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: Nursing Facility

| 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 | 43229.16 | 8138.00 | 51367.16 | 61521.00 | 2206.00 | 63727.00 | 12359.84 |
| 2 | 50130.87 | 10259.00 | 60389.87 | 70877.00 | 4805.00 | 75682.00 | 15292.13 |
| 3 | 55742.33 | 10843.00 | 66585.33 | 72856.00 | 5079.00 | 77935.00 | 11349.67 |
| 4 | 58195.00 | 11460.00 | 69655.00 | 74891.00 | 5368.00 | 80259.00 | 10604.00 |
| 5 | 60754.93 | 12113.00 | 72867.93 | 76982.00 | 5673.00 | 82655.00 | 9787.07 |

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: Nursing Facility | | |
|-------------|--|--|--|--|
| Year 1 | 107404 | 107404 | | |
| Year 2 | 116996 | 116996 | | |
| Year 3 | 128146 | 128146 | | |
| Year 4 | 140352 | 140352 | | |
| Year 5 | 153698 | 153698 | | |

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 average length of stay for the CHC waiver, as outlined in Appendix J-2, was projected utilizing historical CY 2019 experience. This experience reflects either historical Medicaid waiver enrollee durational patterns for individuals enrolled in one of OLTL's historic five waivers (Aging, Attendant Care, CommCare, Independence, and OBRA) for zones not yet implemented in CHC for CY 2019 (Lehigh/Capital, Northeast, Northwest) or from CHC managed care program experience for the two implemented zones (Southwest and Southeast). The individuals enrolled in one of OLTL's historic waivers moved into the CHC waiver upon CHC implementation within each geographic zone (effective January 1, 2018 in the Southwest Zone, effective January 1, 2019 in the Southeast Zone and effective January 1, 2020 in the Lehigh/Capital, Northeast, and Northwest zones). All CHC zones were implemented on or before January 1, 2020 (i.e., the beginning of Waiver Year 1).

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:

Appendix J-2 Factor D projections were derived from actual Medicaid waiver user, service utilization, and cost data from January 2019–December 2019, and was adjusted based on more recent experience in CY 2020 impacted by the Coronavirus Disease 2019 (COVID-19) pandemic. The data was limited to participants within the five historic OLTL waivers (Aging, Attendant Care, CommCare, Independence, and OBRA) for Lehigh/Capital, Northeast, and Northwest, and available CHC program experience for the Southwest and Southeast zones. The data was analyzed at a statewide level given all zones were implemented on or before January 1, 2020 (i.e., the beginning of Waiver Year 1).

For Waiver Years 2–5, unit costs were trended forward for all services using a 1.0% annual inflation factor. Unit per user values were trended at 1.4% annually for all services except personal assistance, where units were trended at 3.5% annually. These factors were based on a review of historical utilization and cost increases within the Commonwealth and reflect consideration for CHC being fully transitioned into managed care statewide by CY 2020.

Based on review of preliminary CY 2020 results, Adult Daily Living services experienced depressed utilization from waiver participants in CY 2020 (Waiver Year 1) as a result of the COVID-19 pandemic, and that is anticipated to continue into Waiver Year 2 as Adult Daily Living service locations begin to re-open during CY 2021. Adult Daily Living service utilization is anticipated to better align with pre-pandemic experience in CY 2022–CY 2024 (i.e., Waiver Years 3–5).

Effective January 1, 2022, OLTL will implement a fee increase for personal assistance services, resulting in an average cost per unit increase of 6.4%. This change is reflected in CY 2022–CY 2024 (i.e., Waiver Years 3–5), and is in addition to the Factor D inflation factor assumptions described above.

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:

Factor D' was derived from actual January 2019–December 2019 Medicaid acute medical and behavioral health service costs for participants within the five historic OLTL waivers (Aging, Attendant Care, CommCare, Independence, and OBRA) for Lehigh/Capital, Northeast, and Northwest, and available CHC managed care program experience for the Southwest and Southeast zones. Factor D' was calculated by dividing the actual costs for these services by the count of unique waiver recipients. The costs of prescribed drugs that will be furnished to Medicare/Medicaid dual eligibles under the provisions of Part D have been excluded. Per capita costs were trended forward using a 5.7% annual inflation factor. This factor was based on a review of historical cost increases for similar services within the Commonwealth.

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 was derived from a review of January 2019–December 2019 Medicaid nursing facility service utilization and cost data for individuals whom OLTL determined represented a comparable peer group to CHC waiver participants. For Waiver Years 2–5, costs were trended forward using a 2.8% annual inflation factor. This factor was based on a review of historical cost increases for nursing facility services.

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:

For the individuals whom OLTL determined represented a comparable peer group to CHC waiver participants (as mentioned in Factor G), Factor G' was derived by analyzing these individuals' associated non-nursing facility Medicaid service utilization and costs during the time period from January 2019–December 2019. The costs of prescribed drugs that will be furnished to Medicare/Medicaid dual eligibles under the provisions of Part D have been excluded. These costs were trended forward using a 5.7% inflation rate. This factor was based on a review of historical cost increases for similar services within the Commonwealth.

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 | |
|--|--|
| Adult Daily Living | |
| Employment Skills Development | |
| Job Coaching | |
| Personal Assistance Services | |
| Residential Habilitation | |
| Respite | |
| Structured Day Habilitation Services | |
| Counseling Services | |
| Home Health Aide Services | |
| Nursing Services | |
| Occupational Therapy Services | |
| Physical Therapy Services | |
| Specialized Medical Equipment and Supplies | |
| Speech and Language Therapy Services | |
| Assistive Technology | |
| Behavior Therapy | |
| Benefits Counseling | |
| Career Assessment | |
| Cognitive Rehabilitation Therapy Services | |
| Community Integration | |
| Community Transition Services | |
| Home Adaptations | |
| Home Delivered Meals | |
| Job Finding | |
| Non-Medical Transportation | |
| Nutritional Consultation | |
| Participant-Directed Community Supports | |
| Participant-Directed Goods and Services | |
| Personal Emergency Response System (PERS) | |
| Pest Eradication | |
| TeleCare | |
| Vehicle Modifications | |

Appendix J: Cost Neutrality Demonstration

d. Estimate of Factor D.

ii. Concurrent §1915(b)/§1915(c) Waivers, or other authorities utilizing capitated arrangements (i.e., 1915(a), 1932(a), Section 1937). 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. If applicable, check the capitation box next to that service. 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 | Capi- tation | Unit | | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|-----------------|----------------|----------------------------------|--|---------------------|-----------------|-------------------|---------------------------------------|
| Adult Daily Living Total: | | | | | | | | 57176487.90 |
| Adult Daily Living Services | | Day, Half Day | | 5193 | 147.00 | 74.90 | 57176487.90 | |
| Employment Skills Development Total: | | | | | | | | 2689092.64 |
| Employment Skills Development | | 15 Min | | 136 | 2938.00 | 6.73 | 2689092.64 | |
| Job Coaching Total: | | | | | | | | 807087.60 |
| Job Coaching | | 15 Min | | 66 | 1145.00 | 10.68 | 807087.60 | |
| Personal Assistance Services Total: | | | | | | | | 4184481187.70 |
| Personal Assistance Services | | 15 min | | 104453 | 8690.00 | 4.61 | 4184481187.70 | |
| Residential Habilitation Total: | | | | | | | | 58209891.52 |
| Residential Habilitation Services | | Per Diem, Hour | | 583 | 1226.00 | 81.44 | 58209891.52 | |
| Respite Total: | | | | | | | | 3454291.20 |
| Respite Services | | 15 Min | | 1114 | 320.00 | 9.69 | 3454291.20 | |
| Structured Day Habilitation Services Total: | | | | | | | | 22927449.60 |
| Structured Day Habilitation Services | | Hour | | 704 | 999.00 | 32.60 | 22927449.60 | |
| | | | | GRAND TOT | ation: | | | 4642984893.44 4642984893.44 |
| | | Total Es | timated U de total by Serv | not included in capita nduplicated Particip number of participa ices included in capita not included in capita | ants: nts): tion: | | | 107404 43229.16 43229.16 |
| | | Ave | rage Leng | th of Stay on the Wa | iver: | | | 338 |

| Waiver Service/ Component | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost | | | |
|--|---|--------------|---|---------------------|-----------------|-------------------|--------------|--|--|--|
| Counseling Services Total: | | | | | | | 78820.54 | | | |
| Counseling Services | | 15 Min | 106 | 61.00 | 12.19 | 78820.54 | | | | |
| Home Health Aide Services Total: | | | | | | | 33860.48 | | | |
| Home Health Aide Services | | 15 Min | 4 | 1528.00 | 5.54 | 33860.48 | | | | |
| Nursing Services Total: | | | | | | | 158509776.00 | | | |
| Nursing Services | | 15 Min | 3725 | 3594.00 | 11.84 | 158509776.00 | | | | |
| Occupational Therapy Services Total: | | | | | | | 1362873.28 | | | |
| Occupational Therapy Services | | 15 Min | 664 | 97.00 | 21.16 | 1362873.28 | | | | |
| Physical Therapy Services Total: | | | | | | | 1262493.00 | | | |
| Physical Therapy Services | | 15 Min | 621 | 100.00 | 20.33 | 1262493.00 | | | | |
| Specialized Medical Equipment and Supplies Total: | | | | | | | 5745475.44 | | | |
| Specialized Medical Equipment and Supplies | | Per Purchase | 9377 | 6.00 | 102.12 | 5745475.44 | | | | |
| Speech and Language Therapy Services Total: | | | | | | | 878527.62 | | | |
| Speech and Language Therapy Services | | 15 Min | 243 | 163.00 | 22.18 | 878527.62 | | | | |
| Assistive Technology Total: | | | | | | | 82009.80 | | | |
| Assistive Technology | | Per Purchase | 180 | 3.00 | 151.87 | 82009.80 | | | | |
| Behavior Therapy Total: | | | | | | | 3111474.96 | | | |
| Behavior Therapy | | 15 Min | 418 | 348.00 | 21.39 | 3111474.96 | | | | |
| Benefits Counseling Total: | | | | | | | 651.60 | | | |
| GRAND TOTAL: GRAND TOTAL: 464298489 Total: Services included in capitation: 464298489 Total: Services not included in capitation: | | | | | | | | | | |
| | Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: 43225 | | | | | | | | | |
| | | Avera | Services not included in capital age Length of Stay on the Wa | | | | 338 | | | |
| | | | | | | | | | | |

| Waiver Service/ Component | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost | | | |
|---|--|----------------|---|---------------------|-----------------|-------------------|---------------------------------------|--|--|--|
| Benefits Counseling | | 15 Min | 2 | 30.00 | 10.86 | 651.60 | | | | |
| Career Assessment Total: | | | | | | | 6538.05 | | | |
| Career Assessment | | 15 Min | 3 | 167.00 | 13.05 | 6538.05 | | | | |
| Cognitive Rehabilitation Therapy Services Total: | | | | | | | 12562137.72 | | | |
| Cognitive Rehabilitation Therapy Services | | 15 Min | 971 | 891.00 | 14.52 | 12562137.72 | | | | |
| Community Integration Total: | | | | | | | 632151.87 | | | |
| Community Integration | | 15 Min | 89 | 1043.00 | 6.81 | 632151.87 | | | | |
| Community Transition Services Total: | | | | | | | 250848.90 | | | |
| Community Transition Services | | Per Purchase | 111 | 2.00 | 1129.95 | 250848.90 | | | | |
| Home Adaptations Total: | | | | | | | 44005380.51 | | | |
| Home Adaptations | | Per Adaptation | 7357 | 3.00 | 1993.81 | 44005380.51 | | | | |
| Home Delivered Meals Total: | | | | | | | 27289468.80 | | | |
| Home Delivered Meals | | Per Purchase | 19360 | 246.00 | 5.73 | 27289468.80 | | | | |
| Job Finding Total: | | | | | | | 21889.14 | | | |
| Job Finding | | 15 Min | 13 | 133.00 | 12.66 | 21889.14 | | | | |
| Non-Medical Transportation Total: | | | | | | | 30797331.84 | | | |
| Non-Medical Transportation | | Per Trip | 11174 | 99.00 | 27.84 | 30797331.84 | | | | |
| Nutritional Consultation Total: | | | | | | | 110.16 | | | |
| Nutritional Consultation | | 15 Min | 1 | 8.00 | 13.77 | 110.16 | | | | |
| Participant- Directed | | | | | | | 1979652.07 | | | |
| | | | GRAND TOT | ation: | | | 4642984893.44 4642984893.44 | | | |
| | Total: Services not included in capitation: Total Estimated Unduplicated Participants: 10740 Factor D (Divide total by number of participants): Services included in capitation: 43229.1 | | | | | | | | | |
| | | Aver | Services not included in capita age Length of Stay on the Wa | | | | 338 | | | |
| | | | | | | | 40/4 | | | |

| Waiver Service/ Component | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost | | | |
|---|--|-----------------------|--|---------------------|-----------------|-------------------|-------------|--|--|--|
| Community Supports Total: | | | | | | | | | | |
| Participant- Directed Community Supports | | Per Purchase | 37 | 11.00 | 4864.01 | 1979652.07 | | | | |
| Participant- Directed Goods and Services Total: | | | | | | | 61436.70 | | | |
| Participant- Directed Goods and Services | | Per Purchase | 9 | 5.00 | 1365.26 | 61436.70 | | | | |
| Personal Emergency Response System (PERS) Total: | | | | | | | 21637414.70 | | | |
| Personal Emergency Response System (PERS) | | Month | 60899 | 10.00 | 35.53 | 21637414.70 | | | | |
| Pest Eradication Total: | | | | | | | 273000.00 | | | |
| Pest Eradication | | Per Purchase | 182 | 1.00 | 1500.00 | 273000.00 | | | | |
| TeleCare Total: | | | | | | | 393051.15 | | | |
| TeleCare | | OneTime,Mnthly,Purcha | 811 | 15.00 | 32.31 | 393051.15 | | | | |
| Vehicle Modifications Total: | | | | | | | 2263030.95 | | | |
| Vehicle Modifications | | Per Adaptation | 115 | 1.00 | 19678.53 | 2263030.95 | | | | |
| | GRAND TOTAL: 4642984893.44 Total: Services included in capitation: 4642984893.44 Total: Services not included in capitation: | | | | | | | | | |
| | Total Estimated Unduplicated Participants: 107404 Factor D (Divide total by number of participants): 43229.16 | | | | | | | | | |
| | | | Services included in capital Services not included in capital | tion: | | | 43229.16 | | | |
| | | Avera | ge Length of Stay on the Wa | iver: | | | 338 | | | |

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

d. Estimate of Factor D.

ii. Concurrent §1915(b)/§1915(c) Waivers, or other concurrent managed care authorities utilizing capitated payment arrangements. 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. If applicable, check the capitation box next to that service. 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 | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost | | |
|--|--|----------------|------------------------------|---------------------|-----------------|-------------------|---------------|--|--|
| Adult Daily Living Total: | | | | | | | 33815782.00 | | |
| Adult Daily Living Services | | Day, Half Day | 4655 | 110.00 | 66.04 | 33815782.00 | | | |
| Employment Skills Development Total: | | | | | | | 1347226.52 | | |
| Employment Skills Development | | 15 Min | 62 | 3539.00 | 6.14 | 1347226.52 | | | |
| Job Coaching Total: | | | | | | | 146700.84 | | |
| Job Coaching | | 15 Min | 33 | 412.00 | 10.79 | 146700.84 | | | |
| Personal Assistance Services Total: | | | | | | | 5489536373.44 | | |
| Personal Assistance Services | | 15 min | 113779 | 10136.00 | 4.76 | 5489536373.44 | | | |
| Residential Habilitation Total: | | | | | | | 49416774.66 | | |
| Residential Habilitation Services | | Per Diem, Hour | 549 | 506.00 | 177.89 | 49416774.66 | | | |
| Respite Total: | | | | | | | 2196560.76 | | |
| Respite Services | | 15 Min | 604 | 723.00 | 5.03 | 2196560.76 | | | |
| Structured Day Habilitation Services Total: | | | | | | | 20355634.80 | | |
| Structured Day Habilitation Services | | Hour | 681 | 874.00 | 34.20 | 20355634.80 | | | |
| Counseling Services Total: | | | | | | | 76185.20 | | |
| Counseling Services | | 15 Min | 56 | 115.00 | 11.83 | 76185.20 | | | |
| Home Health Aide Services Total: | | | | | | | 1830075.39 | | |
| Home Health Aide Services | | 15 Min | 279 | 417.00 | 15.73 | 1830075.39 | | | |
| Nursing Services Total: | | | | | | | 61070845.06 | | |
| Nursing Services | | 15 Min | 1667 | 3194.00 | 11.47 | 61070845.06 | | | |
| GRAND TOTAL: 58651109 Total: Services included in capitation: 58651109 Total: Services not included in capitation: | | | | | | | | | |
| | Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: Services not included in capitation: | | | | | | | | |
| | | Avera | nge Length of Stay on the Wa | | | | 337 | | |

| Waiver Service/ Component | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost | | | |
|---|---|--------------|------------------------------|---------------------|-----------------|-------------------|------------|--|--|--|
| Occupational Therapy Services Total: | | | | | | | 431020.80 | | | |
| Occupational Therapy Services | | 15 Min | 105 | 192.00 | 21.38 | 431020.80 | | | | |
| Physical Therapy Services Total: | | | | | | | 421617.60 | | | |
| Physical Therapy Services | | 15 Min | 228 | 92.00 | 20.10 | 421617.60 | | | | |
| Specialized Medical Equipment and Supplies Total: | | | | | | | 3300729.60 | | | |
| Specialized Medical Equipment and Supplies | | Per Purchase | 7872 | 35.00 | 11.98 | 3300729.60 | | | | |
| Speech and Language Therapy Services Total: | | | | | | | 249898.32 | | | |
| Speech and Language Therapy Services | | 15 Min | 63 | 179.00 | 22.16 | 249898.32 | | | | |
| Assistive Technology Total: | | | | | | | 22825.46 | | | |
| Assistive Technology | | 15 Min | 38 | 7.00 | 85.81 | 22825.46 | | | | |
| Behavior Therapy Total: | | | | | | | 2931026.07 | | | |
| Behavior Therapy | | 15 Min | 353 | 399.00 | 20.81 | 2931026.07 | | | | |
| Benefits Counseling Total: | | | | | | | 155.26 | | | |
| Benefits Counseling | | 15 Min | 1 | 14.00 | 11.09 | 155.26 | | | | |
| Career Assessment Total: | | | | | | | 426.36 | | | |
| Career Assessment | | 15 Min | 1 | 33.00 | 12.92 | 426.36 | | | | |
| Cognitive Rehabilitation Therapy Services Total: | | | | | | | 2310406.74 | | | |
| Cognitive Rehabilitation Therapy | | 15 Min | 213 | 758.00 | 14.31 | 2310406.74 | | | | |
| GRAND TOTAL: 5865110949 Total: Services included in capitation: 5865110949 | | | | | | | | | | |
| | Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: Services not included in capitation: | | | | | | | | | |
| | | | ge Length of Stay on the Wai | | | | 337 | | | |

| Waiver Service/ Component | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|--|-----------------|----------------|--|---------------------|-----------------|-------------------|------------------------------------|
| Services Community Integration | | | | | | | 288543.15 |
| Total: Community Integration | | 15 Min | 63 | 695.00 | 6.59 | 288543.15 | |
| Community Transition Services Total: | | | | | | | 1577081.76 |
| Community Transition Services | | Per Purchase | 654 | 2.00 | 1205.72 | 1577081.76 | |
| Home Adaptations Total: | | | | | | | 39825638.00 |
| Home Adaptations | | Per Adaptation | 4898 | 4.00 | 2032.75 | 39825638.00 | |
| Home Delivered Meals Total: | | | | | | | 62438955.60 |
| Home Delivered Meals | | Per Purchase | 33810 | 274.00 | 6.74 | 62438955.60 | |
| Job Finding Total: | | | | | | | 11036.00 |
| Job Finding | | 15 Min | 10 | 89.00 | 12.40 | 11036.00 | |
| Non-Medical Transportation Total: | | | | | | | 59575941.36 |
| Non-Medical Transportation | | Trip | 15594 | 124.00 | 30.81 | 59575941.36 | |
| Nutritional Consultation Total: | | | | | | | 110.16 |
| Nutritional Consultation | | 15 Min | 1 | 8.00 | 13.77 | 110.16 | |
| Participant- Directed Community Supports Total: | | | | | | | 1782138.88 |
| Participant- Directed Community Supports | | Per Purchase | 32 | 158.00 | 352.48 | 1782138.88 | |
| Participant- Directed Goods and Services Total: | | | | | | | 40984.56 |
| Participant- Directed Goods and Services | | Per Purchase | 9 | 4.00 | 1138.46 | 40984.56 | |
| | | | GRAND TOT otal: Services included in capita : Services not included in capita | ntion: | | | 5865110949.15 5865110949.15 |
| | | Total Esti | imated Unduplicated Participa e total by number of participa Services included in capita | ants: nts): ttion: | | | 116996 50130.87 50130.87 |
| | | Aver | Services not included in capita age Length of Stay on the Wa | | | | 337 |

| Waiver Service/ Component | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost | | |
|---|--|-----------------------|--|---------------------|-----------------|-------------------|-------------|--|--|
| Personal Emergency Response System (PERS) Total: | | | | | | | 26114140.80 | | |
| Personal Emergency Response System (PERS) | | Month | 68160 | 11.00 | 34.83 | 26114140.80 | | | |
| Pest Eradication Total: | | | | | | | 306030.00 | | |
| Pest Eradication | | Per Purchase | 202 | 1.00 | 1515.00 | 306030.00 | | | |
| TeleCare Total: | | | | | | | 140146.56 | | |
| TeleCare | | OneTime,Mnthly,Purcha | 348 | 8.00 | 50.34 | 140146.56 | | | |
| Vehicle Modifications Total: | | | | | | | 3549937.44 | | |
| Vehicle Modifications | | Per Adaptation | 168 | 1.00 | 21130.58 | 3549937.44 | | | |
| | GRAND TOTAL: Total: Services included in capitation: Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: | | | | | | | | |
| | | | Services included in capita ge Length of Stay on the Wai | tion: | | | 50130.87 | | |

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

d. Estimate of Factor D.

ii. Concurrent §1915(b)/§1915(c) Waivers, or other concurrent managed care authorities utilizing capitated payment arrangements. 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. If applicable, check the capitation box next to that service. 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 | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost | | |
|------------------------------|---|------|--|---------------------|-----------------|-------------------|------------------------------------|--|--|
| Adult Daily Living Total: | | | | | | | 77732180.00 | | |
| Adult Daily | | | | | | 77732180.00 | | | |
| | | | GRAND TO | ation: | | | 7143156371.03 7143156371.03 | | |
| | Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: | | | | | | | | |
| | | | Services not included in capital age Length of Stay on the Wa | | | | 337 | | |

| Waiver Service/ Component | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|-----------------|----------------|--|---------------------|-----------------|-------------------|------------------------------------|
| Living Services | | Day, Half Day | 5827 | 200.00 | 66.70 | | |
| Employment Skills Development Total: | | | | | | | 1515985.20 |
| Employment Skills Development | | 15 Min | 68 | 3590.00 | 6.21 | 1515985.20 | |
| Job Coaching Total: | | | | | | | 164023.20 |
| Job Coaching | | 15 Min | 36 | 418.00 | 10.90 | 164023.20 | |
| Personal Assistance Services Total: | | | | | | | 6682826123.82 |
| Personal Assistance Services | | 15 min | 124623 | 10494.00 | 5.11 | 6682826123.82 | |
| Residential Habilitation Total: | | | | | | | 55394596.71 |
| Residential Habilitation Services | | Per Diem, Hour | 601 | 513.00 | 179.67 | 55394596.71 | |
| Respite Total: | | | | | | | 2465049.68 |
| Respite Services | | 15 Min | 662 | 733.00 | 5.08 | 2465049.68 | |
| Structured Day Habilitation Services Total: | | | | | | | 22861804.10 |
| Structured Day Habilitation Services | | Hour | 746 | 887.00 | 34.55 | 22861804.10 | |
| Counseling Services Total: | | | | | | | 85287.15 |
| Counseling Services | | 15 Min | 61 | 117.00 | 11.95 | 85287.15 | |
| Home Health Aide Services Total: | | | | | | | 2050048.35 |
| Home Health Aide Services | | 15 Min | 305 | 423.00 | 15.89 | 2050048.35 | |
| Nursing Services Total: | | | | | | | 68569221.60 |
| Nursing Services | | 15 Min | 1826 | 3240.00 | 11.59 | 68569221.60 | |
| Occupational Therapy Services Total: | | | | | | | 484155.75 |
| | | | GRAND TOT otal: Services included in capita Services not included in capita | tion: | | | 7143156371.03 7143156371.03 |
| | | Total Esti | mated Unduplicated Participi total by number of participa Services included in capita Services not included in capita | ants: nts): tion: | | | 128146 55742.33 55742.33 |
| | | Avera | age Length of Stay on the Wa | iver: | | | 337 |

| Waiver Service/ Component | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|--|-----------------|--------------|--|---------------------|-----------------|-------------------|------------------------------------|
| Occupational | tation | | | | | | |
| Therapy Services | | 15 Min | 115 | 195.00 | 21.59 | 484155.75 | |
| Physical Therapy Services Total: | | | | | | | 477050.00 |
| Physical Therapy Services | | 15 Min | 250 | 94.00 | 20.30 | 477050.00 | |
| Specialized Medical Equipment and Supplies Total: | | | | | | | 3755743.20 |
| Specialized Medical Equipment and Supplies | | Per Purchase | 8622 | 36.00 | 12.10 | 3755743.20 | |
| Speech and Language Therapy Services Total: | | | | | | | 281048.04 |
| Speech and Language Therapy Services | | 15 Min | 69 | 182.00 | 22.38 | 281048.04 | |
| Assistive Technology Total: | | | | | | | 24874.29 |
| Assistive Technology | | Per Purchase | 41 | 7.00 | 86.67 | 24874.29 | |
| Behavior Therapy Total: | | | | | | | 3294569.70 |
| Behavior Therapy | | 15 Min | 387 | 405.00 | 21.02 | 3294569.70 | |
| Benefits Counseling Total: | | | | | | | 156.80 |
| Benefits Counseling | | 15 Min | 1 | 14.00 | 11.20 | 156.80 | |
| Career Assessment Total: | | | | | | | 430.65 |
| Career Assessment | | 15 Min | 1 | 33.00 | 13.05 | 430.65 | |
| Cognitive Rehabilitation Therapy Services Total: | | | | | | | 2600219.70 |
| Cognitive Rehabilitation Therapy Services | | 15 Min | 234 | 769.00 | 14.45 | 2600219.70 | |
| Community Integration | | | | | | | 323975.70 |
| - | | | GRAND TOT | tion: | | | 7143156371.03 7143156371.03 |
| | | Total Esti | Services not included in capita mated Unduplicated Participa total by number of participa Services included in capita | ants: nts): | | | 128146 55742.33 55742.33 |
| | | | Services not included in capita | tion: | | | 337 |
| | | | | | | | |

| Waiver Service/ Component | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost | | |
|---|-----------------|----------------|--|---------------------|-----------------|-------------------|------------------------------------|--|--|
| Total: | | | | | | | | | |
| Community Integration | | 15 Min | 69 | 705.00 | 6.66 | 323975.70 | | | |
| Community Transition | | | | | | | 1743860.96 | | |
| Services Total: Community | | | | | | | | | |
| Transition Services | | Per Purchase | 716 | 2.00 | 1217.78 | 1743860.96 | | | |
| Home Adaptations Total: | | | | | | | 44050669.92 | | |
| Home Adaptations | | Per Adaptation | 5364 | 4.00 | 2053.07 | 44050669.92 | | | |
| Home Delivered Meals Total: | | | | | | | 70110134.94 | | |
| Home Delivered Meals | | Per Purchase | 37033 | 278.00 | 6.81 | 70110134.94 | | | |
| Job Finding Total: | | | | | | | 12394.80 | | |
| Job Finding | | 15 Min | 11 | 90.00 | 12.52 | 12394.80 | | | |
| Non-Medical Transportation Total: | | | | | | | 66951208.80 | | |
| Non-Medical Transportation | | Trip | 17080 | 126.00 | 31.11 | 66951208.80 | | | |
| Nutritional Consultation Total: | | | | | | | 111.20 | | |
| Nutritional Consultation | | 15 Min | 1 | 8.00 | 13.90 | 111.20 | | | |
| Participant- Directed Community Supports Total: | | | | | | | 2006060.00 | | |
| Participant- Directed Community Supports | | Per Purchase | 35 | 161.00 | 356.00 | 2006060.00 | | | |
| Participant- Directed Goods and Services Total: | | | | | | | 45993.60 | | |
| Participant- Directed Goods and Services | | Per Purchase | 10 | 4.00 | 1149.84 | 45993.60 | | | |
| Personal Emergency Response System (PERS) Total: | | | | | | | 28889991,90 | | |
| | | | GRAND TOT | ntion: | | | 7143156371.03 7143156371.03 | | |
| | | Total Esti | Services not included in capita mated Unduplicated Participa total by number of participa Services included in capita | ants: nts): ttion: | | | 128146 55742.33 55742.33 | | |
| Services not included in capitation: Average Length of Stay on the Waiver: 337 | | | | | | | | | |

| Waiver Service/ Component | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|-----------------|-----------------------|---|---------------------|-----------------|-------------------|------------------------------------|
| Personal Emergency Response System (PERS) | | Month | 74655 | 11.00 | 35.18 | 28889991.90 | |
| Pest Eradication Total: | | | | | | | 338163.15 |
| Pest Eradication | | Per Purchase | 221 | 1.00 | 1530.15 | 338163.15 | |
| TeleCare Total: | | | | | | | 174330.36 |
| TeleCare | | OneTime,Mnthly,Purcha | 381 | 9.00 | 50.84 | 174330.36 | |
| Vehicle Modifications Total: | | | | | | | 3926907.76 |
| Vehicle Modifications | | Per Adaptation | 184 | 1.00 | 21341.89 | 3926907.76 | |
| | | | GRAND TOT otal: Services included in capita Services not included in capita | tion: | | | 7143156371.03 7143156371.03 |
| | | Total Estin | mated Unduplicated Participa total by number of participa | ants: | | | 128146 55742.33 |
| | | | Services included in capita | tion: | | | 55742.33 |
| | | | Services not included in capital age Length of Stay on the Wa | | | | 337 |

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

d. Estimate of Factor D.

ii. Concurrent §1915(b)/§1915(c) Waivers, or other concurrent managed care authorities utilizing capitated payment arrangements. 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. If applicable, check the capitation box next to that service. 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 | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|-----------------------------------|-----------------|------------------|----------------------------------|---------------------|-----------------|-------------------|---------------|
| Adult Daily Living Total: | | | | | | | 87294610.13 |
| Adult Daily Living Services | | Day, Half Day | 6383 | 203.00 | 67.37 | 87294610.13 | |
| Employment Skills | | | | | | | 1689815.16 |
| | | | GRAND TOT | AL: | | | 8167769662.00 |
| | | | tal: Services included in capita | | | | 8167769662.00 |
| | | | Services not included in capita | | | | |
| | | | nated Unduplicated Participa | | | | 140352 |
| | | Factor D (Divide | total by number of participa | | | | 58195.00 |
| | | | Services included in capita | tion: | | | 58195.00 |
| | | | Services not included in capita | tion: | | | |
| | | Avera | ge Length of Stay on the Wa | iver: | | | 337 |

| Waiver Service/ Component | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|-----------------|----------------|--|---------------------|-----------------|-------------------|---------------------------------------|
| Development Total: | | | | | | | |
| Employment Skills Development | | 15 Min | 74 | 3642.00 | 6.27 | 1689815.16 | |
| Job Coaching Total: | | | | | | | 181896.00 |
| Job Coaching | | 15 Min | 39 | 424.00 | 11.00 | 181896.00 | |
| Personal Assistance | | | | | | | 7652261656.20 |
| Services Total: Personal | | | | | | | |
| Assistance Services | | 15 min | 136493 | 10865.00 | 5.16 | 7652261656.20 | |
| Residential Habilitation Total: | | | | | | | 62302294.94 |
| Residential Habilitation Services | | Per Diem, Hour | 659 | 521.00 | 181.46 | 62302294.94 | |
| Respite Total: | | | | | | | 2768789.50 |
| Respite Services | | 15 Min | 725 | 743.00 | 5.14 | 2768789.50 | |
| Structured Day Habilitation Services Total: | | | | | | | 25654617.00 |
| Structured Day Habilitation Services | | Hour | 817 | 900.00 | 34.89 | 25654617.00 | |
| Counseling Services Total: | | | | | | | 96234.11 |
| Counseling Services | | 15 Min | 67 | 119.00 | 12.07 | 96234.11 | |
| Home Health Aide Services Total: | | | | | | | 2306625.75 |
| Home Health Aide Services | | 15 Min | 335 | 429.00 | 16.05 | 2306625.75 | |
| Nursing Services Total: | | | | | | | 76892400.00 |
| Nursing Services | | 15 Min | 2000 | 3286.00 | 11.70 | 76892400.00 | |
| Occupational Therapy Services Total: | | | | | | | 544115.88 |
| Occupational Therapy Services | | 15 Min | 126 | 198.00 | 21.81 | 544115.88 | |
| Physical | | | | | | | 533875.30 |
| | | | GRAND TOT | tion: | | | 8167769662.00 8167769662.00 |
| | | Total Esti | Services not included in capita mated Unduplicated Participa total by number of participa Services included in capita | ants: nts): | | | 140352 58195.00 58195.00 |
| | | Avera | Services not included in capital age Length of Stay on the Wa | | | | 337 |
| | | | | | | | 40/4 |

| Waiver Service/ Component | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|--|-----------------|--------------|---|---------------------|-----------------|-------------------|---------------------------------------|
| Therapy Services Total: | | | | | | | |
| Physical Therapy Services | | 15 Min | 274 | 95.00 | 20.51 | 533875.30 | |
| Specialized Medical Equipment and Supplies Total: | | | | | | | 4158004.32 |
| Specialized Medical Equipment and Supplies | | Per Purchase | 9444 | 36.00 | 12.23 | 4158004.32 | |
| Speech and Language Therapy Services Total: | | | | | | | 316038.40 |
| Speech and Language Therapy Services | | 15 Min | 76 | 184.00 | 22.60 | 316038.40 | |
| Assistive Technology Total: | | | | | | | 27575.10 |
| Assistive Technology | | Per Purchase | 45 | 7.00 | 87.54 | 27575.10 | |
| Behavior Therapy Total: | | | | | | | 3699624.72 |
| Behavior Therapy | | 15 Min | 424 | 411.00 | 21.23 | 3699624.72 | |
| Benefits Counseling Total: | | | | | | | 316.68 |
| Benefits Counseling | | 15 Min | 2 | 14.00 | 11.31 | 316.68 | |
| Career Assessment Total: | | | | | | | 896.24 |
| Career Assessment | | 15 Min | 2 | 34.00 | 13.18 | 896.24 | |
| Cognitive Rehabilitation Therapy Services Total: | | | | | | | 2915328.00 |
| Cognitive Rehabilitation Therapy Services | | 15 Min | 256 | 780.00 | 14.60 | 2915328.00 | |
| Community Integration Total: | | | | | | | 366219.68 |
| Community Integration | | 15 Min | 76 | 716.00 | 6.73 | 366219.68 | |
| | | | GRAND TOT otal: Services included in capita Services not included in capita | ntion: | | | 8167769662.00 8167769662.00 |
| | | Total Esti | mated Unduplicated Participa total by number of participa Services included in capita | ants: nts): ttion: | | | 140352 58195.00 58195.00 |
| | | Avera | Services not included in capita age Length of Stay on the Wa | | | | 337 |

| Waiver Service/ Component | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|-----------------|----------------|--|-------------------------|-----------------|-------------------|---------------------------------------|
| Community Transition Services Total: | uuon | | | | | Cust | 1928577.28 |
| Community Transition Services | | Per Purchase | 784 | 2.00 | 1229.96 | 1928577.28 | |
| Home Adaptations Total: | | | | | | | 48729600.00 |
| Home Adaptations | | Per Adaptation | 5875 | 4.00 | 2073.60 | 48729600.00 | |
| Home Delivered Meals Total: | | | | | | | 78692889.60 |
| Home Delivered Meals | | Per Purchase | 40560 | 282.00 | 6.88 | 78692889.60 | |
| Job Finding Total: | | | | | | | 13813.80 |
| Job Finding | | 15 Min | 12 | 91.00 | 12.65 | 13813.80 | |
| Non-Medical Transportation Total: | | | | | | | 75259009.28 |
| Non-Medical Transportation | | Trip | 18707 | 128.00 | 31.43 | 75259009.28 | |
| Nutritional Consultation Total: | | | | | | | 224.64 |
| Nutritional Consultation | | 15 Min | 2 | 8.00 | 14.04 | 224.64 | |
| Participant- Directed Community Supports Total: | | | | | | | 2227114.64 |
| Participant- Directed Community Supports | | Per Purchase | 38 | 163.00 | 359.56 | 2227114.64 | |
| Participant- Directed Goods and Services Total: | | | | | | | 51098.96 |
| Participant- Directed Goods and Services | | Per Purchase | 11 | 4.00 | 1161.34 | 51098.96 | |
| Personal Emergency Response System (PERS) Total: | | | | | | | 31956605.78 |
| Personal Emergency Response System | | Month | 81766 | 11.00 | 35.53 | 31956605.78 | |
| | | | GRAND TOT | tion: | | | 8167769662.00 8167769662.00 |
| | | Total Esti | Services not included in capita mated Unduplicated Participa total by number of participa Services included in capita | ants: nts): tion: | | | 140352 58195.00 58195.00 |
| | | Avera | Services not included in capita age Length of Stay on the Wai | | | | 337 |

| Waiver Service/ Component | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|------------------------------------|-----------------|-----------------------|--|---------------------|-----------------|-------------------|--|
| (PERS) | | | | | | | |
| Pest Eradication Total: | | | | | | | 373998.90 |
| Pest Eradication | | Per Purchase | 242 | 1.00 | 1545.45 | 373998.90 | |
| TeleCare Total: | | | | | | | 193178.70 |
| TeleCare | | OneTime,Mnthly,Purcha | 418 | 9.00 | 51.35 | 193178.70 | |
| Vehicle Modifications Total: | | | | | | | 4332617.31 |
| Vehicle Modifications | | Per Adaptation | 201 | 1.00 | 21555.31 | 4332617.31 | |
| | | Total: | GRAND TOT tal: Services included in capita Services not included in capita mated Unduplicated Particips | tion: | | | 8167769662.00 8167769662.00 140352 |
| | | | total by number of participa | | | | 58195.00 |
| | | | Services included in capita | tion: | | | 58195.00 |
| | | | Services not included in capita | tion: | | | |
| | | Avera | ge Length of Stay on the Wai | iver: | | | 337 |

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

d. Estimate of Factor D.

ii. Concurrent §1915(b)/§1915(c) Waivers, or other concurrent managed care authorities utilizing capitated payment arrangements. 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. If applicable, check the capitation box next to that service. 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 | Capi- tation | | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|-----------------|------------------|---|---------------------|-----------------|-------------------|---------------------------------------|
| Adult Daily Living Total: | | | | | | | 97959501.36 |
| Adult Daily Living Services | | Day, Half Day | 6989 | 206.00 | 68.04 | 97959501.36 | |
| Employment Skills Development Total: | | | | | | | 1894024.62 |
| Employment Skills | | 15 Min | | | | 1894024.62 | |
| | | | GRAND TOT otal: Services included in capita Services not included in capita | tion: | | | 9337911470.16 9337911470.16 |
| | | | mated Unduplicated Participa | | | | 153698 |
| | | Factor D (Divide | total by number of participa | | | | 60754.93 |
| | | | Services included in capital Services not included in capital | | | | 60754.93 |
| | | | age Length of Stay on the Wa | | | | 337 |

| Waiver Service/ Component | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---|-----------------|----------------|---|---------------------|-----------------|-------------------|---------------------------------------|
| Development | tation | | 81 | 3694.00 | 6.33 | Cost | |
| Job Coaching | | | 01 | 3074.00 | 0.33 | | |
| Total: | | | | | | | 205423.90 |
| Job Coaching | | 15 Min | 43 | 430.00 | 11.11 | 205423.90 | |
| Personal Assistance Services Total: | | | | | | | 8760927600.00 |
| Personal Assistance Services | | 15 min | 149472 | 11250.00 | 5.21 | 8760927600.00 | |
| Residential Habilitation Total: | | | | | | | 69772496.64 |
| Residential Habilitation Services | | Per Diem, Hour | 721 | 528.00 | 183.28 | 69772496.64 | |
| Respite Total: | | | | | | | 3107128.44 |
| Respite Services | | 15 Min | 794 | 754.00 | 5.19 | 3107128.44 | |
| Structured Day Habilitation Services Total: | | | | | | | 28795837.40 |
| Structured Day Habilitation Services | | Hour | 895 | 913.00 | 35.24 | 28795837.40 | |
| Counseling Services Total: | | | | | | | 106784.40 |
| Counseling Services | | 15 Min | 73 | 120.00 | 12.19 | 106784.40 | |
| Home Health Aide Services Total: | | | | | | | 2586726.96 |
| Home Health Aide Services | | 15 Min | 366 | 436.00 | 16.21 | 2586726.96 | |
| Nursing Services Total: | | | | | | | 86277371.40 |
| Nursing Services | | 15 Min | 2190 | 3333.00 | 11.82 | 86277371.40 | |
| Occupational Therapy Services Total: | | | | | | | 610790.76 |
| Occupational Therapy Services | | 15 Min | 138 | 201.00 | 22.02 | 610790.76 | |
| Physical Therapy Services Total: | | | | | | | 596448.00 |
| Physical | | | | | | 596448.00 | |
| | | | GRAND TOT otal: Services included in capita Services not included in capita | tion: | | 1 | 9337911470.16 9337911470.16 |
| | | Total Esti | mated Unduplicated Participa e total by number of participa Services included in capita | ants: nts): tion: | | | 153698 60754.93 60754.93 |
| | | Aver | Services not included in capita age Length of Stay on the Wa | | | | 337 |

| Waiver Service/ Component | Capi- tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|--|-----------------|--------------|---|---------------------|-----------------|-------------------|---------------------------------------|
| Therapy Services | | 15 Min | 300 | 96.00 | 20.71 | | |
| Specialized Medical Equipment and Supplies Total: | | | | | | | 4725776.90 |
| Specialized Medical Equipment and Supplies | | Per Purchase | 10342 | 37.00 | 12.35 | 4725776.90 | |
| Speech and Language Therapy Services Total: | | | | | | | 354344.43 |
| Speech and Language Therapy Services | | 15 Min | 83 | 187.00 | 22.83 | 354344.43 | |
| Assistive Technology Total: | | | | | | | 30943.50 |
| Assistive Technology | | Per Purchase | 50 | 7.00 | 88.41 | 30943.50 | |
| Behavior Therapy Total: | | | | | | | 4138434.56 |
| Behavior Therapy | | 15 Min | 464 | 416.00 | 21.44 | 4138434.56 | |
| Benefits Counseling Total: | | | | | | | 320.04 |
| Benefits Counseling | | 15 Min | 2 | 14.00 | 11.43 | 320.04 | |
| Career Assessment Total: | | | | | | | 905.76 |
| Career Assessment | | 15 Min | 2 | 34.00 | 13.32 | 905.76 | |
| Cognitive Rehabilitation Therapy Services Total: | | | | | | | 3264615.20 |
| Cognitive Rehabilitation Therapy Services | | 15 Min | 280 | 791.00 | 14.74 | 3264615.20 | |
| Community Integration Total: | | | | | | | 409151.82 |
| Community Integration | | 15 Min | 83 | 726.00 | 6.79 | 409151.82 | |
| Community Transition Services Total: | | | | | | | 2134202.68 |
| | | | GRAND TOT otal: Services included in capita Services not included in capita | tion: | | | 9337911470.16 9337911470.16 |
| | | Total Esti | mated Unduplicated Participa total by number of participa Services included in capita | ants: nts): tion: | | | 153698 60754.93 60754.93 |
| | | Avera | Services not included in capita age Length of Stay on the Wai | | | | 337 |

| Waiver Service/ | Capi- | WT ** | μ ▼τ | A XX 14 70 XX | A G 4/77 ** | Component | The A LCC of | | | |
|---|--------|----------------|---------|---------------------|-----------------|-------------|--------------|--|--|--|
| Component | tation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Cost | Total Cost | | | |
| Community Transition Services | | Per Purchase | 859 | 2.00 | 1242.26 | 2134202.68 | | | | |
| Home Adaptations Total: | | | | | | | 53899934.24 | | | |
| Home Adaptations | | Per Adaptation | 6434 | 4.00 | 2094.34 | 53899934.24 | | | | |
| Home Delivered Meals Total: | | | | | | | 88287670.90 | | | |
| Home Delivered Meals | | Per Purchase | 44417 | 286.00 | 6.95 | 88287670.90 | | | | |
| Job Finding Total: | | | | | | | 15438.93 | | | |
| Job Finding | | 15 Min | 13 | 93.00 | 12.77 | 15438.93 | | | | |
| Non-Medical Transportation Total: | | | | | | | 84529333.20 | | | |
| Non-Medical Transportation | | Trip | 20486 | 130.00 | 31.74 | 84529333.20 | | | | |
| Nutritional Consultation Total: | | | | | | | 255.24 | | | |
| Nutritional Consultation | | 15 Min | 2 | 9.00 | 14.18 | 255.24 | | | | |
| Participant- Directed Community Supports Total: | | | | | | | 2456777.40 | | | |
| Participant- Directed Community Supports | | Per Purchase | 41 | 165.00 | 363.16 | 2456777.40 | | | | |
| Participant- Directed Goods and Services Total: | | | | | | | 56301.60 | | | |
| Participant- Directed Goods and Services | | Per Purchase | 12 | 4.00 | 1172.95 | 56301.60 | | | | |
| Personal Emergency Response System (PERS) Total: | | | | | | | 35349891.39 | | | |
| Personal Emergency Response System (PERS) | | Month | 89541 | 11.00 | 35.89 | 35349891.39 | | | | |
| Pest Eradication Total: | | | | | | | 413641.15 | | | |
| GRAND TOTAL: 9337911470. Total: Services included in capitation: 9337911470. | | | | | | | | | | |
| Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: | | | | | | | | | | |
| Services not included in capitation: Average Length of Stay on the Waiver: | | | | | | | | | | |

| Waiver Service/ Component | Capi- tation | | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost | |
|---|-----------------|-----------------------|---------------------------------|---------------------|-----------------|-------------------|---------------------------------------|--|
| Pest Eradication | | Per Purchase | 265 | 1.00 | 1560.91 | 413641.15 | | |
| TeleCare Total: | | | | | | | 213808.14 | |
| TeleCare | | OneTime,Mnthly,Purcha | 458 | 9.00 | 51.87 | 213808.14 | | |
| Vehicle Modifications Total: | | | | | | | 4789589.20 | |
| Vehicle Modifications | | Per Adaptation | 220 | 1.00 | 21770.86 | 4789589.20 | | |
| | | To | GRAND TOT | | | | 9337911470.16 9337911470.16 | |
| Total: Services not included in capitation: Total Estimated Unduplicated Participants: 15 | | | | | | | | |
| | | | total by number of participa | | | | 60754.93 | |
| | | | Services included in capita | ition: | | | 60754.93 | |
| | | | Services not included in capita | ition: | | | | |
| | | Avera | ge Length of Stay on the Wa | iver: | | | 337 | |