STATE OF MARYLAND
DHMH
Maryland Department of Health and Mental Hygiene
Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

July 27, 2015

Ms. Victoria Wachino
Deputy Administrator and Director
Center for Medicaid and CHIP Services
Centers for Medicare and Medicaid
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Ms. Wachino,

I write to request an amendment to Maryland's §1115 HealthChoice demonstration to provide Medicaid payments for stays in Institutions for Mental Diseases (IMDs).

A waiver of the IMD exclusion will allow Maryland to reimburse IMDs for the treatment of Medicaid enrollees aged 21-64 with acute psychiatric and substance-use related needs and receive federal matching dollars. This policy would expand the scope of quality care available to Medicaid enrollees and allow the State to utilize cost-effective treatment options.

Due to the current IMD exclusion, many Medicaid enrollees with acute psychiatric and addiction treatment needs are referred to hospital emergency departments and general acute care inpatient units. These general acute care hospitals do not often maintain the resources and expertise to provide needed specialized care to these individuals, nor are they cost-effective for the services these individuals need. A waiver will allow adult Medicaid enrollees to receive services in private facilities that are dedicated to treating their specific needs and will promote access to high-quality, specialized care. Cost savings will be generated at both the state and federal levels by enabling appropriate care in appropriate settings. This alignment of clinical and financial goals makes an IMD waiver advantageous for both payers and beneficiaries.

Maryland is aware of the recent guidance on new service delivery opportunities for individuals with substance use disorder and looks forward to working with CMS to develop a program that will provide high-quality, cost-effective care for Medicaid enrollees. If you have any questions, please contact Tricia Roddy, Director of the Planning Administration, at 410-767-5809 or tricia.roddy@maryland.gov.

Sincerely,

[redacted]

Shannon M. McMahon
Deputy Secretary of Health Care Financing
Maryland Department of Health and Mental Hygiene

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Maryland HealthChoice Program

§1115 Waiver Amendment

Submitted by

The Maryland Department of Health and Mental Hygiene

July 27, 2015

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Overview & Objectives

The Maryland Department of Health and Mental Hygiene (the "Department") is seeking an amendment to Maryland's §1115 HealthChoice demonstration program waiver that will allow for Medicaid payments for individuals aged 21 to 64 receiving psychiatric care or substance use disorder (SUD) services in an institution for mental diseases (IMD) that is not publically-owned or -operated ("non-public IMD"). Services would require prior authorization but would not be limited in amount, duration or scope.

This waiver amendment would allow the State to continue and expand current policy. Maryland was one of the states selected for the Medicaid Emergency Psychiatric Demonstration, a pilot program established under Section 2707 of the Affordable Care Act that made Medicaid funds available to non-public psychiatric hospitals for emergency inpatient psychiatric care provided to Medicaid enrollees aged 21 to 64 for a three-year period.

The demonstration project was slated to run until December 31, 2015, but it ended earlier this year due to federal funding issues. Since the end of the demonstration, the IMD beds, an important cornerstone in expanding the availability for specialized inpatient care of individuals with mental diseases, have become unavailable to Medicaid enrollees. Without a waiver to the IMD exclusion, providers will be forced to make a difficult choice—either reduce the number of beds in their facilities to remain eligible for Medicaid reimbursement, or maintain their current beds and limit their ability to receive reimbursement for the treatment of Medicaid enrollees.

The practical impact is that an IMD provider such as Sheppard Pratt—one of the premier psychiatric hospitals in the country with over 400 licensed inpatient psychiatric beds—would be forced to reduce its capacity to a mere 16 beds to accept Medicaid patients. This is not tenable. This decision has serious ramifications on other parts of Maryland's delivery system, with many beneficiaries being forced into emergency departments (ED) and acute general inpatient units, creating capacity and resource pressures in those settings.

The Department's objective in seeking this waiver is to maintain and enhance beneficiary access to behavioral health services in appropriate settings, relieve capacity pressures on acute general hospitals and assure that individuals receive care in the facility most appropriate to their needs. This can be achieved by continuing the policies under the Medicaid Emergency Psychiatric Demonstration and expanding access to SUD services provided in a residential setting.

Waiver and Expenditure Authority

Maryland is seeking expenditure authority under Section 1115(a)(2) of the Social Security Act to claim expenditures by the State for mental health and substance abuse disorders in non-public IMDs—which are not otherwise included as expenditures under Section 1903—and to have those expenditures regarded as expenditures under the State's Title XIX plan.

Specifically, Maryland is seeking expenditure authority for otherwise-covered services provided to Medicaid-eligible individuals aged 21 through 64 who are enrolled in a Medicaid managed care organization and who are residing in a non-public IMD.

Summary of the Proposal

Policy Rationale

Historical Concerns Surrounding IMD Payments Do Not Apply

The original purpose of the IMD exclusion was to ensure that states did not pay for custodial care of individuals with serious mental illnesses; custodial care was viewed to be the role of the State, not a medical service. However, in Maryland's circumstances, this reasoning does not apply to the present amendment request, rendering the IMD exclusion unnecessary.

Traditionally, state and local psychiatric hospitals treated persons with severe mental illness at the public's expense. The IMD exclusion was put in place to ensure that Medicaid dollars were not used as a replacement of local and state resources. Maryland's current request of an IMD waiver only includes non-public IMDs; that is, with the approval of Maryland's IMD exclusion waiver application, non-public IMDs will be eligible for Medicaid reimbursement, while publically-owned or -operated IMDs will remain exempt.

Additionally, in Maryland, residential treatment for substance use disorders in an IMD is not custodial and by policy and practice is treated the same as other rehabilitative services designed to provide medical treatment. Maryland benefits from strict licensing standards for its SUD treatment facilities, which are based on criteria developed by the American Society of Addiction Medicine (ASAM). SUD treatment facilities in Maryland must adhere to the ASAM criteria, and individuals may only receive residential treatment if they meet the appropriate ASAM Level III criteria through a clinical assessment.

Furthermore, Maryland SUD residential treatment facilities are not 'fixed length of stay' programs but rather offer services with lengths of stay that are individualized according to patient needs. These facilities and the State are committed to implementing treatment plans that include outpatient services designed to provide ongoing treatment and to treat SUD as a chronic condition. (See Appendix C for letters of support from residential treatment facilities.)

Growing Recognition on the Need for Behavioral Health Access

IMD exclusion waivers have been granted in the past; the Centers for Medicare and Medicaid (CMS) has approved IMD exclusion waivers that targeted facilities treating individuals with psychiatric needs in Maryland, Arizona, Delaware, Hawaii, Iowa, Massachusetts, Oregon, Rhode Island, Tennessee and Vermont.

In particular, waivers of the IMD exclusion have long contributed to Maryland's safety-net approach. The State's previous IMD exclusion waiver, which began in 1997, increased access for adults between 21 and 64 who needed acute psychiatric care. CMS phased out the use of IMDs beginning in fiscal year (FY) 2006. Maryland received 100 percent of its expected federal match (FFP) for FY 2006, 50 percent for FY 2007 and zero percent for FY 2008.

According to the State Medicaid Manual (CMS Pub. 45, § 4390), chemical dependency disorders are included in the definition of "mental disease." CMS has recently shown a strong interest in providing parity for mental health on par with that of somatic disorders. On April 6, 2014, CMS announced a proposed rule to align mental health and SUD benefits for low-income Americans with benefits required of private health plans and insurance. The proposed rule seeks to ensure that all Americans, regardless of their health care payer, have access to quality mental health services and substance use services. An IMD waiver exclusion in Maryland will help CMS achieve the parity goal by allowing Medicaid recipients to receive high quality mental health services and substance use treatment in clinically-appropriate settings.

Furthering the efforts toward parity, CMS' currently-proposed managed care rule seeks to add a new provision to the Medicaid managed care regulations to allow capitation payments to managed care organizations (MCOs) for enrollees who are patients in an IMD for 15 days or less.[1] The rationale in the proposed managed care rule is that IMD services will be paid in lieu of more costly hospital based services. That rationale pertains to federal and state expenditures for IMD services since cost in an IMD is less costly than costs in an acute hospital, thereby saving state and federal tax dollars. While this proposed rule, if enacted, would not affect Maryland Medicaid due to the State's behavioral health carve-out, it demonstrates a trend by the federal government toward extending these services in the IMD setting.

Expected Impact

Continuing access to IMD services for individuals with mental health needs and expanding coverage to individuals with SUD needs will result in greater and more appropriate clinical treatment options for Medicaid beneficiaries and reductions in hospital and ED admissions.

Data Show a Need for IMD Treatment Options

Preliminary data from the demonstration at the national level are very promising. Of the total number of Medicaid beneficiaries admitted to these community-based psychiatric hospitals, 84 percent had just one admission during the entire first year of the demonstration. The average length of stay was only 8.2 days and, in 88 percent of the admissions, the beneficiaries were discharged to their homes or self-care.[2]

In Maryland, the demonstration has shown the importance of private psychiatric hospitals. In 2014, Medicaid recipients who received services in an IMD had an average length of stay of 9.4 days. Table 1 provides additional information on IMD cost for both mental health and substance use services.

[1] Department of Health and Human Services. Centers for Medicare and Medicaid Services. Medicaid and Children's Health Insurance Program (CHIP) Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, Medicaid and CHIP Comprehensive Quality Strategies, and Revisions Related to Third Party Liability. Proposed Rule. Section 438.3

[2] Department of Health and Human Services. Centers for Medicare and Medicaid Services. (2013). Report to Congress on the Evaluation of the Medicaid Emergency Psychiatric Demonstration. Available: http://innovation.cms.gov/files/reports/mepd_rtc.pdf.

Table 1. Cost Information for IMD Services, 2014[3]

	Number of Days	Average Length of Stay	Average Cost per Day	Average Cost per Episode	Total Cost
Substance Use Disorder Services	11,400	25.1	$218.90	$5,494.49	$2,495,505.42
Emergency Psychiatric Services	20,392	9.4	$863.69	$8,118.69	$17,612,382.00

The figures in Table 1 correspond with services funded by the emergency psychiatric demonstration and a calculation for SUD service utilization for Medicaid beneficiaries based on the experience of other state programs funding SUD services in a residential setting. With the authorization for Medicaid coverage of emergency psychiatric and SUD services in IMDs, Maryland expects utilization to increase.

Maintaining and Expanding Access to Services Removes Treatment Barriers

Maryland IMD providers have expressed frustration that, despite the availability of beds in their facilities, they cannot fill them. Many people on their waitlists are Medicaid beneficiaries awaiting the availability of grant funds to support their treatment.

Johns Hopkins Medicine has stated, "Many community-based substance use providers have beds available for treatment, but because of the IMD exclusion, these beds cannot be utilized, which forces providers to put patients on waiting lists." This is supported by residential treatment provider Gaudenzia, Inc., who stated, "As of today [June 12, 2015] we have 47 people scheduled for admission in the next two weeks but [we] have 30 open beds. If we could bill Medicaid for this service these people seeking help would have gotten it; instead they are either using a higher-cost service or are a public health liability."

Conversely, several additional Maryland providers (e.g. Hope House, Mountain Manor, et al.) have stated that they have lengthy waiting lists for treatment due to the 16-bed limit. Other stakeholders noted that the decision to seek treatment is often overwhelmed by the disease; that is to say, if initially turned away, many individuals will not return when beds or grant funds become available. Maryland providers have unilaterally expressed that allowing Medicaid to reimburse IMDs will enable them to reach and treat more people.

The data show that limiting services to SUD-only or mental health-only would create a barrier for recovery and the quality of care to an increasing number of people. From CY 2008 through CY 2014, the number of Maryland HealthChoice participants with a dual diagnosis of mental health and substance use disorders grew from 15,254 to 37,055. To mitigate this barrier, Maryland is requesting that its IMD exclusion waiver cover both SUD and emergency psychiatric services.

[3] SUD services are from FY 2014; emergency psychiatric are from CY 2014.

Anticipated Outcomes

Increase access to clinically-appropriate care

One outcome Maryland hopes to achieve with an IMD exclusion waiver is to provide clinically-appropriate care to Medicaid enrollees needing treatment for psychiatric and substance use disorders. The IMD exclusion promotes hospitalization over specialized care. While hospitalization treats the medical effects of individuals' illnesses, it does not treat the illnesses themselves or address the far-ranging consequences of mental health disorders. Hospital emergency departments and general acute inpatient units are not the best setting to provide psychiatric and substance use treatment. The leading treatment standards widely acknowledge that effective treatment of mental disorders takes place along a continuum of care. This continuum ranges from outpatient care to residential care to intensive inpatient services.

Hospital EDs are not equipped or designed to provide the multitude of care options that treating mental diseases require. Maryland providers have overwhelmingly expressed that acute hospital EDs and inpatient units are not the best setting to treat such disorders. Johns Hopkins Medicine specifically addressed this issue, saying, "…some acute care hospitals lack the resources or expertise to provide the intensive behavioral health care that some patients need, where as hospitals such as Johns Hopkins with expertise in treating these patients are often faced with overcrowded emergency departments and inpatient units. This creates a less than optimal patient care experience." The National Council on Alcoholism & Drug Dependence provided similar comments, stating "The IMD exclusion results in people seeking treatment in lower levels of care than what is clinically recommended." Likewise, the Community Behavioral Health Association of Maryland also states, "general acute hospitals are often ill equipped to meet the needs of this specialized population."

Reduce total cost of care

On January 10, 2014, Maryland received approval from CMS to implement an all-payer rate setting system for hospital services ("All-Payer Model").[4] One of the primary goals of the All-Payer Model is to reduce hospital costs and eventually total cost of care per capita, which aligns with the potential of Maryland's IMD exclusion waiver to reduce the Medicaid program's hospital expenditures. The average charge per day in an acute care hospital in Maryland in CY 2014 was $2,965, and substantially more in major metropolitan hospitals such as University of Maryland Medical Center and Johns Hopkins Hospital ($4,260 per day and $3,740 per day, respectively). In comparison, as shown above in Table 1 above, the average treatment cost per individual for emergency psychiatric services provided in IMDs in CY 2014 was $864 per day and $8,119 per episode; for SUD stays, these figures were $219 and $5,494 for FY 2014, respectively.

With the closing of the Emergency Psychiatric Demonstration, patients who previously could have sought treatment in IMDs are forced to seek treatment in acute care hospitals.

[4] Maryland has operated a hospital all-payer waiver since 1977. This system is made possible, in part, by Medicare waiver (codified in Section 1814(b) of the Social Security Act) that exempts Maryland from the Inpatient Prospective Payment System (IPPS). CMS approved a new waiver terms on January 10, 2014.

Conservatively assuming that the average inpatient stay in an acute care hospital is 40 percent less than the average inpatient stay in a community facility, by using the 20,392 days from CY 2014 as a baseline (see Table 1), treating Medicaid patients in acute care hospitals at the average statewide charge for psychiatric episodes rather than IMDs will cost approximately $25 million. This far exceeds the approximately $17 million spent under the Emergency Psychiatric Demonstration in CY 2014 (see Table 1). This additional sum of approximately $8 million would also be subject to a federal match and increase federal spending. The increase in spending is directly at odds with the aims of the All-Payer Model. An IMD exclusion waiver will reduce the total cost of care and save both Maryland and the federal government millions of dollars.

Reduce substance-use related deaths

Another primary outcome Maryland hopes to achieve through the IMD exclusion is to reduce the number of SUD-related deaths, particularly heroin-related overdose deaths. According to the CDC, heroin use has more than doubled among young adults ages 18-25 in the past decade.[5] The CDC states, "States pay a central role in prevention, treatment, and recovery efforts for this growing epidemic"[6] and recommends that states increase access to substance use services.

Maryland is committed to address the growing substance use crisis. Governor Larry Hogan has declared Maryland's heroin problem a public health epidemic. The number of heroin-related in Maryland deaths has risen at an alarming rate over the past several years. In fact, the number of heroin-related deaths in Maryland more than doubled from 2010 to 2014, from 238 deaths in 2010 to 578 deaths in 2014.[7] Unfortunately, the overdose problem is not limited to heroin-related deaths; in 2014, 1,039 Marylanders died from an overdose-related cause—a 60 percent increase since 2010.[8]

The IMD exclusion waiver creates a barrier to treatment by limiting the number of beds a treatment facility may operate in order to receive reimbursement from Medicaid to less than 16. Multiple providers have stated that this bed limit forces them to place patients on waiting lists or in some cases turn patients away. As told by a recovering addict during one of Maryland's public hearings on the IMD exclusion waiver, people experiencing addiction who are turned away from treatment are at a high risk of continuing substance use and not returning to seek treatment. Thus, timely treatment is critical toward curbing substance use. The bed limit under the IMD exclusion is a life-threatening barrier. Receiving a waiver of the IMD exclusion would allow Maryland providers to admit more patients into residential treatment and save lives.

Reduce emergency department visits

Maryland also hopes to reduce ED visits with the IMD exclusion waiver. Maryland has seen a large increase in the number of addiction-related ED visits, which is tied in part to the heroin

[5] The Centers for Disease Control and Prevention, CDC Vital Signs. (July 2015). *Today's Heroin Epidemic*. http://www.cdc.gov/vitalsigns/pdf/2015-07-vitalsigns.pdf
[6] Ibid.
[7] The Maryland Department of Health and Mental Hygiene. (May 2015). *Drug- and Alcohol-Related Intoxication Deaths in Maryland.* http://dhmh.maryland.gov/data/Documents/Annual%20OD%20Report%202014_merged%20file%20final.pdf
[8] Ibid.

epidemic in Maryland. Between 2010 and 2013, the number of heroin-related ED visits more than tripled, from 392 to 1,200.[9] This contributed to a correlated rise in the number of addiction-related ED visits over the same time period. An IMD exclusion waiver encompassing SUD services will reduce the number of addiction-related ED visits. The provider Gaudenzia, Inc. states, "These are people in crisis and when they are scheduled based on the limited availability of beds they go to emergency rooms or they continue to use their substances of abuse."

Additionally, the waiver will reduce the number of acute psychiatric ED visits. Johns Hopkins Medicine, in its letter of support of this application, has acknowledged that the IMD exclusion directly contributes to ED overcrowding. The National Alliance on Mental Illness reports that the Emergency Psychiatric Demonstration project has "reduced the 'boarding' or long wait times in emergency departments for individuals experiencing psychiatric crises." An IMD exclusion waiver will allow the positive outcomes experienced under the demonstration, such as reduced ED overcrowding, to continue.

Budget Neutrality

The Department estimates that the amendment will result in savings under the waiver. The impact of an IMD exclusion for mental health services is already modeled in the hospital expenditure estimates in the waiver. As discussed earlier, the Department estimates that the increased use of SUD services in an IMD setting would result in savings under the waiver by reducing hospital expenditures.

Detailed budget neutrality calculations can be found in the Budget Neutrality worksheet (Appendix A).

Evaluation Design

Maryland's annual HealthChoice evaluation design will be modified to incorporate the IMD exclusion waiver amendment and track the outcomes mentioned above. The Hilltop Institute (Hilltop) at the University of Maryland, Baltimore County, which maintains Maryland Medicaid's data, performs an annual evaluation of the HealthChoice program, as mandated by Maryland's §1115 waiver. This demonstration will test whether authorizing the provision of emergency psychiatric and SUD services in IMDs affects the existing quality and cost measures against which the broader HealthChoice demonstration is evaluated.

Hilltop will track data through the Healthcare Effectiveness and Data Information Set (HEDIS) measures. The Department anticipates that several of these current HEDIS measure will directly capture some of the impact of the IMD exclusion waiver, including Mental Health Utilization – Inpatient Utilization, Initiation and Engagement of Alcohol and Other Drug Dependency,and Plan All-Cause Readmission.

[9] The Maryland Department of Health and Mental Hygiene. (July 2014). *Heroin-Related Emergency Department Visits on the Rise in Maryland.* http://dhmh.maryland.gov/data/Documents/heroin%20ED%20brief_draft.pdf

Additionally, the Department would design an evaluation focused on evaluating the impact an IMD waiver would have on utilization. Under this study, the Department would look to see whether utilization of IMD services would increase, decrease or stay level, as well as track whether greater access to and utilization of IMDs affects utilization of acute inpatient and ED admissions.

Both the quality and utilization evaluation approaches may allow the Department to identify opportunities to improve the usage of IMD facilities and generate best practices for the state.

The Department will also collaborate with the Lieutenant Governor's Heroin and Opioid Emergency Task Force to monitor any impact on heroin- and other opioid-related deaths and ED visits. The evaluation of IMD exclusion waiver will be housed under the Special Topics section of the annual HealthChoice evaluation.

Compliance with Public Notice Requirements

Pursuant to the Special Terms and Conditions (STC) that govern Maryland's §1115 HealthChoice demonstration, Maryland must provide documentation of its compliance with the Demonstration of Public Notice process (42 CFR §431.408), as well as document that the tribal consultation requirements outline in the STC have been met. Maryland's public notice for this IMD amendment consisted of public postings in the *Baltimore Sun* newspaper and the Maryland Register (see Appendix B), prompting a 30-day public comment period (May 15, 2015 – June 15, 2015), as well as two in-person hearings, held in Baltimore and Annapolis.

The State received comments from interested citizens, advocates, and providers via email, fax and the in-person hearings. The feedback received was overwhelmingly positive and has been incorporated, as appropriate, into the waiver request. The stakeholder letters we received are attached to this document in their original format (see Appendix C). Tribal consultation was sought from Kerry Hawk Lessard, M.A.A. Ms. Lessard is the executive director of the Baltimore chapter of Native American LifeLines and a member of the Maryland Medicaid Advisory Committee. Ms. Lessard's letter of support is attached (see Appendix D).

Eligibility Group	07/01/08 - 06/30/09 DY 12: 12 mos	Trend Rate	07/01/09 - 06/30/10 DY 13: 12 mos	Trend Rate	07/01/10 - 06/30/11 DY 14: 12 mos	SFY2009-2011 Extension Total	Eligibility Group	07/01/11 - 06/30/12 DY 15: 12 mos	Trend Rate	07/01/12 - 06/30/13 DY 16: 12 mos	Trend Rate	07/01/13 - 12/31/13 DY 17: 6 mos	Projected SFY2012-2014 Extension Total
BN Negotiated PMPM							BN Negotiated PMPM						
(TANF) LT 30 Adult	$593.35		$648.07	1.0695	$693.11		(TANF) LT 30 Adult	$729.84	1.0530	$768.52	1.0530	$809.25	
(TANF) LT 30 Child	$316.90		$348.82	1.0695	$373.06		(TANF) LT 30 Child	$391.34	1.0490	$410.52	1.0490	$430.64	
TANF 30-116 Adult	$593.35		$648.07	1.0695	$693.11		TANF 30-116 Adult	$729.84	1.0530	$768.52	1.0530	$809.25	
TANF 30-116 Child	$316.90		$348.82	1.0695	$373.06		TANF 30-116 Child	$391.34	1.0490	$410.52	1.0490	$430.64	
Medically Needy Adult	$2,574.01		$3,794.66	1.0686	$4,054.98		Medically Needy Adult	$4,269.89	1.0530	$4,496.19	1.0530	$4,734.49	
Medically Needy Child	$393.99		$1,755.40	1.0686	$1,875.82		Medically Needy Child	$1,967.74	1.0490	$2,064.16	1.0490	$2,165.30	
Sobra Adult	2,734.69		$2,924.75	1.0695	$3,128.02		Sobra Adult	3,293.81	1.0530	$3,468.38	1.0530	$3,652.20	
Sobra Child	394.98		$422.43	1.0695	$451.79		Sobra Child	473.93	1.0490	$497.15	1.0490	$521.51	
SSI ADULT	1,432.55		$1,530.82	1.0686	$1,635.84		SSI ADULT	1,733.99	1.0600	$1,838.03	1.0600	$1,948.31	
SSI CHILD	$1,298.31		$1,387.37	1.0686	$1,482.54		SSI CHILD	$1,571.49	1.0600	$1,665.78	1.0600	$1,765.73	
Actual With Waiver Expenditure PMPMs by EG (DY 11 projected)							Projected With Waiver PMPM Expenditures by EG						
(TANF) LT 30 Adult	$524.95	0.976	$512.23	1.068	$546.98		(TANF) LT 30 Adult	$569.23	0.892	$507.80	1.015	$515.63	
(TANF) LT 30 Child	$310.09	0.940	$291.63	0.953	$277.87		(TANF) LT 30 Child	$279.13	0.905	$252.57	1.129	$285.24	
TANF 30-116 Adult	$392.44	1.149	$451.09	1.051	$474.17		TANF 30-116 Adult	$454.40	0.802	$364.26	1.586	$577.85	
TANF 30-116 Child	$185.48	1.067	$197.97	1.034	$204.68		TANF 30-116 Child	$200.24	0.851	$170.41	1.592	$271.28	
Medically Needy Adult	$1,552.15	1.349	$2,094.00	0.987	$2,067.14		Medically Needy Adult	$1,894.34	0.871	$1,649.71	2.091	$3,450.21	
Medically Needy Child	$195.56	0.925	$180.92	2.132	$385.74		Medically Needy Child	$2,033.07	0.228	$463.49	2.626	$1,217.16	
Sobra Adult	$1,725.23	0.948	$1,635.38	1.102	$1,802.63		Sobra Adult	$1,724.13	1.137	$1,960.17	1.733	$3,396.08	
Sobra Child	$253.43	1.093	$276.91	1.011	$279.98		Sobra Child	$276.24	1.259	$347.87	0.928	$322.98	
SSI ADULT	$1,494.61	0.986	$1,473.20	1.061	$1,563.36		SSI ADULT	$1,605.97	0.938	$1,507.13	2.011	$3,031.36	
SSI CHILD	$1,352.89	0.991	$1,340.20	1.033	$1,384.73		SSI CHILD	$1,400.36	0.985	$1,379.85	1.618	$2,232.01	
Family Planning	$63.63	-0.065	-$4.16	-18.686	$77.78		Family Planning	$46.65	-0.256	-$11.93	0.876	-$10.45	
PAC	$221.32	1.154	$255.47	1.027	$262.33		PAC	$274.06	0.999	$273.73	1.010	$276.55	
EID	$1,793.95	N/A	N/A	N/A	N/A		EID	N/A	N/A	N/A	N/A	N/A	
ICS	N/A	N/A	$32,484.27	1.143	$37,135.70		ICS	$37,135.65	1.069	$39,705.44	0.000	$0.80	
Childless Adults	N/A	N/A	N/A	N/A	N/A		Childless Adults	N/A	N/A	N/A	N/A	N/A	
Pharmacy Discount Program	N/A	N/A	N/A	N/A	N/A		Pharmacy Discount Program	N/A	N/A	N/A	N/A	N/A	
Member Months	DY 12 12 mos		DY 13 12 Months		Projected DY 14: 12 mos		Projected Member Months	Projected DY 15: 12 mos		Projected DY 16: 12 mos		Projected DY 17: 6 mos	
(TANF) LT 30 Adult	609,776		892,767		1,067,548		(TANF) LT 30 Adult	1,118,853		1,266,238		703,265	
(TANF) LT 30 Child	1,213,796		1,629,402		1,867,981		(TANF) LT 30 Child	1,928,723		2,151,966		1,129,191	
TANF 30-116 Adult	341,952		737,700		989,040		TANF 30-116 Adult	1,186,502		1,494,334		612,801	
TANF 30-116 Child	433,711		1,041,810		1,429,548		TANF 30-116 Child	1,673,971		1,985,871		861,754	
Medically Needy Adult	142,675		114,385		114,664		Medically Needy Adult	84,910		70,958		36,606	

Medically Needy Child	75,071		2,889		2,777		Medically Needy Child	2,380		2,643		680	
Sobra Adult	149,938		134,225		139,620		Sobra Adult	137,666		112,660		70,833	
Sobra Child	1,997,286		1,542,440		1,310,016		Sobra Child	1,200,232		971,463		599,553	
SSI ADULT	538,428		565,796		602,293		SSI ADULT	616,108		645,447		344,319	
SSI CHILD	222,969		229,716		240,257		SSI CHILD	239,280		242,265		124,450	
Family Planning	331,592		193,850		124,254		Family Planning	133,295		178,940		84,736	
PAC	352,878		476,415		624,225		PAC	745,683		883,087		515,637	
EID	973		N/A		N/A		EID	N/A		N/A		N/A	
ICS	N/A		11		10		ICS	30		30		30	
Prem. Subsidy MHIP	N/A		0		0		Prem. Subsidy MHIP	0		0		0	
Pharmacy Discount Program	N/A		N/A		0		Pharmacy Discount Program	0		0		0	
MM w/o FP, PAC & EID	5,502,633		6,661,414		7,523,487		MM w/o FP, PAC & EID	8,188,625		8,943,845		4,483,452	
TOTAL Member Months	6,411,045		7,561,406		8,512,233		TOTAL Member Months	9,067,633		10,005,902		5,083,855	
Estimated W/out Waiver Expenditures by EG							Estimated W/out Waiver Expenditures by EG						
(TANF) LT 30 Adult	$361,810,590		$578,575,510		$739,928,194		(TANF) LT 30 Adult	$816,583,674		$973,129,228		$569,117,201	
(TANF) LT 30 Child	$384,651,952		$568,368,006		$696,868,992		(TANF) LT 30 Child	$754,786,459		$883,425,082		$486,274,812	
TANF 30-116 Adult	$202,897,219		$478,081,239		$685,513,514		TANF 30-116 Adult	$865,956,620		$1,148,425,566		$495,909,209	
TANF 30-116 Child	$137,443,016		$363,404,164		$533,307,177		TANF 30-116 Child	$655,091,811		$815,239,763		$371,105,743	
Medically Needy Adult	$367,246,877		$434,052,184		$464,960,227		Medically Needy Adult	$362,556,360		$319,040,650		$173,310,741	
Medically Needy Child	$29,577,223		$5,071,351		$5,209,152		Medically Needy Child	$4,683,221		$5,455,575		$1,472,404	
Sobra Adult	$410,033,949		$392,574,569		$436,734,152		Sobra Adult	$453,445,647		$390,747,691		$258,696,283	
Sobra Child	$788,888,024		$651,572,929		$591,852,129		Sobra Child	$568,825,952		$482,962,830		$312,672,885	
SSI ADULT	$771,325,031		$866,131,833		$985,254,981		SSI ADULT	$1,068,325,111		$1,186,350,949		$670,840,151	
SSI CHILD	$289,482,882		$318,701,087		$356,190,613		SSI CHILD	$376,026,127		$403,560,192		$219,745,099	
TOTAL BN limit (without waiver)	$3,743,356,764		$4,656,532,871		$5,495,819,131	$13,895,708,766	TOTAL BN limit (without waiver)	$5,926,280,982		$6,608,337,526		$3,559,144,527	$16,093,763,035
With Waiver Actual by EG (Actual and Estimate)	13 mos		12 mos		12 mos		Projected With Waiver Expenditures by EG						
(TANF) LT 30 Adult	$320,101,383		$457,298,408		$583,929,364		(TANF) LT 30 Adult	$636,881,580		$642,996,846		$362,622,143	
(TANF) LT 30 Child	$376,386,175		$475,177,471		$519,063,238		(TANF) LT 30 Child	$538,357,158		$543,526,403		$322,095,799	
TANF 30-116 Adult	$134,195,364		$332,771,151		$468,977,405		TANF 30-116 Adult	$539,148,057		$544,324,897		$354,108,094	
TANF 30-116 Child	$80,442,867		$206,249,165		$292,598,801		TANF 30-116 Child	$335,196,582		$338,415,102		$233,774,188	
Medically Needy Adult	$221,452,861		$239,521,698		$237,026,904		Medically Needy Adult	$160,848,488		$117,059,906		$126,298,257	
Medically Needy Child	$14,680,743		$522,677		$1,071,202		Medically Needy Child	$4,838,714		$1,225,011		$827,669	
Sobra Adult	$258,677,033		$219,508,290		$251,682,660		Sobra Adult	$237,354,325		$220,832,917		$240,554,401	

Sobra Child	$506,163,736		$427,110,221		$366,779,417		Sobra Child	$331,553,408		$337,941,071		$193,641,405		
SSI ADULT	$804,740,534		$833,529,308		$941,600,638		SSI ADULT	$989,453,800		$972,773,162		$1,043,755,980		
SSI CHILD	$301,651,908		$307,866,016		$332,692,150		SSI CHILD	$335,078,450		$334,290,410		$277,773,122		
Family Planning	$21,099,532		-$806,867		$9,663,980		Family Planning	$6,218,738		-$2,134,715		-$885,400		
PAC	$78,098,813		$121,707,847		$163,753,136		PAC	$204,361,815		$241,725,449		$142,601,470		
EID	$1,745,509		N/A		N/A		EID	N/A		N/A		N/A		
ICS	N/A		$357,327		$371,357		ICS	$1,114,070		$1,191,163		$24		
Prem. Subsidy MHIP	N/A		$0		$0		Prem. Subsidy MHIP	$0		$0		$0		
Pharmacy Discount Program	N/A		N/A		$0		Pharmacy Discount Program	$0		$0		$0		
TOTAL With Waiver	$3,119,436,460		$3,620,812,711		$4,169,210,252	$10,909,459,422	TOTAL	$4,320,405,184		$4,294,167,621		$3,297,167,152	$11,911,739,957	
(Over)/Under BN Limit	$623,920,305		$1,035,720,160		$1,326,608,879	$2,986,249,344		$1,605,875,797		$2,314,169,905		$261,977,375	$4,182,023,078	
					Carryover from 1-11	$2,548,378,493								
					Cumulative Cushion 12-14	$ 5,534,627,837								
												Carryover from 1-14	$ 5,534,627,837	
												Projected Cushion at end of DY 17	$ 9,716,650,914	

Projected SFY2012-2014 Extension Total	Eligibility Group	01/01/14 -06/30/14 DY 17: 6 mos	Trend Rate	07/01/14 -06/30/15 DY 18: 12 mos	Trend Rate	07/01/15 -06/30/16 DY 19: 12 mos	Trend Rate	07/01/16 -12/31/16 DY 20: 12 mos	Projected SFY2014-2016 Extension Total
	BN Negotiated PMPM								
	New Adult Group	$790.85	1.0470	$828.02	1.0470	$866.94	1.0470	$907.68	
	TANF Adults 0-123	$809.25	1.0490	$848.90	1.0490	$890.50	1.0490	$934.13	
	Medicaid Child	$445.05	1.0450	$465.08	1.0450	$486.01	1.0450	$507.88	
	Medically Needy Adult	$4,734.49	1.0440	$4,942.81	1.0440	$5,160.29	1.0440	$5,387.34	
	Medically Needy Child	$2,165.30	1.0440	$2,260.57	1.0440	$2,360.04	1.0440	$2,463.88	
	Sobra Adult	3,652.20	1.0510	$3,838.46	1.0000	$3,838.46	1.1046	$4,239.97	
	Presumptive eligibity	0.00	#DIV/0!	$0.00	#DIV/0!	$0.00	#DIV/0!	$0.00	
	SSI ADULT	1,948.31	1.0440	$2,034.04	1.0000	$2,034.04	1.0899	$2,216.97	
	SSI CHILD	$1,765.73	1.0000	$1,765.73	1.0440	$1,843.42	1.0899	$2,009.21	
	Projected With Waiver PMPM Expenditures by EG								
	New Adult Group	$722.07	1.071	$773.37	1.071	$828.19	1.070	$886.46	
	TANF Adults 0-123	$412.66	1.071	$441.98	1.061	$469.05	1.065	$499.40	
	Medicaid Child	$239.41	1.071	$256.42	1.069	$274.16	1.069	$293.14	
	Medically Needy Adult	$3,660.91	1.071	$3,921.00	1.069	$4,192.33	1.069	$4,482.44	
	Medically Needy Child	$2,101.14	1.071	$2,250.41	1.069	$2,406.14	1.069	$2,572.64	
	Sobra Adult	$3,758.27	1.077	$4,046.61	1.071	$4,332.36	1.071	$4,639.13	
	Presumptive eligibity	$2,994.83	1.071	$3,207.60	1.069	$3,429.55	1.069	$3,666.90	
	SSI ADULT	$2,994.04	1.072	$3,209.23	1.072	$3,439.28	1.071	$3,684.18	
	SSI CHILD	$2,247.46	1.082	$2,431.60	1.067	$2,594.50	1.067	$2,768.83	
	Family Planning	-$11.71	0.000	$0.00	#DIV/0!	$0.00	#DIV/0!	$0.00	
	ICS	$0.29	1.000	$0.29	1.000	$0.29	1.000	$0.29	
	WBCCPTA	$42.22	42.474	$1,793.08	1.000	$1,793.10	2.000	$3,586.27	
	Projected Member Months	Projected DY 17: 6 mos		Projected DY 18: 12 mos		Projected DY 19: 12 mos		Projected DY 20: 6 mos	
	New Adult Group	1,085,772		1,205,207		1,337,780		742,468	
	TANF Adults 0-123	1,474,462		359,172		455,076		272,724	
	Medicaid Child	2,851,037		3,164,651		3,512,763		1,949,583	
	Medically Needy Adult	34,419		36,140		37,947		19,922	
	Medically Needy Child	393		405		417		215	
	Sobra Adult	64,124		52,582		43,117		17,678	
	Presumptive eligibity	20		20		20		10	
	SSI ADULT	348,132		358,576		369,333		190,206	
	SSI CHILD	124,869		128,615		132,473		68,224	
	Family Planning	75,579		196,834		216,517		119,085	
	ICS	83		30		30		15	
	WBCCPTA	2,354		4,704		3,840		1,488	
	MM w/o FP, & ICS	5,983,228		5,305,368	0	5,888,926	0	3,261,030	
	TOTAL Member Months	6,061,244		5,506,936	0	6,109,313	0	3,381,618	
	Estimated W/out Waiver Expenditures by EG								
	New Adult Group	$858,682,786		$997,935,500		$1,159,774,993		$673,923,354	
	TANF Adults 0-123	$1,193,208,374		$304,901,111		$405,245,178		$254,759,670	
	Medicaid Child	$1,268,854,017		$1,471,815,887		$1,707,237,946		$990,154,214	
	Medically Needy Adult	$162,956,411		$178,633,153		$195,817,525		$107,326,587	
	Medically Needy Child	$850,963		$915,531		$984,137		$529,734	
	Sobra Adult	$234,193,673		$201,833,904		$165,502,880		$74,954,190	
	Presumptive eligibity	$0		$0		$0		$0	
	SSI ADULT	$678,269,057		$729,357,927		$751,238,095		$421,680,996	
	SSI CHILD	$220,484,939		$227,099,364		$244,203,378		$137,076,343	
TOTAL BN limit (without waiver) $16,093,763,035	TOTAL BN limit (without waiver)	$4,617,500,220		$4,112,492,377		$4,630,004,131		$2,660,405,089	$16,020,401,816
	Projected With Waiver Expenditures by EG								
	New Adult Group	$784,005,337		$932,072,333		$1,107,941,190		$658,169,102	
	TANF Adults 0-123	$608,454,151		$158,746,565		$213,454,014		$136,199,456	
	Medicaid Child	$682,570,883		$811,480,929		$963,075,412		$571,494,591	
	Medically Needy Adult	$126,004,877		$141,704,893		$159,086,415		$89,299,193	
	Medically Needy Child	$825,746		$911,416		$1,003,360		$553,118	
	Sobra Adult	$240,995,614		$212,779,025		$186,798,217		$82,010,501	
	Presumptive eligibity	$59,897		$64,152		$68,591		$36,669	
	SSI ADULT	$1,042,321,426		$1,150,751,993		$1,270,240,049		$700,754,049	
	SSI CHILD	$280,637,880		$312,740,667		$343,701,689		$188,900,832	
	Family Planning	-$885,400		$0		$0		$0	
	ICS	$24		$9		$9		$4	
	WBCPTTA	$99,376		$8,434,644		$6,885,504		$5,336,365	
$11,911,739,957	TOTAL With Waiver	$3,765,089,811		$3,729,686,626		$4,252,254,450		$2,432,753,881	$14,179,784,768
$4,182,023,078	(Over)/Under BN Limit	$852,410,409		$382,805,751		$377,749,681		$227,651,208	$1,840,617,049

Carryover from 1-14	$ 5,534,627,837
Projected Cushion at end of DY 17	$ 9,716,650,914

Carryover from 1-17	$ 9,716,650,914
Sub-Projected Cushion at end of DY 20	$ 11,557,267,963
Estimated Savings on New Adult Group	$208,128,671.53
Projected Cushion at end of DY 20	$ 11,349,139,291.46

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Note: Included in above cushion is a built in sav
of $13,520,400 in expenditures attributable to ir
utilization of IMD services for SUD treatment.

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CMS Report - Maryland HealthChoice Budget Neutrality

1115 Waiver Extension Through DY 17

DRAFT
6.92% Projected Expenditure Expend Trend Yrs 14 thru 17
WITH REVISED MEMBER MONTHS & REVISED EXPENDITURE:
From MMIS Reports Through 12/30/1

The following table illustrates actuals for Demonstration Years 1 through 12; actuals & projected for year 13; projected for years 1·

																July 1, 2013-December 31, 2013	January 1, 2014-June 30 2014			July 1, 2016-December 31, 2016	
							11 Month Yea	13 Month Yea	12 Month Yea	12 Month Yea	12 Month Yea	12 Month Yea	12 Month Yea	12 Month Yea	12 Month Yea	6 Month Yea	6 Month Yea	12 Month Yea	12 Month Yea	6 Month Yea	
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual & Projection	Projection	Projection	Projection	Projection	Projection	Projection
	Year 1 (FY 1998	Year 2 (FY 1999	Year 3 (FY 2000	Year 4 (FY 2001	Year 5 (FY2002	Year 6 (FY 2003	Year 7 (FY 2004	Year 8 (FY 2005	Year 9 (FY 2006	Year 10 (FY 2007	Year 11 (FY 2008	Year 12 (FY 2009	Year 13 (FY 2010	Year 14 (FY 2011	Year 15 (FY 2012	Year 16 (FY 2013	Year 17 (FY 2014	Year 17 (FY 2014	Year 18 (FY 2015	Year 19 (FY 2016	Year 20 (FY 2017	Total Years 1-20
Cap Per Member Per Month	$291.44	$321.11	$361.74	$387.35	$411.33	$446.19	$484.80	$525.62	$569.08	$613.11	$647.72	$653.79	$675.73	$707.88	$723.72	$738.87	$793.84	$771.74	$775.16	$786.22	$815.82	$618.54
Member Months excluding add-on populatio	4,063,875	3,868,230	4,025,687	4,166,116	4,379,672	4,572,624	4,824,360	4,564,004	5,391,467	4,898,375	4,937,472	5,725,602	6,891,130	7,763,744	8,188,625	8,943,845	4,483,452	5,983,228	5,305,368	5,888,926	3,261,030	112,126,832
Budget Caps	$1,184,376,231	$1,242,108,836	$1,456,251,566	$1,613,748,930	$1,801,473,853	$2,040,254,060	$2,338,860,001	$2,398,944,476	3,068,184,973	3,003,243,520	3,198,110,112	3,743,356,763	4,656,532,872	5,495,819,131	5,926,280,982	6,608,337,526	3,559,144,528	4,617,500,220	4,112,492,377	4,630,004,132	2,660,405,088	69,355,430,177
Actual & Projected Spending	$1,202,916,287	$1,298,585,242	$1,333,031,319	$1,436,056,537	$1,554,711,637	$1,879,679,767	2,108,832,596	$2,075,127,125	$2,609,987,594	$2,594,702,390	$2,703,547,572	$3,119,436,460	$3,620,812,711	$4,169,210,252	$4,320,405,184	$4,294,167,621	$3,297,167,152	$3,765,089,811	$3,729,686,626	$4,252,254,450	$2,432,753,881	57,798,162,213
Balance	($18,540,056)	($56,476,406)	$123,220,247	$177,692,393	$246,762,216	$160,574,293	$230,027,405	$323,817,351	$458,197,379	$408,541,130	$494,562,540	$623,920,303	$1,035,720,161	$1,326,608,879	$1,605,875,798	$2,314,169,905	$261,977,376	$852,410,409	$382,805,751	$377,749,682	$227,651,207	$11,557,267,964
Percentage of Cap	101.57%	104.55%	91.54%	88.99%	86.30%	92.13%	90.16%	86.50%	85.07%	86.40%	84.54%	83.33%	77.76%	75.86%	72.90%	64.98%	92.64%	81.54%	90.69%	91.84%	91.44%	83.34%
Cost Per Member Per Month including add-on Populatio	$296.00	$335.71	$331.13	$344.70	$354.98	$411.07	$437.12	$454.67	$484.10	$529.71	$547.56	$544.82	$525.43	$537.01	$527.61	$480.13	$735.41	$629.27	$703.00	$722.08	$746.01	$515.47
Cost Per Member Per Month excluding ad-on Populatio	$296.00	$335.71	$331.13	$344.70	$354.98	$411.07	$437.12	$454.67	$482.99	$516.73	$530.39	$527.19	$507.83	$514.63	$527.61	$480.13	$735.41	$629.27	$703.00	$722.08	$746.01	$507.23
Cap PMPM % Change Yr to Y	N/A	10.18%	12.65%	7.08%	6.19%	8.47%	8.65%	8.42%	8.27%	7.74%	5.64%	0.94%	3.36%	4.76%	2.24%	2.09%	7.44%	-2.78%	0.44%	1.43%	3.76%	
Cost PMPM % Change Yr to Yr including add-on Populatic	N/A	13.42%	-1.36%	4.10%	2.98%	15.80%	6.34%	4.01%	6.47%	9.42%	3.37%	-0.50%	-3.56%	2.20%	-1.75%	-9.00%	53.17%	-14.43%	11.72%	2.71%	3.31%	
Cost PMPM % Change Yr to Yr excluding add-on Populatic	N/A	13.42%	-1.36%	4.10%	2.98%	15.80%	6.34%	4.01%	6.23%	6.99%	2.64%	-0.60%	-3.67%	1.34%	2.52%	-9.00%	53.17%	-14.43%	11.72%	2.71%	3.31%	6.92%

		Cumulative	Cumulative	Cumulative	Cumulative	Cumulative	Cumulative	Cumulative	Cumulative	Cumulative	Cumulative	Cumulative	Cumulative	Cumulative	Cumulative	Cumulative	Cumulative	Cumulative	Cumulative	Cumulative
		Total Years 1-2	Total Years 1-3	Total Years 1-4	Total Years 1-5	Total Years 1-6	Total Years 1-7	Total Years 1-8	Total Years 1-9	Total Years 1-10	Total Years 1-11	Total Years 1-12	Total Years 1-13	Total Years 1-14	Total Years 1-15	Total Years 1-16	Total Years 1-17	Total Years 1-18	Total Years 1-19	Total Years 1-20
Cap Per Member Per Month		$305.91	$324.70	$340.89	$355.94	$372.39	$390.53	$408.42	$430.15	$450.18	$469.81	$488.82	$509.49	$531.47	$551.58	$570.79	$581.70	$602.71	$612.64	$618.54
Member Months		7,932,105	11,957,792	16,123,908	20,503,580	25,076,204	29,900,564	34,464,568	39,856,035	44,754,410	49,691,882	55,417,484	62,308,614	70,072,358	78,260,983	87,204,828	91,688,280	102,976,876	108,865,802	112,126,832
Budget Caps		$2,426,485,067	$3,882,736,633	$5,496,485,563	$7,297,959,416	$9,338,213,476	$11,677,073,477	$14,076,017,953	17,144,202,926	20,147,446,446	23,345,556,558	27,088,913,321	31,745,446,193	37,241,265,324	43,167,546,306	49,775,883,832	53,335,028,360	62,065,020,957	66,695,025,089	69,355,430,177
Actual & Projected Spending		$2,501,501,529	$3,834,532,848	$5,270,589,385	$6,825,301,022	$8,704,980,788	$10,813,813,384	$12,888,940,509	15,498,928,103	18,093,630,493	20,797,178,065	23,916,614,525	27,537,427,236	31,706,637,488	36,027,042,672	40,321,210,293	43,618,377,445	51,113,153,882	55,365,408,332	57,798,162,213
Balance		($75,016,462)	$48,203,785	$225,896,178	$472,658,394	$633,232,688	$863,260,093	$1,187,077,444	$1,645,274,823	$2,053,815,953	$2,548,378,493	$3,172,298,796	$4,208,018,957	$5,534,627,836	$7,140,503,634	$9,454,673,539	$9,716,650,915	$10,951,867,075	$11,329,616,757	$11,557,267,964
Percentage of Cap		103.09%	98.76%	95.89%	93.52%	93.22%	92.61%	91.57%	90.40%	89.81%	89.08%	88.29%	86.74%	85.14%	83.46%	81.01%	81.78%	82.35%	83.01%	83.34%
Cost Per Member Per Month including add-on populatio		$315.36	$320.67	$326.88	$332.88	$347.14	$361.66	$373.98	$388.87	$404.29	$418.52	$431.57	$441.95	$452.48	$460.34	$462.37	$475.72	$496.36	$508.57	$515.47
Cost Per Member Per Month excluding add-on populatio		$315.36	$320.67	$326.88	$332.88	$347.14	$361.66	$373.98	$388.72	$402.73	$415.42	$426.97	$435.91	$444.63	$450.61	$453.64	$465.88	$496.36	$508.57	$515.47
Cap PMPM % Average Change		10.18%	11.41%	9.95%	9.00%	8.89%	8.85%	8.79%	8.72%	8.61%	8.31%	7.62%	7.26%	7.06%	5.98%	4.88%	4.59%	3.77%	3.12%	2.58%
Cost PMPM % Average Change including add-on populatio		13.42%	5.77%	5.21%	4.65%	6.79%	6.71%	6.32%	6.34%	6.68%	6.34%	5.70%	4.90%	4.69%	3.28%	2.51%	4.85%	3.42%	3.03%	2.68%
Cost PMPM % Average Change Cum excluding add-0n populatio		13.42%	5.77%	5.21%	4.65%	6.79%	6.71%	6.32%	6.31%	6.39%	6.01%	5.39%	4.60%	4.35%	3.28%	2.51%	4.85%	3.42%	3.03%	2.68%

Narrative:

Budget Cap
For each MEG, the PMPM cap increases by 5.5% each year from year 1 thru year
In years 6 through 8, the PMPM cap increases by 8% each yea
In years 9 through 11, the PMPM cap increases by 7.1% each year, as per current agreem
In years 12 through 14, the PMPM cap increases by : TANF & SOBRA, 6.95%; SSI & Med. Needy, 6.8
In years 15 through 17, the PMPM cap increases by : TANF & SOBRA, 6.95%; SSI & Med. Needy, 6.8
In years 17 through 20, the PMPM cap increases by : TANF & SOBRA, 6.95%; SSI & Med. Needy, 6.8

Projected Spending

DY 9 cost PMPM , including add-on population listed below, i	$484.10
DY 10 cost PMPM, including add-on population listed belo	$529.71
DY 11 cost PMPM, including add-on population listed below	$547.56
DY 12 cost PMPM, including add-on population listed below	$544.82
DY 13 cost PMPM, including add-on population listed below	$525.43
DY 14 cost PMPM, including add-on population listed below	$537.01
DY 15 cost PMPM, including add-on population listed below	$527.61
DY 16 cost PMPM, including add-on population listed below	$0.65
DY 16 cost PMPM is trended forward to DY 17 by 6.93	$513.35
DY 17 cost PMPM, including add-on population listed below	$629.27
DY 17 cost PMPM is trended forward to DY 18 by 6.93	$672.82
DY 18 cost PMPM, including add-on population listed below	$703.00
DY 18 cost PMPM is trended forward to DY 19 by 6.93	$751.65
DY 19 cost PMPM, including add-on population listed below	$722.08
DY 19 cost PMPM is trended forward to DY 20 by 6.93	$772.05
DY 20 cost PMPM, including add-on population listed below	$746.01
DY 20 cost PMPM is trended forward to DY 21 by 6.93	$797.63

Add-on Populations	EID	PAC	Family Planning	ICS	Premium Subsidy MHIF	Pharmacy Discount Program	Total
DY 08 Actua	$0	$0	$0	$0	$0	$0	$0
DY 09 Actua	$9,420	$0	$5,928,500	$0	$0	$0	$5,937,920
DY 10 Actua	$383,845	$58,095,627	$5,075,088	$0	$0	$0	$63,554,560
DY11 Actua	$716,244	$79,273,808	$4,769,352	$0	$0	$0	$84,759,404
DY12 Actua	$1,745,509	$78,098,813	$21,099,532	$0	$0	$0	$100,943,854
DY13 Actual	$0	$121,707,847	($806,867)	$357,327	$0	$0	$121,258,307
DY14 Actual	$0	$163,753,136	$9,663,980	$371,357	$0	$0	$173,788,473
DY15 Actua	$0	$204,361,815	$6,218,738	$1,114,070	$0	$0	$211,694,623
DY16 Actual & Projected	$0	$321	$89	$42,453	$0	$0	$42,863
DY17 Projected	$0	$142,700,846	($1,770,800)	$48	$0	$0	$140,930,094
DY18 Projected	$0	$8,434,644	$0	$9	$0	$0	$8,434,653
DY19 Projected	$0	$6,885,504	$0	$9	$0	$0	$6,885,513
DY20 Projected	$0	$5,336,365	$0	$4	$0	$0	$5,336,369
Total Add-on Populatior	$2,855,018	$868,648,725	$50,177,612	$1,885,276	$0	$0	$923,566,631

Percentage of Cap if no Add-On Population Items thru DY 20

	DY 08 Actua	DY 09 Actua	DY 10 Actua	DY11 Actua	DY12 Actua	DY13 Acuta	DY14 Actua	DY15 Actua	DY16 Actual & Projected	DY17 Projected	DY18 Projected	DY19 Projected	DY20 Projected
Cap Per Member Per Month	$408.42	$430.15	$450.18	$469.81	$488.82	$509.49	$531.47	$551.58	$570.79	$581.70	$602.71	$612.64	$618.54
Member Months	34,464,568	39,856,035	44,754,410	49,691,882	55,417,484	62,308,614	70,072,358	78,260,983	87,204,828	91,688,280	102,976,876	108,865,802	112,126,832
Budget Caps	14,076,017,953	17,144,202,926	20,147,446,446	23,345,556,558	27,088,913,321	31,745,446,193	37,241,265,324	43,167,546,306	49,775,883,832	53,335,028,360	62,065,020,957	66,695,025,089	69,355,430,177
Actual & Projected Spending	12,888,940,509	15,492,990,183	18,024,138,013	20,642,926,182	23,661,418,788	27,160,973,191	31,156,394,970	35,265,105,532	39,559,230,290	42,715,467,348	51,113,153,882	55,365,408,332	57,798,162,213
Balance	$1,187,077,444	$1,651,212,743	$2,123,308,433	$2,702,630,376	$3,427,494,533	$4,584,473,002	$6,084,870,354	$7,902,440,774	$10,216,653,542	$10,619,561,012	$10,951,867,075	$11,329,616,757	$11,557,267,964
Percentage of Cap	91.57%	90.37%	89.46%	88.42%	87.35%	85.56%	83.66%	81.69%	79.47%	80.09%	82.35%	83.01%	83.34%
Cost Per Member Per Month	**$373.98**	**$388.72**	**$402.73**	**$415.42**	**$426.97**	**$435.91**	**$444.63**	**$450.61**	**$453.64**	**$465.88**	**$496.36**	**$508.57**	**$515.47**

HealthChoice

Budget Neutrality
Calculations
Waiver Extension to DY
11

Revised 03/25/13, 7.1% CAP trend yrs 9 thru 11
Actuals Based on 12/30/12 MMIS Data

Revised member
months and
Expenditures

Budget Cap Trend

-

Demonstration Year 1

	AFDC	SSI/BD	MA Only	Sobra	SSI Aged	Total
Member Months	2,392,785	660,720	179,849	795,103	35,418	4,063,875
Year 1 PMPM Cap	164.49	679.66	617.12	276.89	298.65	
Budget Cap	$393,589,205	$449,064,955	$110,988,415	$220,156,070	$10,577,586	$1,184,376,231

$1,212,086,573	Actual Spending Year 1 through MMIS
$0	Projected Prog. 03 Future Year 1 Spending
$0	Projected MHA Future Year 1 Spending
$0	Additional Capitation per All Services
$0	GME: N/A, included in rates in FY 1998
$1,212,086,573	Total Projected Year 1 Spending
	Less:
$9,170,286	Pharmacy Rebate Offset
$0	CHIP Provider Reimbursement
$1,202,916,287	Year 1 Charged Against Cap
($18,540,056)	Year 1 Balance
101.57%	Percentage of Cap

0

Demonstration Year 2

	AFDC	SSI/BD	MA Only	Sobra	SSI Aged	Total
Member Months	1,916,687	668,114	152,540	1,096,714	34,175	3,868,230
Change from prior yr	-19.90%	1.12%	-15.18%	37.93%	-3.51%	-4.81%
Year 2 PMPM Cap	173.53	717.04	651.06	292.11	315.08	
Budget Cap	$332,602,695	$479,064,463	$99,312,692	$320,361,127	$10,767,859	$1,242,108,836

$1,294,374,685	Actual Spending Year 2 Through MMIS
$0	Projected Prog. 03 Future Year 2 Spending
$0	Projected MHA Future Year 2 Spending
$0	Additional Capitation per All Services
$24,252,573	GME Payments
$1,318,627,258	Total Projected Year 2 Spending
	Less:
$8,942,016	Pharmacy Rebate Offset
$0	CHIP Provider Reimbursement
$11,100,000	DSH in MCO in " Actual Spending Year 2 thru MMIS"

$1,298,585,242	Year 2 Charged Against Cap
($56,476,406)	Year 2 Balance
104.55%	Percentage of Cap

Demonstration Year 3

	AFDC	SSI/BD	MA Only	Sobra	SSI Aged	Total
Member Months	1,611,269	662,328	315,557	1,404,680	31,853	4,025,687
Change from prior yr	-15.93%	-0.87%	106.87%	28.08%	-6.79%	4.07%
Year 3 PMPM Cap	183.08	756.47	686.87	308.18	332.41	
Budget Cap	$294,991,129	$501,031,262	$216,746,637	$432,894,282	$10,588,256	$1,456,251,566

$1,330,954,311	Actual Spending Year 3 Through MMIS
$0	Projected Prog. 03 Future Year 3 Spending
$0	Projected MHA Future Year 3 Spending
$0	Adjustment, Capitation per All Services,collections
$24,185,831	GME Payments
$1,355,140,142	Total Projected Year 3 Spending
	Less:
$10,608,823	Pharmacy Rebate Offset
$0	CHIP Provider Reimbursement
$11,500,000	DSH in MCO in " Actual Spending Year 3 thru MMIS"
$1,333,031,319	Year 3 Charged Against Cap
$123,220,247	Year 3 Balance
91.54%	Percentage of Cap

Demonstration Year 4

	AFDC	SSI/BD	MA Only	Sobra	SSI Aged	Total
Member Months	1,503,611	642,403	384,173	1,621,965	13,964	4,166,116
Change from prior yr	-6.68%	-3.01%	21.74%	15.47%	-56.16%	3.49%
Year 4 PMPM Cap	193.15	798.08	724.65	325.13	350.69	
Budget Cap	$290,422,465	$512,688,986	$278,390,964	$527,349,480	$4,897,035	$1,613,748,930

$1,435,800,580	Actual Spending Year 4 Through MMIS
$0	Projected Prog. 03 Remaining Year 4 Spending
$0	Projected MHA Remaining Year 4 Spending
$25,713,820	GME Payments
$0	MCO Supplemental Payments in actual MMIS
$1,461,514,400	Total Projected Year 4 Spending
	Less:
$11,436,899	Pharmacy Rebate Offset
$0	CHIP Provider Reimbursement
$14,020,964	DSH in MCO in " Actual Spending Year 4 thru MMIS"
$1,436,056,537	Year 4 Charged Against Cap
$177,692,393	Year 4 Balance
88.99%	Percentage of Cap

Demonstration Year 5

	AFDC	SSI/BD	MA Only	Sobra	Total
Member Months	1,509,152	653,745	434,506	1,782,269	4,379,672
Change from prior yr	0.37%	1.77%	13.10%	9.88%	5.13%
Year 5 PMPM Cap	203.77	841.97	764.51	343.01	
Budget Cap	$307,519,903	$550,433,678	$332,184,182	$611,336,090	$1,801,473,853

$1,557,941,967	Actual Spending Year 5 Through MMIS
$0	Projected Prog. 03 Remaining Year 5 Spending
$0	MCO Supplemental Payments in actual MMIS
$6,461,407	FQHC Adjustment 2002
$29,076,794	GME Payments
$1,593,480,168	Total Projected Year 5 Spending
	Less:
$18,376,107	Pharmacy Rebate Offset
$0	CHIP Provider Reimbursement
$20,392,424	DSH in MCO in " Actual Spending Year 5 thru MMIS"
$1,554,711,637	Year 5 Charged Against Cap
$246,762,216	Year 5 Balance
86.30%	Percentage of Cap

Demonstration Year 6

	AFDC	SSI/BD	MA Only	Sobra	Total
Member Months	1,498,629	661,227	473,100	1,939,668	4,572,624
Change from prior yr	-0.70%	1.14%	8.88%	8.83%	4.41%
Year 6 PMPM Cap	220.07	909.33	825.67	370.45	
Budget Cap	$329,805,682	$601,271,961	$390,624,855	$718,551,562	$2,040,254,060

$1,884,682,404	Actual Spending Year 6 Through MMIS
$0	Projected Prog. 03 Remaining Year 6 Spending
$0	Projected MHA Remaining Year 6 Spending
$11,357,976	FQHC Adjustment 2003
$0	MCO Supplemental Payments in actual MMIS
$31,666,200	GME Payments
$1,927,706,580	Total Projected Year 6 Spending
	Less:
$30,721,415	Pharmacy Rebate Offset
$0	CHIP Provider Reimbursement
$17,305,398	DSH in MCO in " Actual Spending Year 6 thru MMIS"
$1,879,679,767	Year 6 Charged Against Cap
$160,574,293	Year 6 Balance
92.13%	Percentage of Cap

Demonstration Year 7

	AFDC	SSI/BD	MA Only	Sobra	Total	
Member Months	1,402,428	673,202	497,663	2,251,067	4,824,360	
Change from prior yr	-6.42%	1.81%	5.19%	16.05%	5.51%	
Year 7 PMPM Cap	237.68	982.07	891.72	400.09		
Budget Cap	$333,325,340	$661,134,052	$443,778,272	$900,622,337	$2,338,860,001	

$2,106,613,459	Actual Spending Year 7 Through MMIS
0	MSDE projection
$33,468,056	GME Payments
0	Projected Prog. 03 Remaining Year 7 Spending
$0	MCO Supplemental Payments in actual MMIS
27,245,547	FQHC Adjustment 2004
$2,167,327,062	Total Actual & Projected

Less:

$42,188,140	Pharmacy Rebate Offset
0	CHIP Provider Reimbursement
16,306,326	DSH in MCO in " Actual Spending Year 7 thru MMIS"
2,108,832,596	Year 7 Charged Against Cap
$230,027,405	Year 7 Balance
90.16%	Percentage of Cap

Demonstration Year 8

	AFDC	SSI/BD	MA Only	Sobra	Total	
Member Months (11 months, Jul-May)	**1,258,181**	**640,276**	**461,631**	**2,203,916**	4,564,004	11 month year: Jul 1, 2004 thru May 31, 2005
June, Mo 12, (in year 9)	109,681	58,119	42,425	204,117		
12 Month Total for prior year comparison	1,367,862	698,395	504,056	2,408,033		
Change from prior yr based on 12 mos	-2.46%	3.74%	1.28%	6.97%		
Year 8 PMPM Cap	256.69	1,060.64	963.06	432.09		
Budget Cap (based on 11 Months)	$322,964,386	$679,102,153	$444,579,469	$952,298,468	$2,398,944,476	11 month year

2,082,248,927	Actual costs thru MMIS DY 8 to-date less Malpractcie Adj & Therapeutic Rehab in MMIS: (11 months)
14,781,238	FQHC Actual Payments
$0	MCO Supplemental Payments in actual MMIS
31,639,201	GME Actual Payments
($1,833,333)	6 month eligibiltiy pro-rated 1/2 year
($24,136,831)	DSH in MCO Payments
($50,640,104)	Pharmacy Rebates
6,416,667	Malpractice Adjustment
16,651,360	Therapeutic Rehab
2,075,127,125	Year 8 Total Charged Against Cap
$323,817,351	Year 8 Balance
86.50%	Percentage of Cap
$454.67	Year 8 Cost PMPM

Demonstration Year 9	(TANF) AFDC	SSI/BD	(Medically Needy) MA Only	Sobra	EID	PAC	FAMILY PLAN	Total	
Member Months (13 June '05-July '06)	1,388,805	777,397	546,448	2,678,817	Member Months:	EId, PAC & FP	Not counted in CAP	5,391,467	
June, Mo 12, (in year 9)	109,681	58,119	42,425	204,117					
12 Month Total for prior year comparison	1,279,124	719,278	504,023	2,474,700					
13 Month base times avg % change	**1,388,805**	**777,397**	**546,448**	**2,678,817**				5,391,467	13 month year
Year 9 PMPM Cap	274.91	1,135.95	1,031.44	462.77	BN Negotiated PMPM				
Budget Cap	$381,796,383	$883,084,122	$563,628,325	$1,239,676,143	Estimated without Waiver Expenditures			$3,068,184,973	
	483,909,276	998,254,384	424,916,171	764,771,226				2,671,851,057	Actual costs thru MMIS, DY 9 to-date
Percent of Actual Costs	18.11%	37.36%	15.90%	28.61%					
					99.98%				
	483,909,276	998,254,384	424,906,751	758,842,726				2,665,913,137	Actual costs thru MMIS DY 9 to-date less "expansion population" costs in MMIS:
									Expansion population costs EID and PAC are included in Medically Needy
									Expansion population costs Family Planning are in Sobra
	3,343,447	6,897,360	2,935,440	5,281,945				18,461,885	FQHC Cost Settlements (manual, not thru MMIS)
	0	0	0					0	MCO Supplemental Payments (in MMIS)
	6,968,406	14,375,463	6,118,037	11,008,619				38,478,221	GME Payments (manual, not thru MMIS)
	(15,644,991)	(32,274,813)	(13,735,801)	(24,715,803)				(86,388,686)	Pharmacy Rebates
	(5,085,569)	(10,491,267)	(4,464,966)	(8,034,131)				(28,081,550)	DSH in MCO Payments
	(784,767)	(1,618,933)	(689,000)	(1,239,767)				($4,333,333)	6 month eligibility, full year
	472,705,802	975,142,194	415,070,461	741,143,589				2,604,049,674	Net Actual & Projected Year 9 Spending Before expansion population below
	340.37	1,254.37	759.58	276.67				$482.99	PMPM Cost before Expansion Population costs
								expansion population:	
					9,420			9,420	EID
						0		0	PAC
							5,928,500	5,928,500	Family Planning
With Waiver Actual	472,705,802	975,142,194	415,070,461	741,143,589	9,420	0	5,928,500	2,609,987,594	Year 9 Total Charged Against Cap, Includes expansion population costs
	$340.37	$1,254.37	$759.58	$276.67				$484.10	PMPM after expansion population costs
								$458,197,379	Year 9 Balance
								85.07%	Percentage of Cap
	$340.37	$1,254.37	$759.58	$276.67				$484.10	Year 9 Cost PMPM includes expansion population cost

Demonstration Year 10 Actual	(TANF) AFDC	SSI/BD	(Medically Needy) MA Only	Sobra	EID	PAC	FAMILY PLAN	Total	
Year 10 Actual (12 months)	1,195,688	722,756	484,326	2,495,605	Member Months:	EId, PAC & FP	Not counted in CAP	**4,898,375**	
Year 10 PMPM Cap	294.43	1,216.60	1,104.67	495.62	BN Negotiated PMPM				
Budget Cap	$352,046,418	$879,304,950	$535,020,402	$1,236,871,750	Estimated without Waiver Expenditures			$3,003,243,520	
	454,587,877	987,098,527	377,217,275	787,277,756				2,606,181,435	Actual costs thru MMIS, DY 10 to-date
	17.44%	37.88%	14.47%	30.21%					Percent of costs:
	454,587,877	987,098,527	318,737,803	782,202,668				2,542,626,875	Actual costs thru MMIS DY 10 to-date less expansion population costs in MMIS &
									Expansion population costs EID and PAC are included in Medically Needy
									Expansion population costs Family Planning are in Sobra
	3,811,964	8,279,655	3,162,793	6,603,178				$21,857,590	FQHC Cost Settlements (manual, not thru MMIS)
	6,560,513	14,249,554	5,443,270	11,364,283				37,617,620	GME Payments (manual, not thru MMIS)
	(8,809,714)	(19,134,860)	(7,309,436)	(15,260,404)				(50,514,414)	Pharmacy Rebates
	(3,564,708)	(7,742,612)	(2,957,645)	(6,174,876)				(20,439,841)	DSH in MCO Payments
	452,585,932	982,750,264	317,076,785	778,734,849				2,531,147,830	Net Projected Year 10 Spending before DY 10 expansion population increases and other additons
	$378.52	$1,359.73	$654.68	$312.04				$516.73	DY 10 cost PMPM before DY 10 increases to expansion population
								Other Additions:	
								2,531,147,830	Net Projected Year 10 Spending before DY 10 expansion population increases with other additons
								Expansion Population Costs	
					383,845			383,845	EID
						58,095,627		58,095,627	PAC, start 7/1/06
							5,075,088	5,075,088	Family Planning
	452,585,932	**982,750,264**	**317,076,785**	**778,734,849**	**383,845**	**58,095,627**	**5,075,088**	**$2,594,702,390**	Total charged against CAP
	0	0	0	0				$0	Total Funds, SCHIP Shortfall (Fully Funded in DY 10)
With Waiver Actual	**452,585,932**	**982,750,264**	**317,076,785**	**778,734,849**	**383,845**	**58,095,627**	**5,075,088**	**2,594,702,390**	**Year 10 Charged Against Cap**
								$529.71	Year 10 PMPM
								$408,541,130	Year 10 Balance
								86.40%	Percentage of Cap
	$378.52	$1,359.73	$654.68	$312.04				$529.71	Year 10 Cost

Demonstration Year 11 Projection	(TANF) AFDC	SSI/BD	(Medically Needy) MA Only	Sobra	EID	PAC	FAMILY PLAN	Total			
Year 11 Actual (12 months)	**1,249,798**	**735,426**	**427,219**	**2,525,029**				**4,937,472**			
	1,249,798	735,426	427,219	2,525,029							
Projected % of Change in Member Months	0.00%	0.00%	0.00%	0.00%							
Projection Adjustment factor:	1.0000	1.0000	1.0000	1.0000							
12 Month base times avg % change	1,249,798	735,426	427,219	2,525,029	Member Months:	Eld, PAC & FP	Not counted in CAP	4,937,472			
Year 11 PMPM Cap	315.34	1,302.98	1,183.10	530.81	BN Negotiated PMPM						
Budget Cap	$394,111,301	$958,245,369	$505,442,799	$1,340,310,643	Estimated without Waiver Expenditures			$3,198,110,112	Average CAP $647.72	PMPM	
	466,735,107	1,036,962,382	364,992,986	831,426,711				$2,700,117,186.00	Actual costs thru MMIS, DY 11 to-date		
	17.29%	38.40%	13.52%	30.79%					Percent of costs:		
	466,735,107	1,036,962,382	285,002,934	826,657,359				$2,615,357,782.46	Actual costs thru MMIS DY 11 to-date less EID, PAC & FP	Check	
	(7,194,063)	(15,977,561)	(5,625,433)	(12,811,174)				(41,608,231)	Pharmacy Rebates		**(41,608,231)**
	(5,026,722)	(11,164,034)	(3,930,670)	(8,951,578)				(29,073,004)	DSH in MCO Payments		
	6,039,996	13,414,451	4,723,004	10,756,014				34,933,465	FQHC Cost Settlements (Manual, not thru MMIS)		
	6,773,903	15,044,412	5,296,887	12,062,954				39,178,156	GME Payments (manual, not thru MMIS)		
	467,328,221	1,038,279,650	285,466,723	827,713,575				2,618,788,168	Net Actual & Projected Year 11 Spending before DY 11 increases to add-on's		
	373.92	1,411.81	668.20	327.80				530.39	DY 11 Cost PMPM before DY 11 increases to population expansion		
	$467,328,221	**$1,038,279,650**	**$285,466,723**	**$827,713,575**				**$2,618,788,168**	**Net Actual & ProjectedYear 11 Spending before DY 11 expansion population increases**		
								Expansion Population:			
					$716,244			$716,244	EID		
						$79,273,808		$79,273,808	PAC		
							4,769,352	4,769,352	Family Planning		
	0	0	0	0				0	Total Funds, SCHIP Shortfall (Fully Funded in DY 11)		
With Waiver Actual	**467,328,221**	**1,038,279,650**	**285,466,723**	**827,713,575**	**716,244**	**79,273,808**	**4,769,352**	**2,703,547,572**	**Year 11 Charged Against Cap**		2,703,547,572
								$547.56	Year 11 PMPM		
								$494,562,540	Year 11 Balance		
								84.54%	Percentage of Cap		
	$373.92	$1,411.81	$668.20	$327.80				$547.56	PMPM		

Demonstration Year 12 Actual & Projected	(TANF) LT 30 Adult	(TANF) LT 30 CHILD	TANF 30-116 ADULT	TANF 30-116 CHILD	Medically Needy Adult	Medically Needy Child	Sobra Adult	Sobra Child	SSI Adult	SSI Child		EID	PAC	FAMILY PLAN	Total		
Year 12 Actual (12 months)	609,776	1,213,796	341,952	433,711	142,675	75,071	149,938	1,997,286	538,428	222,969		973	352,878	331,592			
Projection Adjustment factor:	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000		1.0000	1.0000	1.0000			
12 Month base times avg % change	**609,776**	**1,213,796**	**341,952**	**433,711**	**142,675**	**75,071**	**149,938**	**1,997,286**	**538,428**	**222,969**	Member Months:	EId, PAC & FP	Not counted in CAP		**5,725,602**	Member Months excluding EID, PAC & FP	
												973	**352,878**	**331,592**	**685,443**	Member Months for add-on population Items: PAC, EID, FAMILY PLANNING	
Year 12 PMPM Cap	593.35	316.90	593.35	316.90	2,574.01	393.99	2,734.69	394.98	1,432.55	1,298.31	BN Negotiated PMPM			0.00	0.00		
Budget Cap	$361,810,590	$384,651,952	$202,897,219	$137,443,016	$367,246,877	$29,577,223	$410,033,949	$788,888,024	$771,325,031	$289,482,882	Estimated without Waiver Expenditures			$0	$0	$3,743,356,763	
	319,112,080	373,717,671	133,643,179	83,074,844	220,557,754	16,137,042	257,816,999	492,344,977	825,698,788	305,687,841						3,027,791,175	Total Actual Year 12 Spending before adjustments below
	(2,500,614)	(4,501,104)	(1,000,245)	(4,501,104)	(2,500,614)	(2,300,564)	(200,049)	(2,500,614)	(24,506,013)	(5,501,350)						(50,012,271)	Pharmacy Rebates
	(2,976,852)	(3,484,751)	(1,244,352)	(773,135)	(2,054,169)	(149,548)	(2,404,055)	(4,588,021)	(7,694,669)	(2,847,056)						(28,216,609)	DSH in MCO Payments
	2,978,302	3,486,448	1,244,958	773,512	2,055,169	149,621	2,405,226	4,590,255	7,698,416	2,848,442						28,230,349	FQHC Cost Settlements (Manual, not thru MMIS)
	3,466,494	7,142,190	1,542,640	1,863,044	3,379,558	843,089	1,041,168	16,283,273	3,487,215	1,443,015						40,491,686	GME Payments (manual, not thru MMIS)
	21,973	25,722	9,185	5,707	15,162	1,104	17,745	33,866	56,797	21,015						208,276	UNIDENTIFIED 208,276
	320,101,383	376,386,175	134,195,364	80,442,867	221,452,861	14,680,743	258,677,033	506,163,736	804,740,534	301,651,908						3,018,492,606	Total Projected Year 12 Spending with other additions & before , PAC & FP
	$524.95	$310.09	$392.44	$185.48	$1,552.15	$195.56	$1,725.23	$253.43	$1,494.61	$1,352.89						527.19	DY 12 cost PMPM after other additions & before EID, PAC & FP
	$561.28	$331.55	$419.60	$198.32	$2,117.12	$1,061.26	$1,844.62	$270.97	$1,598.04	$1,446.51						$563.67	Year 12 cost PMPM trended forward to DY 13
												1,793.95	221.32	63.63			
												$1,918.09	$236.63	$68.03			
												1,745,509	78,098,813	21,099,532	100,943,854	Total Costs of add-on Population: EID, PAC, FAMILY PLAN	
Percent of costs before expansion population:	10.55%	12.35%	4.41%	2.74%	7.28%	0.53%	8.52%	16.26%	27.27%	10.09%	100.00%						
	$320,101,383	**$376,386,175**	**$134,195,364**	**$80,442,867**	**$221,452,861**	**$14,680,743**	**$258,677,033**	**$506,163,736**	**$804,740,534**	**$301,651,908**		**$1,745,509**	**$78,098,813**	**$21,099,532**	**$3,119,436,460**	Total charged against CAP	
	0	0	0	0	0	0	0	0	0						0	Total Funds, SCHIP Shortfall (Fully Funded in DY 12)	
With Waiver Actual	**320,101,383**	**376,386,175**	**134,195,364**	**80,442,867**	**221,452,861**	**14,680,743**	**258,677,033**	**506,163,736**	**804,740,534**	**301,651,908**		**1,745,509**	**78,098,813**	**21,099,532**	**3,119,436,460**	**Year 12 Charged Against Cap**	
															$544.82	Year 12 PMPM including add-on population Costs, excluding add on member months	
															$623,920,303	Year 12 Balance	
															83.33%	Percentage of Cap	
	$524.95	$310.09	$392.44	$185.48	$1,552.15	$195.56	$1,725.23	$253.43	$1,494.61	$1,352.89		$1,793.95	$221.32	$63.63	$544.82	Year 12 PMPM including add-on population Costs, excluding add on member months	
															$582.52	Year 12 PMPM including add-on population Costs, trending forward to YEAR 13	

Demonstration Year 13 Projection	(TANF) LT 30 Adult	(TANF) LT 30 CHILD	TANF 30-116 ADULT	TANF 30-116 CHILD	Medically Needy Adult	Medically Needy Child	Sobra Adult	Sobra Child	SSI Adult	SSI Child		ICS	PAC	FAMILY PLAN	Premium Subsidy MHIP	Total	
Year 13 Actual (12 months)	892,767	1,629,402	737,700	1,041,810	114,385	2,889	134,225	1,542,440	565,796	229,716		11	476,415	193,850	0		
Projection Adjustment factor:	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000		1.0000	1.0000	1.0000	1.0000		
12 Month base times avg % change	**892,767**	**1,629,402**	**737,700**	**1,041,810**	**114,385**	**2,889**	**134,225**	**1,542,440**	**565,796**	**229,716**	Member Months:	PAC & FP	Not counted in CAP			**6,891,130**	Member Months excluding add-on population
																	Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium
												11	**476,415**	**193,850**	**0**	**670,276**	Subsidy MHIP
	6.95%	6.95%	6.95%	6.95%	6.86%	6.86%	6.95%	6.95%	6.86%	6.86%							
Year 13 PMPM Cap	648.07	348.82	648.07	348.82	3,794.66	1,755.40	2,924.75	422.43	1,530.82	1,387.37	BN Negotiated PMPM	0.00	0.00	0.00	0.00		
Budget Cap	$578,575,510	$568,368,006	$478,081,239	$363,404,164	$434,052,184	$5,071,351	$392,574,569	$651,572,929	$866,131,833	$318,701,087	Estimated without Waiver Expenditures	$0	$0	$0	$0	$4,656,532,872	
	458,781,409	479,648,391	332,991,690	213,079,112	243,469,305	519,536	217,817,363	426,504,629	861,563,094	313,020,764						3,547,395,293	Total Actual Year 13 Spending: excluding PAC, EID & adjustments below
	(5,547,689)	(8,717,797)	(3,170,108)	(8,717,797)	(6,102,457)	0	(237,758)	(3,170,108)	(35,663,715)	(7,925,270)						(79,252,699)	Pharmacy Rebates
	5,440,132	5,683,971	3,947,669	2,526,676	2,884,026	4,204	2,581,330	5,053,352	10,211,808	3,708,034						42,041,202	GME Payments (manual, not thru MMIS)
	(86,515)	(90,392)	(62,780)	(40,182)	(45,865)	(67)	(41,051)	(80,364)	(162,399)	(58,969)						(668,583)	Unidentified
	(4,216,419)	(4,405,408)	(3,059,673)	(1,958,321)	(2,235,289)	(3,258)	(2,000,681)	(3,916,643)	(7,914,746)	(2,873,942)						(32,584,381)	DSH in MCO Payments
	2,927,490	3,058,707	2,124,353	1,359,677	1,551,977	2,262	1,389,087	2,719,353	5,495,266	1,995,399						22,623,572	FQHC Cost Settlements (Manual, not thru MMIS)
	457,298,408	475,177,471	332,771,151	206,249,165	239,521,698	522,677	219,508,290	427,110,221	833,529,308	307,866,016						3,499,554,404	Total Projected Year 13 Spending with other additions & before add-on population costs
	$512.23	$291.63	$451.09	$197.97	$2,094.00	$180.92	$1,635.38	$276.91	$1,473.20	$1,340.20						$507.83	DY 13 cost PMPM after other additions & before add-on Population Costs
	$547.68	$311.81	$482.31	$211.67	$2,238.90	$193.44	$1,748.55	$296.07	$1,575.15	$1,432.94						$542.97	Year 13 cost PMPM trended forward to DY 14
Percent of costs before expansion population:	12.94%	13.52%	9.39%	6.01%	6.86%	0.01%	6.14%	12.02%	24.29%	8.82%	100.00%						
												$32,484.27	$255.47	$68.03			
												$34,732.18	$273.14	$72.74			
												357,327	121,707,847	(806,867)	0	121,258,307	Total Costs of add-on population: 300% SSI, PAC, FAMILY PLAN
	$457,298,408	**$475,177,471**	**$332,771,151**	**$206,249,165**	**$239,521,698**	**$522,677**	**$219,508,290**	**$427,110,221**	**$833,529,308**	**$307,866,016**		**$357,327**	**$121,707,847**	**($806,867)**	**$0**	**$3,620,812,711**	Total charged against CAP
	0	0	0	0	0	0	0	0	0							0	Total Funds, SCHIP Shortfall (Fully Funded in DY 12)
With Waiver Actual	**457,298,408**	**475,177,471**	**332,771,151**	**206,249,165**	**239,521,698**	**522,677**	**219,508,290**	**427,110,221**	**833,529,308**	**307,866,016**		**357,327**	**121,707,847**	**(806,867)**	**0**	**3,620,812,711**	**Year 13 Charged Against Cap**
																$1,035,720,161	Year 13 Balance
																77.76%	Percentage of Cap
	$512.23	$291.63	$451.09	$197.97	$2,094.00	$180.92	$1,635.38	$276.91	$1,473.20	$1,340.20						$525.43	Year 13 PMPM including add-on population Costs, excluding expansion population member months
																$561.79	Year 13 PMPM including add-on population Costs, trended forward DY 14

Demonstration Year 14 Projection	(TANF) LT 30 Adult	(TANF) LT 30 CHILD	TANF 30-116 ADULT	TANF 30-116 CHILD	Medically Needy Adult	Medically Needy Child	Sobra Adult	Sobra Child	SSI Adult	SSI Child			ICS	PAC	FAMILY PLAN	Premium Subsidy MHIP	Pharmacy Discount Prog	Total	
Year 14 Actual; base for trending to DY15	1,067,548	1,867,981	989,040	1,429,548	114,664	2,777	139,620	1,310,016	602,293	240,257			10	624,225	124,254	0	0		
Projection Adjustment factor:	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000		1.0000	1.0000	1.0000	1.0000	1.0000		
DY 14 Projection, member months	**1,067,548**	**1,867,981**	**989,040**	**1,429,548**	**114,664**	**2,777**	**139,620**	**1,310,016**	**602,293**	**240,257**	Member Months:	EId, PAC & FP		Not counted in CAP				**7,763,744**	Member Months excluding add-on population
	6.95%	6.95%	6.95%	6.95%	6.86%	6.86%	6.95%	6.95%	6.86%	6.86%			**10**	**624,225**	**124,254**	**0**	**0**	**748,489**	Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP
Year 14 PMPM Cap	693.11	373.06	693.11	373.06	4,054.98	1,875.82	3,128.02	451.79	1,635.84	1,482.54	BN Negotiated PMPM (Proposed)		0.00	0.00	0.00	0.00	0.00		
Budget Cap	$739,928,194	$696,868,992	$685,513,514	$533,307,177	$464,960,227	$5,209,152	$436,734,152	$591,852,129	$985,254,981	$356,190,613	Estimated without Waiver Expenditures		$0	$0	$0	$0	$0	$5,495,819,131	
	594,057,231	528,061,937	477,110,178	297,669,661	241,134,856	1,091,982	256,046,926	373,138,774	957,921,605	338,462,677								4,064,695,827	Total Actual Year 14 Spending: excluding PAC, EID & adjustments below
	(14,879,507)	(13,220,574)	(11,948,386)	(7,449,931)	(6,035,258)	(30,532)	(6,411,826)	(9,342,946)	(23,978,193)	(8,477,858)								(101,775,011)	Pharmacy Rebates
	6,333,880	5,627,709	5,086,166	3,171,272	2,569,077	12,998	2,729,374	3,977,087	10,206,991	3,608,839								43,323,393	GME Payments (manual, not thru MMIS)
	(7,365,351)	(6,544,180)	(5,914,447)	(3,687,713)	(2,987,451)	(15,114)	(3,173,852)	(4,624,755)	(11,869,198)	(4,196,537)								(50,378,598)	DSH in MCO Payments
	5,486,689	4,874,972	4,405,864	2,747,098	2,225,449	11,259	2,364,305	3,445,131	8,841,751	3,126,137								37,528,655	FQHC Cost Settlements (Manual, not thru MMIS)
	18,876	16,772	15,158	9,451	7,656	39	8,134	11,853	30,419	10,755								129,113	Unidentified
	0	0	0	0	0	0	0	0	0	0									
	583,651,818	518,816,636	468,754,533	292,459,838	236,914,329	1,070,632	251,563,061	366,605,144	941,153,375	332,534,013								3,993,523,379	Total Projected Year 14 Spending: excluding add-on population
Percent of costs before expansion population:	14.62%	12.99%	11.74%	7.32%	5.93%	0.03%	6.30%	9.18%	23.56%	8.33%	100.00%								
	277,546	246,602	222,872	138,963	112,575	570	119,599	174,273	447,263	158,137									
																		1,898,400	Pharmacy Waiver
	583,929,364	519,063,238	468,977,405	292,598,801	237,026,904	1,071,202	251,682,660	366,779,417	941,600,638	332,692,150								3,995,421,779	Total Projected Year 14 Spending with other additions & before add-on population costs
	$546.98	$277.87	$474.17	$204.68	$2,067.14	$385.74	$1,802.63	$279.98	$1,563.36	$1,384.73								514.63	DY 14 cost PMPM after other additions & before add-on Population Costs
	$584.83	$297.10	$506.98	$218.84	$2,210.19	$412.43	$1,927.37	$299.35	$1,671.54	$1,480.55								$550.24	Year 14 cost PMPM trended forward to DY 15
													$34,732.18	$262.33	$72.74	0.00	$0.00		
													$37,135.65	$280.48	$77.78	$0.00	$0.00		
													371,357	163,753,136	9,663,980	0	0	173,788,473	Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN, etc
	$583,929,364	**$519,063,238**	**$468,977,405**	**$292,598,801**	**$237,026,904**	**$1,071,202**	**$251,682,660**	**$366,779,417**	**$941,600,638**	**$332,692,150**			**$371,357**	**$163,753,136**	**$9,663,980**	**$0**	**$0**	**$4,169,210,252**	Total charged against CAP

	0	0	0	0	0	0	0	0	0							0	Total Funds, SCHIP Shortfall (Fully Funded in DY 12)
With Waiver Actual	**583,929,364**	**519,063,238**	**468,977,405**	**292,598,801**	**237,026,904**	**1,071,202**	**251,682,660**	**366,779,417**	**941,600,638**	**332,692,150**		**371,357**	**163,753,136**	**9,663,980**	**0**	**0**	**4,169,210,252** **Year 14 Charged Against Cap**
																	$1,326,608,879 Year 14 Balance
																	75.86% Percentage of Cap
	$546.98	$277.87	$474.17	$204.68	$2,067.14	$385.74	$1,802.63	$279.98	$1,563.36	$1,384.73		$37,135.70	$262.33	$77.78	$0.00	$0.00	$537.01 Year 14 PMPM including add-on population Costs, excluding add on member months
																	$574.17 Year 14 PMPM including add-on population Costs, trended forward DY 15

Demonstration Year 15 Projection	(TANF) LT 30	(TANF) LT 30	TANF 30-116	TANF 30-116	Medically Needy	Medically Needy	Sobra	Sobra	SSI	SSI								
	Adult	CHILD	ADULT	CHILD	Adult	Child	Adult	Child	Adult	Child		ICS	PAC	FAMILY PLAN	Premium Subsidy MHIP	Pharmacy Discount Prog	Total	
Year 15 Actual; base for trending to DY16	1,118,870	1,928,558	1,186,457	1,674,602	84,980	2,377	137,631	1,199,621	614,789	238,386		30	748,483	133,319	0	0		
Projection Adjustment factor:	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000		1.0000	1.0000	1.0000	1.0000	1.0000		
DY 15 Projection, member months	**1,118,853**	**1,928,723**	**1,186,502**	**1,673,971**	**84,910**	**2,380**	**137,666**	**1,200,232**	**616,108**	**239,280**	Member Months:	EId, PAC & FP	Not counted in CAP				**8,188,625**	Member Months excluding add-on population
	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%		**30**	**745,683**	**133,295**	**0**	**0**	**879,008**	Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP
Year 15 PMPM Cap	729.84	391.34	729.84	391.34	4,269.89	1,967.74	3,293.81	473.93	1,733.99	1,571.49	BN Negotiated PMPM (Proposed)	0.00	0.00	0.00	0.00	0.00		
Budget Cap	$816,583,674	$754,786,459	$865,956,620	$655,091,811	$362,556,360	$4,683,221	$453,445,647	$568,825,952	$1,068,325,111	$376,026,127	Estimated without Waiver Expenditures	$0	$0	$0	$0	$0	$5,926,280,982	
	653,339,988	552,269,480	553,080,818	343,858,792	165,005,163	4,963,757	243,488,078	340,121,470	1,015,023,442	343,737,607							4,214,888,595	Total Projected Year 15 Spending: excluding add-on population
Percent of costs before expansion population:	15.50%	13.10%	13.12%	8.16%	3.91%	0.12%	5.78%	8.07%	24.08%	8.16%								
	7,078,185	5,983,203	5,991,992	3,725,313	1,787,641	53,777	2,637,912	3,684,824	10,996,608	3,724,000							45,663,454	GME Payments (manual, not thru MMIS)
	(18,731,865)	(15,834,080)	(15,857,342)	(9,858,752)	(4,730,852)	(142,316)	(6,981,030)	(9,751,599)	(29,101,667)	(9,855,277)							(120,844,778)	Pharmacy Rebates
	294,267	248,744	249,109	154,875	74,319	2,236	109,668	153,192	457,170	154,821							1,898,400	Pharmacy Waiver
	(7,809,068)	(6,601,020)	(6,610,717)	(4,109,984)	(1,972,230)	(59,329)	(2,910,299)	(4,065,313)	(12,132,102)	(4,108,535)							(50,378,598)	DSH in MCO Payments
	4,450,104	3,761,681	3,767,207	2,342,130	1,123,902	33,810	1,658,474	2,316,674	6,913,643	2,341,305							28,708,929	FQHC Cost Settlements (Manual, not thru MMIS)
	(1,740,029)	(1,470,850)	(1,473,011)	(915,793)	(439,455)	(13,220)	(648,478)	(905,840)	(2,703,294)	(915,470)							(11,225,440)	Unidentified
	0	0	0	0	0	0	0	0	0	0								
	636,881,580	538,357,158	539,148,057	335,196,582	160,848,488	4,838,714	237,354,325	331,553,408	989,453,800	335,078,450							4,108,710,562	Total Projected Year 15 Spending with other additions & before add-on population costs
	$569.23	$279.13	$454.40	$200.24	$1,894.34	$2,033.07	$1,724.13	$276.24	$1,605.97	$1,400.36							501.76	DY 15 cost PMPM after other additions & before add-on Population Costs
	$608.62	$298.45	$485.84	$214.10	$2,025.43	$2,173.76	$1,843.44	$295.36	$1,717.10	$1,497.26							$536.48	Year 15 cost PMPM trended forward to DY 16
												$37,135.65	$280.48	$77.78	$0.00	$0.00		
												$39,705.44	$299.89	$83.16	$0.00	$0.00		

											1,114,070	204,361,815	6,218,738	0	0	211,694,623	Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN, etc
	$636,881,580	**$538,357,158**	**$539,148,057**	**$335,196,582**	**$160,848,488**	**$4,838,714**	**$237,354,325**	**$331,553,408**	**$989,453,800**	**$335,078,450**	**$1,114,070**	**$204,361,815**	**$6,218,738**	**$0**	**$0**	**$4,320,405,184**	Total charged against CAP
	0	0	0	0	0	0	0	0	0	4,108,710,562						0	Total Funds, SCHIP Shortfall (Fully Funded in DY 12)
With Waiver Actual	**636,881,580**	**538,357,158**	**539,148,057**	**335,196,582**	**160,848,488**	**4,838,714**	**237,354,325**	**331,553,408**	**989,453,800**	**335,078,450**	**1,114,070**	**204,361,815**	**6,218,738**	**0**	**0**	**4,320,405,184**	**Year 15 Charged Against Cap**
																$1,605,875,798	Year 15 Balance
														4,320,405,184		72.90%	Percentage of Cap
	$569.23	$279.13	$454.40	$200.24	$1,894.34	$2,033.07	$1,724.13	$276.24	$1,605.97	$1,400.36	$37,135.65	$274.06	$46.65	#DIV/0!	$0.00	$527.61	Year 15 PMPM including add-on population Costs, excluding add on member months
																$564.12	Year 15 PMPM including add-on population Costs, trended forward DY 16

Demonstration Year 16 Projection	(TANF) LT 30	(TANF) LT 30	TANF 30-116	TANF 30-116	Medically Needy	Medically Needy	Sobra	Sobra	SSI	SSI								
	Adult	CHILD	ADULT	CHILD	Adult	Child	Adult	Child	Adult	Child		ICS	PAC	FAMILY PLAN	Premium Subsidy MHIP	Pharmacy Discount Prog	Total	
Year 16 actual; base for trending to DY17	1,140,755	1,974,281	1,346,247	1,821,900	67,579	2,566	137,390	1,184,711	626,648	235,209		30	883,087	172,058	0	0		
Projection Adjustment factor:	1.1100	1.0900	1.1100	1.0900	1.0500	1.0300	0.8200	0.8200	1.0300	1.0300		1.0000	1.0000	1.0400	1.0000	1.0000		
DY 16 Projection, member months	**1,266,238**	**2,151,966**	**1,494,334**	**1,985,871**	**70,958**	**2,643**	**112,660**	**971,463**	**645,447**	**242,265**	Member Months:	EId, PAC & FP	Not counted in CAP				**8,943,845**	Member Months excluding add-on population
	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%		**30**	**883,087**	**178,940**	**0**	**0**	**1,062,057**	Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP
Year 16 PMPM Cap	768.52	410.52	768.52	410.52	4,496.19	2,064.16	3,468.38	497.15	1,838.03	1,665.78	BN Negotiated PMPM (Proposed)	0.00	0.00	0.00	0.00	0.00		
Budget Cap	$973,129,228	$883,425,082	$1,148,425,566	$815,239,763	$319,040,650	$5,455,575	$390,747,691	$482,962,830	$1,186,350,949	$403,560,192	Estimated without Waiver Expenditures	$0	$0	$0	$0	$0	$6,608,337,526	
	653,339,988	552,269,480	553,080,818	343,858,792	118,942,912	1,244,716	224,385,199	343,377,136	988,421,032	339,667,751							4,118,587,824	Total Projected Year 16 Spending: excluding add-on population
Percent of costs before expansion population:	15.86%	13.41%	13.43%	8.35%	2.89%	0.03%	5.45%	8.34%	24.00%	8.25%								
	7,486,817	6,328,620	6,337,917	3,940,380	1,363,002	14,264	2,571,297	3,934,860	11,326,610	3,892,353							$47,196,119	GME Payments (manual, not thru MMIS)
	(14,624,920)	(12,362,472)	(12,380,633)	(7,697,229)	(2,662,520)	(27,863)	(5,022,830)	(7,686,447)	(22,125,661)	(7,603,413)							(92,193,988)	Pharmacy Rebates
	301,147	254,560	254,934	158,496	54,825	574	103,427	158,274	455,598	156,565							1,898,400	Pharmacy Waiver
	(8,263,544)	(6,985,189)	(6,995,451)	(4,349,179)	(1,504,408)	(15,743)	(2,838,058)	(4,343,087)	(12,501,701)	(4,296,170)							(52,092,530)	DSH in MCO Payments
	4,608,231	3,895,346	3,901,069	2,425,354	838,945	8,779	1,582,666	2,421,957	6,971,673	2,395,793							29,049,814	FQHC Cost Settlements (Manual, not thru MMIS)
	149,128	126,058	126,243	78,487	27,149	284	51,217	78,377	225,611	77,531							940,085	Unidentified
	642,996,846	543,526,403	544,324,897	338,415,102	117,059,906	1,225,011	220,832,917	337,941,071	972,773,162	334,290,410							4,053,385,724	Total Projected Year 16 Spending with other additions & before add-on population costs

	$507.80	$252.57	$364.26	$170.41	$1,649.71	$463.49	$1,960.17	$347.87	$1,507.13	$1,379.85						453.20	DY 15 cost PMPM after other additions & before add-on Population Costs
	$542.94	$270.05	$389.47	$182.20	$1,763.87	$495.56	$2,095.81	$371.94	$1,611.42	$1,475.34						$484.56	Year 16 cost PMPM trended forward to DY 17
											$39,705.44	$299.89	$83.16	$0.00	$0.00		
											$42,453.06	$320.65	$88.91	$0.00	$0.00		
											1,191,163	241,725,449	(2,134,715)	0	0	240,781,897	Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN, etc
	$642,996,846	**$543,526,403**	**$544,324,897**	**$338,415,102**	**$117,059,906**	**$1,225,011**	**$220,832,917**	**$337,941,071**	**$972,773,162**	**$334,290,410**	**$1,191,163**	**$241,725,449**	**($2,134,715)**	**$0**	**$0**	**$4,294,167,621**	Total charged against CAP
	0	0	0	0	0	0	0	0	0							0	Total Funds, SCHIP Shortfall (Fully Funded in DY 12)
With Waiver Actual	**642,996,846**	**543,526,403**	**544,324,897**	**338,415,102**	**117,059,906**	**1,225,011**	**220,832,917**	**337,941,071**	**972,773,162**	**334,290,410**	**1,191,163**	**241,725,449**	**(2,134,715)**	**0**	**0**	**4,294,167,621**	**Year 16 Charged Against Cap**
																$2,314,169,905	Year 16 Balance
																64.98%	Percentage of Cap
	$507.80	$252.57	$364.26	$170.41	$1,649.71	$463.49	$1,960.17	$347.87	$1,507.13	$1,379.85	$39,705.44	$273.73	($11.93)	#DIV/0!	$0.00	$480.13	Year 16 PMPM including add-on population Costs, excluding add on member months
																$513.35	Year 16 PMPM including add-on population Costs, trended forward DY 17

Demonstration Year 17 Projection (6 Months)	(TANF) LT 30	(TANF) LT 30	TANF 30-116	TANF 30-116	Medically Needy	Medically Needy	Sobra	Sobra	SSI	SSI							
	Adult	CHILD	ADULT	CHILD	Adult	Child	Adult	Child	Adult	Child		ICS	PAC	FAMILY PLAN	Childless Adults	Pharmacy Discount Prog	Total	
Year 17 projection; base for trending to DY18	703,265	1,129,191	612,801	861,754	36,606	680	70,833	599,553	344,319	124,450		30	515,637	84,736	0	0		
	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000		1.0000	1.0000	1.0000	1.0000	1.0000		
DY 17 Projection, member months	**703,265**	**1,129,191**	**612,801**	**861,754**	**36,606**	**680**	**70,833**	**599,553**	**344,319**	**124,450**	Member Months:	EId, PAC & FP	Not counted in CAP				**4,483,452**	Member Months excluding add-on population
	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%		**30**	**515,637**	**84,736**	**0**	**0**	**600,403**	Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP
Year 17 PMPM Cap	809.25	430.64	809.25	430.64	4,734.49	2,165.30	3,652.20	521.51	1,948.31	1,765.73	BN Negotiated PMPM (Proposed)	0.00	0.00	0.00	0.00	0.00		
Budget Cap	$569,117,201	$486,274,812	$495,909,209	$371,105,743	$173,310,741	$1,472,404	$258,696,283	$312,672,885	$670,840,151	$219,745,099	Estimated without Waiver Expenditures	$0	$0	$0	$0	$0	$3,559,144,528	
	$362,403,980	$321,902,018	$353,895,054	$233,633,543	$126,222,273	$827,171	$240,409,677	$193,524,905	$1,043,128,030	$277,606,007							$3,153,552,658.00	Total Projected Year 17 Spending: excluding add-on population
Percent of costs before expansion population:	11.49%	10.21%	11.22%	7.41%	4.00%	0.03%	7.62%	6.14%	33.08%	8.80%								
	218,163	193,781	213,040	140,645	75,984	498	144,724	116,500	627,950	167,115							1,898,400	GME Payments (manual, not thru MMIS) Pharmacy Rebates Pharmacy Waiver

																		DSH in MCO Payments
																		FQHC Cost Settlements (Manual, not thru MMIS)
	$362,622,143	$322,095,799	$354,108,094	$233,774,188	$126,298,257	$827,669	$240,554,401	$193,641,405	$1,043,755,980	$277,773,122							3,155,451,058	Total Projected Year 17 Spending with other additions & before add-on population costs
	$515.63	$285.24	$577.85	$271.28	$3,450.21	$1,217.16	$3,396.08	$322.98	$3,031.36	$2,232.01							703.80	DY 16 cost PMPM after other additions & before add-on Population Costs
												24	142,601,470	(885,400)		0	141,716,094	Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN, etc
	$362,622,143	**$322,095,799**	**$354,108,094**	**$233,774,188**	**$126,298,257**	**$827,669**	**$240,554,401**	**$193,641,405**	**$1,043,755,980**	**$277,773,122**		**$24**	**$142,601,470**	**($885,400)**		**$0**	**$3,297,167,152**	Total charged against CAP
	0	0	0	0	0	0	0	0	0									Total Funds, SCHIP Shortfall (Fully Funded in DY 12)
With Waiver Actual	**362,622,143**	**322,095,799**	**354,108,094**	**233,774,188**	**126,298,257**	**827,669**	**240,554,401**	**193,641,405**	**1,043,755,980**	**277,773,122**		**24**	**142,601,470**	**(885,400)**		**0**	**3,297,167,152**	**Year 17 Charged Against Cap**
																	$261,977,376	Year 17 Balance
																	92.64%	Percentage of Cap
	$515.63	$285.24	$577.85	$271.28	$3,450.21	$1,217.16	$3,396.08	$322.98	$3,031.36	$2,232.01		$0.80	$276.55	($10.45)	#DIV/0!	$0.00	$735.41	Year 17 PMPM including add-on population Costs, excluding add on member months
																	$786.30	Year 17 PMPM including add-on population Costs, trended forward DY 18

Demonstration Year 17 Projection (6 Months) January1-June 30th	New Adult Group	TANF Adults 0-123	Medicaid Child	Medically Needy Adult	Medically Needy Child	Sobra Adult	Presumptive Eligibility	SSI Adult	SSI Child		ICS	WBCCPTA	FAMILY PLAN		Total	
Year 17 projection; base for trending to DY18	1,085,772	1,474,462	2,851,037	34,419	393	64,124	20	348,132	124,869		83	2,354	75,579			
Projection Adjustment factor x 50% to account for half year (thru Dec 31 ony)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000		1.0000	1.0000	1.0000			
DY 17 Projection, member months	**1,085,772**	**1,474,462**	**2,851,037**	**34,419**	**393**	**64,124**	**20**	**348,132**	**124,869**	Member Months:	ICS & Family Planning	Not counted in CAP			**5,983,228**	Member Months excluding add-on population
											83	**2,354**	**75,579**		**78,016**	Member Months for add-on population Items: FAMILY PLANNING & ICS
Year 17 PMPM Cap	790.85	809.25	445.05	4,734.49	2,165.30	3,652.20	0.00	1,948.31	1,765.73	BN Negotiated PMPM (Proposed)	0.00	0.00	0.00			
Budget Cap	$858,682,786	$1,193,208,374	$1,268,854,017	$162,956,411	$850,963	$234,193,673	$0	$678,269,057	$220,484,939	Estimated without Waiver Expenditures	$0	$0	$0		$4,617,500,220	
	$785,357,977	$609,503,914	$683,748,519.00	$126,222,273.00	$827,171.00	$240,409,677	$60,000.00	$1,043,128,030	$277,606,007						$3,766,863,568.00	Total Actual Year 17 Spending: excluding add-on population
	$723.32	$413.37	$239.82	$3,667.23	$2,104.76	$3,749.14	$3,000.00	$2,996.36	$2,223.18						$629.57	Actual DY 17 PMPM costs before DY 17 increases to add-onpopulation:

	$773.37	$441.98	$256.42	$3,921.00	$2,250.41	$4,008.58	$3,207.60	$3,203.71	$2,377.02					$673.14	Year 17 cost PMPM trended forward to DY 18
	20.85%	16.18%	18.15%	3.35%	0.02%	6.38%	0.00%	27.69%	7.37%						Percent of costs before expansion population:
	9,898,154	7,681,801	8,617,533	1,590,826	10,425	3,029,971	756	13,146,925	3,498,770					$47,475,162	GME Payments (manual, not thru MMIS)
	(15,016,938)	(11,654,408)	(13,074,049)	(2,413,513)	(15,816)	(4,596,906)	(1,147)	(19,945,794)	(5,308,143)					(72,026,716)	Pharmacy Rebates
	(11,194,393)	(8,687,792)	(9,746,065)	(1,799,156)	(11,790)	(3,426,769)	(855)	(14,868,615)	(3,956,961)					(53,692,396)	DSH in MCO Payments
	5,609,790.3	4,353,669.6	4,883,996.7	901,602.2	5,908.5	1,717,239.7	428.6	7,451,034.6	1,982,932.0					26,906,602	FQHC Cost Settlements (Manual, not thru MMIS)
	0	0	0	0	0	1,000,000	0	0	0					1,000,000	Presumptive Eligit
	0	0	0	0	0	0	0	990,000	3,510,000					4,500,000	REM Case Manag
	9,350,746	7,256,966	8,140,948	1,502,846	9,849	2,862,401	714	12,419,846	3,305,274					44,849,591	Unidentified
	784,005,337	608,454,151	682,570,883	126,004,877	825,746	240,995,614	59,897	1,042,321,426	280,637,880					3,765,875,811	Total Projected Year 17 Spending with other additions & before add-on population costs
	$722.07	$412.66	$239.41	$3,660.91	$2,101.14	$3,758.27	$2,994.83	$2,994.04	$2,247.46					629.41	DY 16 cost PMPM after other additions & before add-on Population Costs
										$	0.29	$ 42.22	$0.00		
											$0.31	$45.14	$0.00		
											24	99,376	(885,400)	(786,000)	Total Costs of Expansion Population Items: FAMILY PLAN, & ICS
	$ 784,005,337	**$ 608,454,151**	**$ 682,570,883**	**$ 126,004,877**	**$ 825,746**	**$ 240,995,614**	**$ 59,897**	**$ 1,042,321,426**	**$ 280,637,880**		**$24**	**$99,376**	**($885,400)**	**$3,765,089,811**	Total charged against CAP
	0	0	0	0	0	0	0	0	0						Total Funds, SCHIP Shortfall (Fully Funded in DY 12)
With Waiver Actual	**784,005,337**	**608,454,151**	**682,570,883**	**126,004,877**	**825,746**	**240,995,614**	**59,897**	**1,042,321,426**	**280,637,880**		**24**	**99,376**	**(885,400)**	**3,765,089,811**	**Year 17 Charged Against Cap**
														$852,410,409	Year 17 Balance
														81.54%	Percentage of Cap
	$722.07	$412.66	$239.41	$3,660.91	$2,101.14	$3,758.27	$2,994.83	$2,994.04	$2,247.46		$0.29		($11.71)	$629.27	Year 17 PMPM including add-on population Costs, excluding add on member months
														$672.82	Year 17 PMPM including add-on population Costs, trended forward DY 18
Demonstration Year 18 Projection (12 months)	New Adult Group	TANF Adults 0-123	Medicaid Child	Medically Needy Adult	Medically Needy Child	Sobra Adult	Presumptive Eligibility	SSI Adult	SSI Child		ICS	WBCCPTA	FAMILY PLAN	Total	
Year 18 projection; base for trending to DY19	1,085,772	359,172	2,851,037	34,419	393	64,124	20	348,132	124,869		30	4,704	178,940		
Projection Adjustment factor	1.1100	1.0000	1.1100	1.0500	1.0300	0.8200	1.0000	1.0300	1.0300		1.0000	1.0000	1.1000		
DY 18 Projection, member months	**1,205,207**	**359,172**	**3,164,651**	**36,140**	**405**	**52,582**	**20**	**358,576**	**128,615**	Member Months: Eld, PAC & FP				**5,305,368**	Member Months excluding add-on population
											30	**4,704**	**196,834**	**201,568**	Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP
Year 18 PMPM Cap	828.02	848.90	465.08	4,942.81	2,260.57	3,838.46	0.00	2,034.04	1,765.73	BN Negotiated PMPM (Proposed)	0.00	0.00	0.00		

Budget Cap	$997,935,500	$304,901,111	$1,471,815,887	$178,633,153	$915,531	$201,833,904	$0	$729,357,927	$227,099,364	Estimated without Waiver Expenditures	$0	$0	$0	$4,112,492,377	
	$773.37	$441.98	$256.42	$3,921.00	$2,250.41	$4,008.58	$3,207.60	$3,203.71	$2,377.02					$699.34	Projected DY 18 PMPM costs before DY 18 increases to add-onpopulation:
	$826.89	$472.56	$274.16	$4,192.33	$2,406.14	$4,285.97	$3,429.57	$3,425.40	$2,541.51					$747.73	Year 18 cost PMPM trended forward to DY 19
	932,072,333	158,746,565	811,480,929	141,704,893	911,416	210,779,025	64,152	1,148,771,993	305,720,667					3,710,251,973	Total Projected Year 18 Spending: excluding add-on population
Percent of costs before expansion population:	25.12%	4.28%	21.87%	3.82%	0.02%	5.68%	0.00%	30.96%	8.24%						
	0	0	0	0	0	2,000,000	0	0	0					2,000,000	Presumptive Eligit
	0	0	0	0	0	0	0	1,980,000	7,020,000					9,000,000	REM Case Manag
	0	0	0	0	0	0	0	0	0					0	Pharmacy Waiver
	932,072,333	158,746,565	811,480,929	141,704,893	911,416	212,779,025	64,152	1,150,751,993	312,740,667					3,721,251,973	Total Projected Year 18 Spending with other additions & before add-on population costs
	$773.37	$441.98	$256.42	$3,921.00	$2,250.41	$4,046.61	$3,207.60	$3,209.23	$2,431.60					701.41	DY 16 cost PMPM after other additions & before add-on Population Costs
											$0.29	$1,793.08	$0.00		
											$0.31	$1,917.16	$0.00		
											9	8,434,644	0	8,434,653	Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN, etc
	$932,072,333	**$158,746,565**	**$811,480,929**	**$141,704,893**	**$911,416**	**$212,779,025**	**$64,152**	**$1,150,751,993**	**$312,740,667**		**$9**	**$8,434,644**	**$0**	**$3,729,686,626**	Total charged against CAP
	0	0	0	0	0	0	0	0	0					0	Total Funds, SCHIP Shortfall (Fully Funded in DY 12)
With Waiver Actual	**932,072,333**	**158,746,565**	**811,480,929**	**141,704,893**	**911,416**	**212,779,025**	**64,152**	**1,150,751,993**	**312,740,667**		**9**	**8,434,644**	**0**	**3,729,686,626**	**Year 18 Charged Against Cap**
														$382,805,751	Year 18 Balance
														90.69%	Percentage of Cap
	$773.37	$441.98	$256.42	$3,921.00	$2,250.41	$4,046.61	$3,207.60	$3,209.23	$2,431.60		$0.29		$0.00	$703.00	Year 18 PMPM including add-on population Costs, excluding add on member months
														$751.65	Year 18 PMPM including add-on population Costs, trended forward DY 19

Demonstration Year 19 Projection (12 months)	New Adult Group	TANF Adults 0-123	Medicaid Child	Medically Needy Adult	Medically Needy Child	Sobra Adult	Presumptive Eligibility	SSI Adult	SSI Child		ICS	WBCCPTA	FAMILY PLAN	Total	
Year 19 projection; base for trending to DY20	1,205,207	455,076	3,164,651	36,140	405	52,582	20	358,576	128,615		30	3,840	196,834		
Projection Adjustment factor)	1.1100	1.0000	1.1100	1.0500	1.0300	0.8200	1.0000	1.0300	1.0300		1.0000	1.0000	1.1000		
DY 19 Projection, member months	**1,337,780**	**455,076**	**3,512,763**	**37,947**	**417**	**43,117**	**20**	**369,333**	**132,473**	Member Months:				**5,888,926**	Member Months excluding add-on population
											30	**3,840**	**216,517**	**220,387**	Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy MHIP

Year 19 PMPM Cap	866.94	890.50	486.01	5,160.29	2,360.04	3,838.46	0.00	2,034.04	1,843.42	BN Negotiated PMPM (Proposed)	0.00	0.00	0.00		
Budget Cap	$1,159,774,993	$405,245,178	$1,707,237,946	$195,817,525	$984,137	$165,502,880	$0	$751,238,095	$244,203,378	Estimated without Waiver Expenditures	$0	$0	$0	$4,630,004,132	
	$826.89	$472.56	$274.16	$4,192.33	$2,406.14	$4,285.97	$3,429.57	$3,425.40	$2,541.51					$718.48	Projected DY 19 PMPM costs before DY 19 increases to add-onpopulation:
	$884.11	$505.27	$293.14	$4,482.44	$2,572.64	$4,582.56	$3,666.89	$3,662.44	$2,717.38					$768.20	Year 19 cost PMPM trended forward to DY 20
	1,106,194,820	215,052,624	963,075,412	159,086,415	1,003,360	184,798,217	68,591	1,265,114,066	336,681,689					4,231,075,194	Total Projected Year 19 Spending: excluding add-on population
Percent of costs before expansion population:	26.14%	5.08%	22.76%	3.76%	0.02%	4.37%	0.00%	29.90%	7.96%						
	0	0	0	0	0	2,000,000	0	0	0					2,000,000	Presumptive Eligit
	0	0	0	0	0	0	0	1,980,000	7,020,000					9,000,000	REM Case Manag
	4,226,972	0	0	0	0	0	0	4,579,219	0					8,806,191	Pysch IMD (6 mon
	(2,480,601)	(1,598,610)	0	0	0	0	0	(1,433,236)	0					(5,512,448)	SUD IMD (6 mont
	1,107,941,190	213,454,014	963,075,412	159,086,415	1,003,360	186,798,217	68,591	1,270,240,049	343,701,689					4,245,368,938	Total Projected Year 19 Spending with other additions & before add-on population costs
	$828.19	$469.05	$274.16	$4,192.33	$2,406.14	$4,332.36	$3,429.55	$3,439.28	$2,594.50					720.91	DY 16 cost PMPM after other additions & before add-on Population Costs
											$0.29	$1,793.10	$0.00		
											$0.31	$1,917.18	$0.00		
											9	6,885,504	0	6,885,513	Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN, etc
	$1,107,941,190	**$213,454,014**	**$963,075,412**	**$159,086,415**	**$1,003,360**	**$186,798,217**	**$68,591**	**$1,270,240,049**	**$343,701,689**		**$9**	**$6,885,504**	**$0**	**$4,252,254,450**	Total charged against CAP
	0	0	0	0	0	0	0	0	0					0	Total Funds, SCHIP Shortfall (Fully Funded in DY 12)
With Waiver Actual	**1,107,941,190**	**213,454,014**	**963,075,412**	**159,086,415**	**1,003,360**	**186,798,217**	**68,591**	**1,270,240,049**	**343,701,689**		**9**	**6,885,504**	**0**	**4,252,254,450**	**Year 19 Charged Against Cap**
														$377,749,682	Year 19 Balance
														91.84%	Percentage of Cap
	$828.19	$469.05	$274.16	$4,192.33	$2,406.14	$4,332.36	$3,429.55	$3,439.28	$2,594.50		$0.29		$0.00	$722.08	Year 19 PMPM including add-on population Costs, excluding add on member months
														$772.05	Year 19 PMPM including add-on population Costs, trended forward DY 20

Demonstration Year 20 Projection (6 Months)	New Adult Group	TANF Adults 0-123	Medicaid Child	Medically Needy Adult	Medically Needy Child	Sobra Adult	Presumptive Eligibility	SSI Adult	SSI Child		ICS	WBCCPTA	FAMILY PLAN	Total	
Year 20 projection; base for trending to DY21	1,337,780	545,448	3,512,763	37,947	417	43,117	20	369,333	132,473		30	2,976	216,517		
Projection Adjustment factor)(6 months)	0.5550	0.5000	0.5550	0.5250	0.5150	0.4100	0.5000	0.5150	0.5150		0.5000	0.5000	0.5500		
DY 20 Projection, member months	**742,468**	**272,724**	**1,949,583**	**19,922**	**215**	**17,678**	**10**	**190,206**	**68,224**	Member Months:				**3,261,030**	Member Months excluding add-on population

															Member Months for add-on population Items: PAC, FAMILY PLANNING, & 300% SSI, Premium Subsidy
	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%	5.70%		**15**	**1,488**	**119,085**	**120,588**	MHIP
Year 20 PMPM Cap	907.68	934.13	507.88	5,387.34	2,463.88	4,239.97	0.00	2,216.97	2,009.21	BN Negotiated PMPM (Proposed)	0.00	0.00	0.00		
Budget Cap	$673,923,354	$254,759,670	$990,154,214	$107,326,587	$529,734	$74,954,190	$0	$421,680,996	$137,076,343	Estimated without Waiver Expenditures	$0	$0	$0	$2,660,405,088	
															Projected DY 20 PMPM costs before DY 20 increases to add-onpopulation:
	$884.11	$505.27	$293.14	$4,482.44	$2,572.64	$4,582.56	$3,666.89	$3,662.44	$2,717.38					$741.67	
															Year 20 cost PMPM trended forward to DY 21
	$945.29	$540.23	$313.42	$4,792.63	$2,750.67	$4,899.67	$3,920.64	$3,915.88	$2,905.43					$792.99	
															Total Projected Year 20 Spending: excluding add-on
	656,422,732	137,798,066	571,494,591	89,299,193	553,118	81,010,501	36,669	696,618,066	185,390,832					2,418,623,768	population
Percent of costs before expansion population:	27.14%	5.70%	23.63%	3.69%	0.02%	3.35%	0.00%	28.80%	7.67%						
	0	0	0	0	0	1,000,000	0	0	0					1,000,000	Presumptive Eligit
	0	0	0	0	0	0	0	990,000	3,510,000					4,500,000	REM Case Manag
	4,226,972	0	0	0	0	0	0	4,579,219	0					8,806,191	Pysch IMD (6 mon
	(2,480,601)	(1,598,610)	0	0	0	0	0	(1,433,236)	0					(5,512,448)	SUD IMD (6 mont
															Total Projected Year 20 Spending with other additions & before add-on
	658,169,102	136,199,456	571,494,591	89,299,193	553,118	82,010,501	36,669	700,754,049	188,900,832					2,427,417,512	population costs
															DY 16 cost PMPM after other additions & before add-on
	$886.46	$499.40	$293.14	$4,482.44	$2,572.64	$4,639.13	$3,666.90	$3,684.18	$2,768.83					744.37	Population Costs
											$0.29	$3,586.27	$0.00		
											$0.31	$3,834.44	$0.00		
															Total Costs of Expansion Population Items: MHIP, PAC, FAMILY PLAN,
											4	5,336,365	0	5,336,369	etc
	$658,169,102	**$136,199,456**	**$571,494,591**	**$89,299,193**	**$553,118**	**$82,010,501**	**$36,669**	**$700,754,049**	**$188,900,832**		**$4**	**$5,336,365**	**$0**	**$2,432,753,881**	Total charged against CAP
															Total Funds, SCHIP Shortfall (Fully Funded in
	0	0	0	0	0	0	0	0	0					0	DY 12)
With Waiver Actual	**658,169,102**	**136,199,456**	**571,494,591**	**89,299,193**	**553,118**	**82,010,501**	**36,669**	**700,754,049**	**188,900,832**		**4**	**5,336,365**	**0**	**2,432,753,881**	**Year 20 Charged Against Cap**
														$227,651,207	Year 20 Balance
														91.44%	Percentage of Cap
															Year 20 PMPM including add-on population Costs, excluding add on
	$886.46	$499.40	$293.14	$4,482.44	$2,572.64	$4,639.13	$3,666.90	$3,684.18	$2,768.83		$0.29	$3,586.27	$0.00	$746.01	member months
															Year 19 PMPM including add-on population Costs, trended forward
														$797.63	DY 20

HealthChoice Member Months
DY (Service Year) 2010 Projections

	YTD Sep 30	YTD Dec 31	Oct-Dec Growth	Oct-Dec Percent Growth	YTD Mar 31
TANF <30 Adult	203,613	421,429	217,816	6.98%	641,266
TANF <30 Child	380,943	781,797	400,854	5.23%	1,180,007
TANF 30-116 Adult	157,069	330,520	173,451	10.43%	511,569
TANF 30-116 Child	216,002	460,930	244,928	13.39%	719,727
SSI Adult	138,242	276,897	138,655	0.30%	415,080
SSI Child	56,403	112,188	55,785	-1.10%	167,072
Medically Needy Adult	27,556	55,050	27,494	-0.22%	80,743
Medically Needy Child	706	1,475	769	8.92%	2,247
SOBRA Adult	32,448	64,888	32,440	-0.02%	96,540
SOBRA Child	411,821	804,539	392,718	-4.64%	1,181,893

Total Projected SY 2010

Projected in Renewal

Actual, SY 2009

Projected increase SY 10 vs SY 09

Jan-Mar Growth	Jan-Mar Percent Growth	Project Jun 30 Growth	SFY Total MM Use % Gr. Jan-Mar	Avg Mo Enroll	FY 10 3rd Qtr Project
219,837	0.93%	221,881	863,147	71,929	66,881
398,210	-0.66%	395,582	1,575,589	131,299	223,449
181,049	4.38%	188,979	700,548	58,379	55,142
258,797	5.66%	273,445	993,172	82,764	
138,183	-0.34%	137,713	552,793	46,066	93,759
54,884	-1.62%	53,995	221,067	18,422	21,327
25,693	-6.55%	24,010	104,753	8,729	
772	0.39%	775	3,022	252	
31,652	-2.43%	30,883	127,423	10,619	10,990
377,354	-3.91%	362,599	1,544,492	128,708	129,049
					42,892
			6,686,006	557,167	643,489
			6,274,668		
			5,725,602		
			16.77%		

FY 10 4th Qtr Project		FY 11 Approp	% 0ver Projected FY 10
66,905	TCA Adult	74,000	10.60%
223,863	TCA Child	245,000	9.44%
55,237	HCR Adult	61,500	11.34%
93,784	Dis. Adult	96,500	2.90%
21,310	Dis. Child	22,000	3.24%
10,984	SOBRA W	9,000	-18.06%
129,039	SOBRA CH	130,000	0.74%
43,060	Other	45,300	5.20%
	X01	5,000	
644,182		688,300	

Maryland Register

Issue Date: May 15, 2015

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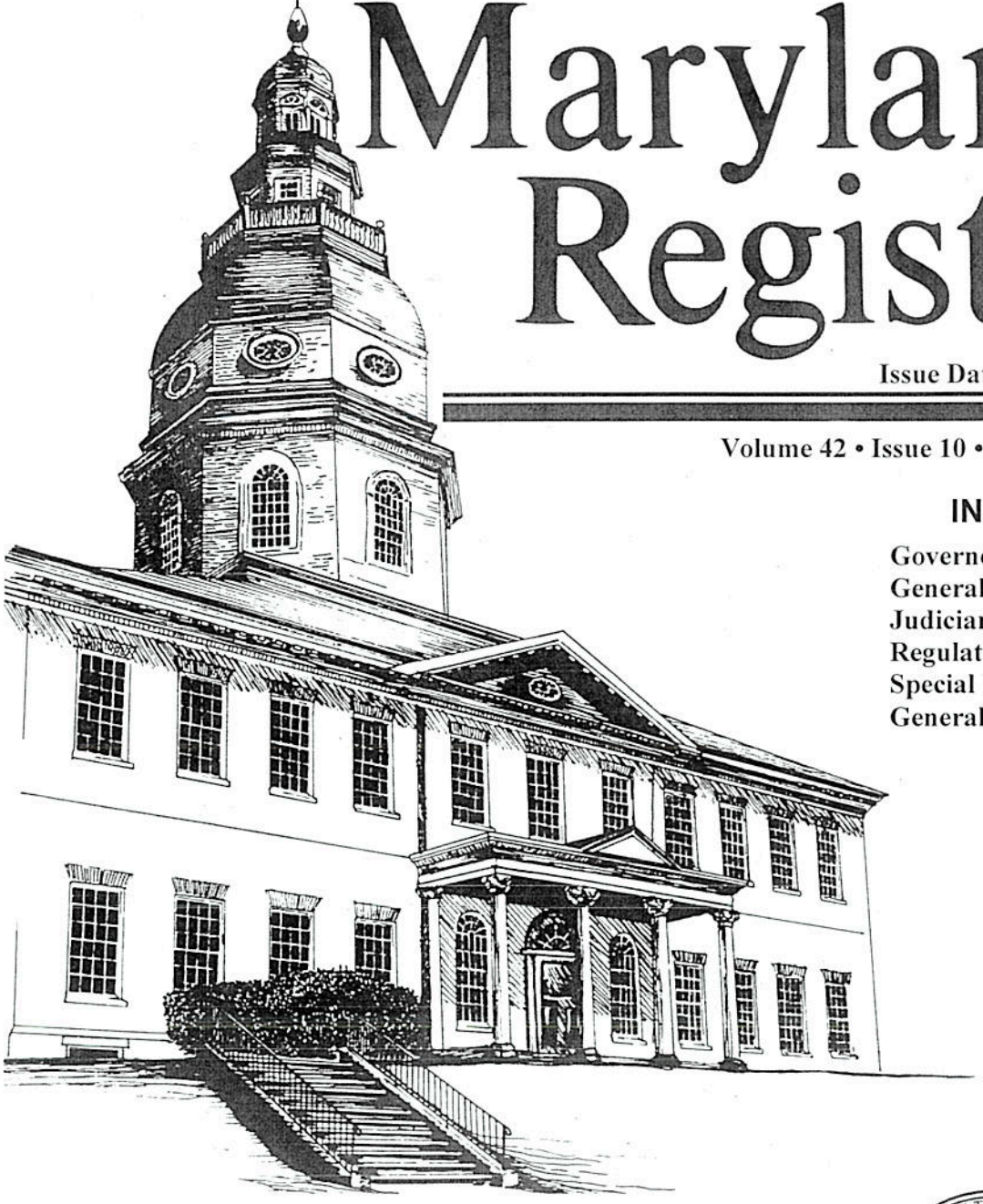

IN THIS ISSUE

Pursuant to State Government Article, §7-206, Annotated Code of Maryland, this issue contains all previously unpublished documents required to be published, and filed on or before April 27, 2015, 5 p.m.

Pursuant to State Government Article, §7-206, Annotated Code of Maryland, I hereby certify that this issue contains all documents required to be codified as of April 27, 2015.

Brian Morris
Administrator, Division of State Documents
Office of the Secretary of State

DEPARTMENT OF HEALTH AND MENTAL HYGIENE/OFFICE OF HEALTH SERVICES

Subject: Public Notice-IMD Waiver Request

Add'l. Info: The Secretary of Health and Mental Hygiene is proposing to request a waiver of the institutions for mental diseases (IMDs) exclusion from the Centers of Medicare and Medicaid Services (CMS) as part of its §1115 HealthChoice demonstration program. Currently Medicaid is prohibited from reimbursing for services provided to Medicaid enrollees aged 21 — 64 in an "institution for mental disease" (IMD). An IMD is defined as a facility with more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases and chemical dependency disorders. This is known as the Medicaid IMD exclusion. Due to this exclusion, many Medicaid enrollees with acute psychiatric and addiction treatment needs are referred to hospital emergency departments. These emergency departments often lack the resources or expertise to provide the type of care needed to these individuals. Additionally, hospital emergency departments are not cost effective. The waiver of the IMD exclusion will allow the State to reimburse IMDs for Medicaid enrollees aged 21—64 with acute psychiatric and substance use-related treatment needs.

Further information about the requested waiver may be obtained by calling (410) 767-5806. Written comments may be sent to Tricia Roddy, Director, Planning Administration, Office of Health Care Financing, Department of Health and Mental Hygiene, 201 W. Preston St., Rm. 224, Baltimore, MD 21201, or faxed to (410) 333-7505, or emailed to tricia.roddy@maryland.gov.

Contact: Michael Cimmino (410) 767-0579

501 N. Calvert St., P.O. Box 1377
Baltimore, Maryland 21278-0001
tel: 410/332-6000
800/829-8000

WE HEREBY CERTIFY, that the annexed advertisement of Order No 3296248

Sold To:
Maryland Department Of Health & Mental Hygiene - CU00302896
201 W Preston St.
Room 224

BALTIMORE,MD 21201

Bill To:
Maryland Department Of Health & Mental Hygiene - CU00302896
201 W Preston St.
Room 224

BALTIMORE,MD 21201

Was published in "The Baltimore Sun", "Daily", a newspaper printed and published in Baltimore City on the following dates:

May 20, 2015

The Baltimore Sun Media Group

By [redacted]

Subscribed and sworn to before me this 20 day of May 2015.

By [redacted]

Notary Public

My commission expires 10/5/15

MICHELE ELAINE GRIESBAUER NOTARY PUBLIC BALTIMORE COUNTY, MD.

OF SALE OF REAL PROPERTY
(Md. Rules 3-644 (d) and 14-305)

The property specifically described in the inventory has been sold at judicial sale. Inventory of property sold: Real property known as Condo Unit 311, 1040 Deer Ridge Drive, Baltimore, MD 21210, was sold on March 9, 2015.

The sale will be ratified unless cause to the contrary is shown on or before June 1, 2015 (30 days after the date of this notice). A copy of this Notice will be published at least once a week in each of three successive weeks before May 21, 2015, in one or more newspapers of general circulation in Baltimore City.

The report states the amount of the sale to be $5,000.00.

Date: April 30, 2015
Mary J. Abrams, Clerk
19-U May 6, 13, 20

3260152

YourSpace Storage
2749 Rolling Road
Baltimore, MD 21244

Pursuant to Section #18-504 of the commercial Law, Articles of the Annotated Code of Maryland, the following will be sold at Public Auction on Monday May 26, 2015 at 2:00pm on the grounds of YourSpace Storage 2749 Rolling Road, Baltimore MD 21244.

Unit AC-30 ELLEN OZUR

Public Notice

The Maryland Department of Health and Mental Hygiene intends to seek approval from the Centers for Medicare and Medicaid Services of an amendment to its HealthChoice waiver, authorized under Section 1115 of the Social Security Act, to allow for Medicaid payments to Institutions for Mental Disease for psychiatric care and substance use disorder services provided to individuals aged 21 to 64. For more information on the waiver amendment and how to send comments to the Department, please see http://dhmh.maryland.gov/SitePages/Open%20Requests%20for%20Comments.aspx.

NOTICE

Anyone knowing the whereabouts of the heirs of Arthur James Boulware, Sr, Cornell Boulware or Arthur James Boulware, Sr., please contact David Merlin Duke, Attorney at Law, 326 Austin Street, Bogalusa, LA 70427, 985-735-8811.

Open Requests for Comments

- Request for comments – Proposed expansion of rehabilitation services offered in community-based settings.
- Request for Comments on the Impacts of Natural Gas Development
- Request for Comments - MD Exclusion Waiver

INSTITUTIONS FOR MENTAL DISEASE (IMD) EXCLUSION WAIVER

Public Hearings

Thursday, May 28, 2015
3:00-4:00
(Immediately following Maryland Medicaid Advisory Committee meeting)
201 West Preston Street
Conference Room L-1 *(Note room change)*
Baltimore, MD 21201

Wednesday, June 3, 2015
10:00-12:00
Miller Senate Office Building
Senate Finance Committee Hearing Room
11 Bladen Street, Third Floor
Annapolis, MD 21401

Written comments may be sent to Tricia Roddy, Director, Planning Administration, Office of Health Care Financing, Department of Health and Mental Hygiene, 201 W. Preston St., Room 224, Baltimore, MD 21201, or faxed to (410) 333-7505.

MOUNTAIN MANOR

Mountain Manor - Baltimore
Treatment Center ©

3800 FREDERICK AVENUE, BALTIMORE, MARYLAND 21229 (410) 233-1400
FAX (410) 233-1666

Tricia Roddy
Director, Planning Administration
Office of Health Care Financing
Department of Health and Mental Hygiene
201 W. Preston St., Room 224
Baltimore, MD 21201

Dear Ms Roddy:

I write this letter in strong support of Maryland's request to CMS for an IMD exclusion waiver.

As you know substance use disorders and co-occurring psychiatric disorders are a major public health problem for Maryland, with huge burden of morbidity and mortality. General acute care hospitals cannot possibly manage the enormous crisis facing our state. There is insufficient capacity and expertise within the general hospital system to manage these patients effectively. Emergency departments are turning such patients in crisis away every day! In contrast, certain IMD's, notably certified SUD facilities that are co-occurring enhanced, such as those in our treatment continuum, are not only expert in delivering this much needed care, they are much cheaper than acute hospitals and have existing, under-utilized capacity.

The IMD exclusion blocks the utilization of existing expert capacity in 2 ways. First, it does not allow for Medicaid reimbursement for SUD treatment in IMD's *utilizing existing Medicaid benefits* despite a backlog of need. Second, even in circumstances where IMD's can provide SUD care through other funding sources, such as the Block Grant, the IMD exclusion blocks Medicaid reimbursement for much needed concurrent psychiatric services for co-occurring disorders.

In summary, the granting of an IMD exclusion waiver would promote care for the underserved, and also save money, both in downstream costs with earlier intervention, but also upfront with lower costs of care.

Sincerely

[redacted]

Marc Fishman MD
Medical Director
Mountain Manor / Maryland Treatment Centers

From: **Colleen Kammar** <ckammar@tuerkhouse.com>
Date: Fri, May 15, 2015 at 3:56 PM
Subject: IMD Waiver Request
To: "tricia.roddy@maryland.gov" <tricia.roddy@maryland.gov>

Tricia,

The proposed waiver of the IMD exclusion is exciting news for all residents of the state of Maryland. Passage of this waiver is a critical objective for a multitude of reasons, among them the following:

1. Parity – The very nature of the IMD exclusion, in that it is specific to behavioral health treatment, is in violation of federal parity requirements.

2. Quality of care – Residential treatment for substance use disorders is currently grant funded. The amount of the grant funding is rarely sufficient to cover the cost of the treatment plus room and board. In virtually all cases those individuals suffer from co-occurring illnesses, the treatment of which is a critical component of their recovery. Limiting the available health care services for these individuals to substance use treatment alone, because they are being treated in an IMD bed, creates obvious barriers to the quality of their overall care.

3. Cost/Benefit – When the health of a population improves the overall cost of care for that population declines. By creating restrictions that promote the hospitalization of an individual with a substance use disorder over treatment we are addressing the effect of that illnesses and ignoring the disease. The end result is unnecessary incremental cost. Quality treatment for addiction, combined with funded wrap around services, would help to ensure the highest probability of sustained recovery and health.

This is an opportunity for the state of Maryland to be among those in the forefront who are taking the initiative to improve the standard of care for the most needy among their population. I find it difficult to envision a strong counter argument, as passage of this exclusion would benefit so many Marylanders whose lives are impacted by mental illness and addiction. Please let us know if there is anything we at Tuerk House can do to assist in this endeavor.

Regards,

Colleen Kammar

Director of Finance

Tuerk House

730 Ashburton Street

NCADD
MARYLAND

May 21, 2015

Tricia Roddy, Director, Planning Administration
Office of Health Care Financing
Department of Health and Mental Hygiene
201 W. Preston St., Rm. 224
Baltimore, MD 21201

Dear Ms. Roddy,

The Maryland affiliate of the National Council on Alcoholism and Drug Dependence is pleased to write in support of the Maryland Department of Health and Mental Hygiene's request for a waiver of the institutions for mental diseases (IMD) exclusion from the Centers of Medicare and Medicaid Services (CMS) as part of its §1115 HealthChoice demonstration program.

The IMD exclusion is a barrier to certain levels of residential treatment services for people with substance use disorders who are enrolled in Medicaid. There is no sound policy reason to prohibit Medicaid reimbursement for these necessary levels of care that are only able to be operated by providers in a cost-effective manner when the facilities have more than 16 beds. The IMD exclusion results in people seeking treatment in lower levels of care than what is clinically recommended. This leads to poor outcomes and even greater expenses for the State and federal government when additional services are required. It also results in Medicaid dollars being spent in expensive hospital-based services.

Approving this waiver request would improve access to appropriate levels of care for people enrolled in Medicaid. Given the data just released by the State of Maryland showing the continuing increase in the number of people dying from opioid overdoses, the full range of treatment services must be available to ensure access to appropriate care and efficiency in public spending.

NCADD-Maryland appreciates the State's request for this waiver.

Sincerely,

[redacted]

Nancy Rosen-Cohen, Ph.D.
Executive Director

National Council on Alcoholism & Drug Dependence – Maryland Chapter
28 E. Ostend Street, Suite 303, Baltimore, MD 21230 · 410-625-6482 · fax 410-625-6484
www.ncaddmaryland.org

The Maryland Addictions Directors Council

May 26, 2015

Tricia Roddy, Director
Planning Administration, Office of Health Care Financing
Department of Health and Mental Hygiene
201 W. Preston St.
Rm. 224
Baltimore, MD 21201

Re: IMD Waiver Application Comments, Maryland Register May 15, 2015

Dear Ms. Roddy,

We are writing to submit comments to the proposal for an IMD waiver application to CMS that was posted in the Maryland Register on May 15, 2015. We appreciate DHMH taking this necessary action to ensure access to residential treatment for those who require this level of care.

We agree with the argument presented that this level of care is not affectively or adequately addressed by utilizing hospital emergency departments. As noted, this service delivery method is expensive and does not provide the expertise to adequately address the needs of people with substance use disorders (SUD). Providing necessary treatment in an IMD is much more efficient and effective than utilizing hospital services.

In addition to the argument you presented above, we recommend that you note on the application that the original purpose of the IMD exclusion was to prohibit states from providing custodial care for people with mental health needs, which has been traditionally the role of the states. In Maryland SUD treatment in an IMD is not custodial and by policy and practice is treated the same as other rehabilitation services that provide clinically appropriate health care treatment. **The following facts support this argument:**

1. The regulations governing all licensed SUD treatment facilities in Maryland require the use of the American Society of Addiction Medicine (ASAM) criteria. The ASAM Criteria is very specific and ensures that only those who meet ASAM level III criteria through a clinical assessment may receive residential services.

2. Maryland SUD residential treatment facilities are not 'fixed lengths of stay' programs but, instead, offer services with lengths of stay that are individualized, based on patient needs.

3. Maryland has amended its regulations governing licensing of behavioral health treatment programs to require all residential and outpatient SUD treatment programs be accredited by January 1, 2017. This means programs will need to meet the high standards recognized in both the public and private sectors.

4. The State of Maryland and Maryland treatment providers are committed to implementing programs to ensure that those in need of residential treatment continue outpatient treatment once residential services are no longer required. We recognize that SUD is a chronic condition and that good outcomes require ongoing treatment.

5. Maryland's SUD residential treatment programs are committed to improving the quality of their services through the reporting of robust performance metrics that include 30-day, annual and lifetime readmission rates as well as indicators tracking continuation rates across residential levels of care, outpatient and recovery support.

We believe that the commitment to ensuring high quality, evidence based treatment in Maryland as demonstrated by the above policies will ensure that IMD residential services are appropriately utilized to provide rehabilitation services.

In addition, the heroin epidemic that has severely impacted the citizens of this State requires increased access to high quality residential services that will only be available through the granting of an IMD waiver. Because of the expansion of Medicaid more people have access to treatment services. Unfortunately, without an IMD waiver, many are not able to receive the level of care they require to achieve recovery. There are programs able and willing to provide treatment if they are able to provide Medicaid reimbursable services.

We thank you for your submission of this application to CMS and hope that you will incorporate the above recommendations to support the approval of this waiver to ensure access to necessary residential treatment services.

Sincerely,

Lynn H. Albizo
Director of Public Affairs

BALTIMORE CITY
SUBSTANCE ABUSE DIRECTORATE

May 30, 2015

Tricia Roddy, Director, Planning Administration
Office of Health Care Financing
Department of Health and Mental Hygiene
201 W. Preston Street, Room 224
Baltimore, MD 21201

Dear Ms. Roddy,

The Baltimore City Substance Abuse Directorate is pleased to write in support of the Maryland Department of Health and Mental Hygiene's request for a waiver of the institutions for mental disease (IMD) exclusion from the Centers for Medicare and Medicaid Services (CMS) as part of its Health Choice Demonstration Program.

The IMD exclusion is a barrier to certain levels of residential treatment services for people with substance use disorders who are enrolled in Medicaid. There is not sound reason to prohibit Medicaid reimbursement for these very necessary levels of care and to not do so has resulted in persons with substance use disorders not obtaining the clinically recommended level of care they are assessed for and need. The Directorate is comprised of organizations throughout Baltimore City which provide all levels of care along the continuum of substance abuse treatment and it is not uncommon for people to move between the levels of care depending on the assessed need. We believe not having the option of residential detoxification services will result in more hospital admissions for services that could be performed in a less restrictive environment and at a less costly rate. This would result in higher Medicaid costs to the State.

The approval of the waiver request would improve access to the appropriate levels of care for Medicaid enrollees and the Directorate firmly believes that the full range of treatment services must be available to ensure access to the appropriate care and efficiency in public spending.

Sincerely,

[redacted]

Vickie Walters, President
Baltimore City Substance Abuse Directorate

C/o REACH Health Services
2104 Maryland Avenue
Baltimore, Maryland 21218
(410) 752-6080

From: Kevin Young <KYoung7@adventisthealthcare.com>
Date: June 1, 2015 at 3:10:57 PM EDT
To: "tricia.roddy@maryland.gov" <tricia.roddy@maryland.gov>
Cc: Janet Fountain <JFountai@adventisthealthcare.com>
Subject: IMD Waver

Good Afternoon Ms. Roddy,

My name is Kevin Young, President of Behavioral Health and Wellness Services for Adventist Healthcare. This e-mail is to communicate my support of your IMD Waver request and offer my assistance in any way that will further move this IMD Waver request forward. This Waver is very important to our ability to improve access to behavioral health and substance abuse treatment for Adults.

I am unable to attend the hearing on the 3rd, but hope that I can attend future meetings, if notified.

Thank you and let me know if I can be of any assistance or support to you.

Kevin

301-251-4644

HUDSON
HEALTH SERVICES, INC.
A PRIVATE NON-PROFIT CORPORATION
P.O. BOX 1086, SALISBURY, MD 21802-1086

(410) 219-9000
(888) 288-9086
FAX: (410) 742-7048
E-MAIL: INFO@HUDSON-HEALTH.ORG
WEBSITE: WWW.HUDSON-HEALTH.ORG

June 2, 2015

Tricia Roddy, Director of Planning Administration
Office of Health Care Financing
Department of Health and Mental Hygiene
201 W. Preston Street, Room 224
Baltimore, MD 21201

RE: IMD exclusion Waiver
Public Hearing, June 3, 2015

Dear Ms. Roddy,

This letter is in support of the IMD exclusion waiver for the State of Maryland. I am the President and CEO of Hudson Health Services in Salisbury Maryland. Hudson operates an in-patient 42 bed facility as well as a number of sober living and a halfway house for pregnant women and children. Currently we have a 16 bed facility due to the rules of reimbursement from public funds in the IMD exclusion. We are currently using the sober living homes to provide overnight stays for the physically and mentally stable individuals. The cost of the additional staffing and the loss of the available beds for residents who need this level of care are affecting our entire continuum of care. Total costs per month are $20,000.

We have been in existence since 1980 and have current staffing of 75 and growing. We treat and provide services for over 1,200 people per year and we are accredited by the Joint Commission and the Office of Health Care Quality. The waiver would allow us to continue to provide these vital services in the community.

Sincerely,

[redacted]

Leslie Brown
President and CEO
Hudson Health Services, Inc
www.hudson-health.org
(410) 219-9000
lbrown@hudson-health.org

"Providing the tools of recovery to persons whose lives are influenced by alcohol and other drug dependencies, and to enhance the quality of life for persons suffering from or affected by them"

A Joint Commission
Accredited Health Care Facility

IMD EXCLUSION WAIVER

PUBLIC HEARING JUNE 3, 2015

MY NAME IS PETER DSOUZA AND I AM THE CEO OF ADDICTION RECOVERY INC. DOING BUSINESS AS HOPE HOUSE TREATMENT CENTERS LOCATED IN CROWNSVILLE AND LAUREL.

WE HAVE OVER A MILLION PEOPLE WITH MEDICAID IN MARYLAND AND GROWING WITH THE EXPANSION OF THE AFFORDABLE CARE ACT. OUR GOVERNOR HAS DECLARED THAT HEROIN OVERDOSE DEATHS IS AN EMERGENCY. HOPE HOUSE TREATMENT CENTERS HAS 87 BEDS AND IS THE SECOND LARGEST INPATIENT PROGRAM IN MARYLAND. WE TREAT 1500 PEOPLE A YEAR AND WE HAVE A WAITING LIST. MEDICAID IS NOW TELLING US THAT WE CANNOT TREAT ANYONE WITH MEDICAID IF WE HAVE MORE THAN 16 BEDS PER LOCATION. YES, YOU HAVE HEARD ME RIGHT!!!!

MEDICAID NOW PAYS $2,000.00 PER DAY FOR INPATIENT DETOX IN HOSPITAL SETTINGS ONLY, AND AFTER 3 DAYS SEND THEM TO OUTPATIENT CARE—MOST OF THESE PEOPLE RELAPSE AND THAT IS A WASTE OF MONEY!! WITH THAT SAME MONEY WE COULD TREAT THE SAME PATIENT FOR OVER 15 INPATIENT DAYS INCLUDING MEDICAL DETOX AT HOPE HOUSE TREATMENT CENTERS. IT COSTS MUCH MORE TO TREAT THIS PERSON IN THE EMERGENCY ROOM OR IN THE JAIL SYSTEM.

WITH THE MEDICAID IMD EXCLUSION LAW IMPLEMENTED IN JANUARY 2015 THE SITUATION IS GOTTEN EVEN WORSE. MEDICAID IS NOW PAYING US $70.00 PER DAY FOR OUTPATIENT DETOX AND $210.00 PER DAY FOR OUTPATIENT STAY. WE SIMPLY CANNOT TREAT THE PERSON WHO HAS SEVERE ADDICTION, I AM TALKING ABOUT 2ND AND 3RD GENERATION OF ADDICTION, SEVERE MENTAL ILLNESS AND MULTIPLE AND MAJOR PYSICAL AILMENTS, IN THE OUTPATIENT SETTING. THESE PEOPLE HAVE NO SUPPORT SYSTEM TO TALK ABOUT. SOME ARE HOMELESS, OTHERS HAVE NO PERMANENT RESIDENCE, STILL OTHERS LIVE IN DRUG INFESTED AREAS.

THIS IS WHAT WE PROVIDE FOR INPATIENT STAY: MEDICALLY BASED INPATIENT DETOX EXACTLY LIKE THE ONES IN THE HOSPITALS, COUNSELING—INDIVIDUAL AND GROUP---BOTH FOR MENTAL ILLNESS & ADDICTION THROUGHOUT THE DAY, CASE MANAGEMENT, FAMILY TREATMENT, ADDICTION, MENTAL HEALTH & PHYSICAL MEDICAL CARE INCLUDING MEDICATIONS, BREAKFAST, LUNCH AND DINNER, ROOM AND BOARD, SECURITY, TRANSPORTATION, LAUNDRYMAT SERVICES, RECREATION. ALL THIS FOR $210.00 PER DAY??

MR. STEVEN SCHUH, OUR COUNTY EXECUTIVE AND LARRY HOGAN OUR GOVERNOR HAVE BEEN COURAGEOUS ENOUGH TO MAKE IT AN EMERGENCY IN MARYLAND AND TO CALL FOR EXPANSION OF SERVICES. THE GREAT IRONY IS TO SEE ADDICTION AND MENTAL ILLNESS RAPIDLY ADVANCING WITH ITS DEVASTATION WHEN MEDICAID IS RAPIDLY REGRESSING IN ITS COMMITMMENT TO EFFECTIVE TREATMENT. FOR HEAVEN'S SAKE, WE ARE TALKING OF LIFE AND DEATH OF HUMAN BEINGS FROM OUR COMMUNITY, FRIENDS, NEIGHBORS, FAMILY MEMBERS.

BY NEGLECTING TO TREAT THESE FOLKS EFFECTIVELY WE WILL HAVE SOWN THE WIND, WE HAVE ALREADY STARTED REAPING THE WHIRLWIND. WITH EFFECTIVE TREATMENT WE HAVE THOUSANDS OF RECOVERING PEOPLE IN MARYLAND. MARYLAND NEEDS TO GET AN IMD EXCLUSION WAIVER SO THAT THE BREAKING ADDICTION ACT, 2015, INTRODUCED IN THE UNITED STATES HOUSE OF REPRESENTATIVES WILL GRANT STATES APPLYING FOR WAIVERS TO EXPAND THE NUMBER OF BEDS FOR MEDICAID PATIENTS.

COMMUNITY BEHAVIORAL HEALTH

CBH

ASSOCIATION OF MARYLAND

June 3, 2015

Tricia Roddy
Director, Planning Administration
Office of Health Care Financing
Department of Health and Mental Hygiene
201 West Preston Street, Room 224
Baltimore, MD 21201

Dear Ms. Roddy:

CBH is the professional association for Maryland's network of community-based programs serving children and adults who use the public mental health system. Our member agencies operate treatment and support services that help people stay out of hospitals and participate in community life as productively as possible.

We support the Institutions for Mental Disease (IMD) exclusion waiver because it will allow access to quality care for individuals in need of inpatient behavioral health services. Unfortunately, general acute hospitals are often ill equipped to meet the needs of this specialized population, and their services come at a higher cost than those rendered in an IMD. Data from various reliable sources clearly show the relationship between untreated or under-treated behavioral health disorders and increased health care costs and worse health outcomes. It makes sense from a clinical perspective to provide treatment in the most effective settings, which are IMDs. It also makes sense to provide treatment in the lower cost settings – again, IMDs. It's a win-win for both payers and patients when clinical and financial outcomes align.

The federal government through CMS has emphasized the importance of providing parity for behavioral health on par with that of somatic disorders. Allowing Medicaid reimbursement for private IMDs is another step in ensuring that individuals with mental health and/or substance use disorders have access to the most effective and efficient treatment available.

Thank you for considering our views and for your leadership on this issue.

Sincerely,

[redacted]

Lori Doyle
Public Policy Director

18 Egges Lane • Catonsville, Maryland 21228-4511 • 410-788-1865 • fax: 410-788-1768
e-mail: mdcbh@verizon.net • website: www.mdcbh.org • Member of USPRA and NCCBH

The Maryland Addictions Directors Council

June 4, 2015

Tricia Roddy, Director
Planning Administration, Office of Health Care Financing
Department of Health and Mental Hygiene
201 W. Preston St.
Rm. 224
Baltimore, MD 21201

Re: Support for an Amendment to Maryland's 1115 Medicaid Waiver that will allow Medicaid payments for services provided in an IMD

Dear Ms. Roddy,

We are submitting this letter as a supplement to the letter submitted to you on May 26, 2015. Our original letter provided detailed comments with specific recommendations regarding Maryland's application for an IMD exclusion waiver from CMS. We support your broad request for a waiver from the IMD exclusion and recommend against any modifications to your request that would limit the length of stay in an IMD that is not related to the clinically assessed need.

MADC members include providers, professionals and organizations that support addiction services and advocate for expanded access, use of best practices and support for coordination of care and services. **MADC members have expressed broad support for the granting of a waiver from the IMD exclusion for the provision of SUD services in Maryland.** This action is necessary for Maryland to effectively address the Heroin epidemic impacting every county in this State.

While we support the expansion of Medicaid as a result of the passage of the Affordable Care Act, it is unconscionable that Medicaid recipients do not have the same access to effective residential services as those with private insurance. In order to effectively treat substance use disorders, there must be access to all levels of care.

The IMD exclusion effectively eliminates access to the residential level of care for Medicaid recipients in Maryland. As result, those with the highest needs and the most at risk of overdose are denied the level of care they need to recover. In order to ensure recovery, the length of stay should be based on

clinical need. Evidences shows that prescribed lengths of stay are not effective of cost efficient. We support the State's broad request for a waiver that does not include length of stay limitations Specific length of stay limitations is not in keeping with best practice or care that will ensure long-term recovery. Therefore, we urge the granting of a waiver that does not include length of stay limitations, but rather is tied to clinical necessity. **We urge CMS to grant the amendment to Maryland's** 1115 to provide for a waiver of the IMD exclusion without length of stay limitations.

We appreciate the State moving forward with this necessary plan of action and look forward to CMS granting the waiver to ensure full access to treatment for this vulnerable population.

Sincerely,

Lynn H. Albizo, Director of Public Affairs

1206 Brook Meadow Drive ▪ Towson, MD 21286 ▪ 443.834.5866

GAUDENZIA, INC.
Chesapeake Region Office
3643 Woodland Avenue
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Richard Z. Freemann, Jr., Esq
Chairman of the Board
Caudenzia, Inc.

Michael Harle, M.H.S.
President/Chief Executive Officer

June 5, 2015

Ms. Tricia Roddy
Director, Planning Administration
Office of Health Care Financing
Department of Health and Mental Hygiene
201 W. Preston Street, Room 224
Baltimore, MD 21201

Dear Ms. Roddy:

I am writing on behalf of Gaudenzia, the largest non-profit provider of substance abuse treatment services in Maryland, to express our strong support for the Institutions for Mental Disease (IMD) exclusion waiver.

The IMD exclusion is one of the few instances where Medicaid is not permitted to provide payment for medically-necessary services. In seeking this waiver, Maryland plans to target private IMDs treating individuals with either psychiatric care or substance abuse needs and allow adults ages 21 to 64 to receive services in less costly IMDs rather than in general acute-care hospitals.

The Centers for Medicare and Medicaid Services (CMS) has approved IMD exclusion waivers in the past in nine states, including Maryland. Maryland was also one of eleven states selected to participate in the Medicaid Emergency Psychiatric Demonstration established under Section 2707 of the Affordable Care Act. The Demonstration is scheduled to sunset in December 2015.

The IMD exclusion waiver will be instrumental in promoting access to high quality care and relieving the pressure on overcrowded general hospital emergency departments. Additionally, both Maryland and CMS will save money, since IMDs are lower cost facilities than acute hospitals.

Please feel free to contact me at 410-367-5501 or aperson@gaudenzia.org if you have any questions or require further information.

Sincerely,

[redacted]

Andrea Person
Division Director

GAUDENZIA, INC.
Chesapeake Region Office
3643 Woodland Avenue
Baltimore, MD 21215
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Richard Z. Freemann, Jr., Esq
Chairman of the Board
Gaudenzia, Inc.

Michael Harle, M.H.S.
President/Chief Executive Office

June 5, 2015

Ms. Tricia Roddy
Director, Planning Administration
Office of Health Care Financing
Department of Health and Mental Hygiene
201 W. Preston Street, Room 224
Baltimore, MD 21201

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Please feel free to contact me at 410-367-5551 ext. 8245 or bbrendel-reckline@gaudenzia.org if you have any questions or require further information.

Sincerely,

[redacted]

Brenda Brendel-Reckline
Counselor

GAUDENZIA

3641 Woodland Ave
Baltimore, MD 21215

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Richard Z. Freemann, Jr., Esq.
Chairman of the Board
Gaudenzia, Inc.

Richard M. Bockol, Esq.
Chairman of the Board
Gaudenzia Foundation, Inc.

Michael Harle, M.H.S.
President/Chief Executive Officer

June 5, 2015

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Director, Planning Administration
Office of Health Care Financing
Department of Health and Mental Hygiene
201 W. Preston Street, Room 224
Baltimore, MD 21201

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Please feel free to contact me at 410-367-5551 or yeaddy@gaudenzia.org if you have any questions or require further information.

Sincerely,

[redacted]

Yvette Moulton Eaddy, LCPC, LCADC
Program Director Halfway House

GAUDENZIA, INC.
Chesapeake Region Office
3643 Woodland Avenue
Baltimore, MD 21215
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Richard Z. Freemann, Jr., Esq
Chairman of the Board
Gaudenzia, Inc.

Michael Harle, M.H.S.
President/Chief Executive Officer

June 5, 2015

Ms. Tricia Roddy
Director, Planning Administration
Office of Health Care Financing
Department of Health and Mental Hygiene
201 W. Preston Street, Room 224
Baltimore, MD 21201

Dear Ms. Roddy:

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Please feel free to contact me at 410-367-5551 or afuller@gaudenzia.org if you have any questions or require further information.

Sincerely,

[redacted]

Allen Fuller
Program Supervisor

GAUDENZIA, INC.
Chesapeake Region Office
3643 Woodland Avenue
Baltimore, MD 21215
(410) 367-5501
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Richard Z. Freemann, Jr., Esq
Chairman of the Board
Gaudenzia, Inc.

Michael Harle, M.H.S.
President/Chief Executive Office

June 5, 2015

Ms. Tricia Roddy
Director, Planning Administration
Office of Health Care Financing
Department of Health and Mental Hygiene
201 W. Preston Street, Room 224
Baltimore, MD 21201

Dear Ms. Roddy:

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Please feel free to contact me at 410-367-5551 or smontes@gaudenzia.org if you have any questions or require further information.

Sincerely,

[redacted]

Salma Montes
Clinical Supervisor

GAUDENZIA, INC.
Chesapeake Region Office
3643 Woodland Avenue
Baltimore, MD 21215
(410) 367-5501
Fax: (410) 367-4447

Richard Z. Freemann, Jr., Esq
Chairman of the Board
Gaudenzia, Inc.

Michael Harle, M.H.S.
President/Chief Executive Office

June 5, 2015

Ms. Tricia Roddy
Director, Planning Administration
Office of Health Care Financing
Department of Health and Mental Hygiene
201 W. Preston Street, Room 224
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Please feel free to contact me at 410-367-5551 or jmanigo@gaudenzia.org if you have any questions or require further information.

Sincerely,

[redacted]

Jamie Manigo
Counselor

GAUDENZIA, INC.
Chesapeake Region Office
3643 Woodland Avenue
Baltimore, MD 21215
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Richard Z. Freemann, Jr., Esq
Chairman of the Board
Gaudenzia, Inc.

Michael Harle, M.H.S.
President/Chief Executive Office

June 5, 2015

Ms. Tricia Roddy
Director, Planning Administration
Office of Health Care Financing
Department of Health and Mental Hygiene
201 W. Preston Street, Room 224
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Please feel free to contact me at 410-367-5551 ext. 8233 or vjones@gaudenzia.org if you have any questions or require further information.

Sincerely,

[redacted]

Vernell Jones
Counselor

GAUDENZIA

3643 Woodland Ave
Baltimore, MD 21215

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Richard Z. Freemann, Jr., Esq.
Chairman of the Board
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Richard M. Bockol, Esq.
Chairman of the Board
Gaudenzia Foundation, Inc.

Michael Harle, M.H.S.
President/Chief Executive Officer

June 5, 2015

Ms. Tricia Roddy
Director, Planning Administration
Office of Health Care Financing
Department of Health and Mental Hygiene
201 W. Preston Street, Room 224
Baltimore, MD 21201

Dear Ms. Roddy:

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Please feel free to contact me at 410-367-5551 or jdavis@gaudenzia.org if you have any questions or require further information.

Sincerely,

[redacted]

James P. Davis
Counselor

GAUDENZIA

3643 Woodland Ave
Baltimore, MD 21215

(410) 367-5501
Fax (410) 367-4447

Richard Z. Freemann, Jr., Esq
Chairman of the Board
Gaudenzia, Inc.

Richard M. Bockol, Esq.
Chairman of the Board
Gaudenzia Foundation, Inc.

Michael Harle, M.H.S.
President/Chief Executive Officer

June 5, 2015

Ms. Tricia Roddy
Director, Planning Administration
Office of Health Care Financing
Department of Health and Mental Hygiene
201 W. Preston Street, Room 224
Baltimore, MD 21201

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Please feel free to contact me at 410-367-5551 or jgjones@gaudenzia.org if you have any questions or require further information.

Sincerely,

[redacted]

James G. Jones, BSW, CIT-AD
Counselor II

GAUDENZIA

3633 Woodland Ave.
Baltimore, MD 21215

(410) 367-5501
Fax (410) 367-4447

Richard Z. Freemann, Jr., Esq.
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Please feel free to contact me at 410-367-5551 or rlomax@gaudenzia.org if you have any questions or require further information.

Sincerely,

[redacted]

Rodney Lomax
Counselor

GAUDENZIA, INC.
Chesapeake Region Office
3643 Woodland Avenue
Baltimore, MD 21215

(410) 367-5501
Fax: (410) 367-4447

Richard Z. Freemann, Jr., Esq
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June 5, 2015

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Please feel free to contact me at 410-367-5551 x 8252 or Twatkins@gaudenzia.org if you have any questions or require further information.

Sincerely,

[redacted]

Ms. Tammye Watkins
Certified Addictions Counselor

GAUDENZIA, INC.
Chesapeake Region Office
3643 Woodland Avenue
Baltimore, MD 21215
(410) 367-5501
Fax: (410) 367-4447

Richard Z. Freemann, Jr., Esq
Chairman of the Board
Gaudenzia, Inc.

Michael Harle, M.H.S.
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June 5, 2015

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Please feel free to contact me at 410-367-5551 EXT 8447 or jjordan@gaudenzia.org if you have any questions or require further information.

Sincerely,

[redacted]

John R Jordan Jr
Primary Counselor AAS, CIT-AD

GAUDENZIA, INC.
Chesapeake Region Office
3643 Woodland Avenue
Baltimore, MD 21215
(410) 367-5501
Fax: (410) 367-4447

Richard Z. Freemann, Jr., Esq
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June 5, 2015

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Please feel free to contact me at 410-367-5501 or kblalock@gaudenzia.org if you have any questions or require further information.

Sincerely,

[redacted]

Kristy Blalock
Program Director

GAUDENZIA

3613 Woodland Ave
Baltimore, MD 21215

t 410-367-5501
f 410-367-4437

Richard Z. Freemann, Jr., Esq
Chairman of the Board
Gaudenzia, Inc.

Richard M. Bockol, Esq.
Chairman of the Board
Gaudenzia Foundation, Inc.

Michael Harle, M.H.S.
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Please feel free to contact me at 410-367-5551 or cejekwu@gaudenzia.org if you have any questions or require further information.

Sincerely,

[redacted]

Chinwendu Ejekwu
Counselor III

GAUDENZIA, INC.
Chesapeake Region Office
3643 Woodland Avenue
Baltimore, MD 21215
(410) 367-5501
Fax: (410) 367-4447

Richard Z. Freemann, Jr., Esq
Chairman of the Board
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June 5, 2015

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Please feel free to contact me at 410-367-5501 ext. 203 or gwarren@gaudenzia.org if you have any questions or require further information.

Sincerely,

[redacted]

Gregory Warren, MA, MBA
Regional Director
Gaudenzia, Inc.

GAUDENZIA

3643 Woodland Ave
Baltimore, MD 21215

(410) 367-5501
Fax (410) 367-4447

Richard Z. Freemann, Jr., Esq
Chairman of the Board
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Richard M. Bockol, Esq.
Chairman of the Board
Gaudenzia Foundation, Inc.

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Please feel free to contact me at 410-367-5551 or lhooker@gaudenzia.org if you have any questions or require further information.

Sincerely,

[redacted]

Lorice Hooker
Counselor LH

June 5, 2015

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Director, Planning Administration
Office of Health Care Financing
Department of Health and Mental Hygiene
201 W. Preston Street, Room 224
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Please feel free to contact me at 410.367.5501 ext. 8207 or rflemingf@gaudenzia.org if you have any questions or require further information.

Sincerely,

[redacted]

Robin Davis-Fleming
Regional Administrative Coordinator

GAUDENZIA, INC.
Chesapeake Region Office
3643 Woodland Avenue
Baltimore, MD 21215
(410) 367-5501
Fax: (410) 367-4447

Richard Z. Freemann, Jr., Esq
Chairman of the Board
Gaudenzia, Inc.

Michael Harle, M.H.S.
President/Chief Executive Officer

June 9, 2015

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Director, Planning Administration
Office of Health Care Financing
Department of Health and Mental Hygiene
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Please feel free to contact me at 443-945-2079 or erussell *a* gaudenzia.org if you have any questions or require further information.

Sincerely,

[redacted]

Ernest Russell, CSC-AD
Program Director Woodland MLT

June 9, 2015

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Director, Planning Administration
Office of Health Care Financing
Department of Health and Mental Hygiene
201 W. Preston Street, Room 224
Baltimore, MD 21201

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Please feel free to contact me at 410-627-6461 or lsimmons@gaudenzia.org if you have any questions or require further information.

Sincerely,

[redacted]

Leah Simmons, LGSW
Program Director, Women with Children Program
Weinberg Family Center at Gaudenzia

GAUDENZIA, INC.
Chesapeake Region Office
3643 Woodland Avenue
Baltimore, MD 21215
(410) 367-5501
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Richard Z. Freemann, Jr., Esq
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June 10, 2015

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Please feel free to contact me at (410) 367-5551 ext. 8220 number or [redacted] if you have any questions or require further information.

Sincerely,

[redacted]

Natalie Shuler
Clinical Supervisor

GAUDENZIA, INC.
Chesapeake Region Office
3643 Woodland Avenue
Baltimore, MD 21215
(410) 367-5501
Fax: (410) 367-4447

Richard Z. Freemann, Jr., Esq
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June 10, 2015

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Office of Health Care Financing
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Please feel free to contact me at (410) 367-5551 ext. 8231 number or [redacted] if you have any questions or require further information.

Sincerely,

[redacted]

Derek Mackey
Counselor I

GAUDENZIA, INC.
Chesapeake Region Office
3643 Woodland Avenue
Baltimore, MD 21215
(410) 367-5501
Fax: (410) 367-4447

Richard Z. Freemann, Jr., Esq
Chairman of the Board
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Office of Health Care Financing
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Please feel free to contact me at 410-367-5551 ext. 8243 or memossburg@gaudenzia.org if you have any questions or require further information.

Sincerely,

[redacted]

Michael E. Mossburg, AAS,CSC-AD
Lead Counselor III

GAUDENZIA, INC.
Park Heights
4615 Park Hts Ave
Baltimore, MD 21215
(443) 423-1500
Fax: (443) 423-1596

Richard Z. Freemann, Jr., Esq
Chairman of the Board
Gaudenzia, Inc.

Michael Harle, M.H.S.
President/Chief Executive Officer

June 11, 2015

Ms. Tricia Roddy
Director, Planning Administration
Office of Health Care Financing
Department of Health and Mental Hygiene
201 W. Preston Street, Room 224
Baltimore, MD 21201

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Please feel free to contact me at (443) 423-1500 ext. 8590 or tblackwell@gaudenzia.org if you have any questions or require further information.

Sincerely,

[redacted]

Tiffany Blackwell
Program Director – Women's Long Term

June 12, 2015

Ms. Tricia Roddy
Director, Planning Administration
Office of Health Care Financing
Department of Health and Mental Hygiene
201 W. Preston Street, Room 224
Baltimore, MD 21201

Dear Ms. Roddy:

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Please feel free to contact me at 443-779-4071 x8603 or djenkins@gaudenzia.org if you have any questions or require further information.

Sincerely,

[redacted]

Dwayne Jenkins
Program Supervisor

June 12, 2015

Ms. Tricia Roddy
Director, Planning Administration
Office of Health Care Financing
Department of Health and Mental Hygiene
201 W. Preston Street, Room 224
Baltimore, MD 21201

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Please feel free to contact me at 443-779-4071 x8606 or coliver@gaudenzia.org if you have any questions or require further information.

Sincerely,

[redacted]

Candia Oliver
Counselor

June 12, 2015

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Director, Planning Administration
Office of Health Care Financing
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Please feel free to contact me at 443-779-4071 x8602 or ecater@gaudenzia.org if you have any questions or require further information.

Sincerely,

[redacted]

Emma Cater
Prevention Supervisor

June 12, 2015

Ms. Tricia Roddy
Director, Planning Administration
Office of Health Care Financing
Department of Health and Mental Hygiene
201 W. Preston Street, Room 224
Baltimore, MD 21201

Dear Ms. Roddy:

I am writing on behalf of Gaudenzia, the largest non-profit provider of substance abuse treatment services in Maryland, to express our strong support for the Institutions for Mental Disease (IMD) exclusion waiver.

The IMD exclusion is one of the few instances where Medicaid is not permitted to provide payment for medically-necessary services. In seeking this waiver, Maryland plans to target private IMDs treating individuals with either psychiatric care or substance abuse needs and allow adults ages 21 to 64 to receive services in less costly IMDs rather than in general acute-care hospitals.

The Centers for Medicare and Medicaid Services (CMS) has approved IMD exclusion waivers in the past in nine states, including Maryland. Maryland was also one of eleven states selected to participate in the Medicaid Emergency Psychiatric Demonstration established under Section 2707 of the Affordable Care Act. The Demonstration is scheduled to sunset in December 2015.

The IMD exclusion waiver will be instrumental in promoting access to high quality care and relieving the pressure on overcrowded general hospital emergency departments. Additionally, both Maryland and CMS will save money, since IMDs are lower cost facilities than acute hospitals.

Please feel free to contact me at 443-779-4071 x8604 or lherndon@gaudenzia.org if you have any questions or require further information.

Sincerely,

[redacted]

Lillian Herndon
Case Manager

GAUDENZIA, INC.
Chesapeake Region Office
3643 Woodland Avenue
Baltimore, MD 21215
(410) 367-5501
Fax: (410) 367-4447

Richard Z. Freemann, Jr., Esq
Chairman of the Board
Gaudenzia, Inc.

Michael Harle, M.H.S.
President/Chief Executive Officer

June 12, 2015

Ms. Tricia Roddy
Director, Planning Administration
Office of Health Care Financing
Department of Health and Mental Hygiene
201 W. Preston Street, Room 224
Baltimore, MD 21201

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The IMD exclusion waiver will be instrumental in promoting access to high quality care and relieving the pressure on overcrowded general hospital emergency departments. Additionally, both Maryland and CMS will save money, since IMDs are lower cost facilities than acute hospitals.

At Gaudenzia I oversee an admissions department that has to tell people that have acquired Medicaid that they cannot be admitted using their insurance. These are people in crisis and when they are scheduled based on the limited availability of grant beds they go to emergency rooms, or they continue to use their substances of abuse. This barrier would be greatly lessened by the IMD waiver allowing the payment for detoxification by Medicaid. As of today we have 47 people scheduled for admission in the next 2 weeks but I have over 30 open beds. If we could bill Medicaid for this service these people seeking help would have gotten it, instead they are either using a higher cost service or are a public health liability.

GAUDENZIA, INC.
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Richard Z. Freemann, Jr., Esq
Chairman of the Board
Gaudenzia, Inc.

Michael Harle, M.H.S.
President/Chief Executive Officer

For the past 18 years I have been providing crisis intervention counseling services at Maryland General Hospital which has been renamed University of Maryland Medical Center Midtown Campus. I estimate that I have seen an average of 5 patients per shift that have either a substance abuse or psychiatric problem and frequently a combination of the disorders. Many of these patients need short term stabilization but do not have the acuity necessary for an admission to a medical service so they feign a psychiatric condition. This malingering behavior or factitious disorder creates a problem for the acute care psychiatric units around the State of Maryland. Patients suffering from a psychiatric condition often have to wait 24-72 hours to find appropriate placement. This is a costly burden to emergency rooms and it usually exacerbates their mental health disorder

The hospital lobbyists may be concerned that this will lower the number of admissions to their psychiatric unit but I disagree. The IMD waiver would allow for the right care and the right time and that care might be a step down from an acute psychiatric unit or a referral to such a unit as is clinically and medically necessary. There is, unfortunately, an abundance of people needing immediate help for their behavioral health disorders and a heroin epidemic that cannot be ignored.

Please feel free to contact me at 410-991-2200 or clippens@gaudenzia.org if you have any questions or require further information.

Sincerely,

[redacted]

Craig Lippens. M.S., CAC-AD, CCDC
Division Director
Gaudenzia

UNIVERSITY of MARYLAND
FRANCIS KING CAREY
SCHOOL OF LAW

Drug Policy and Public Health Strategies Clinic
Clinical Law Program

Via Electronic Mail

June 15 2015

Tricia Roddy, Director -Planning Administration
Office of Health Care Financing
Department of Health and Mental Hygiene
201 West Preston Street, Room 224
Baltimore, Maryland 21201

Dear Ms. Roddy:

The Drug Policy and Public Health Strategies Clinic of the University of Maryland Carey School of Law appreciates the opportunity to submit comments in support of the Department's request for a waiver of the Institutions for Mental Disease ("IMD") exclusion. The mission of the Drug Policy Clinic is to expand access to comprehensive, nondiscriminatory treatment for individuals with substance use disorders. The IMD exclusion restricts access to care and discriminates against Medicaid beneficiaries with behavioral health conditions by rendering individuals between the ages of 21 and 64 ineligible for Medicaid coverage if they are patients of an IMD.[1] A relic of a bygone system of state psychiatric hospitals, the IMD exclusion persists into the 21st century despite vast changes in clinical practice that have transformed best practices for treating substance use disorders as well as the systems for delivering and financing health care. The Drug Policy Clinic strongly supports the State's efforts to seek a waiver of the IMD exclusion. If granted, the waiver will improve access to appropriate levels of care for individuals with mental health and substance use disorders while lowering costs across the health care landscape.

The IMD exclusion undermines Maryland's innovative work in the areas of Medicaid expansion, behavioral health care integration, and hospital payment reform. In the five decades since the IMD exclusion was implemented as part of the original Medicaid program, substance use disorders have been increasingly recognized as distinct conditions requiring specialized treatment that is integrated into the patient's whole health care. Medicaid beneficiaries have been granted much greater access to community-based care for both behavioral and medical conditions.[2] In keeping with these long term trends, the Department has adopted the American

[1] 42 U.S.C. 1396d(a)(29)(B) (excluding payments for Medicaid beneficiaries "with respect to care or services for any individual who has not attained 65 years of age and who is a patient in an institution of mental disease"); MD. CODE ANN. HEALTH-GEN. § 15-109.2(1) (Mandating that "if a [Medicaid] recipient who is at least 21 years old but is under the age of 65 years is ... admitted to an institution for the treatment of a mental disease, the Department shall suspend Program benefits... while that individual is in the institution..."; and COMAR 10.09.24.05-5B(1) ("An institutionalized individual younger than 65 years old who is admitted for residence in an institution for mental disease is not eligible for Medical Assistance unless that applicant or recipient is [y]ounger than 22 years old...")

[2] Rosenbaum, et al., "An Analysis of the Medicaid IMD Exclusion," Center for Health Services Research and Policy, George Washington University School of Public health and Health Sciences 7-9 (December 19, 2002).

Society of Addiction Medicine (ASAM) Criteria to guide treatment placement decisions for patients with substance use disorders.[3] The ASAM Criteria, widely acknowledged as the national standard for placement and treatment of patients with addiction disorders, reflect the reality that effective substance use disorder treatment takes places along a continuum of care, ranging from early intervention to outpatient care to community-based residential treatment to medically monitored intensive inpatient services. Within the context of the State's larger behavioral health integration efforts, the State's reliance on the ASAM Criteria to determine appropriate treatment reflects its commitment to high-quality substance use disorder treatment for all Medicaid beneficiaries, a group that has swelled to well over one million enrollees since the implementation of the Affordable Care Act on January 1, 2014.[4]

The IMD exclusion remains a major barrier for Medicaid beneficiaries with substance use disorders who attempt to access this seemingly robust continuum of care. Because Medicaid dollars cannot be applied to more intensive levels of care, including non-ambulatory detoxification, provided in facilities identified as IMDs, limited state grant dollars must be stretched to provide residential treatment for adults who would otherwise be covered by Medicaid. The exclusion threatens the sustainability of existing programs that must rely on shrinking grant dollars to provide residential treatment services to an expanding Medicaid population. The presence of the IMD exclusion forces these facilities to cling to an obsolete and unstable business model that leaves them ill-equipped to survive in an increasingly insurance-based health care marketplace. The exclusion also deters the development of innovative programs that could provide multiple levels of outpatient and residential care within a single therapeutic setting. [5]

While the IMD exclusion does nothing to reduce the need for residential treatment, it perversely incentivizes the most expensive possible settings for this care. Faced with confusing restrictions and limited residential treatment services, individuals in crisis turn to the only doors open to them: emergency departments and hospital-based detoxification units, both of which are reimbursable by Medicaid despite being unnecessarily costly for the system as a whole.[6] In this way, the IMD exclusion undermines the State's larger efforts to contain costs and reduce hospital readmissions through its hospital reform waiver.

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available at https://publichealth.gwu.edu/departments/healthpolicy/DHP_Publications (exploring the justification for the IMD exclusion and citing *Olmstead v. L.C.*, 119 S. Ct. 2176 (1999) as evidence of the move towards community-based care for disabled Medicaid beneficiaries.)

[3] MD. CODE REGS. §10.09.80.50.

[4] "Summary of Current HealthChoice Recipients Enrolled By MCO/LAA as of 5/30/15," Maryland Department of Health and Mental Hygiene (an enrollment report circulated to the Maryland Medicaid Advisory Committee from the Department listing 1,021,673 individuals enrolled in Maryland's Medicaid Managed Care Program (HealthChoice) on May 20, 2015. On its HealthChoice website, https://mmcp.dhmh.maryland.gov/healthchoice/SitePages/Home.aspx , the Department states that "[a]bout 75% of Medicaid eligibles are in HealthChoice.")

[5] E.B. Fergurson, *Medicaid changes could close addiction centers*, Capital Gazette, Jan. 30, 2015, available at http://www.capitalgazette.com/news/ph-ac-cn-hope-house-0129-20150130-story.html.

[6] Letter from Governor Larry Hogan to Members of Congress (March 17, 2015).

Finally, by limiting the number of residential treatment beds generally, the IMD exclusion contributes to the lack of treatment options available for individuals who are incarcerated but have been identified as good candidates for diversion programs. The State bears the high cost of incarcerating people who could be receiving treatment, but for limitations on the number of beds that could be made available because of the IMD exclusion. When these individuals are released without treatment or provided an inappropriate level of treatment, they are more likely to relapse and return to the criminal justice system: a high-cost revolving door with serious implications both for the State budget and for communities around Maryland.

Most tragically, the IMD exclusion continues to contribute to a statewide overdose epidemic, which in 2014 claimed the lives of 1,039 Marylanders, a 21% increase over the previous year and a 60% increase since 2010.[7] Until the IMD exclusion is lifted, the State cannot ensure that Medicaid beneficiaries will have access to the full range of life-saving treatment when they need it most.

The IMD exclusion poses a significant, even life-threatening, barrier for Medicaid beneficiaries with substance use disorders today. In Maryland, the IMD exclusion has not only outlasted its intended purpose, but it undermines important initiatives including Medicaid expansion, behavioral health integration, and hospital payment reform. Most critically, the State should be permitted to mitigate the effects of a federal policy that restricts access to comprehensive substance use disorder treatment during the ongoing overdose epidemic. The Drug Policy Clinic appreciates the opportunity to express our support for the Department's waiver request. Thank you for considering our views.

Sincerely,

[redacted]

Geraldine Doetzer
Clinic Staff Attorney

[redacted]

Ellen Weber
Professor of Law

[7] Maryland Department of Health and Mental Hygiene, "Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2014," May 2015, available at http://bha.dhmh.maryland.gov/OVERDOSE_PREVENTION/Documents/2015.05.19%20-%20Annual%20OD%20Report%202014_merged%20file%20final.pdf.

NAMI Maryland
National Alliance on Mental Illness

10630 Little Patuxent Parkway, Suite 475
Columbia, MD 21044
Phone: 410.884.8691 Fax: 410.884.8695
Email: info@namimd.org Web: www.namimd.org

Monday, June 15, 2015

Tricia Roddy, Director
Planning Administration
Office of Health Care Financing,
Department of Health and Mental Hygiene
201 West Preston Street
Room 224
Baltimore, MD 21201

RE: Institutions for Mental Disease (IMD) Exclusion Waiver

Dear Ms. Roddy:

On behalf of the National Alliance on Mental Illness (NAMI) Maryland and our twelve community based affiliates, thank you for the opportunity to provide comments on Maryland's request to the Centers for Medicare and Medicaid Services (CMS) regarding an amendment to its HealthChoice §1115 demonstration that would allow for Medicaid payments for services in IMDs. NAMI Maryland is dedicated to improving the lives of all those affected by mental illness, including efforts to ensure that individuals with mental illness and co-occurring disorders receive timely and effective treatment equal with other medical diseases.

NAMI Maryland was pleased when Maryland was selected as one of 11 states, along with the District of Columbia, to participate in a three-year Medicaid emergency psychiatric demonstration project that permitted ***non-government*** psychiatric hospitals to receive Medicaid payment for providing emergency services, to "Medicaid recipients aged 21 to 64 who expressed suicidal or homicidal thoughts or gestures, and who are determined to be dangerous to themselves or others", established in the Affordable Care Act.

The demonstration has helped to reverse the discriminatory exclusion of Medicaid reimbursement for selected psychiatric hospitals. Further, it has relieved some of the financial burden of indigent (uninsured) care, increased the availability of needed acute psychiatric inpatient care, resulted in more positive outcomes, and/or reduced the "boarding" or long wait times in emergency departments for individuals experiencing psychiatric crises.

Without the IMD exclusion waiver sunsets in December 2015, NAMI Maryland is concerned that not only will facilities be precluded from reimbursement by Medicaid, but that individual patients' eligibility for Medicaid will be extinguished while they are receiving inpatient care in an IMD. Further, in order for an individual to receive treatment for a medical disorder not related to their severe mental illness, they must be discharged from the IMD, have their Medicaid eligibility reinstated, be treated in a medical/surgical setting, and then be readmitted to the IMD. This is in ineffective system that will do nothing to ensure timely and effective treatment or continuity of care; a fundamental objective of the

Behavioral Health Administration. Further, we know that delays in treatment can increase the severity of the mental illness and consequently the intensity and cost of the services being provided.

NAMI Maryland appreciates the opportunity to comment on this important issue and our hope is that Maryland will request and receive the IMD exclusion waiver. This would allow Maryland to continue the removal of unequal and disjointed barriers from the past that limits access to timely and effective mental health treatment that promotes wellness and recovery.

[redacted]

Kate S. Farinholt, J.D.
Executive Director
NAMI Maryland

[redacted]

Jessica L. Honke, MSW
Policy and Advocacy Director
NAMI Maryland

Maryland
Hospital Association

June 16, 2015

Tricia Roddy, Director
Department of Health & Mental Hygiene
201 West Preston Street – 2nd Floor
Baltimore, Maryland 21201-2301

Dear Ms. Roddy:

On behalf of the Maryland Hospital Association's (MHA) 65 member hospitals and health systems, we are pleased to support the state's application to amend its HealthChoice §1115 demonstration and allow Medicaid payments for services in Institutions for Mental Disease (IMDs). We understand that this request for an "IMD exclusion waiver" would target private IMDs treating individuals in need of either psychiatric or substance use care, and allow adults age 21 to 64 to continue to receive services in less-costly IMDs rather than general acute-care hospitals.

As you aware, on January 1, 2014 the state entered into a separate demonstration program with the Center for Medicare & Medicaid Innovation to revise Maryland's all-payer model and achieve the goals of the triple aim. To be successful, this model encourages Maryland's hospitals to work with their community partners to coordinate care and improve population health. Key to this effort is ensuring access to appropriate behavioral health services in both institutional and community-based settings. We believe that approval of your proposed IMD exclusion waiver will be a critical part of this broad-based population health improvement strategy.

If you have any questions, please don't hesitate to contact me at the association.

Sincerely,

[redacted]

Michael B. Robbins,
Senior Vice President

Maryland Association of
COUNTY HEALTH OFFICERS

an affiliate of Maryland Association of Counties, Inc.

June 19, 2015

Tricia Roddy
Director, Planning Administration
Office of Health Care Financing
Maryland Department of Health and Mental Hygiene
201 W. Preston St., Room 224
Baltimore, MD 21201

Dear Ms. Roddy,
The Maryland Association of County Health Officers (MACHO) support the State's proposal to the Centers for Medicare and Medicaid Services (CMS) for a waiver of the Institutions for Mental Disease (IMD) rule. This rule has been in existence since 1965 and disallows the use of federal Medicaid funding to support services delivered in IMD's defined as "a hospital, nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services" and includes residential substance use treatment facilities. Since that time, the clinical approach to the treatment of mental illness and substance use disorders has evolved considerably.

Now, more than ever, it is critical to ensure that Maryland has a strong continuum of available treatment options in our communities to care for people with substance use disorders. As outlined by the American Society for Addiction Medicine (ASAM) Levels of Care, this continuum should include all residential substance use treatment facilities (i.e. Levels 3.1, 3.3, 3.5, 3.7 and 3.7D). For patients who have more intensive monitoring and clinical management needs, these residential options can provide a less expensive alternative compared to traditional inpatient admissions. A waiver of the IMD rule would allow for federal funding to augment existing payment sources for these residential levels of care.

Maryland's local health departments have been a critical component of the behavioral health care system, ensuring that people who need substance use treatment have access to care. **However, the funding and management of any Medicaid expansion to cover the ASAM residential levels of care would need to be discussed carefully to minimize disruption on local funding and care infrastructure that support our residents most in need.** As the local addictions authorities, we will continue to advocate for the health of Maryland residents and would work closely with the DHMH Office of Health Care Financing to implement the waiver in such a way as to maximize care access, retain local oversight and input, and assure quality of care.

Sincerely,

[redacted]
Gregory Wm. Branch, M.D., MBA, CPE
Health Officer and Director

615 North Wolfe Street, Room W 1504 C
Baltimore, Maryland 21205 // 410-614-6891 • Fax 410-614-7642

JOHNS HOPKINS
MEDICINE

Paul B. Rothman, M.D.
The Frances Watt Baker, M.D. and Lenox D. Baker, Jr., M.D.
Dean of the Medical Faculty
Chief Executive Officer

Ronald R. Peterson
President
The Johns Hopkins Hospital and Health System
Executive Vice President

June 22, 2015

Tricia Roddy, Director, Office of Planning, Health Care Financing
Department of Health & Mental Hygiene
201 West Preston Street – 2nd Floor
Baltimore, Maryland 21201-2301

Dear Ms. Roddy:

Johns Hopkins supports the state's application to amend its HealthChoice § 1115 demonstration that would allow for Medicaid payments for services in Institutions of Mental Disease (IMDs). An IMD exclusion waiver would allow for individuals with psychiatric and substance use health care needs to receive services in less expensive and clinically appropriate community-based residential settings.

As hospitals aim to meet the targets of Maryland's modernized all-payer waiver, there is an increased focus on population health, appropriate care settings, and reduced costs. The current IMD exclusion creates barriers for hospitals to coordinate, and for patients to access, clinically appropriate behavioral health treatment. Approval of the IMD exclusion waiver will allow for better coordination of behavioral health care between the acute care setting and community based care.

The IMD exclusion waiver will not only assist hospitals in meeting the goals of the waiver, it will also address a critical access problem for individuals with psychiatric and substance health care needs in Maryland. Many community based substance use providers have beds available for treatment, but because of the IMD exclusion, these beds cannot be utilized which forces providers to put patients on waiting lists. The IMD exclusion waiver would allow for timely access to substance use treatment. Additionally, some acute care hospitals lack the resources or expertise to provide the intensive behavioral health care that some patients need, whereas hospitals such as Johns Hopkins with expertise in treating these patients are often faced with overcrowded emergency departments and inpatient units. This creates a less than optimal patient care experience.

As Maryland and the nation move toward ensuring higher quality care, improved population health, and lower costs, changes to the health care system are necessary. The IMD exclusion limits behavioral health treatment options for those who need it most. We applaud the state in its efforts to promote high quality, lower cost behavioral health care through the IMD exclusion waiver.

Sincerely,

[redacted]

Paul B. Rothman, M.D.
Dean of the Medical Faculty
CEO, Johns Hopkins Medicine

[redacted]

Ronald R. Peterson
President, JHHS
EVP, Johns Hopkins Medicine

Sheppard Pratt
HEALTH SYSTEM
We help. You heal.

July 23, 2015

Ms.Tricia Roddy
Director, Medicaid Planning Administration
Maryland Department of Health and Mental Hygiene
201 W. Preston Street
Baltimore, MD 21201

Dear Ms. Roddy:

On behalf of Sheppard Pratt Health System, I am pleased to provide support for Maryland's efforts to secure a waiver from the IMD exclusion.

Sheppard Pratt is a private, nonprofit free-standing psychiatric facility with two hospital locations and a total of 414 licensed beds. Sheppard Pratt has participated in the Medicaid program for more than 30 years. In 1997, we began serving the excluded population by virtue of the Maryland's initial IMD waiver.

Although the waiver ultimately experienced a sunset, the capacity created by the private facilities remained essential to the state. Most recently, the three private IMD's have been part of the federal demonstration, with a resulting 2,000 Medicaid patients annually in the 21 to 64 year age band being served in those settings.

After 18 years, both emergency departments and psychiatric IMD's practice with a payor agnostic philosophy. To preclude access to expedient and quality psychiatric inpatient care to a segment of the Medicaid population, is, at this stage, unimaginable and clearly in violation of our EMTALA obligations.

Maryland's waiver experience from 1997 through the sunset date as well as the recent three years of experience with the demonstration have documented that care in the private psychiatric settings is effective and cost efficient. Without the availability of IMD capacity, the state will be faced with exorbitant ER wait times and patients not receiving adequate care.

Given modern day modes of practice and the redefined role of the state facilities, the IMD exclusion is discriminatory and outdated. We strongly endorse the state of Maryland's efforts to secure a waiver for the excluded population.

Sincerely,

[redacted]

Bonnie B. Katz
Vice President

MARYLAND

Brendan Loughran -DHMH- <brendang.loughran@maryland.gov>

Medicaid IMD Exclusion Waiver--Meeting request

Kerry Lessard <Kerry@nativelifelines.org> Thu, Jul 2, 2015 at 5:08 PM
To: Brendan Loughran -DHMH- <brendang.loughran@maryland.gov>, Laura Goodman -DHMH- <laura.goodman@maryland.gov>
Cc: Tricia Roddy -DHMH- <tricia.roddy@maryland.gov>

Dear Brendan,

Thank you for our discussion today. As I stated, my primary concerns were how the waiver would impact access to services for the American Indian/Alaska Native community (the majority of whom are covered by a CMS plan, at least in our service area) and whether there would be any concern with regard to cost sharing. After our discussion, I feel confident that the waiver would facilitate access to care for community members and would pose no cost-sharing burdens. As such, please consider this correspondence a registration of my support for the State of Maryland's IMD waiver request.

Best regards,

Kerry Hawk Lessard, MAA

Kerry Hawk Lessard, MAA

Executive Director

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