

Appendix J: Cost Neutrality Demonstration

J-1: Composite Overview and Demonstration of Cost-Neutrality Formula

Composite Overview. Complete the fields in Cols. 3, 5 and 6 in the following table for each waiver year. The fields in Cols. 4, 7 and 8 are auto-calculated based on entries in Cols 3, 5, and 6. The fields in Col. 2 are auto-calculated using the Factor D data from the J-2-d Estimate of Factor D tables. Col. 2 fields will be populated ONLY when the Estimate of Factor D tables in J-2-d have been completed.

Level(s) of Care: Hospital, Nursing Facility, ICF/IID

Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
Year	Factor D	Factor D'	Total: D+D'	Factor G	Factor G'	Total: G+G'	Difference (Col 7 less Column4)
1	53884.23	57650.00	111534.23	130530.00	8437.00	138967.00	27432.77
2	54052.90	57575.00	111627.90	139026.00	8437.00	147463.00	35835.10
3	54144.75	57501.00	111645.75	148111.00	8437.00	156548.00	44902.25
4	54198.85	57426.00	111624.85	157826.00	8437.00	166263.00	54638.15
5	54230.47	57351.00	111581.47	168217.00	8437.00	176654.00	65072.53

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (1 of 9)

a. Number Of Unduplicated Participants Served. Enter the total number of unduplicated participants from Item B-3-a who will be served each year that the waiver is in operation. When the waiver serves individuals under more than one level of care, specify the number of unduplicated participants for each level of care:

Table: J-2-a: Unduplicated Participants

Waiver Year	Total Unduplicated Number of Participants (from Item B-3-a)	Distribution of Unduplicated Participants by Level of Care (if applicable)		
		Level of Care:	Level of Care:	Level of Care:
		Hospital	Nursing Facility	ICF/IID
Year 1	9871	3257	6515	99
Year 2	10759	3550	7101	108
Year 3	11727	3870	7740	117
Year 4	12782	4218	8436	128
Year 5	13932	4598	9195	139

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (2 of 9)

b. Average Length of Stay. Describe the basis of the estimate of the average length of stay on the waiver by participants in item J-2-a.

The state used data from three years of 372 reports (2017 through 2019) to determine the ALOS was 334 days. Although there are minor fluctuations in the ALOS from year to year, it has consistently remained around 330 days for the past 9 years. There was a slight decline in 2019 as Waiver Agencies prioritized reevaluations of Waiver Participants and the elimination of the waitlist stemming from the previous Waiver Term. DHCS anticipates that the ALOS for 2020 will be higher than previous years because of the COVID-19 public health emergency (PHE) and temporary pause on dis-enrollments.

The projected ALOS for each year of the Waiver are included below.

2022 = 334
2023 = 334
2024 = 334
2025 = 334
2026 = 334

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (3 of 9)

c. Derivation of Estimates for Each Factor. Provide a narrative description for the derivation of the estimates of the following factors.

i. Factor D Derivation. The estimates of Factor D for each waiver year are located in Item J-2-d. The basis and methodology for these estimates is as follows:

The Factor D utilization for existing waiver services are derived from experience as reported in the CMS 372 reports for the HCBA Waiver and estimates for utilization of infrequently used services. The CMS 372 Reports used:

WY 1 (January 1, 2017 – December 31, 2017)

WY 2 (January 1, 2018 - December 31, 2018)

WY 3 (January 1, 2019 - December 31, 2019)

WY 4 (January 1, 2020 – December 31, 2020)

The following are assumption also used in deriving the Factor D:

- The state assumes 99% of the waiver population is served by Waiver Agencies providing Comprehensive Care Management services while the state provides Case Management services to the remaining 1% of the Waiver population.
- The state used net enrollment trends to determine at what point existing waiver capacity would need to be increased to meet the demand for Waiver services.
- Waiver participants under 21 years of age receive Waiver services that are not available through the State Plan.
- The Community Transition Services benefit is capped at a lifetime benefit of \$5,000 for individuals transitioning to the community from an institution, and at a lifetime benefit of \$400 for individuals who live in a private, community-based, residence where the person is directly responsible for their own living expenses. (Under certain circumstances described in Appendix C, the "lifetime" benefit cap may be waived.)
- The Environmental Accessibility Adaptations benefit is capped at a lifetime benefit of \$5,000. (Under certain circumstances described in Appendix C, the "lifetime" benefit cap may be waived.)
- The Medical Equipment Operating Expense is limited to that portion of the utility bills directly attributable to operation of life sustaining medical equipment in the participant's place of residence. The minimum monthly amount of reimbursement will be \$20 a month with a maximum monthly amount of \$75. For purposes of completing Appendix J-d, an average of \$52.73 is used based on reported utilization obtained from CMS 372 reports.
- The average reimbursement rate for a waiver service is derived from a weighted average of reimbursement rates for the different providers providing a waiver service.
- DHCS does not anticipate an additional increase in rates. The increase in costs is due to the projected increase in utilization, minimum wage increase, and overtime (WPCS). Cost for care management and based upon full Waiver capacity and 372 data trends from 2017-2020.
- Factor D utilization is based on the maximum number of unduplicated participants that can be served in any given waiver year. While in the past the actual number of unduplicated participants has been less than the maximum number allowed it is DHCS' intention to eventually have HCBA Waiver enrollment at full capacity.
- Factor D utilization for ICF/DD-CN Vent and Non-Vent Dependent LOC is based on the number of participants and their current services at the end of the [previous waiver term as well as the assumption that any remaining slots will be filled during WY 1].
- Factor D cost is based on an average percent of each service utilized in the past five years as found in the CMS 372 report.

ii. Factor D' Derivation. The estimates of Factor D' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

The Factor D' estimates for State Plan services are derived from experience as found in the HCBA Waiver CMS 372 Reports for:

WY 1 (January 1, 2017 – December 31, 2017)
 WY 2 (January 1, 2018 - December 31, 2018)
 WY 3 (January 1, 2019 - December 31, 2019)
 WY 4 (January 1, 2020 – December 31, 2020)

The following are assumptions used in deriving the Factor D':

The cost of all State Plan services furnished in addition to waiver services while the participant was on the waiver, including, but not limited to:

- State Plan home health services;
- State Plan personal care services authorized through the county IHSS program;
- EPSDT supplemental services;
- Short-term institutionalization (hospitalization or nursing facility) which began after the participant's first day of waiver services and ended before the end of the waiver year, if the person returned to the waiver;
- Medical equipment and supplies covered under the State Plan;
- Non-emergency transportation services covered under the State Plan; and
- Outpatient clinic and physician services covered under the State plan.
- Factor D' expenditures of individuals at each LOC were weighted into the Factor D' estimates for current HCBA Waiver participants.
- DHCS does not anticipate an additional increase in rates. The increase in costs is due to the projected increase in utilization and overtime (IHSS) and based upon full Waiver capacity and 372 data trends from 2017-2020.
- Medicare Part D drug costs are not included in the Factor D' estimates.
- Factor D' cost is based on a weighted average by levels of care.

iii. Factor G Derivation. The estimates of Factor G for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Factor G reflects the peer group for participants in this waiver. The Factor G estimates for inpatient NF B, Subacute, ICF/DD-CN Non-Ventilator Dependent, ICF/DDCN Ventilator Dependent and Acute hospital are derived from the State's daily institutional costs for the same number of days used for Factor D. This establishes an annual cost by level of care.

Factor G estimates are derived from the statewide weighted average calculated rates for LOC for NF B, Subacute, ICF/DD-CN Non-Ventilator Dependent, ICF/DD-CN Ventilator Dependent and Acute hospital times 334 days a year. This establishes an annual cost by level of care. NF/B LOC is expected to have a yearly rate increase of 6.51%. The calculated percentages of beneficiaries enrolled in each level of care in the waiver is as follows: 66% in NF/B; 33% in NF Subacute Adult and ICF-DD; 1% in Acute Hospital.

DHCS does not anticipate a mid-year rate increase. The annual increase in costs is due to the projected yearly rate increases for institutional provider types.

Factor G cost is based off a weighted average by levels of care.

iv. Factor G' Derivation. The estimates of Factor G' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

The Factor G' reflects the outpatient services of the peer group for participants in this waiver, while residing in an inpatient NF B, Subacute, ICF/DD-CN Non-Ventilator Dependent, ICF/DD-CN Ventilator Dependent and Acute hospital stay are based on the weighted average of the HCBA Waiver 372 reports.

The following CMS 372 Reports were used:

WY 1 (January 1, 2017 – December 31, 2017)
 WY 2 (January 1, 2018 - December 31, 2018)
 WY 3 (January 1, 2019 - December 31, 2019)
 WY 4 (January 1, 2020 – December 31, 2020)

DHCS does not anticipate an additional increase in rates. The annual increase in costs is due to the increase in utilization of ancillary or State Plan services.

Medicare Part D drug costs are not included in the Factor G' estimates. Factor G' cost is based off a weighted average by levels of care.

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (4 of 9)

Component management for waiver services. If the service(s) below includes two or more discrete services that are reimbursed separately, or is a bundled service, each component of the service must be listed. Select “*manage components*” to add these components.

Waiver Services	
Case Management	
Habilitation Services	
Home Respite	
Waiver Personal Care Services (WPCS)	
Paramedical Service	
Assistive Technology	
Community Transition Services	
Comprehensive Care Management	
Continuous Nursing and Supportive Services	
Developmentally Disabled/Continuous Nursing Care (DD/CNC), Non-Ventilator Dependent Services	
Developmentally Disabled/Continuous Nursing Care, Ventilator Dependent Services	
Environmental Accessibility Adaptations	
Facility Respite	
Family/Caregiver Training	
Medical Equipment Operating Expense	
Personal Emergency Response (PERS) Installation and Testing	
Personal Emergency Response Systems (PERS)	
Private Duty Nursing - Including Home Health Aide and Shared Services	
Transitional Case Management	

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (5 of 9)

d. Estimate of Factor D.

i. Non-Concurrent Waiver. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to

automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 1

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Case Management Total:						632522.88
Case Management	Quarter Hour	737	64.00	13.41	632522.88	
Habilitation Services Total:						1029644.56
Habilitation Services	Quarter Hour	73	1246.00	11.32	1029644.56	
Home Respite Total:						103868.25
Home Respite	Quarter Hour	25	703.00	5.91	103868.25	
Waiver Personal Care Services (WPCS) Total:						179102400.00
Waiver Personal Care Services Regular Time	Hour	4880	2078.00	16.00	162250240.00	
Waiver Personal Care Services Overtime	Hour	4051	520.00	8.00	16852160.00	
Paramedical Service Total:						360992.00
Paramedical Service	Hour	58	389.00	16.00	360992.00	
Assistive Technology Total:						2500.00
Assistive Technology	Event	1	1.00	2500.00	2500.00	
Community Transition Services Total:						24599.80
Community Transition Services	Event	47	1.00	523.40	24599.80	
Comprehensive Care Management Total:						25779600.00
Comprehensive Care Management	Month	7812	12.00	275.00	25779600.00	
Continuous Nursing and Supportive Services Total:						33465384.96
Continuous Nursing and Supportive Services	Day	392	224.00	381.12	33465384.96	
Developmentally Disabled/Continuous Nursing Care (DD/CNC), Non- Ventilator Dependent Services Total:						1188759.60
GRAND TOTAL:						531891248.76
Total Estimated Unduplicated Participants:						9871
Factor D (Divide total by number of participants):						53884.23
Average Length of Stay on the Waiver:						334

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Developmentally Disabled/Continuous Nursing Care (DD/CNC), Non-Ventilator Dependent Services	Day	70	42.00	404.34	1188759.60	
Developmentally Disabled/Continuous Nursing Care, Ventilator Dependent Services Total:						143863.16
Developmentally Disabled/Continuous Nursing Care, Ventilator Dependent Services	Day	23	14.00	446.78	143863.16	
Environmental Accessibility Adaptations Total:						114857.41
Environmental Accessibility Adaptations	Event	71	1.00	1617.71	114857.41	
Facility Respite Total:						53865.00
Facility Respite	Day	19	9.00	315.00	53865.00	
Family/Caregiver Training Total:						8038.80
Family/Caregiver Training	Hour	6	33.00	40.60	8038.80	
Medical Equipment Operating Expense Total:						19615.56
Medical Equipment Operating Expense	Month	31	12.00	52.73	19615.56	
Personal Emergency Response (PERS) Installation and Testing Total:						3400.00
Personal Emergency Response (PERS) Installation and Testing	Event	10	1.00	340.00	3400.00	
Personal Emergency Response Systems (PERS) Total:						1700.16
Personal Emergency Response Systems (PERS)	Month	7	12.00	20.24	1700.16	
Private Duty Nursing - Including Home Health Aide and Shared Services Total:						289839281.82
LVN	Hour	2523	2398.00	43.87	265420255.98	
RN	Hour	276	892.00	58.37	14370227.04	
GRAND TOTAL:					531891248.76	
Total Estimated Unduplicated Participants:					9871	
Factor D (Divide total by number of participants):					53884.23	
Average Length of Stay on the Waiver:						334

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
CHHA	Hour	254	1395.00	28.36	10048798.80	
Transitional Case Management Total:						16354.80
Transitional Case Management	Hour	5	72.00	45.43	16354.80	
GRAND TOTAL:					531891248.76	
Total Estimated Unduplicated Participants:					9871	
Factor D (Divide total by number of participants):					53884.23	
Average Length of Stay on the Waiver:						334

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (6 of 9)

d. Estimate of Factor D.

i. Non-Concurrent Waiver. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 2

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Case Management Total:						683159.04
Case Management	Quarter Hour	796	64.00	13.41	683159.04	
Habilitation Services Total:						1128377.60
Habilitation Services	Quarter Hour	80	1246.00	11.32	1128377.60	
Home Respite Total:						112177.71
Home Respite	Quarter Hour	27	703.00	5.91	112177.71	
Waiver Personal Care Services (WPCS) Total:						195212512.00
Waiver Personal Care Services Regular Time	Hour	5319	2078.00	16.00	176846112.00	
Waiver Personal Care Services Overtime	Hour	4415	520.00	8.00	18366400.00	
Paramedical Service Total:						392112.00
Paramedical Service	Hour	63	389.00	16.00	392112.00	
Assistive Technology						427500.00
GRAND TOTAL:					581555185.26	
Total Estimated Unduplicated Participants:					10759	
Factor D (Divide total by number of participants):					54052.90	
Average Length of Stay on the Waiver:						334

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Total:						
Assistive Technology	Event	171	1.00	2500.00	427500.00	
Community Transition Services Total:						24599.80
Community Transition Services	Event	47	1.00	523.40	24599.80	
Comprehensive Care Management Total:						29521800.00
Comprehensive Care Management	Month	8946	12.00	275.00	29521800.00	
Continuous Nursing and Supportive Services Total:						36453365.76
Continuous Nursing and Supportive Services	Day	427	224.00	381.12	36453365.76	
Developmentally Disabled/Continuous Nursing Care (DD/CNC), Non- Ventilator Dependent Services Total:						1290653.28
Developmentally Disabled/Continuous Nursing Care (DD/CNC), Non- Ventilator Dependent Services	Day	76	42.00	404.34	1290653.28	
Developmentally Disabled/Continuous Nursing Care, Ventilator Dependent Services Total:						156373.00
Developmentally Disabled/Continuous Nursing Care, Ventilator Dependent Services	Day	25	14.00	446.78	156373.00	
Environmental Accessibility Adaptations Total:						124563.67
Environmental Accessibility Adaptations	Event	77	1.00	1617.71	124563.67	
Facility Respite Total:						59535.00
Facility Respite	Day	21	9.00	315.00	59535.00	
Family/Caregiver Training Total:						8038.80
Family/Caregiver Training	Hour	6	33.00	40.60	8038.80	
Medical Equipment Operating Expense Total:						23412.12
GRAND TOTAL:					581555185.26	
Total Estimated Unduplicated Participants:					10759	
Factor D (Divide total by number of participants):					54052.90	
Average Length of Stay on the Waiver:						334

Waiver Service/Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Medical Equipment Operating Expense	Month	37	12.00	52.73	23412.12	
Personal Emergency Response (PERS) Installation and Testing Total:						3740.00
Personal Emergency Response (PERS) Installation and Testing	Event	11	1.00	340.00	3740.00	
Personal Emergency Response Systems (PERS) Total:						1943.04
Personal Emergency Response Systems (PERS)	Month	8	12.00	20.24	1943.04	
Private Duty Nursing - Including Home Health Aide and Shared Services Total:						315931322.44
LVN	Hour	2750	2398.00	43.87	289300715.00	
RN	Hour	301	892.00	58.37	15671878.04	
CHHA	Hour	277	1395.00	28.36	10958729.40	
Transitional Case Management Total:						0.00
Transitional Case Management	Hour	0	0.00	0.00	0.00	
GRAND TOTAL:					581555185.26	
Total Estimated Unduplicated Participants:					10759	
Factor D (Divide total by number of participants):					54052.90	
Average Length of Stay on the Waiver:						334

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (7 of 9)

d. Estimate of Factor D.

i. Non-Concurrent Waiver. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 3

Waiver Service/Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Case Management Total:						738086.40
Case Management					738086.40	
GRAND TOTAL:					63495507.11	
Total Estimated Unduplicated Participants:					11727	
Factor D (Divide total by number of participants):					54144.75	
Average Length of Stay on the Waiver:						334

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
	Quarter Hour	860	64.00	13.41		
Habilitation Services Total:						1227110.64
Habilitation Services	Quarter Hour	87	1246.00	11.32	1227110.64	
Home Respite Total:						124641.90
Home Respite	Quarter Hour	30	703.00	5.91	124641.90	
Waiver Personal Care Services (WPCS) Total:						212789824.00
Waiver Personal Care Services Regular Time	Hour	5798	2078.00	16.00	192771904.00	
Waiver Personal Care Services Overtime	Hour	4812	520.00	8.00	20017920.00	
Paramedical Service Total:						423232.00
Paramedical Service	Hour	68	389.00	16.00	423232.00	
Assistive Technology Total:						462500.00
Assistive Technology	Event	185	1.00	2500.00	462500.00	
Community Transition Services Total:						24599.80
Community Transition Services	Event	47	1.00	523.40	24599.80	
Comprehensive Care Management Total:						33267300.00
Comprehensive Care Management	Month	10081	12.00	275.00	33267300.00	
Continuous Nursing and Supportive Services Total:						39782830.08
Continuous Nursing and Supportive Services	Day	466	224.00	381.12	39782830.08	
Developmentally Disabled/Continuous Nursing Care (DD/CNC), Non- Ventilator Dependent Services Total:						1409529.24
Developmentally Disabled/Continuous Nursing Care (DD/CNC), Non- Ventilator Dependent Services	Day	83	42.00	404.34	1409529.24	
Developmentally Disabled/Continuous Nursing Care,						175137.76
GRAND TOTAL:					63495507.11	
Total Estimated Unduplicated Participants:					11727	
Factor D (Divide total by number of participants):					54144.75	
Average Length of Stay on the Waiver:						334

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Ventilator Dependent Services Total:						
Developmentally Disabled/Continuous Nursing Care, Ventilator Dependent Services	Day	28	14.00	446.78	175137.76	
Environmental Accessibility Adaptations Total:						137505.35
Environmental Accessibility Adaptations	Event	85	1.00	1617.71	137505.35	
Facility Respite Total:						65205.00
Facility Respite	Day	23	9.00	315.00	65205.00	
Family/Caregiver Training Total:						9378.60
Family/Caregiver Training	Hour	7	33.00	40.60	9378.60	
Medical Equipment Operating Expense Total:						19615.56
Medical Equipment Operating Expense	Month	31	12.00	52.73	19615.56	
Personal Emergency Response (PERS) Installation and Testing Total:						4080.00
Personal Emergency Response (PERS) Installation and Testing	Event	12	1.00	340.00	4080.00	
Personal Emergency Response Systems (PERS) Total:						971.52
Personal Emergency Response Systems (PERS)	Month	8	6.00	20.24	971.52	
Private Duty Nursing - Including Home Health Aide and Shared Services Total:						344271062.54
LVN	Hour	2997	2398.00	43.87	315285179.22	
RN	Hour	328	892.00	58.37	17077661.12	
CHHA	Hour	301	1395.00	28.36	11908222.20	
Transitional Case Management Total:						22896.72
Transitional Case Management	Hour	7	72.00	45.43	22896.72	
GRAND TOTAL:					634955507.11	
Total Estimated Unduplicated Participants:					11727	
Factor D (Divide total by number of participants):					54144.75	
Average Length of Stay on the Waiver:						334

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (8 of 9)

d. Estimate of Factor D.

i. Non-Concurrent Waiver. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 4

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Case Management Total:						797304.96
Case Management	Quarter Hour	929	64.00	13.41	797304.96	
Habilitation Services Total:						1339948.40
Habilitation Services	Quarter Hour	95	1246.00	11.32	1339948.40	
Home Respite Total:						137106.09
Home Respite	Quarter Hour	33	703.00	5.91	137106.09	
Waiver Personal Care Services (WPCS) Total:						231913312.00
Waiver Personal Care Services Regular Time	Hour	6319	2078.00	16.00	210094112.00	
Waiver Personal Care Services Overtime	Hour	5245	520.00	8.00	21819200.00	
Paramedical Service Total:						454352.00
Paramedical Service	Hour	73	389.00	16.00	454352.00	
Assistive Technology Total:						500000.00
Assistive Technology	Event	200	1.00	2500.00	500000.00	
Community Transition Services Total:						24599.80
Community Transition Services	Event	47	1.00	523.40	24599.80	
Comprehensive Care Management Total:						37009500.00
Comprehensive Care Management	Month	11215	12.00	275.00	37009500.00	
Continuous Nursing and Supportive Services Total:						43283036.16
GRAND TOTAL:						692769710.43
Total Estimated Unduplicated Participants:						12782
Factor D (Divide total by number of participants):						54198.85
Average Length of Stay on the Waiver:						334

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Continuous Nursing and Supportive Services	Day	507	224.00	381.12	43283036.16	
Developmentally Disabled/Continuous Nursing Care (DD/CNC), Non- Ventilator Dependent Services Total:						1528405.20
Developmentally Disabled/Continuous Nursing Care (DD/CNC), Non- Ventilator Dependent Services	Day	90	42.00	404.34	1528405.20	
Developmentally Disabled/Continuous Nursing Care, Ventilator Dependent Services Total:						187647.60
Developmentally Disabled/Continuous Nursing Care, Ventilator Dependent Services	Day	30	14.00	446.78	187647.60	
Environmental Accessibility Adaptations Total:						148829.32
Environmental Accessibility Adaptations	Event	92	1.00	1617.71	148829.32	
Facility Respite Total:						70875.00
Facility Respite	Day	25	9.00	315.00	70875.00	
Family/Caregiver Training Total:						10718.40
Family/Caregiver Training	Hour	8	33.00	40.60	10718.40	
Medical Equipment Operating Expense Total:						30372.48
Medical Equipment Operating Expense	Month	48	12.00	52.73	30372.48	
Personal Emergency Response (PERS) Installation and Testing Total:						4420.00
Personal Emergency Response (PERS) Installation and Testing	Event	13	1.00	340.00	4420.00	
Personal Emergency Response Systems (PERS) Total:						1092.96
Personal Emergency Response Systems (PERS)	Month	9	6.00	20.24	1092.96	
GRAND TOTAL:					692769710.43	
Total Estimated Unduplicated Participants:					12782	
Factor D (Divide total by number of participants):					54198.85	
Average Length of Stay on the Waiver:						334

Waiver Service/Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Private Duty Nursing - Including Home Health Aide and Shared Services Total:						375305293.34
LVN	Hour	3267	2398.00	43.87	343689249.42	
RN	Hour	358	892.00	58.37	18639642.32	
CHHA	Hour	328	1395.00	28.36	12976401.60	
Transitional Case Management Total:						22896.72
Transitional Case Management	Hour	7	72.00	45.43	22896.72	
GRAND TOTAL:					692769710.43	
Total Estimated Unduplicated Participants:					12782	
Factor D (Divide total by number of participants):					54198.85	
Average Length of Stay on the Waiver:						334

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (9 of 9)

d. Estimate of Factor D.

i. Non-Concurrent Waiver. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 5

Waiver Service/Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Case Management Total:						860814.72
Case Management	Quarter Hour	1003	64.00	13.41	860814.72	
Habilitation Services Total:						1452786.16
Habilitation Services	Quarter Hour	103	1246.00	11.32	1452786.16	
Home Respite Total:						149570.28
Home Respite	Quarter Hour	36	703.00	5.91	149570.28	
Waiver Personal Care Services (WPCS) Total:						252794944.00
Waiver Personal Care Services Regular Time	Hour	6888	2078.00	16.00	229012224.00	
GRAND TOTAL:					75538974.70	
Total Estimated Unduplicated Participants:					13932	
Factor D (Divide total by number of participants):					54230.47	
Average Length of Stay on the Waiver:						334

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Waiver Personal Care Services Overtime	Hour	5717	520.00	8.00	23782720.00	
Paramedical Service Total:						491696.00
Paramedical Service	Hour	79	389.00	16.00	491696.00	
Assistive Technology Total:						540000.00
Assistive Technology	Event	216	1.00	2500.00	540000.00	
Community Transition Services Total:						24599.80
Community Transition Services	Event	47	1.00	523.40	24599.80	
Comprehensive Care Management Total:						40751700.00
Comprehensive Care Management	Month	12349	12.00	275.00	40751700.00	
Continuous Nursing and Supportive Services Total:						47210096.64
Continuous Nursing and Supportive Services	Day	553	224.00	381.12	47210096.64	
Developmentally Disabled/Continuous Nursing Care (DD/CNC), Non- Ventilator Dependent Services Total:						1664263.44
Developmentally Disabled/Continuous Nursing Care (DD/CNC), Non- Ventilator Dependent Services	Day	98	42.00	404.34	1664263.44	
Developmentally Disabled/Continuous Nursing Care, Ventilator Dependent Services Total:						206412.36
Developmentally Disabled/Continuous Nursing Care, Ventilator Dependent Services	Day	33	14.00	446.78	206412.36	
Environmental Accessibility Adaptations Total:						161771.00
Environmental Accessibility Adaptations	Event	100	1.00	1617.71	161771.00	
Facility Respite Total:						68040.00
Facility Respite	Day	24	9.00	315.00	68040.00	
GRAND TOTAL:					75538974.70	
Total Estimated Unduplicated Participants:					13932	
Factor D (Divide total by number of participants):					54230.47	
Average Length of Stay on the Waiver:						334

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Family/Caregiver Training Total:						10718.40
Family/Caregiver Training	Hour	8	33.00	40.60	10718.40	
Medical Equipment Operating Expense Total:						32270.76
Medical Equipment Operating Expense	Month	51	12.00	52.73	32270.76	
Personal Emergency Response (PERS) Installation and Testing Total:						4760.00
Personal Emergency Response (PERS) Installation and Testing	Event	14	1.00	340.00	4760.00	
Personal Emergency Response Systems (PERS) Total:						1214.40
Personal Emergency Response Systems (PERS)	Month	10	6.00	20.24	1214.40	
Private Duty Nursing - Including Home Health Aide and Shared Services Total:						409087149.06
LVN	Hour	3561	2398.00	43.87	374618125.86	
RN	Hour	390	892.00	58.37	20305755.60	
CHHA	Hour	358	1395.00	28.36	14163267.60	
Transitional Case Management Total:						26167.68
Transitional Case Management	Hour	8	72.00	45.43	26167.68	
GRAND TOTAL:					755538974.70	
Total Estimated Unduplicated Participants:					13932	
Factor D (Divide total by number of participants):					54230.47	
Average Length of Stay on the Waiver:						334