

## 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: 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	70024.86	5488.00	75512.86	92922.00	13341.00	106263.00	30750.14
2	89352.97	5550.00	94902.97	91084.00	13647.00	104731.00	9828.03
3	19006.24	3599.00	22605.24	51997.00	2157.00	54154.00	31548.76
4	33289.21	6473.00	39762.21	53037.00	2222.00	55259.00	15496.79
5	43199.45	7504.00	50703.45	54098.00	2288.00	56386.00	5682.55

## 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	930		930
Year 2	1001		1001
Year 3	15653		15653
Year 4	70628		70628
Year 5	96747		96747

## 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 based on a review of historical Medicaid waiver enrollee durational patterns for those participants in the five existing OLTL waivers (Aging, Attendant Care, CommCare, Independence and OBRA) who will become CHC eligible upon implementation within each geographic zone. This information was aggregated across waivers and by zone, to align with the regional phase-in schedule described in Appendix B. The average length of stay for Years 3 and 4 of the CHC waiver reflects the phase-in of CHC, where some individuals enter the program halfway through a given waiver year.

All CHC phases will be implemented on or before January 1, 2019, which is prior to the beginning of Waiver Year 5. Waiver Year 5 average length of stay values were compared to the weighted average length of stay from CMS-372 reports across the five waivers for reasonability.

## 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:

Appendix J-2 Factor D projections were derived from actual Medicaid waiver user, service utilization and cost data from January 2015 – December 2015. The data was limited to participants within the five existing OLTL waivers (Aging, Attendant Care, CommCare, Independence and OBRA) who will become CHC eligible upon implementation within each geographic zone. The data was analyzed by zone in order to project the appropriate phase-in of individuals into the CHC waiver by year. As the number of waiver participants increased with the CHC phase-in, each new zone's historical service-specific utilization and costs were considered in the projections.

The development of Factor D units per user values in Years 3-4 reflects the phase-in schedule, as described in Appendix B. This phase-in affects the average units per user based on the expected average length of stay in Years 3-4. An adjustment to units per user was incorporated to project additional service utilization for individuals who will have access to new services upon entering the CHC program.

For Years 3 through Year 5, unit costs were trended forward using a 1.0% annual inflation factor. This factor was based on a review of historical unit cost increases for waiver services within the Commonwealth.

**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 2015 – December 2015 Medicaid acute medical and behavioral health service costs for participants within the five existing OLTL waivers (Aging, Attendant Care, CommCare, Independence and OBRA) who will become CHC eligible upon implementation within each geographic zone. Factor D' was calculated by dividing the actual costs for these services by the count of unique waiver recipients. The development of Factor D' values in Years 3-4 reflects the phase in schedule, as described in Appendix B. The costs of prescribed drugs that will be furnished to Medicare/Medicaid dual eligibles under the provisions of Part D have been excluded. For Years 3 through 5, per capita costs were trended forward using a 3.0% annual inflation factor, which was based on a review of historical unit 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 2015 – December 2015 Medicaid nursing facility service utilization and cost data for individuals whom OLTL determined represented a comparable peer group to CHC waiver participants. For Years 3 through 5, costs were trended forward using a 2.0% 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 the 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 2015 – December 2015. The costs of prescribed drugs that will be furnished to Medicare/Medicaid dual eligibles under the provisions of Part D have been excluded. For Years 3 through 5, these costs were trended forward using a 3.0% inflation rate. This factor was based on a review of historical cost increases for similar services within the Commonwealth.

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### 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	
Service Coordination	
Structured Day Habilitation Services	
Supported Employment	
Behavior Therapy	
Counseling Services	
Home Health Aide Services	
Home Health Services	
Nursing Services	
Occupational Therapy Services	
Physical Therapy Services	
Specialized Medical Equipment and Supplies	
Speech and Language Therapy Services	
Therapeutic and Counseling Services	
Assistive Technology	
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	

<b>Waiver Services</b>	
<b>Personal Emergency Response System (PERS)</b>	
<b>Pest Eradication</b>	
<b>Prevocational Services</b>	
<b>TeleCare</b>	
<b>Vehicle Modifications</b>	

## Appendix J: Cost Neutrality Demonstration

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

#### 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	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
<b>Adult Daily Living Total:</b>							<b>58314.98</b>
Basic Full Day		Full Day	9	84.50	60.42	45949.41	
Enhanced Full Day		Half Day	1	147.40	75.01	11056.47	
Basic Half Day		Half Day	0	0.00	0.01	0.00	
Enhanced Half Day		Half Day	1	34.90	37.51	1309.10	
Adult Daily Living Services		Day, Half Day	0	0.00	0.01	0.00	
<b>Employment Skills Development Total:</b>							<b>0.00</b>
Employment Skills Development		15 Min	0	0.00	0.01	0.00	
<b>Job Coaching Total:</b>							<b>0.00</b>
Job Coaching		15 Min	0	0.00	0.01	0.00	
<b>Personal Assistance Services Total:</b>							<b>24769286.63</b>
<b>GRAND TOTAL:</b>							<b>65123118.25</b>
Total: Services included in capitation:							64987256.89
Total: Services not included in capitation:							135861.36
<b>Total Estimated Unduplicated Participants:</b>							<b>930</b>
<b>Factor D (Divide total by number of participants):</b>							<b>70024.86</b>
Services included in capitation:							69878.77
Services not included in capitation:							146.09
<b>Average Length of Stay on the Waiver:</b>							<b>345</b>

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Agency		15 Min	377	8896.60	4.66	15629724.81	
Participant-Directed		15 Min	277	10343.20	3.19	9139561.82	
Personal Assistance Services		15 min	0	0.00	0.01	0.00	
<b>Residential Habilitation Total:</b>							22016840.02
Licensed		Per Diem	140	276.30	247.67	9580370.94	
Unlicensed		Hour	147	277.90	264.15	10790870.90	
Level 1		Hour	53	1498.10	19.74	1567342.18	
Level 2		Hour	4	498.70	39.23	78256.00	
Residential Habilitation Services		Per Diem, Hour	0	0.00	0.01	0.00	
<b>Respite Total:</b>							43323.14
Participant-Directed		15 Min	7	1198.00	3.68	30860.48	
Agency		15 Min	6	441.00	4.71	12462.66	
Respite Services		15 Min	0	0.00	0.01	0.00	
<b>Service Coordination Total:</b>							1266536.12
Service Coordination		15 Min	651	96.60	20.14	1266536.12	
<b>Structured Day Habilitation Services Total:</b>							8554461.80
Level 1		Hour	53	733.40	19.62	762633.32	
Level 2		Hour	0	0.00	0.01	0.00	
Structured Day Habilitation Services		Hour	278	811.00	34.56	7791828.48	
Structured Day Habilitation Services		Hour	0	0.00	0.01	0.00	
<b>GRAND TOTAL:</b> 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 not included in capitation: Average Length of Stay on the Waiver:							65123118.25 64987256.89 135861.36 930 70024.86 69878.77 146.09 345

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
<b>Supported Employment Total:</b>							<b>0.00</b>
Supported Employment		Hour	0	0.00	0.01	0.00	
<b>Behavior Therapy Total:</b>							<b>0.00</b>
Behavior Therapy		15 Min	0	0.00	0.01	0.00	
<b>Counseling Services Total:</b>							<b>0.00</b>
Counseling Services		15 Min	0	0.00	0.01	0.00	
<b>Home Health Aide Services Total:</b>							<b>0.00</b>
Home Health Aide Services		15 Min	0	0.00	0.01	0.00	
<b>Home Health Services Total:</b>							<b>3872350.07</b>
Occupational Therapy		15 Min	132	204.96	20.36	550834.10	
Speech and Language Therapy		15 Min	135	162.11	20.75	454110.64	
Physical Therapy		15 Min	142	168.64	19.25	460977.44	
Nursing - LPN		15 Min	15	12505.82	10.55	1979046.02	
Nursing - RN		15 Min	8	3852.00	13.05	402148.80	
Occupational Therapy Assistant		15 Min	19	94.50	13.86	24885.63	
Physical Therapy Assistant		15 Min	3	10.50	11.03	347.44	
<b>Nursing Services Total:</b>							<b>0.00</b>
Nursing - RN		15 Min	0	0.00	0.01	0.00	
Nursing - LPN		15 Min	0	0.00	0.01	0.00	
Nursing Services		15 Min	0	0.00	0.01	0.00	
<b>Occupational Therapy Services Total:</b>							<b>0.00</b>
<b>GRAND TOTAL:</b>							<b>65123118.25</b>
Total: Services included in capitation:							64987256.89
Total: Services not included in capitation:							135861.36
Total Estimated Unduplicated Participants:							930
Factor D (Divide total by number of participants):							70024.86
Services included in capitation:							69878.77
Services not included in capitation:							146.09
Average Length of Stay on the Waiver:							345

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Occupational Therapy Services		15 Min	0	0.00	0.01	0.00	
<b>Physical Therapy Services Total:</b>							0.00
Physical Therapy Services		15 Min	0	0.00	0.01	0.00	
<b>Specialized Medical Equipment and Supplies Total:</b>							14729.04
Specialized Medical Equipment and Supplies		Per Purchase	15	3.60	272.76	14729.04	
<b>Speech and Language Therapy Services Total:</b>							0.00
Speech and Language Therapy Services		15 Min	0	0.00	0.01	0.00	
<b>Therapeutic and Counseling Services Total:</b>							2903763.07
Behavior Therapy		15 Min	151	148.57	19.68	441502.50	
Cognitive Rehabilitation Therapy		15 Min	274	664.24	13.42	2442463.62	
Nutritional Consultation		15 Min	14	10.00	95.82	13414.80	
Counseling Services		15 Min	14	40.20	11.34	6382.15	
<b>Assistive Technology Total:</b>							599.47
Assistive Technology		Per Purchase	1	1.00	599.47	599.47	
<b>Benefits Counseling Total:</b>							0.00
Benefits Counseling		15 Min	0	0.00	0.01	0.00	
<b>Career Assessment Total:</b>							0.00
Career Assessment		15 Min	0	0.00	0.01	0.00	
<b>GRAND TOTAL:</b>							65123118.25
Total: Services included in capitation:							64987256.89
Total: Services not included in capitation:							135861.36
Total Estimated Unduplicated Participants:							930
Factor D (Divide total by number of participants):							70024.86
Services included in capitation:							69878.77
Services not included in capitation:							146.09
Average Length of Stay on the Waiver:							345

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
<b>Cognitive Rehabilitation Therapy Services Total:</b>							<b>0.00</b>
Cognitive Rehabilitation Therapy Services		15 Min	0	0.00	0.01	0.00	
<b>Community Integration Total:</b>							<b>7142.26</b>
Community Integration		15 Min	6	178.20	6.68	7142.26	
<b>Community Transition Services Total:</b>							<b>0.00</b>
Community Transition Services		Per Purchase	0	0.00	0.01	0.00	
<b>Home Adaptations Total:</b>							<b>339849.58</b>
Home Adaptations		Per Adaptation	36	1.10	8582.06	339849.58	
<b>Home Delivered Meals Total:</b>							<b>0.00</b>
Home Delivered Meals		Per Purchase	0	0.00	0.01	0.00	
<b>Job Finding Total:</b>							<b>0.00</b>
Job Finding		15 Min	0	0.00	0.01	0.00	
<b>Non-Medical Transporation Total:</b>							<b>246938.94</b>
Non-Medical Transporation		Trip	202	23.50	52.02	246938.94	
<b>Nutritional Consultation Total:</b>							<b>0.00</b>
Nutritional Consultation		15 Min	0	0.00	0.01	0.00	
<b>Participant-Directed Community Supports Total:</b>							<b>0.00</b>
Participant-Directed Community Supports		Per Purchase	0	0.00	0.01	0.00	
<b>Participant-Directed Goods</b>							<b>0.00</b>
<b>GRAND TOTAL:</b>							<b>65123118.25</b>
Total: Services included in capitation:							64987256.89
Total: Services not included in capitation:							135861.36
Total Estimated Unduplicated Participants:							930
Factor D (Divide total by number of participants):							70024.86
Services included in capitation:							69878.77
Services not included in capitation:							146.09
Average Length of Stay on the Waiver:							345



Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
<b>and Services Total:</b>							
Participant-Directed Goods and Services		Per Purchase	0	0.00	0.01	0.00	
<b>Personal Emergency Response System (PERS) Total:</b>							79944.98
Personal Emergency Response System (PERS)		Month	225	9.90	35.89	79944.98	
<b>Pest Eradication Total:</b>							0.00
Pest Eradication		One Time	0	0.00	0.01	0.00	
<b>Prevocational Services Total:</b>							949038.16
Prevocational Services		15 Min	74	1967.00	6.52	949038.16	
<b>TeleCare Total:</b>							0.00
TeleCare		OneTime,Mnthly,Purch	0	0.00	0.01	0.00	
<b>Vehicle Modifications Total:</b>							0.00
Vehicle Modifications		Per Adaptation	0	0.00	0.01	0.00	
<b>GRAND TOTAL:</b> Total: Services included in capitation: Total: Services not included in capitation: <b>Total Estimated Unduplicated Participants:</b> <b>Factor D (Divide total by number of participants):</b> Services included in capitation: Services not included in capitation: Average Length of Stay on the Waiver:							65123118.25 64987256.89 135861.36 930 70024.86 69878.77 146.09 345

## Appendix J: Cost Neutrality Demonstration

### 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	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
<b>Adult Daily Living Total:</b>							<b>58526.87</b>
Basic Full Day		Full Day	9	84.80	60.42	46112.54	
Enhanced Full Day		Full Day	1	148.00	75.01	11101.48	
Basic Half Day		Half Day	0	0.00	0.01	0.00	
Enhanced Half Day		Half Day	1	35.00	37.51	1312.85	
Adult Daily Living Services		Day, Half Day	0	0.00	0.01	0.00	
<b>Employment Skills Development Total:</b>							<b>0.00</b>
Employment Skills Development		15 Min	0	0.00	0.01	0.00	
<b>Job Coaching Total:</b>							<b>0.00</b>
Job Coaching		15 Min	0	0.00	0.01	0.00	
<b>Personal Assistance Services Total:</b>							<b>26773637.75</b>
Agency		15 Min	406	8933.00	4.66	16900878.68	
Participant-Directed		15 Min	298	10385.60	3.19	9872759.07	
Personal Assistance Services		15 min	0	0.00	0.01	0.00	
<b>Residential Habilitation Total:</b>							<b>38986202.85</b>
Licensed		Per Diem	150	277.50	247.67	10309263.75	
Unlicensed		Per Diem	158	279.00	264.15	11644260.30	
Level 1		Hour	57	1504.20	197.74	16954108.96	
Level 2		Hour	4	500.70	39.23	78569.84	
Residential Habilitation Services		Per Diem, Hour	0	0.00	0.01	0.00	
<b>Respite Total:</b>							<b>50038.99</b>
<b>GRAND TOTAL:</b>							<b>89442326.20</b>
Total: Services included in capitation:							8442662.40
Total: Services not included in capitation:							80999663.80
<b>Total Estimated Unduplicated Participants:</b>							<b>1001</b>
<b>Factor D (Divide total by number of participants):</b>							<b>89352.97</b>
Services included in capitation:							8434.23
Services not included in capitation:							80918.75
<b>Average Length of Stay on the Waiver:</b>							<b>345</b>

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Participant-Directed		15 Min	8	1203.80	3.68	35439.87	
Agency		15 Min	7	442.80	4.71	14599.12	
Respite Services		15 Min	0	0.00	0.01	0.00	
<b>Service Coordination Total:</b>							1367506.00
Service Coordination		15 Min	700	97.00	20.14	1367506.00	
<b>Structured Day Habilitation Services Total:</b>							9266207.98
Level 1		Hour	57	736.40	19.62	823545.58	
Level 2		Hour	0	0.00	0.01	0.00	
Structured Day Habilitation Services		Hour	300	814.30	34.56	8442662.40	
Structured Day Habilitation Services		Hour	0	0.00	0.01	0.00	
<b>Supported Employment Total:</b>							0.00
Supported Employment		Hour	0	0.00	0.01	0.00	
<b>Behavior Therapy Total:</b>							0.00
Behavior Therapy		15 Min	0	0.00	0.01	0.00	
<b>Counseling Services Total:</b>							0.00
Counseling Services		15 Min	0	0.00	0.01	0.00	
<b>Home Health Aide Services Total:</b>							0.00
Home Health Aide Services		15 Min	0	0.00	0.01	0.00	
<b>Home Health Services Total:</b>							0.00
Occupational Therapy		15 Min	0	0.00	0.01	0.00	
Speech and						0.00	
<b>GRAND TOTAL:</b>							89442326.20
Total: Services included in capitation:							8442662.40
Total: Services not included in capitation:							80999663.80
<b>Total Estimated Unduplicated Participants:</b>							1001
<b>Factor D (Divide total by number of participants):</b>							89352.97
Services included in capitation:							8434.23
Services not included in capitation:							80918.75
<b>Average Length of Stay on the Waiver:</b>							345

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Language Therapy		15 Min	0	0.00	0.01		
Physical Therapy		15 Min	0	0.00	0.01	0.00	
Nursing - LPN		15 Min	0	0.00	0.01	0.00	
Nursing - RN		15 Min	0	0.00	0.01	0.00	
Occupational Therapy Assistant		15 Min	0	0.00	0.01	0.00	
Physical Therapy Assistant		15 Min	0	0.00	0.01	0.00	
<b>Nursing Services Total:</b>							<b>3201835.59</b>
Nursing - RN		15 Min	8	2141.60	16.55	283547.84	
Nursing - LPN		15 Min	23	11513.80	11.02	2918287.75	
Nursing Services		15 Min	0	0.00	0.01	0.00	
<b>Occupational Therapy Services Total:</b>							<b>570545.98</b>
Occupational Therapy Services		15 Min	168	165.10	20.57	570545.98	
<b>Physical Therapy Services Total:</b>							<b>544254.66</b>
Physical Therapy Services		15 Min	153	176.10	20.20	544254.66	
<b>Specialized Medical Equipment and Supplies Total:</b>							<b>16147.39</b>
Specialized Medical Equipment and Supplies		Per Purchase	16	3.70	272.76	16147.39	
<b>Speech and Language Therapy Services Total:</b>							<b>461817.16</b>
Speech and Language Therapy Services		15 Min	149	142.70	21.72	461817.16	
<b>Therapeutic and Counseling</b>							<b>3720052.86</b>
<b>GRAND TOTAL:</b>							<b>89442326.20</b>
Total: Services included in capitation:							8442662.40
Total: Services not included in capitation:							80999663.80
<b>Total Estimated Unduplicated Participants:</b>							<b>1001</b>
<b>Factor D (Divide total by number of participants):</b>							<b>89352.97</b>
Services included in capitation:							8434.23
Services not included in capitation:							80918.75
<b>Average Length of Stay on the Waiver:</b>							<b>345</b>

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
<b>Services Total:</b>							
Behavior Therapy		15 Min	158	166.60	20.79	547251.01	
Cognitive Rehabilitation Therapy		15 Min	337	664.90	14.12	3163886.76	
Nutritional Consultation		15 Min	0	0.00	0.01	0.00	
Counseling Services		15 Min	12	62.80	11.83	8915.09	
<b>Assistive Technology Total:</b>							599.47
Assistive Technology		15 min	1	1.00	599.47	599.47	
<b>Benefits Counseling Total:</b>							6656.00
Benefits Counseling		15 Min	10	10.40	64.00	6656.00	
<b>Career Assessment Total:</b>							6656.00
Career Assessment		15 Min	10	10.40	64.00	6656.00	
<b>Cognitive Rehabilitation Therapy Services Total:</b>							3163886.76
Cognitive Rehabilitation Therapy Services		15 Min	337	664.90	14.12	3163886.76	
<b>Community Integration Total:</b>							8365.36
Community Integration		15 Min	7	178.90	6.68	8365.36	
<b>Community Transition Services Total:</b>							0.00
Community Transition Services		Per Purchase	0	0.00	0.01	0.00	
<b>Home Adaptations Total:</b>							368170.37
Home Adaptations		Per Adaptation	39	1.10	8582.06	368170.37	
<b>Home Delivered Meals Total:</b>							0.00
<b>GRAND TOTAL:</b>							89442326.20
Total: Services included in capitation:							8442662.40
Total: Services not included in capitation:							80999663.80
<b>Total Estimated Unduplicated Participants:</b>							1001
<b>Factor D (Divide total by number of participants):</b>							89352.97
Services included in capitation:							8434.23
Services not included in capitation:							80918.75
<b>Average Length of Stay on the Waiver:</b>							345

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Home Delivered Meals		Per Purchase	0	0.00	0.01	0.00	
<b>Job Finding Total:</b>							6656.00
Job Finding		15 Min	10	10.40	64.00	6656.00	
<b>Non-Medical Transporation Total:</b>							266404.82
Non-Medical Transporation		Trip	217	23.60	52.02	266404.82	
<b>Nutritional Consultation Total:</b>							0.00
Nutritional Consultation		15 Min	0	0.00	0.01	0.00	
<b>Participant- Directed Community Supports Total:</b>							0.00
Participant- Directed Community Supports		Per Purchase	0	0.00	0.01	0.00	
<b>Participant- Directed Goods and Services Total:</b>							0.00
Participant- Directed Goods and Services		Per Purchase	0	0.00	0.01	0.00	
<b>Personal Emergency Response System (PERS) Total:</b>							85985.26
Personal Emergency Response System (PERS)		Month	242	9.90	35.89	85985.26	
<b>Pest Eradication Total:</b>							0.00
Pest Eradication		One Time	0	0.00	0.01	0.00	
<b>Prevocational Services Total:</b>							512172.08
Prevocational Services		15 Min	70	1122.20	6.52	512172.08	
<b>TeleCare Total:</b>							0.00
<b>GRAND TOTAL:</b>							89442326.20
Total: Services included in capitation:							8442662.40
Total: Services not included in capitation:							80999663.80
Total Estimated Unduplicated Participants:							1001
Factor D (Divide total by number of participants):							89352.97
Services included in capitation:							8434.23
Services not included in capitation:							80918.75
Average Length of Stay on the Waiver:							345

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
TeleCare		OneTime,Mnthly,Purch	0	0.00	0.01	0.00	
<b>Vehicle Modifications Total:</b>							<b>0.00</b>
Vehicle Modifications		Per Adaptation	0	0.00	0.01	0.00	
<b>GRAND TOTAL:</b>							<b>89442326.20</b>
Total: Services included in capitation:							8442662.40
Total: Services not included in capitation:							80999663.80
<b>Total Estimated Unduplicated Participants:</b>							<b>1001</b>
<b>Factor D (Divide total by number of participants):</b>							<b>89352.97</b>
Services included in capitation:							8434.23
Services not included in capitation:							80918.75
Average Length of Stay on the Waiver:							<b>345</b>

## Appendix J: Cost Neutrality Demonstration

### 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	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
<b>Adult Daily Living Total:</b>							<b>1444702.35</b>
Basic Full Day		Full Day	0	0.00	0.01	0.00	
Enhanced Full Day		Full Day	0	0.00	0.01	0.00	
Basic Half Day		Half Day	0	0.00	0.01	0.00	
Enhanced Half Day		Half Day	0	0.00	0.01	0.00	
Adult Daily Living Services		Day, Half Day	327	65.00	67.97	1444702.35	
<b>Employment Skills Development Total:</b>							<b>0.00</b>
<b>GRAND TOTAL:</b>							<b>297504719.18</b>
Total: Services included in capitation:							296284407.43
Total: Services not included in capitation:							1220311.75
<b>Total Estimated Unduplicated Participants:</b>							<b>15653</b>
<b>Factor D (Divide total by number of participants):</b>							<b>19006.24</b>
Services included in capitation:							18928.28
Services not included in capitation:							77.96
Average Length of Stay on the Waiver:							<b>163</b>

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Employment Skills Development		15 Min	0	0.00	0.01	0.00	
<b>Job Coaching Total:</b>							0.00
Job Coaching		15 Min	0	0.00	0.01	0.00	
<b>Personal Assistance Services Total:</b>							229995919.92
Agency		15 Min	0	0.00	0.01	0.00	
Participant- Directed		15 Min	0	0.00	0.01	0.00	
Personal Assistance Services		15 min	13943	4043.00	4.08	229995919.92	
<b>Residential Habilitation Total:</b>							20676402.63
Licensed		Per Diem	0	0.00	0.01	0.00	
Unlicensed		Per Diem	0	0.00	0.01	0.00	
Level 1		Hour	0	0.00	0.01	0.00	
Level 2		Hour	0	0.00	0.01	0.00	
Residential Habilitation Services		Per Diem, Hour	403	653.00	78.57	20676402.63	
<b>Respite Total:</b>							102058.82
Participant- Directed		15 Min	0	0.00	0.01	0.00	
Agency		15 Min	0	0.00	0.01	0.00	
Respite Services		15 Min	62	421.00	3.91	102058.82	
<b>Service Coordination Total:</b>							1220311.75
Service Coordination		15 Min	1115	53.00	20.65	1220311.75	
<b>Structured Day Habilitation Services Total:</b>							7642535.49
Level 1		Hour	0	0.00	0.01	0.00	
<b>GRAND TOTAL:</b> 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 not included in capitation: Average Length of Stay on the Waiver:							297504719.18 296284407.43 1220311.75 15653 19006.24 18928.28 77.96 163



Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Level 2		Hour	0	0.00	0.01	0.00	
Structured Day Habilitation Services		Hour	471	513.00	31.63	7642535.49	
Structured Day Habilitation Services		Hour	0	0.00	0.01	0.00	
<b>Supported Employment Total:</b>							0.00
Supported Employment		Hour	0	0.00	0.01	0.00	
<b>Behavior Therapy Total:</b>							0.00
Behavior Therapy		15 Min	0	0.00	0.01	0.00	
<b>Counseling Services Total:</b>							0.00
Counseling Services		15 Min	0	0.00	0.01	0.00	
<b>Home Health Aide Services Total:</b>							2015.86
Home Health Aide Services		15 Min	1	374.00	5.39	2015.86	
<b>Home Health Services Total:</b>							0.00
Occupational Therapy		15 Min	0	0.00	0.01	0.00	
Speech and Language Therapy		15 Min	0	0.00	0.01	0.00	
Physical Therapy		15 Min	0	0.00	0.01	0.00	
Nursing - LPN		15 Min	0	0.00	0.01	0.00	
Nursing - RN		15 Min	0	0.00	0.01	0.00	
Occupational Therapy Assistant		15 Min	0	0.00	0.01	0.00	
Physical Therapy Assistant		15 Min	0	0.00	0.01	0.00	
<b>Nursing Services Total:</b>							16073638.65
Nursing - RN						0.00	
<b>GRAND TOTAL:</b>							297504719.18
Total: Services included in capitation:							296284407.43
Total: Services not included in capitation:							1220311.75
<b>Total Estimated Unduplicated Participants:</b>							15653
<b>Factor D (Divide total by number of participants):</b>							19006.24
Services included in capitation:							18928.28
Services not included in capitation:							77.96
<b>Average Length of Stay on the Waiver:</b>							163

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
		15 Min	0	0.00	0.01		
Nursing - LPN		15 Min	0	0.00	0.01	0.00	
Nursing Services		15 Min	677	2045.00	11.61	16073638.65	
<b>Occupational Therapy Services Total:</b>							480294.36
Occupational Therapy Services		15 Min	362	63.00	21.06	480294.36	
<b>Physical Therapy Services Total:</b>							440870.43
Physical Therapy Services		15 Min	277	77.00	20.67	440870.43	
<b>Specialized Medical Equipment and Supplies Total:</b>							1048080.80
Specialized Medical Equipment and Supplies		Per Purchase	4654	5.00	45.04	1048080.80	
<b>Speech and Language Therapy Services Total:</b>							403916.76
Speech and Language Therapy Services		15 Min	234	78.00	22.13	403916.76	
<b>Therapeutic and Counseling Services Total:</b>							0.00
Behavior Therapy		15 Min	0	0.00	0.01	0.00	
Cognitive Rehabilitation Therapy		15 Min	0	0.00	0.01	0.00	
Nutritional Consultation		15 Min	0	0.00	0.01	0.00	
Counseling Services		15 Min	0	0.00	0.01	0.00	
<b>Assistive Technology Total:</b>							101596.50
Assistive Technology		Per Purchase	211	1.00	481.50	101596.50	
<b>Benefits Counseling</b>							83394.60
<b>GRAND TOTAL:</b>							297504719.18
Total: Services included in capitation:							296284407.43
Total: Services not included in capitation:							1220311.75
Total Estimated Unduplicated Participants:							15653
Factor D (Divide total by number of participants):							19006.24
Services included in capitation:							18928.28
Services not included in capitation:							77.96
Average Length of Stay on the Waiver:							163

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
<b>Total:</b>							
Benefits Counseling		15 Min	30	262.00	10.61	83394.60	
<b>Career Assessment Total:</b>							83126.40
Career Assessment		15 Min	30	224.00	12.37	83126.40	
<b>Cognitive Rehabilitation Therapy Services Total:</b>							3082365.00
Cognitive Rehabilitation Therapy Services		15 Min	550	390.00	14.37	3082365.00	
<b>Community Integration Total:</b>							33653.76
Community Integration		15 Min	28	192.00	6.26	33653.76	
<b>Community Transition Services Total:</b>							0.00
Community Transition Services		Per Purchase	0	0.00	0.01	0.00	
<b>Home Adaptations Total:</b>							5330455.68
Home Adaptations		Per Adaptation	1056	1.00	5047.78	5330455.68	
<b>Home Delivered Meals Total:</b>							5445071.10
Home Delivered Meals		Per Purchase	4573	189.00	6.30	5445071.10	
<b>Job Finding Total:</b>							83126.40
Job Finding		15 Min	30	224.00	12.37	83126.40	
<b>Non-Medical Transportation Total:</b>							1398760.92
Non-Medical Transportation		Trip	3057	31.00	14.76	1398760.92	
<b>Nutritional Consultation Total:</b>							0.00
Nutritional Consultation		15 Min	0	0.00	0.01	0.00	
<b>GRAND TOTAL:</b>							297504719.18
Total: Services included in capitation:							296284407.43
Total: Services not included in capitation:							1220311.75
Total Estimated Unduplicated Participants:							15653
Factor D (Divide total by number of participants):							19006.24
Services included in capitation:							18928.28
Services not included in capitation:							77.96
Average Length of Stay on the Waiver:							163

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
<b>Participant-Directed Community Supports Total:</b>							<b>424426.00</b>
Participant-Directed Community Supports		Per Purchase	20	5.00	4244.26	424426.00	
<b>Participant-Directed Goods and Services Total:</b>							<b>98.40</b>
Participant-Directed Goods and Services		Per Purchase	2	1.00	49.20	98.40	
<b>Personal Emergency Response System (PERS) Total:</b>							<b>1559006.25</b>
Personal Emergency Response System (PERS)		Month	9125	5.00	34.17	1559006.25	
<b>Pest Eradication Total:</b>							<b>90733.15</b>
Pest Eradication		One Time	295	1.00	307.57	90733.15	
<b>Prevocational Services Total:</b>							<b>0.00</b>
Prevocational Services		15 Min	0	0.00	0.01	0.00	
<b>TeleCare Total:</b>							<b>258157.20</b>
TeleCare		OneTime,Mnthly,Purch	421	42.00	14.60	258157.20	
<b>Vehicle Modifications Total:</b>							<b>0.00</b>
Vehicle Modifications		Per Adaptation	0	0.00	0.01	0.00	
<b>GRAND TOTAL:</b> 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 not included in capitation: Average Length of Stay on the Waiver:							297504719.18 296284407.43 1220311.75 15653 19006.24 18928.28 77.96 163

## Appendix J: Cost Neutrality Demonstration

### 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	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
<b>Adult Daily Living Total:</b>							<b>34413566.55</b>
Basic Full Day		Full Day	0	0.00	0.01	0.00	
Enhanced Full Day		Full Day	0	0.00	0.01	0.00	
Basic Half Day		Half Day	0	0.00	0.01	0.00	
Enhanced Half Day		Half Day	0	0.00	0.01	0.00	
Adult Daily Living Services		Day, Half Day	4325	102.30	77.78	34413566.55	
<b>Employment Skills Development Total:</b>							<b>4131192.16</b>
Employment Skills Development		15 Min	338	1781.70	6.86	4131192.16	
<b>Job Coaching Total:</b>							<b>884513.18</b>
Job Coaching		15 Min	91	902.50	10.77	884513.18	
<b>Personal Assistance Services Total:</b>							<b>1983945163.79</b>
Agency		15 Min	0	0.00	0.01	0.00	
Participant-Directed		15 Min	0	0.00	0.01	0.00	
Personal Assistance Services		15 min	64623	6659.50	4.61	1983945163.78	
<b>Residential Habilitation Total:</b>							<b>60498029.20</b>
Licensed		Per Diem	0	0.00	0.01	0.00	
Unlicensed		Per Diem	0	0.00	0.01	0.00	
Level 1		Hour	0	0.00	0.01	0.00	
<b>GRAND TOTAL:</b>							<b>2351150400.61</b>
Total: Services included in capitation:							2317216976.69
Total: Services not included in capitation:							33933423.92
<b>Total Estimated Unduplicated Participants:</b>							<b>70628</b>
<b>Factor D (Divide total by number of participants):</b>							<b>33289.21</b>
Services included in capitation:							32808.76
Services not included in capitation:							480.45
<b>Average Length of Stay on the Waiver:</b>							<b>263</b>

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Level 2		Hour	0	0.00	0.01	0.00	
Residential Habilitation Services		Per Diem, Hour	443	2380.00	57.38	60498029.20	
<b>Respite Total:</b>							<b>1071720.00</b>
Participant- Directed		15 Min	0	0.00	0.01	0.00	
Agency		15 Min	0	0.00	0.01	0.00	
Respite Services		15 Min	360	650.00	4.58	1071720.00	
<b>Service Coordination Total:</b>							<b>0.00</b>
Service Coordination		15 Min	0	0.00	0.01	0.00	
<b>Structured Day Habilitation Services Total:</b>							<b>16000391.16</b>
Level 1		Hour	0	0.00	0.01	0.00	
Level 2		Hour	0	0.00	0.01	0.00	
Structured Day Habilitation Services		Hour	516	994.50	31.18	16000391.16	
Structured Day Habilitation Services		Hour	0	0.00	0.01	0.00	
<b>Supported Employment Total:</b>							<b>0.00</b>
Supported Employment		Hour	0	0.00	0.01	0.00	
<b>Behavior Therapy Total:</b>							<b>2538315.84</b>
Behavior Therapy		15 Min	564	202.00	22.28	2538315.84	
<b>Counseling Services Total:</b>							<b>44063.84</b>
Counseling Services		15 Min	81	42.70	12.74	44063.84	
<b>Home Health Aide Services Total:</b>							<b>39213.72</b>
<b>GRAND TOTAL:</b> 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 not included in capitation: Average Length of Stay on the Waiver:							2351150400.61 2317216976.69 33933423.92 70628 33289.21 32808.76 480.45 263

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Home Health Aide Services		15 Min	7	988.00	5.67	39213.72	
<b>Home Health Services Total:</b>							<b>0.00</b>
Occupational Therapy		15 Min	0	0.00	0.01	0.00	
Speech and Language Therapy		15 Min	0	0.00	0.01	0.00	
Physical Therapy		15 Min	0	0.00	0.01	0.00	
Nursing - LPN		15 Min	0	0.00	0.01	0.00	
Nursing - RN		15 Min	0	0.00	0.01	0.00	
Occupational Therapy Assistant		15 Min	0	0.00	0.01	0.00	
Physical Therapy Assistant		15 Min	0	0.00	0.01	0.00	
<b>Nursing Services Total:</b>							<b>95452517.38</b>
Nursing - RN		15 Min	0	0.00	0.01	0.00	
Nursing - LPN		15 Min	0	0.00	0.01	0.00	
Nursing Services		15 Min	1536	4943.80	12.57	95452517.38	
<b>Occupational Therapy Services Total:</b>							<b>1103471.34</b>
Occupational Therapy Services		15 Min	649	75.10	22.64	1103471.34	
<b>Physical Therapy Services Total:</b>							<b>1053491.98</b>
Physical Therapy Services		15 Min	436	111.40	21.69	1053491.98	
<b>Specialized Medical Equipment and Supplies Total:</b>							<b>4141259.46</b>
Specialized Medical Equipment and Supplies		Per Purchase	7283	11.70	48.60	4141259.46	
<b>Speech and Language</b>							<b>1016412.32</b>
<b>GRAND TOTAL:</b> Total: Services included in capitation: Total: Services not included in capitation: <b>Total Estimated Unduplicated Participants:</b> <b>Factor D (Divide total by number of participants):</b> Services included in capitation: Services not included in capitation: Average Length of Stay on the Waiver:							2351150400.61 2317216976.69 33933423.92 70628 33289.21 32808.76 480.45 263

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
<b>Therapy Services Total:</b>							
Speech and Language Therapy Services		15 Min	322	136.00	23.21	1016412.32	
<b>Therapeutic and Counseling Services Total:</b>							0.00
Behavior Therapy		15 Min	0	0.00	0.01	0.00	
Cognitive Rehabilitation Therapy		15 Min	0	0.00	0.01	0.00	
Nutritional Consultation		15 Min	0	0.00	0.01	0.00	
Counseling Services		15 Min	0	0.00	0.01	0.00	
<b>Assistive Technology Total:</b>							1435143.06
Assistive Technology		Per Purchase	1020	1.30	1082.31	1435143.06	
<b>Benefits Counseling Total:</b>							695884.61
Benefits Counseling		15 Min	144	433.80	11.14	695884.61	
<b>Career Assessment Total:</b>							695635.20
Career Assessment		15 Min	144	371.60	13.00	695635.20	
<b>Cognitive Rehabilitation Therapy Services Total:</b>							11706573.84
Cognitive Rehabilitation Therapy Services		15 Min	1090	712.20	15.08	11706573.84	
<b>Community Integration Total:</b>							526857.66
Community Integration		15 Min	105	725.10	6.92	526857.66	
<b>Community Transition Services Total:</b>							96941.87
Community Transition Services		Per Purchase	51	1.30	1462.17	96941.87	
<b>GRAND TOTAL:</b>							2351150400.61
Total: Services included in capitation:							2317216976.69
Total: Services not included in capitation:							33933423.92
Total Estimated Unduplicated Participants:							70628
Factor D (Divide total by number of participants):							33289.21
Services included in capitation:							32808.76
Services not included in capitation:							480.45
Average Length of Stay on the Waiver:							263



Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
<b>Home Adaptations Total:</b>							33863483.24
Home Adaptations		Per Adaptation	6837	2.60	1904.99	33863483.24	
<b>Home Delivered Meals Total:</b>							40921977.12
Home Delivered Meals		Per Purchase	18680	352.20	6.22	40921977.12	
<b>Job Finding Total:</b>							695635.20
Job Finding		15 Min	144	371.60	13.00	695635.20	
<b>Non-Medical Transporation Total:</b>							13981690.80
Non-Medical Transporation		Trip	12903	35.00	30.96	13981690.80	
<b>Nutritional Consultation Total:</b>							0.00
Nutritional Consultation		15 Min	0	0.00	0.01	0.00	
<b>Participant-Directed Community Supports Total:</b>							1656731.78
Participant-Directed Community Supports		Per Purchase	29	12.90	4428.58	1656731.78	
<b>Participant-Directed Goods and Services Total:</b>							4822.27
Participant-Directed Goods and Services		Per Purchase	7	3.90	176.64	4822.27	
<b>Personal Emergency Response System (PERS) Total:</b>							10722920.75
Personal Emergency Response System (PERS)		Month	34066	9.10	34.59	10722920.75	
<b>Pest Eradication Total:</b>							593447.28
Pest Eradication		One Time				593447.28	
<b>GRAND TOTAL:</b>							2351150400.61
Total: Services included in capitation:							2317216976.69
Total: Services not included in capitation:							33933423.92
Total Estimated Unduplicated Participants:							70628
Factor D (Divide total by number of participants):							33289.21
Services included in capitation:							32808.76
Services not included in capitation:							480.45
Average Length of Stay on the Waiver:							263

Waiver Service/Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
			1413	1.30	323.07		
<b>Prevocational Services Total:</b>							<b>0.00</b>
Prevocational Services		15 Min	0	0.00	0.01	0.00	
<b>TeleCare Total:</b>							<b>980936.99</b>
TeleCare		OneTime,Mnthly,Purch	952	62.60	16.46	980936.99	
<b>Vehicle Modifications Total:</b>							<b>26238397.04</b>
Vehicle Modifications		Per Adaptation	998	1.30	20223.83	26238397.04	
<b>GRAND TOTAL:</b> Total: Services included in capitation: Total: Services not included in capitation: <b>Total Estimated Unduplicated Participants:</b> <b>Factor D (Divide total by number of participants):</b> Services included in capitation: Services not included in capitation: Average Length of Stay on the Waiver:							2351150400.61 2317216976.69 33933423.92 70628 33289.21 32808.76 480.45 263

## Appendix J: Cost Neutrality Demonstration

### 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	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
<b>Adult Daily Living Total:</b>							<b>51906828.12</b>
Basic Full Day		Full Day	0	0.00	0.01	0.00	
Enhanced Full Day		Full Day	0	0.00	0.01	0.00	
Basic Half Day		Half Day	0	0.00	0.01	0.00	
<b>GRAND TOTAL:</b> Total: Services included in capitation: Total: Services not included in capitation: <b>Total Estimated Unduplicated Participants:</b> <b>Factor D (Divide total by number of participants):</b> Services included in capitation: Services not included in capitation: Average Length of Stay on the Waiver:							4179417476.51 4179417476.51 0.00 96747 43199.45 43199.45 0.00 305

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Enhanced Half Day		Half Day	0	0.00	0.01	0.00	
Adult Daily Living Services		Day, Half Day	4729	146.00	75.18	51906828.12	
<b>Employment Skills Development Total:</b>							0.00
Employment Skills Development		15 Min	0	0.00	0.01	0.00	
<b>Job Coaching Total:</b>							0.00
Job Coaching		15 Min	0	0.00	0.01	0.00	
<b>Personal Assistance Services Total:</b>							3593836625.20
Agency		15 Min	0	0.00	0.01	0.00	
Participant- Directed		15 Min	0	0.00	0.01	0.00	
Personal Assistance Services		15 min	88282	9148.00	4.45	3593836625.20	
<b>Residential Habilitation Total:</b>							108361892.40
Licensed		Per Diem	0	0.00	0.01	0.00	
Unlicensed		Per Diem	0	0.00	0.01	0.00	
Level 1		Hour	0	0.00	0.01	0.00	
Level 2		Hour	0	0.00	0.01	0.00	
Residential Habilitation Services		Per Diem, Hour	678	2582.00	61.90	108361892.40	
<b>Respite Total:</b>							2186535.40
Participant- Directed		15 Min	0	0.00	0.01	0.00	
Agency		15 Min	0	0.00	0.01	0.00	
Respite Services		15 Min	607	830.00	4.34	2186535.40	
<b>Service Coordination</b>							0.00
<b>GRAND TOTAL:</b>							4179417476.51
Total: Services included in capitation:							4179417476.51
Total: Services not included in capitation:							0.00
Total Estimated Unduplicated Participants:							96747
Factor D (Divide total by number of participants):							43199.45
Services included in capitation:							43199.45
Services not included in capitation:							0.00
Average Length of Stay on the Waiver:							305

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
<b>Total:</b>							
Service Coordination		15 min	0	0.00	0.01	0.00	
<b>Structured Day Habilitation Services Total:</b>							29272973.40
Level 1		Hour	0	0.00	0.01	0.00	
Level 2		Hour	0	0.00	0.01	0.00	
Structured Day Habilitation Services		Hour	781	1188.00	31.55	29272973.40	
Structured Day Habilitation Services		Hour	0	0.00	0.01	0.00	
<b>Supported Employment Total:</b>							0.00
Supported Employment		Hour	0	0.00	0.01	0.00	
<b>Behavior Therapy Total:</b>							0.00
Behavior Therapy		15 Min	0	0.00	0.01	0.00	
<b>Counseling Services Total:</b>							0.00
Counseling Services		15 Min	0	0.00	0.01	0.00	
<b>Home Health Aide Services Total:</b>							60802.56
Home Health Aide Services		15 Min	8	1392.00	5.46	60802.56	
<b>Home Health Services Total:</b>							0.00
Occupational Therapy		15 Min	0	0.00	0.01	0.00	
Speech and Language Therapy		15 Min	0	0.00	0.01	0.00	
Physical Therapy		15 Min	0	0.00	0.01	0.00	
Nursing - LPN		15 Min	0	0.00	0.01	0.00	
Nursing - RN		15 Min	0	0.00	0.01	0.00	
<b>GRAND TOTAL:</b>							4179417476.51
Total: Services included in capitation:							4179417476.51
Total: Services not included in capitation:							0.00
<b>Total Estimated Unduplicated Participants:</b>							96747
<b>Factor D (Divide total by number of participants):</b>							43199.45
Services included in capitation:							43199.45
Services not included in capitation:							0.00
<b>Average Length of Stay on the Waiver:</b>							305

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Occupational Therapy Assistant		15 Min	0	0.00	0.01	0.00	
Physical Therapy Assistant		15 Min	0	0.00	0.01	0.00	
<b>Nursing Services Total:</b>							162354659.88
Nursing - RN		15 Min	0	0.00	0.01	0.00	
Nursing - LPN		15 Min	0	0.00	0.01	0.00	
Nursing Services		15 Min	3659	3661.00	12.12	162354659.88	
<b>Occupational Therapy Services Total:</b>							2215638.80
Occupational Therapy Services		15 Min	892	118.00	21.05	2215638.80	
<b>Physical Therapy Services Total:</b>							1850243.46
Physical Therapy Services		15 Min	793	111.00	21.02	1850243.46	
<b>Specialized Medical Equipment and Supplies Total:</b>							7395457.14
Specialized Medical Equipment and Supplies		Per Purchase	13709	9.00	59.94	7395457.14	
<b>Speech and Language Therapy Services Total:</b>							1776151.16
Speech and Language Therapy Services		15 Min	479	164.00	22.61	1776151.16	
<b>Therapeutic and Counseling Services Total:</b>							0.00
Behavior Therapy		15 Min	0	0.00	0.01	0.00	
Cognitive Rehabilitation Therapy		15 Min	0	0.00	0.01	0.00	
Nutritional Consultation		15 Min	0	0.00	0.01	0.00	
<b>GRAND TOTAL:</b>							4179417476.51
Total: Services included in capitation:							4179417476.51
Total: Services not included in capitation:							0.00
<b>Total Estimated Unduplicated Participants:</b>							96747
<b>Factor D (Divide total by number of participants):</b>							43199.45
Services included in capitation:							43199.45
Services not included in capitation:							0.00
<b>Average Length of Stay on the Waiver:</b>							305

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Counseling Services		15 Min	0	0.00	0.01	0.00	
<b>Assistive Technology Total:</b>							1382008.32
Assistive Technology		Per Purchase	1386	1.00	997.12	1382008.32	
<b>Benefits Counseling Total:</b>							1159557.76
Benefits Counseling		15 Min	197	544.00	10.82	1159557.76	
<b>Career Assessment Total:</b>							1158541.24
Career Assessment		15 Min	197	466.00	12.62	1158541.24	
<b>Cognitive Rehabilitation Therapy Services Total:</b>							20318232.24
Cognitive Rehabilitation Therapy Services		15 Min	1476	939.00	14.66	20318232.24	
<b>Community Integration Total:</b>							1092546.00
Community Integration		15 Min	203	780.00	6.90	1092546.00	
<b>Community Transition Services Total:</b>							0.00
Community Transition Services		Per Purchase	0	0.00	0.01	0.00	
<b>Home Adaptations Total:</b>							86038750.72
Home Adaptations		Per Adaptation	9536	4.00	2255.63	86038750.72	
<b>Home Delivered Meals Total:</b>							65002845.60
Home Delivered Meals		Per Purchase	26180	418.00	5.94	65002845.60	
<b>Job Finding Total:</b>							1158541.24
Job Finding		15 Min	197	466.00	12.62	1158541.24	
<b>Non-Medical Transporation</b>							21164698.08
<b>GRAND TOTAL:</b>							4179417476.51
Total: Services included in capitation:							4179417476.51
Total: Services not included in capitation:							0.00
Total Estimated Unduplicated Participants:							96747
Factor D (Divide total by number of participants):							43199.45
Services included in capitation:							43199.45
Services not included in capitation:							0.00
Average Length of Stay on the Waiver:							305

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
<b>Total:</b>							
Non-Medical Transportation		Trip	16056	34.00	38.77	21164698.08	
<b>Nutritional Consultation Total:</b>							0.00
Nutritional Consultation		15 Min	0	0.00	0.01	0.00	
<b>Participant- Directed Community Supports Total:</b>							1700667.00
Participant- Directed Community Supports		Per Purchase	45	10.00	3779.26	1700667.00	
<b>Participant- Directed Goods and Services Total:</b>							45202.74
Participant- Directed Goods and Services		Per Purchase	11	6.00	684.89	45202.74	
<b>Personal Emergency Response System (PERS) Total:</b>							15656968.60
Personal Emergency Response System (PERS)		Month	47866	10.00	32.71	15656968.60	
<b>Pest Eradication Total:</b>							607106.25
Pest Eradication		One Time	1935	1.00	313.75	607106.25	
<b>Prevocational Services Total:</b>							0.00
Prevocational Services		15 Min	0	0.00	0.01	0.00	
<b>TeleCare Total:</b>							1714003.20
TeleCare		OneTime,Mnthly,Purch	1456	60.00	19.62	1714003.20	
<b>Vehicle Modifications Total:</b>							0.00
Vehicle Modifications		Per Adaptation	0	0.00	0.01	0.00	
<b>GRAND TOTAL:</b>							4179417476.51
Total: Services included in capitation:							4179417476.51
Total: Services not included in capitation:							0.00
Total Estimated Unduplicated Participants:							96747
Factor D (Divide total by number of participants):							43199.45
Services included in capitation:							43199.45
Services not included in capitation:							0.00
Average Length of Stay on the Waiver:							305