ 20.70**	**-29.1%**
Total Projected Waiver Expenditures P1(P1 MMs)						**$3,690,658,656**	

Medicaid Eligibility Group (MEG)	Projected Year 2 Member Months (P2)	P2 Projected PMPM Costs (Totals weighted on Projected Year 2 Member Months): 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)
SPD - Duals	20,186,960	$ 76.06	$ -	$ -	$ 9.72	$ 85.78	**71.3%**
SPD	12,501,735	$ 4.13	$ -	$ -	$ 11.22	$ 15.35	**-11.8%**
Family	70,879,339	$ 17.05	$ -	$ -	$ 2.18	$ 19.23	**41.4%**
Foster Care	1,299,367	$ 250.35	$ -	$ -	$ 41.73	$ 292.08	**33.7%**
MCHIP	18,621,299	$ 24.03	$ -	$ -	$ 3.07	$ 27.10	**52.8%**
Medicaid Expansion	48,094,431	$ 22.60	$ -	$ -	$ 2.89	$ 25.49	**61.7%**
Other	13,856,937	$ 13.19	$ -	$ -	$ 7.78	$ 20.97	**6.0%**
Total	**185,440,067**						
P2 Weighted Average PMPM Casemix for P1 (P1 MMs)		**$ 26.09**	**$ -**	**$ -**	**$ 4.58**	**$ 30.67**	**48.2%**
P2 Weighted Average PMPM Casemix for P2 (P2 MMs)		**$ 26.09**	**$ -**	**$ -**	**$ 4.58**	**$ 30.67**	**48.2%**
Total Projected Waiver Expenditures P2 (P2 MMs)						**$5,687,211,951**	

Medicaid Eligibility Group (MEG)	Projected Year 3 Member Months (P3)	P3 Projected PMPM Costs (Totals weighted on Projected Year 3 Member Months): 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)
SPD - Duals	19,177,612	$ 107.72	$ -	$ -	$ 10.61	$ 118.33	**37.9%**
SPD	11,876,648	$ 8.50	$ -	$ -	$ 11.53	$ 20.03	**30.5%**
Family	67,335,372	$ 25.59	$ -	$ -	$ 2.52	$ 28.11	**46.2%**
Foster Care	1,234,398	$ 417.77	$ -	$ -	$ 42.87	$ 460.64	**57.7%**
MCHIP	17,690,234	$ 36.69	$ -	$ -	$ 3.61	$ 40.30	**48.7%**
Medicaid Expansion	45,689,709	$ 38.60	$ -	$ -	$ 3.80	$ 42.40	**66.3%**
Other	13,164,090	$ 41.91	$ -	$ -	$ 7.99	$ 49.90	**138.0%**
Total	**176,168,064**						
P3 Weighted Average PMPM Casemix for P2 (P2 MMs)		**$ 40.23**	**$ -**	**$ -**	**$ 4.94**	**$ 45.17**	**47.3%**
P3 Weighted Average PMPM Casemix for P3 (P3 MMs)		**$ 44.04**	**$ -**	**$ -**	**$ 5.41**	**$ 49.45**	**61.2%**
Total Projected Waiver Expenditures P3 (P3 MMs)						**$8,711,194,543**	

Medicaid Eligibility Group (MEG)	Projected Year 4 Member Months (P4)	P4 Projected PMPM Costs (Totals weighted on Projected Year 4 Member Months): 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)
SPD - Duals	19,177,612	$ 119.30	$ -	$ -	$ 10.92	$ 130.22	**10.0%**
SPD	11,876,648	$ 15.32	$ -	$ -	$ 11.86	$ 27.18	**35.7%**
Family	67,335,372	$ 31.24	$ -	$ -	$ 2.59	$ 33.83	**20.3%**
Foster Care	1,234,398	$ 470.45	$ -	$ -	$ 44.11	$ 514.56	**11.7%**
MCHIP	17,690,234	$ 49.22	$ -	$ -	$ 3.71	$ 52.93	**31.3%**
Medicaid Expansion	45,689,709	$ 56.89	$ -	$ -	$ 3.91	$ 60.80	**43.4%**
Other	13,164,090	$ 62.50	$ -	$ -	$ 8.22	$ 70.72	**41.7%**
Total	**176,168,064**						
P4 Weighted Average PMPM Casemix for P3 (P3 MMs)		**$ 54.28**	**$ -**	**$ -**	**$ 5.35**	**$ 59.63**	**20.6%**
P4 Weighted Average PMPM Casemix for P4 (P4 MMs)		**$ 56.45**	**$ -**	**$ -**	**$ 5.57**	**$ 62.01**	**25.4%**
Total Projected Waiver Expenditures P4 (P4 MMs)						**$10,924,722,530**	

Medicaid Eligibility Group (MEG)	Projected Year 5 Member Months (P5)	P5 Projected PMPM Costs (Totals weighted on Projected Year 5 Member Months): 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)
SPD - Duals	19,177,612	$ 149.12	$ -	$ -	$ 11.24	$ 160.36	**23.1%**
SPD	11,876,648	$ 19.15	$ -	$ -	$ 12.20	$ 31.35	**15.3%**
Family	67,335,372	$ 39.05	$ -	$ -	$ 2.67	$ 41.72	**23.3%**
Foster Care	1,234,398	$ 588.06	$ -	$ -	$ 45.39	$ 633.45	**23.1%**
MCHIP	17,690,234	$ 61.53	$ -	$ -	$ 3.76	$ 65.29	**23.4%**
Medicaid Expansion	45,689,709	$ 71.12	$ -	$ -	$ 4.35	$ 75.47	**24.1%**
Other	13,164,090	$ 78.13	$ -	$ -	$ 8.46	$ 86.59	**22.4%**
Total	**176,168,064**						
P5 Weighted Average PMPM Casemix for P4 (P4 MMs)		**$ 67.85**	**$ -**	**$ -**	**$ 5.59**	**$ 73.44**	**18.4%**
P5 Weighted Average PMPM Casemix for P5 (P5 MMs)		**$ 70.56**	**$ -**	**$ -**	**$ 5.81**	**$ 76.37**	**23.2%**
Total Projected Waiver Expenditures P5 (P5 MMs)						**$13,454,623,564**	

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)
SPD - Duals	39,597,498	97,130,334	**-0.6%**	**0.2%**	**-7.2%**	**2.4%**
SPD	24,522,633	60,152,577	**1.0%**	**-0.1%**	**13.2%**	**-1.6%**
Family	139,032,549	341,038,665	**0.0%**	**0.1%**	**0.2%**	**1.0%**
Foster Care	2,548,758	6,251,952	**0.2%**	**0.1%**	**2.1%**	**0.6%**
MCHIP	36,526,395	89,597,097	**0.0%**	**0.1%**	**0.1%**	**1.2%**
Medicaid Expansion	94,339,076	231,408,203	**-1.8%**	**0.5%**	**-19.4%**	**6.1%**
Other	27,180,915	66,673,186	**0.7%**	**0.0%**	**8.4%**	**0.2%**
Total	**363,747,824**	**892,252,015**				
P2 Weighted Average PMPM Casemix for R1 (R1 MMs)			**0.0%**	**0.1%**	**-0.3%**	**1.2%**
P2 Weighted Average PMPM Casemix for P2 (P2 MMs)			**0.0%**	**0.1%**	**-0.3%**	**1.3%**
Total Projected Waiver Expenditures P2 + P1 (Casemix for P1 and P2)		**$9,377,870,607**				
Total Projected Waiver Expenditures P1:P5 (Casemix for P1 through P5)		**$42,468,411,245**				

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.

	PY1 (2022)	PY2 (2023)	PY3 (2024)	PY4 (2025)	PY5 (2026)
SPD - Duals	17,540,025	17,896,899	18,682,457	20,913,349	20,913,349
SPD	10,342,579	10,628,672	8,061,119	9,366,451	9,366,451
Family	68,052,710	70,715,843	71,692,482	68,182,602	68,182,602
Foster Care	2,083,360	2,056,760	1,985,321	1,903,201	1,903,201
MCHCP	15,337,623	15,331,302	14,749,681	14,598,524	14,598,524
Medicaid Expansion	53,664,543	57,971,566	59,201,861	59,165,957	59,165,957
Other	10,303,981	9,718,502	1,219,276	1,063,877	1,063,877
Total	**177,384,821**	**184,320,144**	**175,592,197**	**175,193,961**	**175,193,961**