MaineCare Services

An Office of the Department of Health and Human Services

Paul R. LePage, Governor   Mary C. Mayhew, Commissioner

Maine Seal

Quarterly Report

HIV/AIDS 1115 Demonstration Project

SFY 2016 Quarter 2

DY 14 Quarter 2

(4/1/16 - 6/30/16)

Maine Seal

Department of Health and Human Services
MaineCare Services
Nurse Coordinator
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 624-4008; Fax: (207) 287-8601
Toll Free (866) 796-2463; TTY Users: Dial 711 (Maine Relay)

August 30, 2016

Patricia Hansen
Division of State Demonstrations and Waivers
Center for Medicaid and CHIP Services, CMS
Mail Stop S2-01-26
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Ms. Hansen,

Please find enclosed, the quarterly report for the Maine HIV/AIDS Section 1115 Demonstration Waiver for the quarter ending 6/30/2016. Please contact Emily Bean at (207) 624-4005 or emily.bean@maine.gov if further information is needed.

Sincerely,

Stefanie Nadeau, Director
Office of MaineCare Services
11 State House Station, Augusta, ME 04333-0011
Phone: 207-287-2093

cc: Beth Ketch, Director of Policy and Provider Services
Aimee Campbell-O'Connor, CMS/CMCHO
Sheena Bunnell, PhD

Maine HIV/AIDS Demonstration

Section 1115 Quarterly Report

Demonstration Year: 14 (01/01/2016 - 12/31/2016)

Demonstration Quarter: 2 (04/01/2016 - 06/30/2016)

Maine Fiscal Quarter: 4/2016 (04/01/2016 – 06/30/2016)

Federal Fiscal Year (FFY) 16: 10/01/15 – 09/30/16

Introduction

The MaineCare HIV/AIDS 1115 Demonstration project has completed the second quarter of its fourteenth year. This demonstration was implemented on July 1, 2002 and has been approved through December 31, 2016. The demonstration's goal is to provide critical services to people living with HIV/AIDS in order to delay, prevent, or reverse the progress of their disease.

Enrollment Information

During the second quarter of the fourteenth year, there were 793 MaineCare and demonstration members enrolled in the demonstration project.

Enrollment Counts

There were 489 demonstration enrollees included in the quarter. These members qualified by having a diagnosis of HIV/AIDS and income at, or below, 250% of the Federal Poverty Level (FPL). There were 325 Medicaid members included in the quarter. Medicaid members are identified as either the original cohort of members who are receiving MaineCare, or MaineCare members where 25% or more of their Medicaid claims are HIV-related.

Demonstration Populations (as hard coded in the CMS-64)	Count of members enrolled at Start of Quarter	Count of members enrolled During the Quarter	Number of Persons Disenrolled during Quarter for non-payment of premiums*	Number of Persons Disenrolled during the Quarter**	Number of Members who Changed FPL	Members who Switched Rate Codes	Count of members enrolled at End of Quarter
Enrollees at or below 100% FPL - Demonstration Enrollees	185	195	N/A	15	0	0	180
Enrollees above 100% FPL - Demonstration Enrollees	276	294	0	11	0	0	283
Members HIV Positive and MaineCare Eligible	313	325	N/A	18	N/A	0	307
Totals	774	814	0	44	0	0	770

Note: The numbers in the above chart come from different data sources; therefore, they may not reflect accurate enrollment counts, as they are based on FPL.

*Enrollees who fail to pay premiums within the 60-day grace period could lose coverage until premiums are paid. If the coverage is reinstated with no lapse, they will not be considered "disenrolled." (Example: a member has unpaid premiums and their coverage is closed on July 31st. On August 8th, the balance is received and the member is reopened with an August 1st start date. Since the coverage was retroactively opened, they would not be counted as disenrolled).

**Reasons an individual disenrolls could include: moving out of state, going over income, becoming deceased.

Outreach/Innovative Activities

Outreach is ongoing. Methods used for outreach during this period included:

- Attending weekly Decision Support System (DSS) User Group meetings to discuss the DSS and system issues, workarounds, and resolutions.

- The Nurse Coordinator making calls to members who had not been contacted in six (6) months or more (see enclosure 5).

- Referring more members to Consumers for Affordable Health Care to help with their unmet healthcare needs/coverage.

- Sending an FDA medication alert to primary care providers regarding Prezista. Alerts are sent via mail or email depending on provider preference (see Attachment A: Outreach). Alerts were sent to approximately 300 providers.

- Continuing with the new Emergency Department (ED) reporting process that incorporates a daily census from each hospital, in addition to the regular monthly report (which has a two month lag time).

- Sending the program's poster and brochure to 997 locations, including: soup kitchens, homeless shelters, health centers, municipalities, case management agencies, and local Department of Health and Human Services offices.

- The Nurse Coordinator and Program Manager attending the "HIV Prevention and Care Integrated Planning Kick-off Meeting." The facilitators of the meeting were Jillian Casey, MPH from the National Alliance of State & Territorial AIDS Directors (NASTAD) and Kate Callahan-Myrick, DrPH MPH from the Maine Center for Disease Control and Prevention. Also present were Ryan White Part B & C program

representatives, CDC staff – including HIV Prevention and Surveillance, individuals with HIV, the Maine AIDS Education and Training Center (AETC) and other various healthcare and service providers. Several world café style discussions addressed the five year plan to reduce HIV/AIDS, continue to improve communication and collaboration across agencies, streamline reporting requirements, ensure timely data reporting, linkage to and retention in care, access to antiretroviral therapy (ART), and reducing stigma. Throughout the quarter, the Nurse Coordinator and Program Manager continued to attend these integrated planning meetings and serve on the planning body.

- Sending a second follow-up lab request letter to eight (8) providers who didn't respond to the first mailing.

- Nurse Coordinator and Program Manager meeting with the new case manager and intern at the Health Equity Alliance (HEAL).

- The Nurse Coordinator attending a webinar titled "Establishing and Sustaining Assistance Programs in Maine." The webinar listed programs that pharmacies and doctors' offices can utilize for medication assistance for people who have limited or no insurance coverage. The webinar focused on websites that offer coupons that discount medications.

- The Nurse Coordinator attending a webinar titled "Compassionate Tapering of Opioids." Maine has enacted a new law regarding limiting opioid use and how much providers are able to prescribe. The webinar discussed how providers can taper their patients while limiting their distress and also looked at alternatives for pain control.

- The Nurse Coordinator attending a conference titled "Maine LGBTQ and Health Conference." The conference addressed some of the health needs and disparities among the LGBTQ community. There were several workshops that related to harm

reduction, reproductive justice, cultural competency and transgendered health issues. The Nurse Coordinator attended the workshops titled "HIV Prevention in Primary Care: Pre-exposure prophylaxis (PrEP) and Extragenital Testing."

Operational/Policy Development/Issues

Co-payments and premiums (for waiver enrollees)

Waiver enrollees pay all of the regular Medicaid co-payments except for:

Physician visit: co-pay is $10.00

Prescription drugs: co-pay is $10.00/30-day supply for generic medications
co-pay is $20.00/90-day supply for brand name medications
(by mail order only)

- The Maine ADAP pays deductibles, premiums, and co-pays (for medications on the ADAP's formulary). This coverage wraps around MaineCare, Medicare Part D, and private insurance. The ADAP covers medications to treat: HIV, mental illness, high blood pressure, high cholesterol, hepatitis, diabetes, thyroid disease, heartburn, nausea, diarrhea, antibiotics, contraceptives, estrogen, and vaccines. The full ADAP formulary can be found at: http://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/provider/documents/adap-quarterly-formulary.pdf.
- The ADAP assists with co-pays in the following way:
  - The ADAP pays 100% of the co-pay (for formulary medications) for members with MaineCare (up to $10 per 30-day supply).
  - The ADAP pays 100% of the co-pay (for formulary medications) for members with MaineCare and Medicare Part D (up to $5 per 30-day supply as this is the maximum co-pay amount).
- Enrollees with an individual income of 150% of the FPL or higher are required to pay a monthly premium to receive services under the waiver. If a member submits their premium bill to the ADAP, the program will assist them with these

payments. The premium amounts are as follows:

INCOME LEVEL	MONTHLY PREMIUM
Equal to, or less than, 150% of Federal Poverty Level	0
150.1% - 200% of Federal Poverty Level	$32.59
200.01% - 250% of Federal Poverty Level	$65.17

*Note: premiums are inflated by five percent (5%) annually

Financial/Budget Neutrality Development/Issues

Member numbers are based on distinct member paid claims of actual participation (refer to enclosure 3), as compared to the enrollment data that is based on member eligibility. Consequently, the number of members calculated in the financial shell does not match exactly to the number of members enrolled.

The figures reported in enclosures 1 and 2 (“Budget Neutrality” and “Overall Service Costs by Demonstration Year,” respectively) come from the Medicaid Program Budget and Expenditure System (MBES): “CMS 64 Schedule C Report for 1115 Waivers.” The data from previous quarters is updated in each enclosure with approved adjustments.

ADAP funds spent on MaineCare clients for this quarter can be seen in enclosure 4.

Member Month Reporting

Eligibility Group by Month	April2016	May2016	June2016	Total for Quarter Ending 3/2016
Enrollees	461	460	463	1384
Members	313	313	307	933

Eligibility Group by Disease Stage	1 - ASX (asymptomatic)	2 - SX (symptomatic)	3 – AIDS	Total for Quarter Ending 3/16
Enrollees	979	319	86	1384
Members	585	256	92	933

Consumer Issues

The MaineCare Member Services help desk is the first point of contact for all MaineCare members, including those living with HIV/AIDS. Based on our monthly reports from Member Services, there were no complaints this quarter.

There was one complaint received directly by the MaineCare Nurse Coordinator.

Type	Contact Note	Resolution
Incoming	Member called to report that he is unhappy with one of the State's transportation brokers because on separate occasions, the drivers have no showed, been late to get him, or showed up with a flat tire.	Nurse Coordinator sent the member complaint to the transportation unit at MaineCare. This unit outreached and worked directly with the broker to address, resolve and respond to the member's concerns.

Quality Assurance/Monitoring Activity

- Quality indicators continue to be monitored through claims data. These indicators include cost data, number and appropriateness of anti-retroviral medications, hospitalization, physician and ED utilization rates, death rates, compliance with guidelines on prophylactic medications for opportunistic infections, ophthalmology exams, and pap smear exams, including visits to provider offices.

- One of the waiver's primary roles is to establish a close link with provider offices in order to obtain disease progression data, including CD4 and viral load results that will allow tracking of disease state progression and targeted interventions.

- An adherence report was designed based on our members' prescription pick-up dates. A link has been established between CD4 data and the adherence report to help target interventions. Based on this report, daily calls are made to members to remind them about their prescription pick-up dates. We project that this proactive approach will improve our members' compliance with their anti-retroviral medication. There were 119 adherence calls during the quarter (refer to enclosure 5).

- Member compliance with anti-retroviral medication continues to be tracked via their prescription refills. A link has been established between CD4 data and the compliance report to help target interventions. There are three phases of calls. The first phase is of the greatest concern, where calls are made to members whose CD4 counts are below 200 and they are late picking up their medications. In the second phase, calls are made to members whose CD4 counts are between 200 and 350 and they are late picking up their medications. In the third phase, calls are made to members whose CD4 counts are above 350 and they are late picking up their medications. There were 77 compliance calls during the quarter (refer to enclosure 5).

- Frequent address changes and disconnected phones for this population continue to make it difficult to contact members for adherence and compliance interventions. Ongoing efforts continue by contacting the regional Offices for Family Independence (OFI), case managers, pharmacies, and providers for members' most updated addresses and phone numbers.

- A contact tracking system which includes calls, letters, emails, faxes, complaints, and grievances has been underway since February 6, 2003, with daily data entry by the Nurse Coordinator and Program Coordinator. This system allows us to note the number of calls per day, week, month, and year, and gives us a detailed map of calls by contact entity and reason.

- A total of 1,564 contacts were made in this quarter. Calls were the most common mode of communication, accounting for 90% of incoming contacts and 81% of outgoing contacts. Emails were the next most common; 9% and 13%, respectively (refer to enclosure 6).

- Eligibility was the most common reason for contacts being made, accounting for 17% of incoming contacts and 17% of outgoing contacts (refer to enclosure 5).

- Demonstration Evaluation

The HIV/AIDS project is fully operational. Analysis of quality and cost data is continually underway. Enrollment is ongoing with 770 members included in the demonstration project at the end of the second quarter of the fourteenth year. Reports to CMS have been provided as specified in the Special Terms and Conditions.

Enclosures/Attachments

Attachment A: Outreach

Financial

Enclosure 1: Budget Neutrality Assessment

Enclosure 2: Overall Service Costs by Demonstration Year

Enclosure 3: Actual Participation by Demonstration Quarter

Enclosure 4: ADAP Funds Spent on MaineCare Clients

Communications

Enclosure 5: Contact Tracking by Reason

Enclosure 6: Contact Tracking by Method Used

State Contact

Emily Bean, Program Manager

Office of MaineCare Services

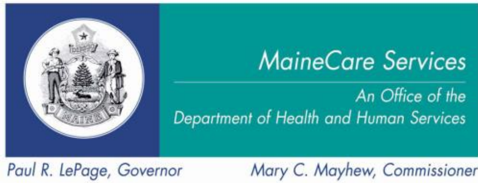
11 State House Station, Augusta, ME 04330

emily.bean@maine.gov

207-624-4005

Date submitted to CMS: August 30, 2016

Attachment A: Outreach



Department of Health and Human Services
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Augusta, Maine 04333-0011
Tel.: (207) 624-4008; Fax: (207) 287-1864
Toll Free (866) 796-2463; TTY Users: Dial 711 (Maine Relay)

June 29, 2016

Dear MaineCare Provider:

You are receiving this informational letter because you have been identified as a provider for one or more MaineCare members living with HIV. The Department of Health and Human Services has developed quality initiatives to improve care for these MaineCare members. One of these quality initiatives is to provide timely, important information to providers on certain aspects of HIV care. The Department finds it important to provide information to you, as a Primary Care Provider (PCP), because not all PCPs who see MaineCare members living with HIV are experienced in the use of anti-retroviral medication.

Enclosed, please find information from the FDA regarding HIV medication changes and alerts. For more information, please refer to the FDA's website.

Please contact Sherry Boochko, RN at 207-624-4008 if you currently have no patients with HIV.

If you have any questions, you may contact me by sending an email to beth.ketch@maine.gov or the Nurse Coordinator, Sherry Boochko, RN at sherry.boochko@maine.gov.

Sincerely,

Beth Ketch, Director
Policy and Provider Services
Office of MaineCare Services

On June 17, 2016, FDA approved updates to the Prezista (darunavir) for use in pregnant women. The major changes are outline below.

Section 2: DOSAGE AND ADMINISTRATION is revised with addition of testing and dosing in pregnant women.

2.1 Testing Prior to Initiation of PREZISTA/ritonavir

- In treatment-experienced patients, treatment history genotypic and/or phenotypic testing is recommended prior to initiation of therapy with PREZISTA/ritonavir to assess drug susceptibility of the HIV-1 virus
- Monitor serum liver chemistry tests before and during therapy with PREZISTA/ritonavir.

2.4 Recommended Dosage During Pregnancy

The recommended dosage in pregnant patients is PREZISTA 600 mg taken with ritonavir 100 mg twice daily with food.

PREZISTA 800 mg taken with ritonavir 100 mg once daily should only be considered in certain pregnant patients who are already on a stable PREZISTA 800 mg with ritonavir 100 mg once daily regimen prior to pregnancy, are virologically suppressed (HIV-1 RNA less than 50 copies per mL), and in whom a change to twice daily PREZISTA 600 mg with ritonavir 100 mg may compromise tolerability or compliance.

Section 8.1 Pregnancy and 8.2 Lactation was revised as follows

8.1 Pregnancy

<u>Pregnancy Exposure Registry</u>

There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to PREZISTA during pregnancy. Healthcare providers are encouraged to register patients by calling the Antiretroviral Pregnancy Registry (APR) 1-800-258-4263.

Risk Summary

Available limited data from the APR show no difference in rate of overall birth defects for darunavir (2.7%) compared with the background rate for major birth defects of 2.7% in a U.S. reference population of the Metropolitan Atlanta Congenital Defects Program (MACDP) [see Data]. The rate of miscarriage is not reported in the APR. The estimated background rate of miscarriage in clinically recognized pregnancies in the U.S. general population is 15-20%. The background risk of major birth defects and miscarriage for the indicated population is unknown.

Studies in animals did not show evidence of developmental toxicity. Exposures (based on AUC) in rats were 3-fold higher, whereas in mice and rabbits, exposures were lower (less than 1-fold) than human exposures at the recommended daily dose [see Data].

Data

Human Data

PREZISTA/ritonavir (600/100 mg twice daily or 800/100 mg once daily) in combination with a background regimen was evaluated in a clinical trial of 34 pregnant women during the second and third trimesters, and postpartum. The pharmacokinetic data demonstrate that exposure to darunavir and ritonavir as part of an antiretroviral regimen was lower during pregnancy compared with postpartum (6-12 weeks). Virologic response was preserved throughout the trial period in both arms. No mother to child transmission occurred in the infants born to the 29 subjects who stayed on the antiretroviral treatment through delivery. PREZISTA/ritonavir was well tolerated during pregnancy and postpartum. There were no new clinically relevant safety findings compared with the known safety profile of PREZISTA/ritonavir in HIV-1 infected adults .

Based on prospective reports to the APR (through July 2015) of 532 live births following exposure to darunavir-containing regimens during pregnancy (including 333 exposed in the first trimester and 199 exposed in the second/third trimester), there was no difference in rate of overall birth defects for darunavir compared with the background rate for major birth defects in a U.S. reference population of the MACDP.

The prevalence of birth defects in live births was 2.7% (95% CI: 1.2% to 5.1%) with first trimester exposure to darunavir containing regimens and 1.5% (95% CI: 0.3% to 4.4%) with second/third trimester exposure to darunavir containing regimens.

8.2 Lactation

Risk Summary

The Centers for Disease Control and Prevention recommend that HIV-infected mothers not breastfeed their infants to avoid risking postnatal transmission of HIV.

There are no data on the presence of darunavir in human milk, the effects on the breastfed infant, or the effects on milk production. Darunavir is present in the milk of lactating rats [see Data]. Because of the potential for (1) HIV transmission (in HIV-negative infants), (2) developing viral resistance (in HIV-positive infants) and (3) serious adverse reactions in a breastfed infant, instruct mothers not to breastfeed if they are receiving PREZISTA [see Use in Specific Populations (8.4)].

Section 12 Clinical Pharmacology was updated as follows:

Pregnancy and Postpartum

The exposure to total darunavir and ritonavir after intake of PREZISTA/ritonavir 600/100 mg twice daily and PREZISTA/ritonavir 800/100 mg once daily as part of an antiretroviral regimen was generally lower during pregnancy compared with postpartum (see Tables 14, Table 15 and Figure 1).

Prezista is a product of Janssen Therapeutics.

The complete product label is available on the FDAs website.

Richard Klein
Office of Health and Constituent Affairs
Food and Drug Administration

Kimberly Struble
Division of Antiviral Products
Food and Drug Administration

Steve Morin
Office of Health and Constituent Affairs
Food and Drug Administration

Department of Health and Human Services
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Authorization to Release Information

We are committed to the privacy of your health information. Please read this form carefully.

☒ Office of Maine Care Services	❒ Substance Abuse and Mental Health Services
❒ Office for Family Independence	❒ Office of Child and Family Services
❒ Maine Centers for Disease Control and Prevention	❒ Office of Aging and Disability Services
❒ Dorothea Dix Psychiatric Center	❒ Other:
❒ Riverview Psychiatric Center	

Your Name:	Your Date of Birth: Your Social Security Number:

Your Address:

Street Town/City State Zip Code

Records to be released, including written, electronic and verbal communication:

☒ All Healthcare, including treatment, services, supplies and medicines

☒ Billing, payment, income, banking, tax, asset, and/or other information regarding financial eligibility for DHHS program benefits such as MaineCare

❒Other:____

❒ Limit to the following date(s) or type(s) of information:
(e.g. "lab test dated June 2, 2013" or "hospital records from 1/1/12- 1/15/12")

I authorize the DHHS office(s) checked above to:
☒ Release my information to: ☒Obtain my information from:

Ryan White or named Case Management Agency: ____________________________________

Address:

Street Town/City State Zip Code **Infectious Disease**

Specialist: ____

Address:

____

Street Town/City State Zip Code

If requesting that electronic information be transmitted by email, please clearly print the email address bel
____
☒ I understand that DHHS systems may not be able to send my information securely through email. I understand that email and the internet have risks that DHHS cannot control and that the information poter could be read by a third party. I accept those risks and still request that DHHS send my information by en Initials ________

Please allow the office(s) named above to disclose my information for the following purpose(s):

❒ Legal ☒Insurance ☒Coordination of Care ❒ Personal Request ❒ Other:

By initialing below, I wish for my release to include the following types of records:

________ **Mental health treatment provider or program**
(initials)

________ **Substance/Alcohol/drug abuse treatment provider or program**
(initials)

________ **HIV infection status or test results:** Maine law requires us to tell you that releasing this information
(initials) may have implications. Positive implications may include giving you more complete care, and negative implications may include discrimination if the data is misused. **DHHS will protect your HIV data, and all your records, as the law requires.**

I (individual/personal representative of individual named above,) give permission to the DHHS office(s) listed above to release and/or share my records as written on this form. This form will remain in effect for one year from the date below. Other releases of my information are permitted during that time unless I revoke this form.

I further understand and agree that:

- DHHS will not condition my treatment, payment for services, or benefits on whether I sign this form, unless I need to sign this form so that the right offices of DHHS can make eligibility or enrollment decisions.
- I have the right to make a written request to access and copy my healthcare or billing information, and a copy fee will be charged as permitted by law.

- If I want a review of my mental health program or provider records before they are released, I can check here. ❐ I understand that the review will be supervised.

- I may take back my permission to share the records listed on this form at any time by contacting the Privacy Officer of the specific DHHS office: Beth Glidden 207-624-6913

- I understand that taking back my permission does not apply to the information that was already shared, as a result of my signing this form. If I revoke my permission, it may be the basis for denial of health benefits or other insurance coverage.

- I may refuse to disclose all or some health care information, but that refusal may result in improper diagnosis or treatment, denial of coverage or a claim for health benefits or other insurance, or other adverse consequences.

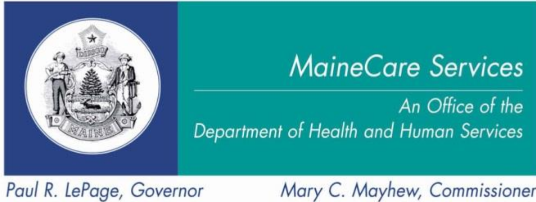
- DHHS offices will keep my information confidential as required by law. If I give my permission to share my records with people who are not required by law to keep them private, they may no longer be protected by confidentiality laws.

- If alcohol or drug provider or program records are included in this release, DHHS will tell the person receiving the records that they may not be shared with others who are not on this form without my written permission, unless required or permitted by law.

- I am signing this form voluntarily, and I have the right to a signed copy of this form if I request one.

Date: __________ Signature____

Personal Representative's authority to sign: ____



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April 22, 2016

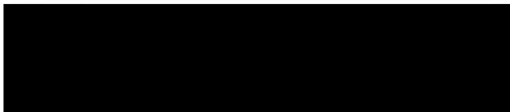
Dear Organization:

MaineCare's Waiver benefit for individuals living with HIV/AIDS now has an enrollment of 464 members. Enclosed is a poster and brochures about the benefit. We would appreciate your assistance in displaying this material in your office or facility.

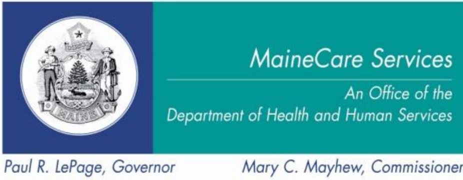
If you have any questions or need more materials, please call or email me at 207-624-4008 or sherry.boochko@maine.gov.

Thank you in advance for your help with this initiative!

Sincerely,



Sherry Boochko, RN
Nurse Coordinator, Special Benefit Waiver
MaineCare Services
11 State House Station
Augusta, ME 04333
1-866-796-2463 ext. 44008



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May 2016

Dear _____________,

We recently sent you a clinical data request for MaineCare members seen in your practice. Our records indicate that we have not received a response from you. In order to fulfill the quality care initiatives required by the Center for Medicare and Medicaid Services (CMS) we need to have lab results such as viral loads and CD4's to use as baseline data to track disease progression for MaineCare members who have HIV/AIDS. Please send us the needed information so we are able to demonstrate our goal's and continue to receive Federal and State funding for our members.

The enclosed form outlines the lab results we need. Please complete all of the requested information with the most recent results and return it in the enclosed self-addressed envelope.

If you have any questions call Sherry Boochko, RN, the Nurse Coordinator in the Division of Health Care Management at 207-624-4008.

Thank you in advance for your help with this quality initiative.

Sincerely,

Beth Ketch, Director
Policy and Provider Services
Office of MaineCare Services

Budget Neutrality Assessment

(This page automatically calculates entered data.)

	Annual Assessment														
	DY - 1 FFY: 10/01/02 - 9/30/03	**DY - 2 FFY: 10/01/03 - 9/30/04**	**DY - 3 FFY: 10/01/04 - 9/30/05**	**DY - 4 FFY: 10/01/05 - 9/30/06**	**DY - 5 FFY: 10/01/06 - 9/30/07**	**DY - 6 FFY: 10/01/07 - 9/30/08**	**DY - 7 FFY: 10/01/08 - 9/30/09**	**DY - 8 FFY: 10/01/09 - 9/30/10**	**DY - 9 FFY: 10/01/10 - 9/30/11**	**DY - 10 FFY: 10/01/11 - 9/30/12**	**DY - 11 FFY: 10/01/12 - 9/30/13**	**DY - 12 FFY: 10/01/13 - 9/30/14**	**DY - 13 (1/1/15 - 12/31/15) FFY:1/1/15- 12/31/15**	**DY - 14 (1/1/16 - 12/31/16) FFY: 1/1/16- 12/31/16**	**Total Computable Ceiling**
Cumulative Expenditure Targets	$8,706,056.00	$18,949,248.00	$30,707,947.00	$43,937,686.00	$58,571,556.00	$67,382,817.00	$78,965,794.00	$93,255,027.00	$104,436,521.00	$118,909,175.00	$141,146,776.00	$154,141,747.00	$154,141,747.00	$154,141,747.00	$1,227,393,844.00
Population Group(s) (as identified in MBES From CMS 64 Waiver Expenditure Report Schedule C Summary) **Total Demo & Medicaid Costs**	$5,082,618.00	$7,737,499.00	$6,625,681.00	$5,139,905.00	$7,816,713.00	$8,068,145.00	$7,630,086.00	$5,531,591.00	$7,508,796.00	$7,693,624.00	$7,835,392.00	$8,251,795.00	$8,901,835.00	$3,954,182.00	$97,777,862.00
Costs Over/Under Target	-$3,623,438.00	-$6,129,131.00	-$11,262,149.00	-$19,351,983.00	-$26,169,140.00	-$26,912,256.00	-$30,865,147.00	-$39,622,789.00	-$43,295,487.00	-$50,074,517.00	-$64,476,726.00	-$69,219,902.00	-$60,318,067.00	-$56,363,885.00	-$1,129,615,982.00

Note - FFY15 Q2 (Waiver DY 12 2014): Updated the "Annual Expenditure Targets" with the figures provided in an email from CMS forwarded by Emily Bean on 5/20/2015.

Date: 8/12/2016