State of California

Appendix D1. Member Months

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) 6-30-19	Retrospective Year 2 (R2) 6-30-19	Projected Quarter 1 1-1-22	Projected Quarter 2 4-2-22	Projected Quarter 3 7-2-22	Projected Quarter 4 10-2-22	Projected Year 1 (P1)	Projected Quarter 5 1-1-23	Projected Quarter 6 4-1-23	Projected Quarter 7 7-1-23	Projected Quarter 8 10-1-23	Projected Year 2 (P2)
SPD - Duals	17,026,788	17,026,788	4,440,586	4,440,586	4,440,586	4,440,586	17,762,344	3,964,999	3,964,999	3,964,999	3,964,999	15,859,996
SPD	10,544,648	10,544,648	2,750,044	2,750,044	2,750,044	2,750,044	11,000,176	2,455,514	2,455,514	2,455,514	2,455,514	9,822,056
Family	59,783,518	59,783,518	15,591,541	15,591,541	15,591,541	15,591,541	62,366,164	13,921,686	13,921,686	13,921,686	13,921,686	55,686,744
Foster Care	1,095,957	1,095,957	285,826	285,826	285,826	285,826	1,143,304	255,214	255,214	255,214	255,214	1,020,856
MCHIP	15,706,224	15,706,224	4,096,183	4,096,183	4,096,183	4,096,183	16,384,732	3,657,481	3,657,481	3,657,481	3,657,481	14,629,924
Medicaid Expansion	11,687,700	11,687,700	3,048,152	3,048,152	3,048,152	3,048,152	12,192,608	2,721,694	2,721,694	2,721,694	2,721,694	10,886,776
Other	40,565,478	40,565,478	10,579,477	10,579,477	10,579,477	10,579,477	42,317,908	9,446,415	9,446,415	9,446,415	9,446,415	37,785,660
Total Member Months	**156,410,313**	**156,410,313**	**40,791,809**	**40,791,809**	**40,791,809**	**40,791,809**	**163,167,236**	**36,423,003**	**36,423,003**	**36,423,003**	**36,423,003**	**145,692,012**
Quarterly % Increase				**0.0%**	**0.0%**	**0.0%**		**-10.7%**	**0.0%**	**0.0%**	**0.0%**	

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

	Total Projected 2 Year	Total Projected 5 Year
SPD - Duals	33,622,340	81,211,832
SPD	20,822,232	50,294,292
Family	118,052,908	285,146,548
Foster Care	2,164,160	5,227,340
MCHIP	31,014,656	74,913,200
MedicaidExpansion	23,079,384	55,746,240
Other	80,103,568	193,483,216
	308,859,248	**746,022,668**

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

State Completion Sections

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

The formulas will automatically update given this data.

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

Medicaid Eligibility Group (MEG)	Projected Quarter 9 1-1-24	Projected Quarter 10 4-1-24	Projected Quarter 11 7-1-24	Projected Quarter 12 10-1-24	Projected Year 3 (P3)	Projected Quarter 13 1-1-25	Projected Quarter 14 4-1-25	Projected Quarter 15 7-1-25	Projected Quarter 16 10-1-25	Projected Year 4 (P4)	Projected Quarter 17 1-1-26	Projected Quarter 18 4-1-26	Projected Quarter 19 7-1-26	Projected Quarter 20 10-1-26	Projected Year 5 (P5)
SPD - Duals	3,965,791	3,965,791	3,965,791	3,965,791	15,863,164	3,965,791	3,965,791	3,965,791	3,965,791	15,863,164	3,965,791	3,965,791	3,965,791	3,965,791	15,863,164
SPD	2,456,005	2,456,005	2,456,005	2,456,005	9,824,020	2,456,005	2,456,005	2,456,005	2,456,005	9,824,020	2,456,005	2,456,005	2,456,005	2,456,005	9,824,020
Family	13,924,470	13,924,470	13,924,470	13,924,470	55,697,880	13,924,470	13,924,470	13,924,470	13,924,470	55,697,880	13,924,470	13,924,470	13,924,470	13,924,470	55,697,880
Foster Care	255,265	255,265	255,265	255,265	1,021,060	255,265	255,265	255,265	255,265	1,021,060	255,265	255,265	255,265	255,265	1,021,060
MCHIP	3,658,212	3,658,212	3,658,212	3,658,212	14,632,848	3,658,212	3,658,212	3,658,212	3,658,212	14,632,848	3,658,212	3,658,212	3,658,212	3,658,212	14,632,848
Medicaid Expansion	2,722,238	2,722,238	2,722,238	2,722,238	10,888,952	2,722,238	2,722,238	2,722,238	2,722,238	10,888,952	2,722,238	2,722,238	2,722,238	2,722,238	10,888,952
Other	9,448,304	9,448,304	9,448,304	9,448,304	37,793,216	9,448,304	9,448,304	9,448,304	9,448,304	37,793,216	9,448,304	9,448,304	9,448,304	9,448,304	37,793,216
Total Member Months	**36,430,285**	**36,430,285**	**36,430,285**	**36,430,285**	**145,721,140**	**36,430,285**	**36,430,285**	**36,430,285**	**36,430,285**	**145,721,140**	**36,430,285**	**36,430,285**	**36,430,285**	**36,430,285**	**145,721,140**
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%	1.22%	see below*	see below*	see below*	see below*	-1.57%	-1.56%
% Increase	0.00%	4.32%	-0.10710008	0.000199929	0	0	-6.85%	-6.83%

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

State of California

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						X		
IHS Inpatient									
Mental Health Facility	x						x		
Skilled Nursing Home									
ICF-MR Public									
ICF-MR Private									
ICF-Other									
Physician Services (includes psych)	X						X		
Outpatient Hospital (includes psych)	X						X		
IHS Outpatient									
Prescribed Drugs									
Dental Services									
Other Practitioners (includes psych)	X	X					X		
Clinic Services	X						X		
Lab or Radiology (includes psych)									
Home Health Services									
Sterilizations									
EPSDT Screening									
Rural Health Clinic									
FQHC									
Tribal 638	X						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						X		

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

State Completion Sections

State of California

Appendix D2.A Administration in Waiver Cost

Administration in Actual Waiver Cost (Comprehensive and Expedited)

State: California

Renewal Waiver

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

Row # / Column Letter	B	C	D	E	F	G	H	I
7	**CMS 64.10 line Item**	**CMS 64.10 Explanation**	**Contract**	**Match Rate**	**BY Expenses**			
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		75% FFP				
33	18.	ENROLLMENT BROKERS		50% FFP				
34	19.	OTHER FINANCIAL PARTICIPATION		50% FFP	43,073,024			
35	20	Total			**$ 427,547,530**			
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							

State of California

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

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)
SPD - Duals	17,026,788		$ 405,011,367	$ 405,011,367			$ 41,909,872	**$ 446,921,239**	$ 23.79	$ -	$ -	$ 2.46	**$ 26.25**
SPD	10,544,648		$ 1,034,402,640	$ 1,034,402,640			$ 107,038,187	**$ 1,141,440,826**	$ 98.10	$ -	$ -	$ 10.15	**$ 108.25**
Family	59,783,518		$ 1,075,077,961	$ 1,075,077,961			$ 111,247,198	**$ 1,186,325,159**	$ 17.98	$ -	$ -	$ 1.86	**$ 19.84**
Foster Care	1,095,957		$ 399,885,987	$ 399,885,987			$ 41,379,507	**$ 441,265,494**	$ 364.87	$ -	$ -	$ 37.76	**$ 402.63**
MCHIP	15,706,224		$ 390,708,498	$ 390,708,498			$ 40,429,836	**$ 431,138,335**	$ 24.88	$ -	$ -	$ 2.57	**$ 27.45**
Medicaid Expansion	11,687,700		$ 31,212,100	$ 31,212,100			$ 3,229,774	**$ 34,441,874**	$ 2.67	$ -	$ -	$ 0.28	**$ 2.95**
Other	40,565,478		$ 795,463,271	$ 795,463,271			$ 82,313,156	**$ 877,776,427**	$ 19.61	$ -	$ -	$ 2.03	**$ 21.64**
Total	**156,410,313**	**$ -**	**$ 4,131,761,824**	**$ 4,131,761,824**	**$ -**	**$ -**	**$ 427,547,530**	**$ 4,559,309,353**					
R1 Overall PMPM Casemix for R1 (R1 MMs)									**$ 26.42**	**$ -**	**$ -**	**$ 2.73**	**$ 29.15**

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)
SPD - Duals	17,026,788		$ 405,011,367	$ 405,011,367			$ 41,909,872	**$ 446,921,239**	$ 23.79	$ -	$ -	$ 2.46	**$ 26.25**
SPD	10,544,648		$ 1,034,402,640	$ 1,034,402,640			$ 107,038,187	**$ 1,141,440,826**	$ 98.10	$ -	$ -	$ 10.15	**$ 108.25**
Family	59,783,518		$ 1,075,077,961	$ 1,075,077,961			$ 111,247,198	**$ 1,186,325,159**	$ 17.98	$ -	$ -	$ 1.86	**$ 19.84**
Foster Care	1,095,957		$ 399,885,987	$ 399,885,987			$ 41,379,507	**$ 441,265,494**	$ 364.87	$ -	$ -	$ 37.76	**$ 402.63**
MCHIP	15,706,224		$ 390,708,498	$ 390,708,498			$ 40,429,836	**$ 431,138,335**	$ 24.88	$ -	$ -	$ 2.57	**$ 27.45**
Medicaid Expansion	11,687,700		$ 31,212,100	$ 31,212,100			$ 3,229,774	**$ 34,441,874**	$ 2.67	$ -	$ -	$ 0.28	**$ 2.95**
Other	40,565,478		$ 795,463,271	$ 795,463,271			$ 82,313,156	**$ 877,776,427**	$ 19.61	$ -	$ -	$ 2.03	**$ 21.64**
Total	**156,410,313**	**$ -**	**$ 4,131,761,824**	**$ 4,131,761,824**	**$ -**	**$ -**	**$ 427,547,530**	**$ 4,559,309,353**					
R1 Overall PMPM Casemix for R2 (R2 MMs)									**$ 26.42**	**$ -**	**$ -**	**$ 2.73**	**$ 29.15**

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

Note: The States completing the Expedited Test will only attach the most recent waiver Schedule D, and the corresponding quarters of waiver forms from the CMS-64.9 Waiver and CMS-64.21U Waiver and CMS 64.10 Waiver. Completion of this Appendix is not necessary for expedited waivers.

Note: The States completing the Comprehensive Test will attach the most recent waiver Schedule D, and the corresponding quarters of waiver forms from the CMS-64.9 Waiver and CMS-64.21U Waiver and CMS 64.10 Waiver. Completion of this Appendix is required for Comprehensive Waivers.

State of California

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 anticipates ten counties not currently providing DMC ODS services will begin in Prospective Year 2. The adjustment is noted in cells L33 through L35 in Worksheet D5: Waiver Cost Projection.
10	State Plan Programmatic/policy/pricing changes	X	The Retrospective Year expenditure data includes services provided to beneficiaries with unsatisfactory immigration status. California included a program adjustment to remove the proportion of those expenditures that are for non-pregnancy services from the PMPM in Prospective Year 1. The adjustment is noted in cells L13 through L19.
11	Administrative Cost Adjustment		
12	1915(b)(3) service Trend	X	DHCSis planning to provide contingency management services in P1, P2, and 3 months of P3. Since DHCSdid not provide contingency management in R1 or R2, it hard coded the P1 PMPM in column W, rows 13-19.
13	Incentives (not in cap payment) Adjustments		
14	Other		
15			
16	State Completion Sections		

State of California

Appendix D5. Waiver Cost Projection

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: State Plan Service Costs*	Incentive Costs*	1915(b)(3) Service Costs*	Administration Costs*	Total Actual Waiver Costs*	Prospective Year 1 (P1) Projection for State Plan Services**: R2 PMPM State Plan Service Costs* (Same as D13-D18)	State Plan Inflation Adjustment (Annual Year 1) (Preprint Explains)	PMPM Effect of Inflation Adjustment (IxJ)	Program Adjustment [Enter Description Here] (Preprint Explains)	PMPM Effect of Program Adjustment ((I+K)xL)	Aggregate PMPM Effect of State Plan Service Adj. (K+M)	Total P1 PMPM State Plan Service Cost Projection (I+N)	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	17,026,788	$ 23.79	$ -	$ -	$ 2.46	$ 26.25	$ 23.79	6.32%	$ 1.50	-0.59%	$ (0.15)	$ 1.35	$ 25.14	$ -		$ -	$ -	$ -		$ -	$ 0.12	$ 2.46	6.3%	$ 0.16	$ 2.62	$ 27.88
SPD	10,544,648	$ 98.10	$ -	$ -	$ 10.15	$ 108.25	$ 98.10	6.32%	$ 6.20	-0.69%	$ (0.72)	$ 5.48	$ 103.58	$ -		$ -	$ -	$ -		$ -	$ 0.01	$ 10.15	6.3%	$ 0.64	$ 10.79	$ 114.38
Family	59,783,518	$ 17.98	$ -	$ -	$ 1.86	$ 19.84	$ 17.98	6.32%	$ 1.14	-3.83%	$ (0.73)	$ 0.40	$ 18.39	$ -		$ -	$ -	$ -		$ -	$ 0.02	$ 1.86	6.3%	$ 0.12	$ 1.98	$ 20.39
Foster Care	1,095,957	$ 364.87	$ -	$ -	$ 37.76	$ 402.63	$ 364.87	6.32%	$ 23.06	-0.53%	$ (2.06)	$ 21.00	$ 385.88	$ -		$ -	$ -	$ -		$ -	$ -	$ 37.76	6.3%	$ 2.39	$ 40.14	$ 426.02
MCHIP	15,706,224	$ 24.88	$ -	$ -	$ 2.57	$ 27.45	$ 24.88	6.32%	$ 1.57	-2.60%	$ (0.69)	$ 0.88	$ 25.76	$ -		$ -	$ -	$ -		$ -	$ -	$ 2.57	6.3%	$ 0.16	$ 2.74	$ 28.50
Medicaid Expansion	11,687,700	$ 2.67	$ -	$ -	$ 0.28	$ 2.95	$ 2.67	6.32%	$ 0.17	-2.79%	$ (0.08)	$ 0.09	$ 2.76	$ -		$ -	$ -	$ -		$ -	$ 0.30	$ 0.28	6.3%	$ 0.02	$ 0.29	$ 3.35
Other	40,565,478	$ 19.61	$ -	$ -	$ 2.03	$ 21.64	$ 19.61	6.32%	$ 1.24	-2.44%	$ (0.51)	$ 0.73	$ 20.34	$ -		$ -	$ -	$ -		$ -	$ -	$ 2.03	6.3%	$ 0.13	$ 2.16	$ 22.50
Total	**156,410,313**																									
P1 PMPM Casemix for R2 (R2 MMs)		**$ 26.42**	**$ -**	**$ -**	**$ 2.73**	**$ 29.15**	**$ 26.42**	**6.3%**	**$ 1.67**	**-2.0%**	**$ (0.57)**	**$ 1.10**	**$ 27.52**	**$ -**	**0.0%**	**$ -**	**$ -**	**$ -**	**0.0%**	**$ -**	**$ -**	**$ 2.73**	**6.3%**	**$ 0.17**	**$ 2.91**	**$ 30.43**

*** 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) (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)	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	17,026,788	$ 25.14	$ -	$ 0.12	$ 2.62	$ 27.88	$ 25.14	2.6%	$ 0.66	0.26%	$ 0.07	$ 0.73	$ 25.87	$ -		$ -	$ -	$ 0.12	245.6%	$ 0.29	$ 0.41	$ 2.62	2.6%	$ 0.07	$ 2.69	$ 28.97
SPD	**10,544,648**	**$ 103.58**	**$ -**	**$ 0.01**	**$ 10.79**	**$ 114.38**	**$ 103.58**	**2.6%**	**$ 2.72**	**0.26%**	**$ 0.28**	**$ 2.99**	**$ 106.57**	**$ -**		**$ -**	**$ -**	**$ 0.01**	**245.6%**	**$ 0.02**	**$ 0.03**	**$ 10.79**	**2.6%**	**$ 0.28**	**$ 11.08**	**$ 117.68**
Family	**59,783,518**	**$ 18.39**	**$ -**	**$ 0.02**	**$ 1.98**	**$ 20.39**	**$ 18.39**	**2.6%**	**$ 0.48**	**0.26%**	**$ 0.05**	**$ 0.53**	**$ 18.92**	**$ -**		**$ -**	**$ -**	**$ 0.02**	**245.6%**	**$ 0.05**	**$ 0.07**	**$ 1.98**	**2.6%**	**$ 0.05**	**$ 2.03**	**$ 21.02**
Foster Care	**1,095,957**	**$ 385.88**	**$ -**	**$ -**	**$ 40.14**	**$ 426.02**	**$ 385.88**	**2.6%**	**$ 10.12**	**0.26%**	**$ 1.03**	**$ 11.15**	**$ 397.03**	**$ -**		**$ -**	**$ -**	**$ -**		**$ -**	**$ -**	**$ 40.14**	**2.6%**	**$ 1.05**	**$ 41.20**	**$ 438.22**
MCHIP	**15,706,224**	**$ 25.76**	**$ -**	**$ -**	**$ 2.74**	**$ 28.50**	**$ 25.76**	**2.6%**	**$ 0.68**	**0.26%**	**$ 0.07**	**$ 0.74**	**$ 26.50**	**$ -**		**$ -**	**$ -**	**$ -**		**$ -**	**$ -**	**$ 2.74**	**2.6%**	**$ 0.07**	**$ 2.81**	**$ 29.31**
Medicaid Expansion	**11,687,700**	**$ 2.76**	**$ -**	**$ 0.30**	**$ 0.29**	**$ 3.35**	**$ 2.76**	**2.6%**	**$ 0.07**	**0.26%**	**$ 0.01**	**$ 0.08**	**$ 2.84**	**$ -**		**$ -**	**$ -**	**$ 0.30**	**245.6%**	**$ 0.74**	**$ 1.04**	**$ 0.29**	**2.6%**	**$ 0.01**	**$ 0.30**	**$ 4.18**
Other	**40,565,478**	**$ 20.34**	**$ -**	**$ -**	**$ 2.16**	**$ 22.50**	**$ 20.34**	**2.6%**	**$ 0.53**	**0.26%**	**$ 0.05**	**$ 0.59**	**$ 20.93**	**$ -**		**$ -**	**$ -**	**$ -**		**$ -**	**$ -**	**$ 2.16**	**2.6%**	**$ 0.06**	**$ 2.21**	**$ 23.14**
Total	**156,410,313**																									
P2 PMPM Casemix for R2 (R2 MMs)		**$ 27.52**	**$ -**	**$ -**	**$ 2.91**	**$ 30.43**	**$ 27.52**	**2.6%**	**$ 0.72**	**0.3%**	**$ 0.07**	**$ 0.80**	**$ 28.31**	**$ -**	**0.0%**	**$ -**	**$ -**	**$ -**	**0.0%**	**$ 0.11**	**$ 0.11**	**$ 2.91**	**2.6%**	**$ 0.08**	**$ 2.98**	**$ 31.40**

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 [Enter Description Here]	PMPM Effect of Program Adjustment	Aggregate PMPM Effect of State Plan Service Adj.	Total P3 PMPM State Plan Service Cost Projection	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	17,026,788	$ 25.87	$ -	$ 0.41	$ 2.69	$ 28.97	$ 25.87	2.7%	$ 0.71		$ -	$ 0.71	$ 26.57	$ -		$ -	$ -	$ 0.41	-64.9%	$ (0.27)	$ 0.15	$ 2.69	2.7%	$ 0.07	$ 2.76	$ 29.48
SPD	10,544,648	$ 106.57	$ -	$ 0.03	$ 11.08	$ 117.68	$ 106.57	2.7%	$ 2.90		$ -	$ 2.90	$ 109.47	$ -		$ -	$ -	$ 0.03	-64.9%	$ (0.02)	$ 0.01	$ 11.08	2.7%	$ 0.30	$ 11.38	$ 120.86
Family	59,783,518	$ 18.92	$ -	$ 0.07	$ 2.03	$ 21.02	$ 18.92	2.7%	$ 0.52		$ -	$ 0.52	$ 19.43	$ -		$ -	$ -	$ 0.07	-64.9%	$ (0.04)	$ 0.02	$ 2.03	2.7%	$ 0.06	$ 2.09	$ 21.54
Foster Care	1,095,957	$ 397.03	$ -	$ -	$ 41.20	$ 438.22	$ 397.03	2.7%	$ 10.82		$ -	$ 10.82	$ 407.85	$ -		$ -	$ -	$ -		$ -	$ -	$ 41.20	2.7%	$ 1.12	$ 42.32	$ 450.17
MCHIP	15,706,224	$ 26.50	$ -	$ -	$ 2.81	$ 29.31	$ 26.50	2.7%	$ 0.72		$ -	$ 0.72	$ 27.23	$ -		$ -	$ -	$ -		$ -	$ -	$ 2.81	2.7%	$ 0.08	$ 2.89	$ 30.11
Medicaid Expansion	11,687,700	$ 2.84	$ -	$ 1.04	$ 0.30	$ 4.18	$ 2.84	2.7%	$ 0.08		$ -	$ 0.08	$ 2.92	$ -		$ -	$ -	$ 1.04	-64.9%	$ (0.67)	$ 0.36	$ 0.30	2.7%	$ 0.01	$ 0.31	$ 3.59
Other	40,565,478	$ 20.93	$ -	$ -	$ 2.21	$ 23.14	$ 20.93	2.7%	$ 0.57		$ -	$ 0.57	$ 21.50	$ -		$ -	$ -	$ -		$ -	$ -	$ 2.21	2.7%	$ 0.06	$ 2.27	$ 23.77
Total	**156,410,313**																									
P3 PMPM Casemix for R2 (R2 MMs)		**$ 26.50**	**$ -**	**$ -**	**$ 2.81**	**$ 29.31**	**$ 26.50**	**2.9%**	**$ 0.77**	**0.0%**	**$ -**	**$ 0.77**	**$ 27.28**	**$ -**	**0.0%**	**$ -**	**$ -**	**$ -**	**0.0%**	**$ (0.10)**	**$ (0.10)**	**$ 2.81**	**2.9%**	**$ 0.08**	**$ 2.89**	**$ 30.07**

State of California

Appendix D5. Waiver Cost Projection

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	
SPD - Duals	17,026,788	$ 26.57	$ -	$ 0.15	$ 2.76	$ 29.48	$ 26.57	2.9%	$ 0.77		$ -	$ 0.77	$ 27.34	$ -		$ -	$ -	$ 0.15	-100.0%	$ (0.15)	$ -	$ 2.76	2.9%	$ 0.08	$ 2.84	$ 30.18
SPD	10,544,648	$ 109.47	$ -	$ 0.01	$ 11.38	$ 120.86	$ 109.47	2.9%	$ 3.18		$ -	$ 3.18	$ 112.65	$ -		$ -	$ -	$ 0.01	-100.0%	$ (0.01)	$ -	$ 11.38	2.9%	$ 0.33	$ 11.71	$ 124.36
Family	59,783,518	$ 19.43	$ -	$ 0.02	$ 2.09	$ 21.54	$ 19.43	2.9%	$ 0.56		$ -	$ 0.56	$ 20.00	$ -		$ -	$ -	$ 0.02	-100.0%	$ (0.02)	$ -	$ 2.09	2.9%	$ 0.06	$ 2.15	$ 22.14
Foster Care	1,095,957	$ 407.85	$ -	$ -	$ 42.32	$ 450.17	$ 407.85	2.9%	$ 11.84		$ -	$ 11.84	$ 419.68	$ -		$ -	$ -	$ -		$ -	$ -	$ 42.32	2.9%	$ 1.23	$ 43.55	$ 463.23
MCHIP	15,706,224	$ 27.23	$ -	$ -	$ 2.89	$ 30.11	$ 27.23	2.9%	$ 0.79		$ -	$ 0.79	$ 28.02	$ -		$ -	$ -	$ -		$ -	$ -	$ 2.89	2.9%	$ 0.08	$ 2.97	$ 30.99
Medicaid Expansion	11,687,700	$ 2.92	$ -	$ 0.36	$ 0.31	$ 3.59	$ 2.92	2.9%	$ 0.08		$ -	$ 0.08	$ 3.00	$ -		$ -	$ -	$ 0.36	-100.0%	$ (0.36)	$ -	$ 0.31	2.9%	$ 0.01	$ 0.32	$ 3.32
Other	40,565,478	$ 21.50	$ -	$ -	$ 2.27	$ 23.77	$ 21.50	2.9%	$ 0.62		$ -	$ 0.62	$ 22.12	$ -		$ -	$ -	$ -		$ -	$ -	$ 2.27	2.9%	$ 0.07	$ 2.34	$ 24.46
Total	**156,410,313**																									
P4 PMPM Casemix for R2 (R2 MMs)		**$ 2.92**	**$ -**	**$ 0.36**	**$ 0.31**	**$ 3.59**	**$ 2.92**	**28.9%**	**$ 0.84**	**0.0%**	**$ -**	**$ 0.84**	**$ 3.76**	**$ -**	**0.0%**	**$ -**	**$ -**	**$ 0.36**	**-14.6%**	**$ (0.05)**	**$ 0.31**	**$ 0.31**	**28.7%**	**$ 0.09**	**$ 0.40**	**$ 4.47**

Medicaid Eligibility Group (MEG)	Retrospective Year 2 (R2) Member Months	P4 Per Member Per Month (PMPM) Costs					Prospective Year 5 (P2) Projection for State Plan Services**							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	
SPD - Duals	17,026,788	$ 27.34	$ -	$ -	$ 2.84	$ 30.18	$ 27.34	2.9%	$ 0.79		$ -	$ 0.79	$ 28.14	$ -		$ -	$ -	$ -		$ -	$ -	$ 2.84	2.9%	$ 0.08	$ 2.92	$ 31.06
SPD	10,544,648	$ 112.65	$ -	$ -	$ 11.71	$ 124.36	$ 112.65	2.9%	$ 3.27		$ -	$ 3.27	$ 115.92	$ -		$ -	$ -	$ -		$ -	$ -	$ 11.71	2.9%	$ 0.34	$ 12.05	$ 127.97
Family	59,783,518	$ 20.00	$ -	$ -	$ 2.15	$ 22.14	$ 20.00	2.9%	$ 0.58		$ -	$ 0.58	$ 20.58	$ -		$ -	$ -	$ -		$ -	$ -	$ 2.15	2.9%	$ 0.06	$ 2.21	$ 22.79
Foster Care	1,095,957	$ 419.68	$ -	$ -	$ 43.55	$ 463.23	$ 419.68	2.9%	$ 12.17		$ -	$ 12.17	$ 431.86	$ -		$ -	$ -	$ -		$ -	$ -	$ 43.55	2.9%	$ 1.26	$ 44.81	$ 476.67
MCHIP	15,706,224	$ 28.02	$ -	$ -	$ 2.97	$ 30.99	$ 28.02	2.9%	$ 0.81		$ -	$ 0.81	$ 28.83	$ -		$ -	$ -	$ -		$ -	$ -	$ 2.97	2.9%	$ 0.09	$ 3.05	$ 31.89
Medicaid Expansion	11,687,700	$ 3.00	$ -	$ -	$ 0.32	$ 3.32	$ 3.00	2.9%	$ 0.09		$ -	$ 0.09	$ 3.09	$ -		$ -	$ -	$ -		$ -	$ -	$ 0.32	2.9%	$ 0.01	$ 0.33	$ 3.42
Other	40,565,478	$ 22.12	$ -	$ -	$ 2.34	$ 24.46	$ 22.12	2.9%	$ 0.64		$ -	$ 0.64	$ 22.76	$ -		$ -	$ -	$ -		$ -	$ -	$ 2.34	2.9%	$ 0.07	$ 2.41	$ 25.17
Total	**156,410,313**																									
P5 PMPM Casemix for R2 (R2 MMs)		**$ 112.65**	**$ -**	**$ -**	**$ 11.71**	**$ 124.36**	**$ 112.65**	**0.8%**	**$ 0.87**	**0.0%**	**$ -**	**$ 0.87**	**$ 113.52**	**$ -**	**0.0%**	**$ -**	**$ -**	**$ -**	**0.0%**	**$ -**	**$ -**	**$ 11.71**	**0.8%**	**$ 0.09**	**$ 11.80**	**$ 125.32**

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	$ -	$ -	$ 2.46	$ 26.25					
SPD	10,544,648	$ 98.10	$ -	$ -	$ 10.15	$ 108.25					
Family	59,783,518	$ 17.98	$ -	$ -	$ 1.86	$ 19.84					
Foster Care	1,095,957	$ 364.87	$ -	$ -	$ 37.76	$ 402.63					
MCHIP	15,706,224	$ 24.88	$ -	$ -	$ 2.57	$ 27.45					
Medicaid Expansion	11,687,700	$ 2.67	$ -	$ -	$ 0.28	$ 2.95					
Other	40,565,478	$ 19.61	$ -	$ -	$ 2.03	$ 21.64					
Total	**156,410,313**										
R1 Overall PMPM Casemix for R1 (R1 MMs)		**$ 26.42**	**$ -**	**$ -**	**$ 2.73**	**$ 29.15**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Total R1 Expenditures						**$4,559,309,353**	**Total Previous P1 Projection using R1 member 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	$ -	$ -	$ 2.46	**$ 26.25**						
SPD	10,544,648	$ 98.10	$ -	$ -	$ 10.15	**$ 108.25**						
Family	59,783,518	$ 17.98	$ -	$ -	$ 1.86	**$ 19.84**						
Foster Care	1,095,957	$ 364.87	$ -	$ -	$ 37.76	**$ 402.63**						
MCHIP	15,706,224	$ 24.88	$ -	$ -	$ 2.57	**$ 27.45**						
Medicaid Expansion	11,687,700	$ 2.67	$ -	$ -	$ 0.28	**$ 2.95**						
Other	40,565,478	$ 19.61	$ -	$ -	$ 2.03	**$ 21.64**						
Total	**156,410,313**											
R2 Weighted Average PMPM Casemix for R1 (R1 MMs)												
R2 OVerall PMPM Casemix for R2 (R2 MMs)		**$ 26.42**	**$ -**	**$ -**	**$ 2.73**	**$ 29.15**		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Total R2 Expenditures						**$4,559,309,353**		**Total Previous P2 Projection using R2 member months**				**$0**

Total Previous Waiver Period Expenditures (Casemix for R1 and R2)	**$9,118,618,707**
Total Difference between Projections and Actual Waiver Cost for Previous Waiver Period	**-$9,118,618,707**

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) Cost Projection	P1 PMPM Administration Cost Projection	P1 PMPM Projected Waiver Costs	Overall R2 to P1 (annual)
SPD - Duals	17,762,344	$ 25.14	$ -	$ 0.12	$ 2.62	$ 27.88	**6.2%**
SPD	11,000,176	$ 103.58	$ -	$ 0.01	$ 10.79	$ 114.38	**5.7%**
Family	62,366,164	$ 18.39	$ -	$ 0.02	$ 1.98	$ 20.39	**2.7%**
Foster Care	1,143,304	$ 385.88	$ -	$ -	$ 40.14	$ 426.02	**5.8%**
MCHIP	16,384,732	$ 25.76	$ -	$ -	$ 2.74	$ 28.50	**3.8%**
Medicaid Expansion	12,192,608	$ 2.76	$ -	$ 0.30	$ 0.29	$ 3.35	**13.8%**
Other	42,317,908	$ 20.34	$ -	$ -	$ 2.16	$ 22.50	**4.0%**
Total	**163,167,236**						
P1 Weighted Average PMPM Casemix for R2 (R2 MMs)		**$ 27.52**	**$ -**	**$ 0.04**	**$ 2.91**	**$ 30.47**	**4.5%**
P1 Weighted Average PMPM Casemix for P1 (P1 MMs)		**$ 27.52**	**$ -**	**$ 0.04**	**$ 2.91**	**$ 30.47**	**4.5%**
Total Projected Waiver Expenditures P1(P1 MMs)						**$4,971,654,530**	

Row # / Column Letter

Cost Effectiveness Summary Sheet Renewal Waiver

State: California

Medicaid Eligibility Group (MEG)	Projected Year 2 Member Months (P2)	P2 Projected PMPM Costs (Totals weighted on Projected Year 2 Member Months)					Overall P1 to P2 (annual)
		P2 PMPM State Plan Service Cost Projection	P2 PMPM Incentive Cost Projection	P2 PMPM 1915(b)(3) Cost Projection	P2 PMPM Administration Cost Projection	P2 PMPM Projected Waiver Costs	
SPD - Duals	15,859,996	$ 25.87	$ -	$ 0.41	$ 2.69	$ 28.97	**3.9%**
SPD	9,822,056	$ 106.57	$ -	$ 0.03	$ 11.08	$ 117.68	**2.9%**
Family	55,686,744	$ 18.92	$ -	$ 0.07	$ 2.03	$ 21.02	**3.1%**
Foster Care	1,020,856	$ 397.03	$ -	$ -	$ 41.20	$ 438.22	**2.9%**
MCHIP	14,629,924	$ 26.50	$ -	$ -	$ 2.81	$ 29.31	**2.9%**
Medicaid Expansion	10,886,776	$ 2.84	$ -	$ 1.04	$ 0.30	$ 4.18	**24.6%**
Other	37,785,660	$ 20.93	$ -	$ -	$ 2.21	$ 23.14	**2.9%**
Total	**145,692,012**						
P2 Weighted Average PMPM Casemix for P1 (P1 MMs)		**$ 28.31**	**$ -**	**$ 0.15**	**$ 2.98**	**$ 31.45**	**3.2%**
P2 Weighted Average PMPM Casemix for P2 (P2 MMs)		**$ 28.31**	**$ -**	**$ 0.15**	**$ 2.98**	**$ 31.45**	**3.2%**
Total Projected Waiver Expenditures P2 (P2 MMs)						**$4,581,802,343**	

Medicaid Eligibility Group (MEG)	Projected Year 3 Member Months (P3)	P3 Projected PMPM Costs (Totals weighted on Projected Year 3 Member Months)					Overall P2 to P3 Change (annual)
		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	
SPD - Duals	15,863,164	$ 26.57	$ -	$ 0.15	$ 2.76	$ 29.48	**1.8%**
SPD	9,824,020	$ 109.47	$ -	$ 0.01	$ 11.38	$ 120.86	**2.7%**
Family	55,697,880	$ 19.43	$ -	$ 0.02	$ 2.09	$ 21.54	**2.5%**
Foster Care	1,021,060	$ 407.85	$ -	$ -	$ 42.32	$ 450.17	**2.7%**
MCHIP	14,632,848	$ 27.23	$ -	$ -	$ 2.89	$ 30.11	**2.7%**
Medicaid Expansion	10,888,952	$ 2.92	$ -	$ 0.36	$ 0.31	$ 3.59	**-14.1%**
Other	37,793,216	$ 21.50	$ -	$ -	$ 2.27	$ 23.77	**2.7%**
Total	**145,721,140**						
P3 Weighted Average PMPM Casemix for P2 (P2 MMs)		**$ 32.58**	**$ -**	**$ 0.06**	**$ 3.43**	**$ 36.07**	**14.7%**
P3 Weighted Average PMPM Casemix for P3 (P3 MMs)		**$ 29.08**	**$ -**	**$ 0.05**	**$ 3.06**	**$ 32.20**	**2.4%**
Total Projected Waiver Expenditures P3 (P3 MMs)						**$4,691,777,595**	

Medicaid Eligibility Group (MEG)	Projected Year 4 Member Months (P4)	P4 Projected PMPM Costs (Totals weighted on Projected Year 4 Member Months)					Overall P3 to P4 Change (annual)
		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	
SPD - Duals	15,863,164	$ 27.34	$ -	$ -	$ 2.84	$ 30.18	**2.4%**
SPD	9,824,020	$ 112.65	$ -	$ -	$ 11.71	$ 124.36	**2.9%**
Family	55,697,880	$ 20.00	$ -	$ -	$ 2.15	$ 22.14	**2.8%**
Foster Care	1,021,060	$ 419.68	$ -	$ -	$ 43.55	$ 463.23	**2.9%**
MCHIP	14,632,848	$ 28.02	$ -	$ -	$ 2.97	$ 30.99	**2.9%**
Medicaid Expansion	10,888,952	$ 3.00	$ -	$ -	$ 0.32	$ 3.32	**-7.5%**
Other	37,793,216	$ 22.12	$ -	$ -	$ 2.34	$ 24.46	**2.9%**
Total	**145,721,140**						
P4 Weighted Average PMPM Casemix for P3 (P3 MMs)		**$ 33.51**	**$ -**	**$ -**	**$ 3.53**	**$ 37.04**	**15.1%**
P4 Weighted Average PMPM Casemix for P4 (P4 MMs)		**$ 29.92**	**$ -**	**$ -**	**$ 3.15**	**$ 33.08**	**2.7%**
Total Projected Waiver Expenditures P4 (P4 MMs)						**$4,819,975,830**	

Row # / Column Letter

Cost Effectiveness Summary Sheet Renewal Waiver

State: California

Medicaid Eligibility Group (MEG)	Projected Year 5 Member Months (P5)	P5 Projected PMPM Costs (Totals weighted on Projected Year 5 Member Months)					Overall P4 to P5 Change (annual)
		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	
SPD - Duals	15,863,164	$ 28.14	$ -	$ -	$ 2.92	$ 31.06	2.9%
SPD	9,824,020	$ 115.92	$ -	$ -	$ 12.05	$ 127.97	2.9%
Family	55,697,880	$ 20.58	$ -	$ -	$ 2.21	$ 22.79	2.9%
Foster Care	1,021,060	$ 431.86	$ -	$ -	$ 44.81	$ 476.67	2.9%
MCHIP	14,632,848	$ 28.83	$ -	$ -	$ 3.05	$ 31.89	2.9%
Medicaid Expansion	10,888,952	$ 3.09	$ -	$ -	$ 0.33	$ 3.42	2.9%
Other	37,793,216	$ 22.76	$ -	$ -	$ 2.41	$ 25.17	2.9%
Total	**145,721,140**						
P5 Weighted Average PMPM Casemix for P4 (P4 MMs)		**$ 34.49**	**$ -**	**$ -**	**$ 3.63**	**$ 38.12**	**15.2%**
P5 Weighted Average PMPM Casemix for P5 (P5 MMs)		**$ 30.79**	**$ -**	**$ -**	**$ 3.24**	**$ 34.04**	**2.9%**
Total Projected Waiver Expenditures P5 (P5 MMs)						**$4,959,797,852**	

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	33,622,340	81,211,832	-0.1%	0.0%	-0.6%	0.2%
SPD	20,822,232	50,294,292	0.0%	0.0%	-0.5%	0.2%
Family	118,052,908	285,146,548	0.0%	0.0%	-0.4%	0.2%
Foster Care	2,164,160	5,227,340	0.0%	0.0%	-0.5%	0.2%
MCHIP	31,014,656	74,913,200	0.0%	0.0%	-0.4%	0.2%
Medicaid Expansion	23,079,384	55,746,240	-0.2%	0.0%	-2.2%	0.2%
Other	80,103,568	193,483,216	0.0%	0.0%	-0.4%	0.2%
Total	**308,859,248**	**746,022,668**				
P2 Weighted Average PMPM Casemix for R1 (R1 MMs)			0.0%	0.0%	-0.5%	0.2%
P2 Weighted Average PMPM Casemix for P2 (P2 MMs)			0.0%	0.0%	-0.5%	0.2%
Total Projected Waiver Expenditures P2 + P1 (Casemix for P1 and P2)		**$9,553,456,873**				
Total Projected Waiver Expenditures P1:P5 (Casemix for P1 through P5)		**$24,025,008,150**				

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 of California — **Appendix D6. RO Targets**

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

State Completion Sections

State: California

Projection for Upcoming Waiver Period

Projected Year 1

Medicaid Eligibility Group (MEG)	Total Projected Year 1 Member Months (P1)	P1 Projected PMPM Costs from Appendix D5 (Totals weighted on Projected Year 1 Member Months)					Total PMPM Projected Service Costs (Column H-G)
		Total PMPM State Plan Service Cost Projection	Total PMPM Incentive Cost Projection	Total PMPM 1915(b)(3) Service Cost Projection	Total PMPM Administration Cost Projection	Total PMPM Projected Waiver Costs	
SPD - Duals	17,762,344	$ 25.14	$ -	$ 0.12	$ 2.62	$ 27.88	$ 25.26
SPD	11,000,176	$ 103.58	$ -	$ 0.01	$ 10.79	$ 114.38	$ 103.59
Family	62,366,164	$ 18.39	$ -	$ 0.02	$ 1.98	$ 20.39	$ 18.41
Foster Care	1,143,304	$ 385.88	$ -	$ -	$ 40.14	$ 426.02	$ 385.88
MCHIP	16,384,732	$ 25.76	$ -	$ -	$ 2.74	$ 28.50	$ 25.76
Medicaid Expansion	12,192,608	$ 2.76	$ -	$ 0.30	$ 0.29	$ 3.35	$ 3.06
Other	42,317,908	$ 20.34	$ -	$ -	$ 2.16	$ 22.50	$ 20.34
Total	**163,167,236**						
P1 Weighted Average PMPM Casemix for P1 (P1 MMs)		**$ 27.52**	**$ -**	**$ 0.04**	**$ 2.91**	**$ 30.47**	

Medicaid Eligibility Group (MEG)	Q1 Quarterly Projected Costs			Q2 Quarterly Projected Costs			Q3 Quarterly Projected Costs			Q4 Quarterly Projected Costs			Total P1 Projected Waiver Costs
	Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	
SPD - Duals	4,440,586	$ 112,172,553.53	$ 11,620,843.29	4,440,586	$ 112,172,553.53	$ 11,620,843.29	4,440,586	$ 112,172,553.53	$ 11,620,843.29	4,440,586	$ 112,172,553.53	$ 11,620,843.29	**$ 495,173,587.27**
SPD	2,750,044	$ 284,869,424.67	$ 29,679,737.25	2,750,044	$ 284,869,424.67	$ 29,679,737.25	2,750,044	$ 284,869,424.67	$ 29,679,737.25	2,750,044	$ 284,869,424.67	$ 29,679,737.25	**$ 1,258,196,647.69**
Family	15,591,541	$ 286,994,144.78	$ 30,846,820.63	15,591,541	$ 286,994,144.78	$ 30,846,820.63	15,591,541	$ 286,994,144.78	$ 30,846,820.63	15,591,541	$ 286,994,144.78	$ 30,846,820.63	**$ 1,271,363,861.62**
Foster Care	285,826	$ 110,293,590.20	$ 11,473,800.09	285,826	$ 110,293,590.20	$ 11,473,800.09	285,826	$ 110,293,590.20	$ 11,473,800.09	285,826	$ 110,293,590.20	$ 11,473,800.09	**$ 487,069,561.15**
MCHIP	4,096,183	$ 105,519,598.88	$ 11,210,456.50	4,096,183	$ 105,519,598.88	$ 11,210,456.50	4,096,183	$ 105,519,598.88	$ 11,210,456.50	4,096,183	$ 105,519,598.88	$ 11,210,456.50	**$ 466,920,221.50**
Medicaid Expansion	3,048,152	$ 9,327,530.14	$ 895,557.41	3,048,152	$ 9,327,530.14	$ 895,557.41	3,048,152	$ 9,327,530.14	$ 895,557.41	3,048,152	$ 9,327,530.14	$ 895,557.41	**$ 40,892,350.21**
Other	10,579,477	$ 215,185,635.57	$ 22,823,939.55	10,579,477	$ 215,185,635.57	$ 22,823,939.55	10,579,477	$ 215,185,635.57	$ 22,823,939.55	10,579,477	$ 215,185,635.57	$ 22,823,939.55	**$ 952,038,300.51**
Total	**40,791,809**	**$ 1,124,362,477.77**	**$ 118,551,154.72**	**40,791,809**	**$ 1,124,362,477.77**	**$ 118,551,154.72**	**40,791,809**	**$ 1,124,362,477.77**	**$ 118,551,154.72**	**40,791,809**	**$ 1,124,362,477.77**	**$ 118,551,154.72**	**$ 4,971,654,529.96**

Projected Year 2

Medicaid Eligibility Group (MEG)	Total Projected Year 2 Member Months (P2)	P2 Projected PMPM Costs from Appendix D5 (Totals weighted on Projected Year 2 Member Months)					Total PMPM Projected Service Costs (Column H-G)
		Total PMPM State Plan Service Cost Projection	Total PMPM Incentive Cost Projection	Total PMPM 1915(b)(3) Service Cost Projection	Total PMPM Administration Cost Projection	Total PMPM Projected Waiver Costs	
SPD - Duals	15,859,996	$ 25.87	$ -	$ 0.41	$ 2.69	$ 28.97	$ 26.28
SPD	9,822,056	$ 106.57	$ -	$ 0.03	$ 11.08	$ 117.68	$ 106.60
Family	55,686,744	$ 18.92	$ -	$ 0.07	$ 2.03	$ 21.02	$ 18.99
Foster Care	1,020,856	$ 397.03	$ -	$ -	$ 41.20	$ 438.22	$ 397.03
MCHIP	14,629,924	$ 26.50	$ -	$ -	$ 2.81	$ 29.31	$ 26.50
Medicaid Expansion	10,886,776	$ 2.84	$ -	$ 1.04	$ 0.30	$ 4.18	$ 3.88
Other	37,785,660	$ 20.93	$ -	$ -	$ 2.21	$ 23.14	$ 20.93
Total	**145,692,012**						
P2 Weighted Average PMPM Casemix for P2 (P2 MMs)		**$ 28.31**	**$ -**	**$ 0.15**	**$ 2.98**	**$ 31.45**	

Medicaid Eligibility Group (MEG)	Q5 Quarterly Projected Costs			Q6 Quarterly Projected Costs			Q7 Quarterly Projected Costs			Q8 Quarterly Projected Costs			Total P2 Projected Waiver Costs
	Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	
SPD - Duals	3,964,999	$ 104,207,280.18	$ 10,648,354.81	3,964,999	$ 104,207,280.18	$ 10,648,354.81	3,964,999	$ 104,207,280.18	$ 10,648,354.81	3,964,999	$ 104,207,280.18	$ 10,648,354.81	**$ 459,422,539.96**
SPD	2,455,514	$ 261,768,422.62	$ 27,195,991.48	2,455,514	$ 261,768,422.62	$ 27,195,991.48	2,455,514	$ 261,768,422.62	$ 27,195,991.48	2,455,514	$ 261,768,422.62	$ 27,195,991.48	**$ 1,155,857,656.40**
Family	13,921,686	$ 264,336,499.63	$ 28,265,408.97	13,921,686	$ 264,336,499.63	$ 28,265,408.97	13,921,686	$ 264,336,499.63	$ 28,265,408.97	13,921,686	$ 264,336,499.63	$ 28,265,408.97	**$ 1,170,407,634.38**
Foster Care	255,214	$ 101,326,445.79	$ 10,513,616.08	255,214	$ 101,326,445.79	$ 10,513,616.08	255,214	$ 101,326,445.79	$ 10,513,616.08	255,214	$ 101,326,445.79	$ 10,513,616.08	**$ 447,360,247.48**
MCHIP	3,657,481	$ 96,940,584.12	$ 10,272,309.55	3,657,481	$ 96,940,584.12	$ 10,272,309.55	3,657,481	$ 96,940,584.12	$ 10,272,309.55	3,657,481	$ 96,940,584.12	$ 10,272,309.55	**$ 428,851,574.66**
Medicaid Expansion	2,721,694	$ 10,550,603.94	$ 820,612.60	2,721,694	$ 10,550,603.94	$ 820,612.60	2,721,694	$ 10,550,603.94	$ 820,612.60	2,721,694	$ 10,550,603.94	$ 820,612.60	**$ 45,484,866.18**
Other	9,446,415	$ 197,690,532.99	$ 20,913,922.93	9,446,415	$ 197,690,532.99	$ 20,913,922.93	9,446,415	$ 197,690,532.99	$ 20,913,922.93	9,446,415	$ 197,690,532.99	$ 20,913,922.93	**$ 874,417,823.69**
Total	**36,423,003**	**$ 1,036,820,369.27**	**$ 108,630,216.42**	**36,423,003**	**$ 1,036,820,369.27**	**$ 108,630,216.42**	**36,423,003**	**$ 1,036,820,369.27**	**$ 108,630,216.42**	**36,423,003**	**$ 1,036,820,369.27**	**$ 108,630,216.42**	**$ 4,581,802,342.74**

Projected Year 3

Row # / Column Letter	B	C	D	E	F	G	H	I
50			P2 Projected PMPM Costs from Appendix D5 (Totals weighted on Projected Year 2 Member Months)					Total PMPM
51	Medicaid	Total Projected Year 2	Total PMPM	Total PMPM	Total PMPM	Total PMPM	Total PMPM	Projected
52	Eligibility Group	Member Months	State Plan Service	Incentive	1915(b)(3) Service	Administration	Projected	Service Costs
53	(MEG)	(P2)	Cost Projection	Cost Projection	Cost Projection	Cost Projection	Waiver Costs	(Column H-G)
54	SPD - Duals	15,863,164	$ 26.57	$ -	$ 0.15	$ 2.76	$ 29.48	$ 26.72
	SPD	9,824,020	$ 109.47	$ -	$ 0.01	$ 11.38	$ 120.86	$ 109.49
	Family	55,697,880	$ 19.43	$ -	$ 0.02	$ 2.09	$ 21.54	$ 19.46
	Foster Care	1,021,060	$ 407.85	$ -	$ -	$ 42.32	$ 450.17	$ 407.85
55	MCHIP	14,632,848	$ 27.23	$ -	$ -	$ 2.89	$ 30.11	$ 27.23
56	Medicaid Expansion	10,888,952	$ 2.92	$ -	$ 0.36	$ 0.31	$ 3.59	$ 3.28
57	Other	37,793,216	$ 21.50	$ -	$ -	$ 2.27	$ 23.77	$ 21.50
58	**Total**	**145,721,140**						
59	**P3 Weighted Average PMPM Casemix for P3 (P3 MMs)**		**$ 29.09**	**$ -**	**$ 0.05**	**$ 3.06**	**$ 32.20**	
60								

Row # / Column Letter	B	C	D	E	F	G	H	I	J	K	L	M	N	O
61		Q9 Quarterly Projected Costs			Q10 Quarterly Projected Costs			Q11 Quarterly Projected Costs			Q12 Quarterly Projected Costs			
62	Medicaid	Member Months	64.9W /64.21U W	64.10 Waiver	Member Months	64.9W /64.21U W	64.10 Waiver	Member Months	64.9W /64.21U W	64.10 Waiver	Member Months	64.9W /64.21U W	64.10 Waiver	
63	Eligibility Group	Projections	Service Costs include incentives	Administration Costs	Projections	Service Costs include incentives	Administration Costs	Projections	Service Costs include incentives	Administration Costs	Projections	Service Costs include incentives	Administration Costs	Total P2 Projected Waiver Costs
64	(MEG)													
65	SPD - Duals	3,965,791	$ 105,956,958.88	$ 10,940,784.54	3,965,791	$ 105,956,958.88	$ 10,940,784.54	3,965,791	$ 105,956,958.88	$ 10,940,784.54	3,965,791	$ 105,956,958.88	$ 10,940,784.54	**$ 467,590,973.66**
66	SPD	2,456,005	$ 268,899,883.08	$ 27,942,865.44	2,456,005	$ 268,899,883.08	$ 27,942,865.44	2,456,005	$ 268,899,883.08	$ 27,942,865.44	2,456,005	$ 268,899,883.08	$ 27,942,865.44	**$ 1,187,370,994.08**
	Family	13,924,470	$ 270,945,090.05	$ 29,041,652.48	13,924,470	$ 270,945,090.05	$ 29,041,652.48	13,924,470	$ 270,945,090.05	$ 29,041,652.48	13,924,470	$ 270,945,090.05	$ 29,041,652.48	**$ 1,199,946,970.10**
	Foster Care	255,265	$ 104,109,125.27	$ 10,802,346.46	255,265	$ 104,109,125.27	$ 10,802,346.46	255,265	$ 104,109,125.27	$ 10,802,346.46	255,265	$ 104,109,125.27	$ 10,802,346.46	**$ 459,645,886.94**
	MCHIP	3,658,212	$ 99,602,819.98	$ 10,554,413.38	3,658,212	$ 99,602,819.98	$ 10,554,413.38	3,658,212	$ 99,602,819.98	$ 10,554,413.38	3,658,212	$ 99,602,819.98	$ 10,554,413.38	**$ 440,628,933.45**
67	Medicaid Expansion	2,722,238	$ 8,931,891.99	$ 843,148.73	2,722,238	$ 8,931,891.99	$ 843,148.73	2,722,238	$ 8,931,891.99	$ 843,148.73	2,722,238	$ 8,931,891.99	$ 843,148.73	**$ 39,100,162.88**
68	Other	9,448,304	$ 203,119,641.06	$ 21,488,274.90	9,448,304	$ 203,119,641.06	$ 21,488,274.90	9,448,304	$ 203,119,641.06	$ 21,488,274.90	9,448,304	$ 203,119,641.06	$ 21,488,274.90	**$ 898,431,663.84**
69	**Total**	**36,430,285**	**$ 1,061,565,410.30**	**$ 111,613,485.93**	**36,430,285**	**$ 1,061,565,410.30**	**$ 111,613,485.93**	**36,430,285**	**$ 1,061,565,410.30**	**$ 111,613,485.93**	**36,430,285**	**$ 1,061,565,410.30**	**$ 111,613,485.93**	**$ 4,692,715,584.95**
70														

Projected Year 4

Row # / Column Letter	B	C	D	E	F	G	H	I
72			P2 Projected PMPM Costs from Appendix D5 (Totals weighted on Projected Year 2 Member Months)					Total PMPM
73	Medicaid	Total Projected Year 2	Total PMPM	Total PMPM	Total PMPM	Total PMPM	Total PMPM	Projected
74	Eligibility Group	Member Months	State Plan Service	Incentive	1915(b)(3) Service	Administration	Projected	Service Costs
75	(MEG)	(P2)	Cost Projection	Cost Projection	Cost Projection	Cost Projection	Waiver Costs	(Column H-G)
76	SPD - Duals	15,863,164	$ 27.34	$ -	$ -	$ 2.84	$ 30.18	$ 27.34
	SPD	9,824,020	$ 112.65	$ -	$ -	$ 11.71	$ 124.36	$ 112.65
	Family	55,697,880	$ 20.00	$ -	$ -	$ 2.15	$ 22.14	$ 20.00
	Foster Care	1,021,060	$ 419.68	$ -	$ -	$ 43.55	$ 463.23	$ 419.68
77	MCHIP	14,632,848	$ 28.02	$ -	$ -	$ 2.97	$ 30.99	$ 28.02
78	Medicaid Expansion	10,888,952	$ 3.00	$ -	$ -	$ 0.32	$ 3.32	$ 3.00
79	Other	37,793,216	$ 22.12	$ -	$ -	$ 2.34	$ 24.46	$ 22.12
80	**Total**	**145,721,140**						
81	**P4 Weighted Average PMPM Casemix for P4 (P4 MMs)**		**$ 29.93**	**$ -**	**$ -**	**$ 3.15**	**$ 33.08**	

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

State Completion Sections

State: California

Medicaid Eligibility Group (MEG)	Q13 Member Months Projections	Q13 64.9W /64.21U W Service Costs include incentives	Q13 64.10 Waiver Administration Costs	Q14 Member Months Projections	Q14 64.9W /64.21U W Service Costs include incentives	Q14 64.10 Waiver Administration Costs	Q15 Member Months Projections	Q15 64.9W /64.21U W Service Costs include incentives	Q15 64.10 Waiver Administration Costs	Q16 Member Months Projections	Q16 64.9W /64.21U W Service Costs include incentives	Q16 64.10 Waiver Administration Costs	Total P2 Projected Waiver Costs
SPD - Duals	3,965,791	$ 108,438,022.79	$ 11,258,303.16	3,965,791	$ 108,438,022.79	$ 11,258,303.16	3,965,791	$ 108,438,022.79	$ 11,258,303.16	3,965,791	$ 108,438,022.79	$ 11,258,303.16	$ 478,785,303.80
SPD	2,456,005	$ 276,673,123.07	$ 28,753,810.96	2,456,005	$ 276,673,123.07	$ 28,753,810.96	2,456,005	$ 276,673,123.07	$ 28,753,810.96	2,456,005	$ 276,673,123.07	$ 28,753,810.96	$ 1,221,707,736.10
Family	13,924,470	$ 278,460,751.77	$ 29,884,486.50	13,924,470	$ 278,460,751.77	$ 29,884,486.50	13,924,470	$ 278,460,751.77	$ 29,884,486.50	13,924,470	$ 278,460,751.77	$ 29,884,486.50	$ 1,233,380,953.10
Foster Care	255,265	$ 107,130,534.38	$ 11,115,847.40	255,265	$ 107,130,534.38	$ 11,115,847.40	255,265	$ 107,130,534.38	$ 11,115,847.40	255,265	$ 107,130,534.38	$ 11,115,847.40	$ 472,985,527.11
MCHIP	3,658,212	$ 102,493,449.08	$ 10,860,718.91	3,658,212	$ 102,493,449.08	$ 10,860,718.91	3,658,212	$ 102,493,449.08	$ 10,860,718.91	3,658,212	$ 102,493,449.08	$ 10,860,718.91	$ 453,416,671.98
Medicaid Expansion	2,722,238	$ 8,171,808.53	$ 867,618.22	2,722,238	$ 8,171,808.53	$ 867,618.22	2,722,238	$ 8,171,808.53	$ 867,618.22	2,722,238	$ 8,171,808.53	$ 867,618.22	$ 36,157,707.01
Other	9,448,304	$ 209,014,489.68	$ 22,111,898.14	9,448,304	$ 209,014,489.68	$ 22,111,898.14	9,448,304	$ 209,014,489.68	$ 22,111,898.14	9,448,304	$ 209,014,489.68	$ 22,111,898.14	$ 924,505,551.27
Total	**36,430,285**	**$ 1,090,382,179.30**	**$ 114,852,683.29**	**36,430,285**	**$ 1,090,382,179.30**	**$ 114,852,683.29**	**36,430,285**	**$ 1,090,382,179.30**	**$ 114,852,683.29**	**36,430,285**	**$ 1,090,382,179.30**	**$ 114,852,683.29**	**$ 4,820,939,450.36**

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 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)
SPD - Duals	15,863,164	$ 28.14	$ -	$ -	$ 2.92	$ 31.06	$ 28.14
SPD	9,824,020	$ 115.92	$ -	$ -	$ 12.05	$ 127.97	$ 115.92
Family	55,697,880	$ 20.58	$ -	$ -	$ 2.21	$ 22.79	$ 20.58
Foster Care	1,021,060	$ 431.86	$ -	$ -	$ 44.81	$ 476.67	$ 431.86
MCHIP	14,632,848	$ 28.83	$ -	$ -	$ 3.05	$ 31.89	$ 28.83
Medicaid Expansion	10,888,952	$ 3.09	$ -	$ -	$ 0.33	$ 3.42	$ 3.09
Other	37,793,216	$ 22.76	$ -	$ -	$ 2.41	$ 25.17	$ 22.76
Total	**145,721,140**						
P5 Weighted Average PMPM Casemix for P5 (P5 MMs)		**$ 30.80**	**$ -**	**$ -**	**$ 3.24**	**$ 34.04**	

Medicaid Eligibility Group (MEG)	Q17 Member Months Projections	Q17 64.9W /64.21U W Service Costs include incentives	Q17 64.10 Waiver Administration Costs	Q18 Member Months Projections	Q18 64.9W /64.21U W Service Costs include incentives	Q18 64.10 Waiver Administration Costs	Q19 Member Months Projections	Q19 64.9W /64.21U W Service Costs include incentives	Q19 64.10 Waiver Administration Costs	Q20 Member Months Projections	Q20 64.9W /64.21U W Service Costs include incentives	Q20 64.10 Waiver Administration Costs	Total P2 Projected Waiver Costs
SPD - Duals	3,965,791	$ 111,583,686.62	$ 11,584,893.74	3,965,791	$ 111,583,686.62	$ 11,584,893.74	3,965,791	$ 111,583,686.62	$ 11,584,893.74	3,965,791	$ 111,583,686.62	$ 11,584,893.74	$ 492,674,321.48
SPD	2,456,005	$ 284,699,096.02	$ 29,587,926.34	2,456,005	$ 284,699,096.02	$ 29,587,926.34	2,456,005	$ 284,699,096.02	$ 29,587,926.34	2,456,005	$ 284,699,096.02	$ 29,587,926.34	$ 1,257,148,089.44
Family	13,924,470	$ 286,538,581.80	$ 30,751,401.50	13,924,470	$ 286,538,581.80	$ 30,751,401.50	13,924,470	$ 286,538,581.80	$ 30,751,401.50	13,924,470	$ 286,538,581.80	$ 30,751,401.50	$ 1,269,159,933.20
Foster Care	255,265	$ 110,238,269.46	$ 11,438,305.50	255,265	$ 110,238,269.46	$ 11,438,305.50	255,265	$ 110,238,269.46	$ 11,438,305.50	255,265	$ 110,238,269.46	$ 11,438,305.50	$ 486,706,299.85
MCHIP	3,658,212	$ 105,466,667.59	$ 11,175,776.03	3,658,212	$ 105,466,667.59	$ 11,175,776.03	3,658,212	$ 105,466,667.59	$ 11,175,776.03	3,658,212	$ 105,466,667.59	$ 11,175,776.03	$ 466,569,774.47
Medicaid Expansion	2,722,238	$ 8,408,863.42	$ 892,786.84	2,722,238	$ 8,408,863.42	$ 892,786.84	2,722,238	$ 8,408,863.42	$ 892,786.84	2,722,238	$ 8,408,863.42	$ 892,786.84	$ 37,206,601.00
Other	9,448,304	$ 215,077,762.55	$ 22,753,339.18	9,448,304	$ 215,077,762.55	$ 22,753,339.18	9,448,304	$ 215,077,762.55	$ 22,753,339.18	9,448,304	$ 215,077,762.55	$ 22,753,339.18	$ 951,324,406.91
Total	**36,430,285**	**$ 1,122,012,927.45**	**$ 118,184,429.13**	**36,430,285**	**$ 1,122,012,927.45**	**$ 118,184,429.13**	**36,430,285**	**$ 1,122,012,927.45**	**$ 118,184,429.13**	**36,430,285**	**$ 1,122,012,927.45**	**$ 118,184,429.13**	**$ 4,960,789,426.35**

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	$ 112,172,553.53	$ 112,172,553.53	$ 112,172,553.53	$ 112,172,553.53
64.21U Waiver Form	SPD	$ 284,869,424.67	$ 284,869,424.67	$ 284,869,424.67	$ 284,869,424.67
64.21U Waiver Form	Family	$ 286,994,144.78	$ 286,994,144.78	$ 286,994,144.78	$ 286,994,144.78
64.21U Waiver Form	Foster Care	$ 110,293,590.20	$ 110,293,590.20	$ 110,293,590.20	$ 110,293,590.20
64.21U Waiver Form	MCHIP	$ 105,519,598.88	$ 105,519,598.88	$ 105,519,598.88	$ 105,519,598.88
64.9 Waiver Form	Medicaid Expansion	$ 9,327,530.14	$ 9,327,530.14	$ 9,327,530.14	$ 9,327,530.14
64.9 Waiver Form	Other	$ 215,185,635.57	$ 215,185,635.57	$ 215,185,635.57	$ 215,185,635.57
64.10 Waiver Form		$ 118,551,154.72	$ 118,551,154.72	$ 118,551,154.72	$ 118,551,154.72

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
64.21U Waiver Form	SPD - Duals	$ 104,207,280.18	$ 104,207,280.18	$ 104,207,280.18	$ 104,207,280.18
64.21U Waiver Form	SPD	$ 261,768,422.62	$ 261,768,422.62	$ 261,768,422.62	$ 261,768,422.62
64.21U Waiver Form	Family	$ 264,336,499.63	$ 264,336,499.63	$ 264,336,499.63	$ 264,336,499.63
64.21U Waiver Form	Foster Care	$ 101,326,445.79	$ 101,326,445.79	$ 101,326,445.79	$ 101,326,445.79
64.21U Waiver Form	MCHIP	$ 96,940,584.12	$ 96,940,584.12	$ 96,940,584.12	$ 96,940,584.12
64.9 Waiver Form	Medicaid Expansion	$ 10,550,603.94	$ 10,550,603.94	$ 10,550,603.94	$ 10,550,603.94
64.9 Waiver Form	Other	$ 197,690,532.99	$ 197,690,532.99	$ 197,690,532.99	$ 197,690,532.99
64.10 Waiver Form		$ 108,630,216.42	$ 108,630,216.42	$ 108,630,216.42	$ 108,630,216.42

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	$ 105,956,958.88	$ 105,956,958.88	$ 105,956,958.88	$ 105,956,958.88
64.21U Waiver Form	SPD	$ 268,899,883.08	$ 268,899,883.08	$ 268,899,883.08	$ 268,899,883.08
64.21U Waiver Form	Family	$ 270,945,090.05	$ 270,945,090.05	$ 270,945,090.05	$ 270,945,090.05
64.21U Waiver Form	Foster Care	$ 104,109,125.27	$ 104,109,125.27	$ 104,109,125.27	$ 104,109,125.27
64.21U Waiver Form	MCHIP	$ 99,602,819.98	$ 99,602,819.98	$ 99,602,819.98	$ 99,602,819.98
64.9 Waiver Form	Medicaid Expansion	$ 8,931,891.99	$ 8,931,891.99	$ 8,931,891.99	$ 8,931,891.99
64.9 Waiver Form	Other	$ 203,119,641.06	$ 203,119,641.06	$ 203,119,641.06	$ 203,119,641.06
64.10 Waiver Form		$ 111,613,485.93	$ 111,613,485.93	$ 111,613,485.93	$ 111,613,485.93

P Q R S T U

Quarterly CMS Targets for RO CMS-64 Review Renewal

State: California

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	$ 108,438,022.79	$ 108,438,022.79	$ 108,438,022.79	$ 108,438,022.79
64.21U Waiver Form	SPD	$ 276,673,123.07	$ 276,673,123.07	$ 276,673,123.07	$ 276,673,123.07
64.21U Waiver Form	Family	$ 278,460,751.77	$ 278,460,751.77	$ 278,460,751.77	$ 278,460,751.77
64.21U Waiver Form	Foster Care	$ 107,130,534.38	$ 107,130,534.38	$ 107,130,534.38	$ 107,130,534.38
64.21U Waiver Form	MCHIP	$ 102,493,449.08	$ 102,493,449.08	$ 102,493,449.08	$ 102,493,449.08
64.9 Waiver Form	Medicaid Expansion	$ 8,171,808.53	$ 8,171,808.53	$ 8,171,808.53	$ 8,171,808.53
64.9 Waiver Form	Other	$ 209,014,489.68	$ 209,014,489.68	$ 209,014,489.68	$ 209,014,489.68
64.10 Waiver Form		$ 114,852,683.29	$ 114,852,683.29	$ 114,852,683.29	$ 114,852,683.29

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	$ 111,583,686.62	$ 111,583,686.62	$ 111,583,686.62	$ 111,583,686.62
64.21U Waiver Form	SPD	$ 284,699,096.02	$ 284,699,096.02	$ 284,699,096.02	$ 284,699,096.02
64.21U Waiver Form	Family	$ 286,538,581.80	$ 286,538,581.80	$ 286,538,581.80	$ 286,538,581.80
64.21U Waiver Form	Foster Care	$ 110,238,269.46	$ 110,238,269.46	$ 110,238,269.46	$ 110,238,269.46
64.21U Waiver Form	MCHIP	$ 105,466,667.59	$ 105,466,667.59	$ 105,466,667.59	$ 105,466,667.59
64.9 Waiver Form	Medicaid Expansion	$ 8,408,863.42	$ 8,408,863.42	$ 8,408,863.42	$ 8,408,863.42
64.9 Waiver Form	Other	$ 215,077,762.55	$ 215,077,762.55	$ 215,077,762.55	$ 215,077,762.55
64.10 Waiver Form		$ 118,184,429.13	$ 118,184,429.13	$ 118,184,429.13	$ 118,184,429.13

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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	$ 25.26
64.21U Waiver Form	SPD	$ 103.59
64.21U Waiver Form	Family	$ 18.41
64.21U Waiver Form	Foster Care	$ 385.88
64.21U Waiver Form	MCHIP	$ 25.76
64.9 Waiver Form	Medicaid Expansion	$ 3.06
64.9 Waiver Form	Other	$ 20.34
64.10 Waiver Form	All MEGS	$ 2.91

Projected Year 1

Waiver Form	Medicaid Eligibility Group (MEG)	RO Completion Section - For ongoing monitoring Q1 Quarterly Actual Costs Member Months Actuals 44652	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For ongoing monitoring Q2 Quarterly Actual Costs Member Months Actuals 44743	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For ongoing monitoring Q3 Quarterly Actual Costs Member Months Actuals 44835	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
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	$ 26.28
64.21U Waiver Form	SPD	$ 106.60
64.21U Waiver Form	Family	$ 18.99
64.21U Waiver Form	Foster Care	$ 397.03
64.21U Waiver Form	MCHIP	$ 26.50
64.9 Waiver Form	Medicaid Expansion	$ 3.88
64.9 Waiver Form	Other	$ 20.93
64.10 Waiver Form	All MEGS	$ 2.98

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
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!

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Quarterly CMS Targets for RO Cost-Effectiveness Monitoring

State: California

Projected Year 3

Waiver Form	Medicaid Eligibility Group (MEG)	State Completion Section - For Waiver Submission P1 Projected PMPM From Column I (services) From Column G (Administration)
64.21U Waiver Form	SPD - Duals	$ 26.72
64.21U Waiver Form	SPD	$ 109.49
64.21U Waiver Form	Family	$ 19.46
64.21U Waiver Form	Foster Care	$ 407.85
64.21U Waiver Form	MCHIP	$ 27.23
64.9 Waiver Form	Medicaid Expansion	$ 3.28
64.9 Waiver Form	Other	$ 21.50
64.10 Waiver Form	All MEGS	$ 3.06

Projected Year 3

Waiver Form	Medicaid Eligibility Group (MEG)	RO Completion Section - For ongoing monitoring Q9 Quarterly Actual Costs Member Months Actuals 45382	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For ongoing monitoring Q10 Quarterly Actual Costs Member Months Actuals 45473	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For ongoing monitoring Q11 Quarterly Actual Costs Member Months Actuals 45565	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For ongoing monitoring Q12 Quarterly Actual Costs Member Months Actuals 45657	Actual Aggregate Waiver Form Costs	Actual PMPM Costs
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	$ 27.34
64.21U Waiver Form	SPD	$ 112.65
64.21U Waiver Form	Family	$ 20.00
64.21U Waiver Form	Foster Care	$ 419.68
64.21U Waiver Form	MCHIP	$ 28.02
64.9 Waiver Form	Medicaid Expansion	$ 3.00
64.9 Waiver Form	Other	$ 22.12
64.10 Waiver Form	All MEGS	$ 3.15

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Quarterly CMS Targets for RO Cost-Effectiveness Monitoring

State: California

Projected Year 4

Waiver Form	Medicaid Eligibility Group (MEG)	RO Completion Section - For ongoing monitoring Q13 Quarterly Actual Costs Member Months Actuals 45747	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For ongoing monitoring Q14 Quarterly Actual Costs Member Months Actuals 45838	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For ongoing monitoring Q15 Quarterly Actual Costs Member Months Actuals 45930	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For ongoing monitoring Q16 Quarterly Actual Costs Member Months Actuals 46022	Actual Aggregate Waiver Form Costs	Actual PMPM Costs
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	$ 28.14
64.21U Waiver Form	SPD	$ 115.92
64.21U Waiver Form	Family	$ 20.58
64.21U Waiver Form	Foster Care	$ 431.86
64.21U Waiver Form	MCHIP	$ 28.83
64.9 Waiver Form	Medicaid Expansion	$ 3.09
64.9 Waiver Form	Other	$ 22.76
64.10 Waiver Form	All MEGS	$ 3.24

Projected Year 5

Waiver Form	Medicaid Eligibility Group (MEG)	RO Completion Section - For ongoing monitoring Q17 Quarterly Actual Costs Member Months Actuals 46112	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For ongoing monitoring Q18 Quarterly Actual Costs Member Months Actuals 46203	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For ongoing monitoring Q19 Quarterly Actual Costs Member Months Actuals 46295	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	RO Completion Section - For ongoing monitoring Q20 Quarterly Actual Costs Member Months Actuals 46387	Actual Aggregate Waiver Form Costs	Actual PMPM Costs
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!

Retrospective Year 1

CMS-64 Expenditures-Medical Assistance-Waiver CA17.R09

	9-30-2018	12-31-2018	3-31-2019	6-30-2019	**Totals**
Disabled	$434,313,077	$213,351,628	$312,132,744	$240,247,871	$1,200,045,320
Foster Care	$118,149,064	$58,512,145	$103,401,246	$94,202,702	$374,265,157
MCHIP	$154,201,407	$64,639,252	$86,448,746	$84,476,103	$389,765,508
Other	$427,662,439	$211,694,528	$341,856,972	$327,287,871	$1,308,501,810
Medicaid Expansion	$259,828,685	$120,215,291	$194,665,855	$150,260,790	$724,970,621
Total	$1,394,154,672	$668,412,844	$1,038,505,563	$896,475,337	$3,997,548,416

CMS-64 Expenditures-Medical Assistance-Waiver CA17.R09 - Less Expenditures for Beneficiaries with Unsatisfactory Immigration Status

	9-30-2018	12-31-2018	3-31-2019	6-30-2019	**Totals**
Disabled	$434,313,077	$213,351,628	$312,132,744	$240,247,871	$1,200,045,320
Foster Care	$118,149,064	$58,512,145	$103,401,246	$94,202,702	$374,265,157
MCHIP	$154,201,407	$64,639,252	$86,448,746	$84,476,103	$389,765,508
Other	$427,662,439	$211,694,528	$341,856,972	$327,287,871	$1,308,501,810
Medicaid Expansion	$259,828,685	$120,215,291	$194,665,855	$150,260,790	$724,970,621
Total	$1,394,154,672	$668,412,844	$1,038,505,563	$896,475,337	$3,997,548,416

CMS-64 Expenditures-Medical Assistance-Waiver CA17.R09 - Allocated to New MEGS

	9-30-2018	12-31-2018	3-31-2019	6-30-2019	**Totals**
SPD - Duals	$125,659,775	$61,996,024	$97,103,552	$84,840,137	$369,599,489
SPD	$350,908,426	$173,125,627	$271,164,376	$236,918,450	$1,032,116,879
Family	$357,460,532	$176,358,201	$276,227,514	$241,342,153	$1,051,388,400
Foster Care	$135,580,511	$66,890,559	$104,769,797	$91,538,196	$398,779,063
MCHIP	$154,201,407	$64,639,252	$86,448,746	$84,476,103	$389,765,508
Other	$10,515,336	$5,187,890	$8,125,723	$7,099,508	$30,928,456
Medicaid Expansion	$259,828,685	$120,215,291	$194,665,855	$150,260,790	$724,970,621
Total	$1,394,154,672	$668,412,844	$1,038,505,563	$896,475,337	$3,997,548,416

CMS-64 Expenditures-Medical Assistance-Waiver 11W00193/9 - DMC ODS

	9-30-2018	12-31-2018	3-31-2019	6-30-2019	**Totals**
DMC ODS	$25,620,845	$52,271,490	$68,145,132	$86,219,685	$232,257,152

CMS-64 Expenditures-Medical Assistance-Waiver 11W00193/9 - DMC ODS - Without IMD

	9-30-2018	12-31-2018	3-31-2019	6-30-2019	**Totals**
DMC ODS	$17,400,283	$26,933,342	$38,389,104	$51,490,678	$134,213,408

CMS-64 Expenditures-Medical Assistance-Waiver 11W00193/9 - DMC ODS - Allocated to New MEGS

	9-30-2018	12-31-2018	3-31-2019	6-30-2019	**Totals**	
SPD - Duals	$4,200,317	$6,735,768	$10,541,833	$13,933,960	$35,411,878	26.85%
SPD	$253,470	$415,765	$651,557	$964,968	$2,285,761	1.73%
Family	$3,238,875	$4,675,032	$7,401,529	$8,374,124	$23,689,561	17.96%
Foster Care	$170,006	$358,405	$296,023	$282,491	$1,106,924	
MCHIP	$110,575	$202,178	$296,681	$333,557	$942,990	
Other	$67,391	$61,537	$42,283	$112,433	$283,644	
Medicaid Expansion	$9,359,649	$14,484,657	$19,159,200	$27,489,145	$70,492,650	53.45%
Total	$17,400,283	$26,933,342	$38,389,104	$51,490,678	$134,213,408	100.00%

Medi-Cal Beneficiaries

	9-30-2018	12-31-2018	3-31-2019	6-30-2019	**Totals**
SPD - Duals					17,026,788
SPD					10,544,648
Family					59,783,518
Foster Care					1,095,957
MCHIP					15,706,224
Other					11,687,700
Medicaid Expansion					40,565,478
Total					156,410,313

	9-30-2018	12-31-2018	3-31-2019	6-30-2019	**Totals**
Cost per MM-Medical Assistance (Trends)					
SPD - Duals					$21.71
SPD					$97.88
Family					$17.59
Foster Care					$363.86
MCHIP					$24.82
Other					$2.65
Medicaid Expansion					$17.87
Total					$25.56

CMS-64 Expenditures-Admin-Waiver CA17.R09

	9-30-2018	12-31-2018	3-31-2019	6-30-2019	**Totals**
SPMP	104,191,336	93,534,909	106,812,663	72,076,099	376,615,006
Other FFP	7,329,970	4,992,752	3,042,864	23,812,242	39,177,829
Total	111,521,306	98,527,661	109,855,527	95,888,341	415,792,835

Expenditures-Admin-Waiver 11W00193/9

	9-30-2018	12-31-2018	3-31-2019	6-30-2019	**Totals**
SPMP	948,175	1,113,750	1,658,539	4,139,036	7,859,500
Other FFP	734,118	515,882	648,150	1,997,045	3,895,195
Total	1,682,294	1,629,631	2,306,688	6,136,081	11,754,695

CMS - Medicare Economic Basket Index by Quarter	9-30-2018	12-31-2018	3-31-2019	6-30-2019	9-30-2019	12-31-2019	3-31-2020	6-30-2020	9-30-2020	12-31-2020
Home Health Agency Market Basket Index	1.055	1.061	1.068	1.076	1.082	1.088	1.096	1.097	1.104	1.110
CMS - Medicare Economic Basket Index by Quarter	3-31-2021	6-30-2021	9-30-2021	12-31-2021	3-31-2022	6-30-2022	9-30-2022	12-31-2022	3-31-2023	6-30-2023
Home Health Agency Market Basket Index	1.117	1.123	1.130	1.136	1.144	1.152	1.159	1.165	1.174	1.182
CMS - Medicare Economic Basket Index by Quarter	9-30-2023	12-31-2023	3-31-2024	6-30-2024	9-30-2024	12-31-2024	3-31-2025	6-30-2025	9-30-2025	12-31-2025
Home Health Agency Market Basket Index	1.190	1.196	1.206	1.215	1.224	1.231	1.241	1.251	1.259	1.266
CMS - Medicare Economic Basket Index by Quarter	3-31-2026	6-30-2026	9-30-2026	12-31-2026						
Home Health Agency Market Basket Index	1.277	1.287	1.296	1.303						

Home Health Agency Market Basket Index - Percentage Change From 6/30/2019

2022 Q1	6.32%	
2023 Q1	2.62%	2.56%
2024 Q1	2.73%	
2025 Q1	2.90%	
2026 Q1	2.90%	