

**Application for
CFSS Consultation and Financial
Management Services**

**Section 1915(b) (4) Waiver
Fee-for-Service
Selective Contracting Program**

June 2014

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Application for Section 1915(b) (4) Waiver Fee-for-Service (FFS) Selective Contracting Program

Facesheet

The State of Minnesota requests a waiver/amendment under the authority of section 1915(b) of the Act. The Medicaid agency will directly operate the waiver. The name of the waiver program is CFSS Consultation and Financial Management Services Waiver (List each program name if the waiver authorizes more than one program.).

Type of request. This is:

- an initial request for new waiver. All sections are filled.
- a request to amend an existing waiver, which modifies Section/Part
- a renewal request

Section A is:

- replaced in full
- carried over with no change
- changes noted in **BOLD**.

Section B is:

- replaced in full
- changes noted in **BOLD**.

Effective Dates:

This waiver/renewal/amendment is requested for a period of 5 years beginning **April 1, 2014** and ending **March 31, 2019**.

State Contact:

The state contact person for this waiver is **Gretchen Ulbee** and can be reached by telephone at **(651) 431-2192**, or fax at **(651) 431-7421**, or e-mail at Gretchen.Ulbee@state.mn.us.

Section A – Waiver Program Description

Part I: Program Overview

Tribal Consultation:

Describe the efforts the State has made to ensure that Federally-recognized tribes in the State are aware of and have had the opportunity to comment on this waiver proposal.

State Response:

Notice was sent to all Tribal Chairs and Tribal Health Directors on March 3, 2014 requesting comments on the Department of Human Services (DHS)'s intent to submit a request to the Centers for Medicare & Medicaid Services for CFSS Consultation and Financial Management Services waiver. No written comments were received. Opportunity for discussion and comment was also provided at the quarterly Tribal Health Directors meeting on February 20, 2014. Discussion was limited to questions and answers about the proposal. A copy of the March 3, 2014 notice to tribal chairs and tribal health directors is provided at Attachment A.

Program Description:

Provide a brief description of the proposed selective contracting program or, if this is a request to amend an existing selective contracting waiver, the history of and changes requested to the existing program. Please include the estimated number of enrollees served throughout the waiver.

State Response:

As discussed in the approved Section 1115 Reform 2020 demonstration waiver, Minnesota is redesigning its state plan personal care assistance services to expand self-directed options under a new service called Community First Services and Supports (CFSS). This service, designed to maintain and increase independence, will be modeled after the Community First Choice Option. It will reduce pressure on the system as people use the flexibility within CFSS instead of accessing services under home and community-based services (HCBS) waiver programs.

The new CFSS service, with its focus on consumer direction, is designed to comply with the recently finalized regulations under section 1915(k) of the Social Security Act. Minnesota has received partial federal approval under the Reform 2020 demonstration

waiver to implement this new benefit. Minnesota is currently seeking additional federal authority under sections 1915(i) and 1915(k) of the Social Security Act via state plan amendments. CMS has advised us, through review of the two state plan amendments, that we also need a selective contracting waiver under authority of section 1915(b)(4) of the Act.

Under CFSS, people may directly employ and pay qualified support workers and/or purchase goods or environmental modifications that relate to an assessed need identified in their service delivery plan. Spending must be limited to the authorized amount. A financial management services contractor (FMS) will be the employer-agent assisting participant-employers to comply with state and federal employment laws and requirements and for billing and making payments on behalf of participant-employers. In addition, participants will utilize a consultation services provider to learn about CFSS, select a service delivery model, and develop a person-centered service delivery plan and budget and to obtain information and support about employing, training, supervising and dismissing support workers.

DHS will contract with FMS and consultation services providers via competitive procurement. Competitive procurement is appropriate for FMS and consultation services providers to ensure that only the most qualified providers are utilized and in order to allow DHS to concentrate provider training and monitoring efforts on a few highly qualified providers. FMS and consultation services providers will have a new and critical role in ensuring that participants learn how to use this self-directed option and experience expected outcomes, funds are spent appropriately and participant's identified needs are met. To ensure smooth transition to this more flexible benefit, and to implement quality services, DHS will limit the pool of FMS and consultation services providers to a small number of highly qualified entities. In addition, selective contracting is particularly appropriate because other states offering participant-directed benefits have had success in purchasing financial management services at a lower price when the number of contractors is limited so that the contractors have a sufficient volume of participants.

Waiver Services:

Please list all existing State Plan services the State will provide through this selective contracting waiver.

State Response:

CFSS consultation services defined in Attachment 3.1-K and Attachment 4.19-B of the Minnesota State Plan (SPA approvals pending).

CFSS financial management services defined in Attachment 3.1-K and Attachment 4.19-B of the Minnesota State Plan (SPA approvals pending)

A. Statutory Authority

1. Waiver Authority.

The State is seeking authority under the following subsection of 1915(b):

- 1915(b) (4) - FFS Selective Contracting program**

2. Sections Waived.

The State requests a waiver of these sections of 1902 of the Social Security Act:

- a. **Section 1902(a) (1) - Statewideness**
- b. **Section 1902(a) (10) (B) - Comparability of Services**
- c. **Section 1902(a) (23) - Freedom of Choice**
- d. **Other Sections of 1902 – (please specify)**

B. Delivery Systems

1. Reimbursement.

Payment for the selective contracting program is:

- the same as stipulated in the State Plan
 is different than stipulated in the State Plan (please describe)

2. Procurement.

The State will select the contractor in the following manner:

- Competitive** procurement
 Open cooperative procurement
 Sole source procurement
 Other (please describe)

C. Restriction of Freedom of Choice

1. Provider Limitations.

- Beneficiaries will be limited to a single provider in their service area.
 Beneficiaries will be given a choice of providers in their service area.

State Response:

The program will be implemented statewide. DHS will allow a choice of providers in each service area. ***(NOTE: Please indicate the area(s) of the State where the waiver program will be implemented)***

State Response:

The program will be implemented statewide.

2. State Standards

Detail any difference between the state standards that will be applied under this waiver and those detailed in the State Plan coverage or reimbursement documents.

State Response:

N/A

D. Populations Affected by Waiver

(May be modified as needed to fit the State's specific circumstances)

1. Included Populations.

The following populations are included in the waiver:

- Section 1931 Children and Related Populations
- Section 1931 Adults and Related Populations
- Blind/Disabled Adults and Related Populations
- Blind/Disabled Children and Related Populations
- Aged and Related Populations
- Foster Care Children
- Title XXI CHIP Children

State Response:

This §1915(b)(4) waiver applies to all people who are receiving CFSS services, regardless of their basis of eligibility.

2. Excluded Populations.

Indicate if any of the following populations are excluded from participating in the waiver:

- Dual Eligibles
- Poverty Level Pregnant Women
- Individuals with other insurance
- Individuals residing in a nursing facility or ICF/MR
- Individuals enrolled in a managed care program
- Individuals participating in a HCBS Waiver program
- American Indians/Alaskan Natives
- Special Needs Children (State Defined). Please provide this definition.
- Individuals receiving retroactive eligibility
- Other (Please define):

State Response:

This §1915(b)(4) waiver applies to all people who are receiving CFSS services.

Part II: Access, Provider Capacity and Utilization Standards

A. Timely Access Standards

Describe the standard that the State will adopt (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State has adopted) defining timely Medicaid beneficiary access to the contracted services, *i.e.*, what constitutes timely access to the service?

1. How does the State measure (or propose to measure) the timeliness of Medicaid beneficiary access to the services covered under the selective contracting program?
2. Describe the remedies the State has or will put in place in the event that Medicaid beneficiaries are unable to access the contracted service in a timely fashion.

State Response:

Provider standards for timely access to the services will be set out in the provider contracts, and DHS's CFSS policies. Consultation services providers must maintain documentation, and must submit regular individual-level reports indicating the interval between the first contact by a participant selecting the consultation services provider and completion of the CFSS service delivery plan. Consultation services providers must also submit a copy of the completed service delivery plan to the participant, agency-provider or FMS, and lead agencies.

FMS providers must maintain documentation and must submit regular individual-level reports to DHS indicating the interval between first contact from the participant selecting the FMS to completion of full set-up of FMS services.

The Department will measure timeliness of beneficiary access to services the following ways:

1. CFSS service delivery plans are completed for all CFSS participants within 30 calendar days from the date of consultation services intake and at least annually thereafter or more often if there is a change in the need for services or supports. System edits require that an eligibility span for CFSS can be no longer than 12 months, requiring a lead agency reassessment to continue service authorization. Consultation services providers must make first contact with the participant within three business days of being contacted by the participant or representative.
2. The Department will review five core components of CFSS: the assessment, Community Support Plan, service delivery plan, service authorization, and claims payment for CFSS. As described in Attachment 3.1-K and Attachment 4.19-B of the state plan (approvals pending), DHS conducts reviews of lead agencies. These lead agency audits will be expanded to include the review of the assessments and community support plans for people receiving CFSS under a fee-for-service delivery model. All lead agencies (87 counties and four tribes) are reviewed every three years. Contractor audits are conducted annually by DHS. DHS will audit service delivery plans, service authorizations and claims payment and evaluate all five processes for compliance with DHS policies and procedures and access standards. DHS will issue corrective action plan requirements for FMS and consultation services providers. DHS evaluates whether the corrective actions and evidence submitted are sufficient to demonstrate that the corrective action was implemented.

DHS will audit service authorization and claims data to monitor and evaluate the following date spans:

- A. the date of the assessment to the start date of direct services;
 - B. the assessment date to the date of consultation services intake
 - C. the date of consultation services intake to the start of consultation services
 - D. the date of consultation services to the start date of FMS services; and,
 - E. the date of FMS start date per the service authorization to the actual start of services per claims.
3. Financial management set-up services are provided within a timely manner; within three business days of being selected by the participant, the FMS will provide an information packet to the participant- employer. As described above, community support plans and service delivery plans will be completed at least annually. FMS providers must respond promptly to ensure that participants can start and use CFSS services as identified in the approved service delivery plan and make payments on behalf of the participant.
 4. Financial management services providers make accurate and timely payments. FMS must pay workers and vendors according to established payment schedules. In the event that CFSS participants are unable to access the contracted services in a timely fashion, DHS will impose corrective action plans to improve provider performance, and will evaluate whether providers may continue to provide services, and evaluate whether additional provider entities are necessary.

B. Provider Capacity Standards

Describe how the State will ensure (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State has ensured) that its selective contracting program provides a sufficient supply of contracted providers to meet Medicaid beneficiaries' needs.

1. Provide a detailed capacity analysis of the number of providers (e.g., by type, or number of beds for facility-based programs), or vehicles (by type, per contractor for non-emergency transportation programs), needed per location or region to assure sufficient capacity under the selective contracting program.
2. Describe how the State will evaluate and ensure on an ongoing basis that providers are appropriately distributed throughout the geographic regions covered by the selective contracting program so that Medicaid beneficiaries have sufficient and timely access throughout the regions affected by the program.

State Response:

We anticipate the following number of average monthly recipients in the agency model and budget model, respectively. All participants will require consultation services and budget model recipients will require FMS services:

Year			
Year One	18,289	7,112	25,401
Year Two	23,253	9,966	33,219
Year Three	23,544	11,080	34,624
Year Four	23,825	12,273	36,098
Year Five	24,092	13,552	37,644

Capacity for financial management services will be evaluated on a statewide basis because it is not necessary for providers to meet face-to-face with enrollees to deliver this service.

Capacity for consultation services will be evaluated on a regional basis because in some instances it may be necessary for providers to meet with participants to effectively deliver this service.

DHS will monitor the number of enrollees receiving timely and satisfactory consultation services and financial management services through MMIS data, individual-level reports provided by consultation and financial management service providers, and the community support and service delivery audits as described above. If DHS identifies regional or program-wide deficiencies in access and/or quality, DHS will impose corrective action plans to improve provider performance and evaluate whether providers may continue to provide services and whether additional provider entities are necessary.

C. Utilization Standards

Describe the State's utilization standards specific to the selective contracting program. How will the State (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State) regularly monitor(s) the selective contracting program to determine appropriate Medicaid beneficiary utilization, as defined by the utilization standard described above?

1. Describe the remedies the State has or will put in place in the event that Medicaid beneficiary utilization falls below the utilization standards described above.

State Response:

The State's utilization standards are as follows:

- Service delivery plans are completed for all CFSS participants within 30 calendar days from the date of consultation services intake and at least annually thereafter.
- Consultation services providers must contact the participant within three business days of the participant contacting the chosen consultation services provider
- All CFSS participants identifying either the desire to utilize the budget model and/or purchase goods must have prompt access to CFSS financial management services. A complete and accurate packet with full instructions for utilizing CFSS financial management services and any necessary forms to complete is provided within three business days of being selected by the participant.
- FMS must pay workers and vendors per established payment schedules.

CFSS remedies include:

1) DHS will provide technical assistance to providers who are operating at a level below expectations but do not yet require a corrective action plan.

2) If the standards described above are not met, DHS will require corrective action plans to improve provider performance and will evaluate whether providers may continue to provide services. Providers must submit a corrective action plan and evidence of corrections. DHS will also evaluate whether additional provider entities are necessary.

Part III: Quality

A. Quality Standards and Contract Monitoring

1. Describe the State's quality measurement standards specific to the selective contracting program.
 - a. Describe how the State will (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State):
 - i. Regularly monitor(s) the contracted providers to determine compliance with the State's quality standards for the selective contracting program.
 - ii. Take(s) corrective action if there is a failure to comply.
2. Describe the State's contract monitoring process specific to the selective contracting program.

- a. Describe how the State will (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State):
 - i. Regularly monitor(s) the contracted providers to determine compliance with the contractual requirements of the selective contracting program.
 - ii. Take(s) corrective action if there is a failure to comply.

State Response:

As described above, the Department will monitor the number of enrollees receiving timely and satisfactory consultation services, and financial management services through MMIS data, individual-level reports provided by consultation and financial management service providers, and the community support and service delivery audits as described above. DHS will also monitor fair hearing requests related to CFSS services including the topic of the hearing and final disposition. Staff reviews the data on a regular basis to identify trends or issues that may require training, policy clarification, or other follow-up.

If DHS identifies regional or program-wide deficiencies in access and/or quality, DHS will require corrective action plans to improve provider performance and will evaluate whether providers may continue to provide services. Providers must submit a corrective action plan and evidence of corrections. DHS will also evaluate whether additional provider entities are necessary.

B. Coordination and Continuity of Care Standards

Describe how the State assures that coordination and continuity of care is not negatively impacted by the selective contracting program.

State Response:

CFSS consultation services and financial management services are new services. CFSS enhances client choice of direct service providers. Restricting consultation services and financial management services to a small number of providers does not affect client choice of direct service providers. It will also allow DHS and lead agencies to concentrate provider training and oversight resources on a few highly qualified providers rather than attempting to train and monitor a large number of providers. Contracting with a limited number of highly qualified FMS and consultation services providers will help achieve a high level of provider competence, consistency of the service, and effective coordination with lead agencies.

Part IV: Program Operations

A. Beneficiary Information

Describe how beneficiaries will get information about the selective contracting program.

State Response:

CFSS participants will be informed of their choices for consultation service providers and FMS providers at the time of the initial CFSS assessment and reassessments.

B. Individuals with Special Needs.

- The State has special processes in place for persons with special needs (Please provide detail)

State Response:

All participants who are enrolled in CFSS all have special needs. An individualized service delivery plan will be developed for each participant. This plan lists the services that are necessary to meet a need identified in the participant's assessment.

Section B – Waiver Cost-Effectiveness & Efficiency

Efficient and economic provision of covered care and services:

1. Provide a description of the State's efficient and economic provision of covered care and services.

State Response:

As discussed in the approved Section 1115 Reform 2020 demonstration waiver, Minnesota is redesigning its state plan personal care assistance services to expand self-directed options under a new service called Community First Services and Supports (CFSS). This service, designed to maintain and increase independence, will be modeled after the Community First Choice Option. It will reduce pressure on the system

as people use the flexibility within CFSS instead of accessing services under home and community-based services (HCBS) waiver programs.

Under CFSS, people may directly employ and pay qualified support workers and/or purchase goods or environmental modifications that relate to an assessed need identified in their service delivery plan. Spending must be limited to the authorized amount. A financial management services contractor (FMS) will be the employer-agent assisting participant-employers to comply with state and federal employment laws and requirements and for billing and making payments on behalf of participant-employers. In addition, participants will utilize a consultation services provider to learn about CFSS, select a service delivery model, and develop a person-centered service delivery plan and budget and to obtain information and support about employing, training, supervising and dismissing support workers.

DHS will contract with FMS and consultation services providers via competitive procurement. Competitive procurement is appropriate for FMS and consultation services providers to ensure that only the most qualified providers are utilized and in order to allow DHS to concentrate provider training and monitoring efforts on a few highly qualified providers. FMS and consultation services providers will have a new and critical role in ensuring that participants learn how to use this self-directed option and experience expected outcomes, funds are spent appropriately and participant's identified needs are met. To ensure smooth transition to this more flexible benefit, and to implement quality services, DHS will limit the pool of FMS and consultation services providers to a small number of highly qualified entities. In addition, selective contracting is particularly appropriate because other states offering participant-directed benefits have had success in purchasing financial management services at a lower price when the number of contractors is limited so that the contractors have a sufficient volume of participants.

By limiting the number of entities ensuring that funds are spent appropriately and clients' identified needs are met, the state will be able to more thoroughly train providers and closely supervise performance as the state transitions to a consumer-directed model for personal care services. Dividing these functions across an unlimited number of providers could complicate implementation of this innovative approach to service delivery.

CFSS Participant Estimates

The CFSS participant estimates are based on Minnesota's February 2014 forecast for this service. This forecast is based mainly on historic utilization of Personal Care Assistance (PCA) in Medical Assistance and the state's forecast of PCA costs prior to the state legislative action authorizing the change from PCA to CFSS services. This forecast is the same as that used by the state for budget purposes.

Since the CFSS implementation timeline is not yet solidified, the years in this analysis are labeled Year 1, Year 2, and so on, rather than by fiscal year. Participant estimates

for the first year are based on state fiscal year 2015 in the MA forecast. This represents the first twelve months of service. During this year, about 80 percent of people will transition from the current Personal Care Assistance (PCA) program to CFSS. As a result of this transition process, the number of participants is anticipated to grow by 30.8% between the first and second years. After that, growth will level out at about 4.3% per year.

Service Utilization

CFSS participants will have the choice of an agency or budget model of service. It is estimated that 28% of CFSS participants will use the budget model in the first year. This estimate is based on the proportion of individuals using a similar model within the Consumer Directed Community Support (CDCS) service. It is estimated that this proportion will grow by 2 percentage points per year as people take advantage of the additional flexibility allowed under this CFSS option; from 28% in the first year to 36% in the fifth year.

Consultation Service Utilization

Participants using both the agency and budget models will use all components of the consultation services, but they may access slightly different amounts. Budget model participants will use more of these services because they will need more education and training in their role as an employer. Additionally, individuals in waiver programs will use their case managers or care coordinators for some service planning, so they are expected to use less of the consultation services than other CFSS participants who do not have these kinds of supports. Agency model participants are expected to use 27.9 units per year, while individuals using the budget model are likely to use 35.0 units because they will need additional training and support with self-directed activities.

Fiscal Management Service Utilization

Fiscal management services will be used by budget model participants to assist with payroll functions. Participants will be charged a monthly fee for each month that the FMS provides these services.

Base rates with the selective contracting waiver

Consultation Services

Consultation services consist of three components: orientation and annual planning, on-going consultation, and program integrity support/remediation. The 15 minute unit rates for these components are based on existing services that require similar provider skills. The estimate for orientation and annual planning is based on county contracted case management rates. Cost estimates for on-going consultation and program integrity support/remediation are based on the rate for Independent Living Skills Counseling, which offers similar training and planning services. All CFSS participants will have

access to all of these components. Achieving these rates and skill levels for consultation services is dependent on the selective contracting waiver.

Fiscal Management Services

Fiscal management services (FMS) will provide payroll services to CFSS participants using the budget model. All budget model participants will be required to use an FMS for payroll and other functions necessary to employ their support workers. The monthly fee for these services is estimated to be \$95 based on rates charged by vendors serving a high volume of people. The selective contracting waiver is necessary to ensure that each vendor has a sufficient level of business to achieve this rate.

Comparison base rates without the selective contracting waiver

Without the selective contracting waiver, the total combined cost of consultation and fiscal management services will cost about 23% more than the estimates above. This estimate is based on the cost of similar services offered under the Consumer Directed Community Support (CDCS) program.

Consultation Services

The CDCS program offers participants supports similar to the CFSS consultation services. These services, called support planner services, provide assistance with activities like developing service plans. Any eligible provider may become certified to offer support planner services as long as they do not have a monetary interest in the recipient's service plan. In state fiscal year 2013, paid claims show that 1,667 CDCS recipients received these services at an average monthly cost of \$35.61 per recipient. These service rates are individually negotiated between the recipient and the provider. With the selective contracting waiver, Minnesota will be contracting for a larger volume of services and able to negotiate a lower rate

Fiscal Management Services

Currently there are thirteen Fiscal Support Entities (FME) authorized to provide fiscal management services in Minnesota. Seven of these providers serve 215 or fewer individuals. Without the selective contracting waiver, the monthly fee for fiscal management services for CFSS budget model participants will be similar to those paid under CDCS, about \$124. The monthly fees charged by FMEs range from under \$100 per month for a provider serving over 550 people to \$235 for a provider serving less than 75. There is a large amount of variation in rates and size among these providers, but Minnesota expects that limiting the number of providers will increase the volume of business for each agency and help the state to negotiate lower rates for individuals.

Cost Trends

The rates described above are used as base rates in the first year of services. These rates are expected to increase by 1.73% per year. This growth rate is based on the average annual CPI-U forecasted for 2015 through 2019. Since the implementation

timeline has not been determined, the average CPI-U over this time period was used as a proxy rather than the actual annual CPI-U. The CPI-U ranges from 1.44% to 1.91% from 2015 through 2019. This factor has been included to account for growth in the cost of services over time.

2. Project the waiver expenditures for the upcoming waiver period.

Year 1 from: 4/1/2014 to 3/31/2015

Trend rate from current expenditures (or historical figures): 0%

Projected pre-waiver cost \$21,881,653

Projected Waiver cost \$17,791,093

Difference: \$4,090,560

Cost-effectiveness will be determined based on Medical Assistance service expenditures on actual caseload on a per member, per month (PMPM) basis for the waiver. The state is not held accountable for overall changes in the magnitude of the State's caseload.

PMPM-Projected Waiver Costs:

Agency Model Recipients: \$30.42

Budget Model Recipients: \$130.24

Year 2 from: 4/1/2015 to 3/31/2016

Trend rate from current expenditures (or historical figures): 1.73%

Projected pre-waiver cost \$30,161,465

Projected Waiver cost \$24,480,908

Difference: \$5,680,556

Cost-effectiveness will be determined based on Medical Assistance service expenditures on actual caseload on a per member, per month (PMPM) basis for the waiver. The state is not held accountable for overall changes in the magnitude of the State's caseload.

PMPM-Projected Waiver Costs:

Agency Model Recipients: \$30.95

Budget Model Recipients: \$132.49

Year 3 (if applicable) from: 4/1/2016 to 3/31/2017

(For renewals, use trend rate from previous year and claims data from the CMS-64)

Projected pre-waiver cost \$33,092,969
Projected Waiver cost \$26,817,156
Difference: \$6,275,813

Cost-effectiveness will be determined based on Medical Assistance service expenditures on actual caseload on a per member, per month (PMPM) basis for the waiver. The state is not held accountable for overall changes in the magnitude of the State's caseload.

PMPM-Projected Waiver Costs:

Agency Model Recipients: \$ 31.49
Budget Model Recipients: \$ 134.78

Year 4 (if applicable) from: 4/1/2017 to 3/31/2018

(For renewals, use trend rate from previous year and claims data from the CMS-64)

Projected pre-waiver cost \$36,276,582.00
Projected Waiver cost \$29,350,389.00
Difference: \$6,926,193.00

Cost-effectiveness will be determined based on Medical Assistance service expenditures on actual caseload on a per member, per month (PMPM) basis for the waiver. The state is not held accountable for overall changes in the magnitude of the State's caseload.

PMPM-Projected Waiver Costs:

Agency Model Recipients: \$32.03
Budget Model Recipients: \$137.11

Year 5 (if applicable) from: 4/1/2018 to 3/31/2019

(For renewals, use trend rate from previous year and claims data from the CMS-64)

Projected pre-waiver cost	\$39,735,706
Projected Waiver cost	\$39,735,706
Difference:	\$7,633,902.00

Cost-effectiveness will be determined based on Medical Assistance service expenditures on actual caseload on a per member, per month (PMPM) basis for the waiver. The state is not held accountable for overall changes in the magnitude of the State's caseload.

PMPM-Projected Waiver Costs:

Agency Model Recipients:	\$32.58
Budget Model Recipients:	\$139.48