# Application for

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

February, 2019

v1.0

# Table of Contents

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

Facesheet

The **State** of **Indiana** requests a waiver/amendment under the authority of section 1915(b) of the Act. The Medicaid agency will directly operate the waiver.

The **name of the waiver program** is **Medicaid Rehabilitation Option (MRO).**

(List each program name if the waiver authorizes more than one program.).

**Type of request**. This is:

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

  Section A is:
  - ☐ replaced in full
  - ☐ carried over with no changes
  - ☑ changes noted in **BOLD**.

  Section B is:
  - ☐ replaced in full
  - ☑ changes noted in **BOLD**.

**Effective Dates:** This waiver/renewal/amendment is requested for a period of _5_ years **beginning 6/01/2019 and ending 5/31/2024.**

**State Contact:** The State contact person for this waiver **is Gabrielle Koenig, Office of Medicaid Policy and Planning, and can be reached by telephone at (317) 408-3444 or email Gabrielle.Koenig@fssa.in.gov.**

# Section A – Waiver Program Description

## Part I: Program Overview

**Tribal Consultation:**

Describe the efforts the State has made to ensure that Federally-recognized tribes in the State are aware of and have had the opportunity to comment on this waiver proposal (if additional space is needed, please supplement your answer with a Word attachment).

***The State of Indiana issued a Tribal Notice related to the Fee-for-Service Selective Contracting Program to the Pokagon Band of Potawatomi Indians on November 28, 2018. No comments were received. The proposed change does not negatively impact the Tribe or any tribal members.***

**Program Description:**

Provide a brief description of the proposed selective contracting program or, if this is a request to amend an existing selective contracting waiver, the history of and changes requested to the existing program. Please include the estimated number of enrollees served throughout the waiver (if additional space is needed, please supplement your answer with a Word attachment).

MRO services are designed to assist in the rehabilitation of the consumer's optimum functional ability in daily living activities. This is accomplished by assessing the consumer's needs and strengths, developing an Individualized Integrated Care Plan (IICP) that outlines the individual's needs and strengths, objectives of care, including how MRO services assist in reaching the consumer's rehabilitative and recovery goals, and delivering appropriate MRO services to the consumer. MRO services are clinical behavioral health services provided to consumers and families of consumers living in the community who need aid intermittently for emotional disturbances, mental illness, and addiction. Services may be provided in individual or group settings and in the community. **Three MRO services [crisis intervention, intensive outpatient treatment, and peer recovery services] will remain included in the 1915(b)(4) waiver renewal until 6/30/2019. Effective 7/1/2019, these services will no longer be included in MRO and will be authorized under the clinic option in the State plan.**

**The State estimates that approximately 102,401 unique enrollees will be served throughout the waiver.**

**Waiver Services:**

Please list all existing State Plan services the State will provide through this selective contracting waiver (if additional space is needed, please supplement your answer with a Word attachment).

The following MRO services are available to eligible MRO recipients, according to the scope, limitations and standards for each service, as outlined in the MRO SPA and the MRO Provider Manual:

- Addictions Counseling: Addiction counseling is a planned and organized service with the recipient and/or family members or non professional caregivers where addiction professionals and clinicians provide counseling intervention that works toward the goals identified in the IICP. Addiction counseling is designed to be a less intensive alternative to intensive outpatient treatment (IOT).
- Adult Intensive Rehabilitation Services (AIRS): AIRS is a time-limited, non-residential service provided in a clinically supervised setting for recipients who require structured rehabilitative services to provide care for the recipient on an outpatient basis. AIRS is curriculum-based and designed to alleviate emotional or behavior problems with the goal of integrating/reintegrating the recipient into the community, increasing social connectedness beyond a clinical setting, and/or employment.
- Behavioral Health Counseling and Therapy: Behavioral health counseling and therapy is a series of time-limited, structured, face-to-face sessions that work toward the goals identified in the IICP. The face-to-face interaction may be with the recipient and/or family members or non professional caregivers. Behavioral health counseling and therapy must be provided at the recipient's home or at other locations outside the clinic setting.
- Behavioral Health Level of Need Redetermination: The behavioral health level of need redetermination are services associated with the Division of Mental Health and Addiction (DMHA)-approved assessment tool (Child and Adolescent Needs and Strengths assessment or Adult Needs and Strengths Assessment) required to recommend Level of Need (LON), assign an MRO service package, and make changes to the IICP. The clinical redetermination assessment requires face-to-face contact with the recipient and may include face-to-face or telephone collateral contacts with family members or non-professional caretakers, which results in a recommended LON redetermination.
- Case Management: Case management consists of services that help recipients gain access to needed medical, social, educational, and other services. This includes direct assistance in gaining access to services, coordination of care, oversight of the entire case, and linkage to appropriate services. Case management does not include direct delivery of medical, clinical, or other direct services. Case management is on behalf of the recipient, not to the recipient, and is management of the case, not the recipient.
- Child and Adolescent Intensive Resiliency Services (CAIRS): CAIRS is a time-limited, curriculum-based, non-residential service provided to children and adolescents in a clinically supervised setting that provides an integrated system of individual, family and group interventions based on an IICP. CAIRS is designed to alleviate emotional or behavioral problems with a goal of reintegration into age appropriate community settings (e.g., school and activities with pro-social peers). CAIRS is provided in close coordination with the educational program provided by the local school district.
- Medication Training and Support: Medication training and support involves face-to-face contact with the recipient and/or family or non-professional caregivers in an individual setting, for the purpose of monitoring medication compliance, providing education and training about medications, monitoring medication side effects, and providing other nursing or medical assessments. Medication training and support also includes certain related non face-to-face activities.

- Psychiatric Assessment and Intervention: Psychiatric assessment and intervention services consist of face-to-face and non face-to-face activities that are designed to provide psychiatric assessment, consultation, and intervention services to recipients.
- Psychosocial Rehabilitation Services: Psychosocial rehabilitation services refers to services provided in a community-based clubhouse setting in which the member, with staff assistance, is engaged in operating all aspects of the clubhouse, including foodservice, clerical, reception, janitorial and other member services such as employment training, housing assistance, and educational support. These activities are designed to alleviate emotional or behavior problems with the goal of transitioning to a less intense level of care, reintegrating the member into the community, and increasing social connectedness beyond a clinical or employment setting. Psychosocial rehabilitation is tailored to address the social isolation and social stigma experienced by many persons suffering from mental illness.
- Skills Training and Development: Skills training and development involves face-to-face contact with the recipient and/or family or non-professional caregivers that result in the recipient's development of skills (i.e., self-care, daily life management, or problem solving skills), in an individual setting, directed toward eliminating psychosocial barriers. Development of skills is provided through structured interventions for attaining goals identified in the IICP and the monitoring of the recipient's progress in achieving those skills.

## A. Statutory Authority

1. **Waiver Authority.** The State is seeking authority under the following subsection of 1915(b):

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

2. **Sections Waived.** The State requests a waiver of these sections of 1902 of the Social Security Act:

   ☐ Section 1902(a) (1) – Statewideness
   ☐ Section 1902(a) (10) (B) - Comparability of Services
   ☑ *Section 1902(a) (23) - Freedom of Choice*
   ☐ Other Sections of 1902 – (please specify)

## B. Delivery Systems

1. **Reimbursement.** Payment for the selective contracting program is:

   ☑ the same as stipulated in the State Plan

   ☐ is different than stipulated in the State Plan

2. **Procurement**. The State will select the contractor in the following manner:

   ☐ Competitive procurement

- ☐ Open cooperative procurement
- ☐ Sole source procurement
- ☑ Other (please describe):

All MRO service provider agencies must be certified by the Family and Social Services Administration's (FSSA), Division of Mental Health and Addiction (DMHA) as a Community Mental Health Center (CMHC), and be an enrolled Medicaid provider through the Office of Medicaid Policy and Planning (OMPP).

## C. Restriction of Freedom of Choice

1. **Provider Limitations**.

- ☐ Beneficiaries will be limited to a single provider in their service area.

- ☑ Beneficiaries will be given a choice of providers in their service area.

(NOTE: Please indicate the area(s) of the State where the waiver program will be implemented)

The State facilitates statewide coverage and access to behavioral health services through 25 certified CMHCs. As an FSSA DMHA certified CMHC and FSSA OMPP approved MRO provider agency, each CMHC is an enrolled Medicaid provider that offers a full continuum of behavioral health care services, as is mandated by DMHA for all CMHCs. The CMHCs designated staff explains the process for making an informed choice of provider(s) and answers questions. The applicant/recipient is also advised of their right to choose among providers and provider agencies. Providers within an agency and provider agencies themselves may be changed as necessary and/or requested. A listing of MRO CMHCs is posted on the Indiana Medicaid website at www.indianamedicaid.com.

2. **State Standards.**

Detail any difference between the state standards that will be applied under this waiver and those detailed in the State Plan coverage or reimbursement documents (if additional space is needed, please supplement your answer with a Word attachment).

*There is no difference in the State standards. The proposed waiver does not change the MRO provider/service standards and expectations outlined in the MRO SPA.*

## D. Populations Affected by Waiver

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

***NOTE:*** *This waiver does not change the target population, as defined in the MRO SPA.*

- ☑ Section 1931 Children and Related Populations
- ☑ Section 1931 Adults and Related Populations
- ☑ Blind/Disabled Adults and Related Populations

- ☑ Blind/Disabled Children and Related Populations
- ☑ Aged and Related Populations
- ☑ Foster Care Children
- ☑ Title XXI CHIP Children

1. **Excluded Populations.** Indicate if any of the following populations are excluded from participating in the waiver:

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

## Part II: Access, Provider Capacity and Utilization Standards

## A. Timely Access Standards

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

1. How does the State measure (or propose to measure) the timeliness of Medicaid beneficiary access to the services covered under the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment)?

   *In order to be a DMHA certified CMHC, the CMHC must be nationally accredited by a DMHA approved entity. In addition, the State requires CMHCs to develop and implement written policies and procedures for timely intake, so as to ensure timely access to appropriate mental health and addiction services, supports, screening and comprehensive assessments. While these policies and procedures are agency-specific, the agency is responsible to ensure the policies and procedures fall in-line with DMHA approved national accreditation requirements. During agency site visits, State staff review and monitor the agency's policies and procedures and evaluate the agency's compliance with these policies and procedures.*

2. Describe the remedies the State has or will put in place in the event that Medicaid

beneficiaries are unable to access the contracted service in a timely fashion (if additional space is needed, please supplement your answer with a Word attachment).

*MRO providers are required to provide services and supports to meet the recipient's identified needs. If a particular service is not accessible within a timely manner, the provider is required to offer alternative services or supports to meet the recipient's identified needs, until such time the requested service becomes available.*

*When it is determined a provider agency is out of compliance, a corrective action is issued and the entity must submit a corrective action plan within 30 days. This plan must show the steps the provider agency is taking to ensure agency staff members are completing the required steps indicated in the plan to assure remediation. The plan may include additional training, adjusting case load sizes, and/or setting up a system to monitor service access and utilization.*

***From a criminal justice perspective, the main obstacle in securing timely services is related to workforce shortages. There is specific difficulty in securing psychiatric care and licensed clinician services while consumers are incarcerated. There is also a general shortage of psychiatric and licensed clinician services across the State. Although several measures are in place to address the shortage, the problem is ongoing. When information is received through any of the consumer reporting avenues, it is reviewed by assigned liaisons who work directly with providers and consumers to resolve any issues.***

## B. Provider Capacity Standards

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

1. Provide a detailed capacity analysis of the number of providers (e.g., by type, or number of beds for facility-based programs), or vehicles (by type, per contractor for non-emergency transportation programs), needed per location or region to assure sufficient capacity under the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).

*Based on the analysis of number of persons needing MRO services across the state, there are some areas where the potential need for MRO services is greater than in others. However, this analysis indicates that there is currently a sufficient number of CMHCs in each area to meet Medicaid beneficiaries' needs.*

*The State ran preliminary data applying the MRO, eligibility and needs-based criteria on individuals currently in the public mental health system. In analyzing the resulting data, the State was able to identify the potential number of eligible applicants, residence location, and the agencies in those areas that are eligible to provide MRO, services to*

*potential applicants. There are 25 CMHCs covering all 92 counties across the state, assuring there is adequate coverage of MRO provider agencies. Each county has one or more MRO provider agencies for recipients to access care.*

2. Describe how the State will evaluate and ensure on an ongoing basis that providers are appropriately distributed throughout the geographic regions covered by the selective contracting program so that Medicaid beneficiaries have sufficient and timely access throughout the regions affected by the program (if additional space is needed, please supplement your answer with a Word attachment).

   *All 92 counties in Indiana have at least one CMHC provider delivering care in the geographical area; and many of the counties have multiple CMHC providers delivering care within the same county. DMHA assigns geographic services areas to all CMHCs ensuring all 92 counties have accessible behavioral health care.*

   *FSSA utilizes information gathered from analysis of Indiana's Medicaid Management Information System (MMIS) database, site reviews, and recipient reports and complaints to evaluate the need to expand provider agencies and/or provide training and/or corrective actions to assist provider agencies in increasing efficiencies for timely access to MRO services.*

   ***Currently, DMHA monitors timely access, provider capacity, and coordination with Community resources by three primary mechanisms: a consumer affairs hotline, annual satisfaction surveys, and an external contract with Mental Health America Omsbudsman, which provides another consumer hotline. Due to these systems, there is much lower potential for challenges related to capacity to occur. Challenges that arise are addressed through the local providers.***

   *When "timely access" is identified as an MRO, provider agency issue, the State uses a request for corrective action and provides technical assistance and training in order to assist the agency in correcting the issue. If the issue is not remediated satisfactorily, further sanctions are applied, up to and including decertification of the agency as an MRO provider. In the event of such an outcome, DMHA will assign another MRO provider agency to cover that geographic service area, to ensure continued recipient access to MRO services.*

## B. Utilization Standards

Describe the State's utilization standards specific to the selective contracting program.

*Utilization review activities are accomplished through a series of monitoring systems developed to ensure that services are reasonable, medically necessary, and of optimum quality and quantity. Members and providers are subject to utilization review. Utilization control procedures safeguard against the following situations:*
*• Unnecessary care and services*
*• Inappropriate services or poor quality of service monitored in accordance with The Indiana Health Coverage Programs (IHCP) guidelines*

• *Inappropriate payments as defined by the OMPP*

1. How will the State (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State) regularly monitor(s) the selective contracting program to determine appropriate Medicaid beneficiary utilization, as defined by the utilization standard described above (if additional space is needed, please supplement your answer with a Word attachment)?

*The OMPP, or its contractors, will conduct reviews annually of selected entities. The reviews include collection and examination of the entities' policies and procedures regarding the education it provides to employees, management, officers, and contractors, or agents.*

*On request by the OMPP or its contractors, entities will provide a copy of the policies and procedures for review purposes. On request by the OMPP or its contractors, entities will provide a copy of the employee handbook, if one exists, for review purposes.*

*The FSSA and its contracted vendor performs concurrent, desk, and on-site audits of Indiana Medicaid providers. During these reviews, claims are examined for data entry and billing errors as well as adherence to program policies and procedures. Providers with suspicious billing behavior are referred to Medicaid Fraud Control Unit (MFCU) for investigation.*

*DMHA also conducts quality assurance site visits and reviews to ensure CMHC compliance with certification standards and performance based requirements.*

2. Describe the remedies the State has or will put in place in the event that Medicaid beneficiary utilization falls below the utilization standards described above (if additional space is needed, please supplement your answer with a Word attachment).

*Findings of abuse or fraud will be referred to the MFCU, the federal government, and county and local law enforcement agencies as warranted. The MFCU discerns whether the referrals initiated by the FSSA Program Integrity Department require further investigation for potential criminal or civil prosecution.*

*QA and utilization reviews and findings across are shared across FSSA, as applicable. FSSA Divisions collaborate to assess issues and determine corrective action plans and potential sanctions.*

## Part III: Quality

## A. Quality Standards and Contract Monitoring

1. Describe the State's quality measurement standards specific to the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).

a. Describe how the State will (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State):

   i. Regularly monitor(s) the contracted providers to determine compliance with the State's quality standards for the selective contracting program.
   ii. Take(s) corrective action if there is a failure to comply.

*The State holds the MRO provider agencies accountable for following all MRO policy, regulations, and standards. Indiana monitors provider agencies for compliance with MRO standards through the following methods:*

*Providers are selected for review based on the IHCP audit plan. Surveillance and Utilization Review (SUR) procedures include the following five levels:*

- *Level I – Identification, review, and analysis of the Provider Summary Profile, focusing on the exceptions to determine whether there is a pattern of aberrant IHCP activity related to services billed and paid, as compared with the class or peer group*
- *Level II – Review of all available documentation, such as history and claim detail, to determine, identify, and document patterns of aberrant activity. This detailed analysis is documented in a written report, with appropriate recommendations for presentation to the medical staff.*
- *Level III – Presentation of review analysis to IHCP Program Integrity management for consideration, recommendation, and approval of action. IHCP Program Integrity Department coordinates with the MFCU and notify of its recommended actions. This procedure has been established to guarantee the confidentiality of any MFCU investigations and allows the MFCU to determine whether a joint on-site review of the aberrant provider is beneficial to the investigation. The MFCU informs the FSSA Program Integrity Department if there is an investigation pending or in progress.*
- *Level IV – Initiation and completion of all approved recommendations, including the following actions:*
  - *Case closure*
  - *Educational contact*
  - *Provider self-audit selection, medical record review (audit), or on-site review*
  - *Prepayment review*
  - *Recoupment*
  - *Payment Suspension*
  - *Referral of suspected cases of abuse and fraud to the appropriate investigative entity*
- *Level V – Case closure*

2. Describe the State's contract monitoring process specific to the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).

***The State selective contracts with the State's 25 CMHCs. These centers must maintain their CMHC certification in order to be in selective contracting program. CMHCs have national certification rules which describe what services they need to provide to the communities, although states have differences. Part of the certification requires national accreditation by Commission on Accreditation of Rehabilitation Facilities* (CARF).**

a. Describe how the State will (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State):

i. Regularly monitor(s) the contracted providers to determine compliance with the contractual requirements of the selective contracting program.

***The Division of Mental Health and Addiction's Quality Improvement Team completes annual site reviews of all CMHCs. This review evaluates compliance with administrative rule requirements to be certified as a CMHC. These reviews examine policies/procedures and clinical charts to assess compliance with the requirements.***

ii. Take(s) corrective action if there is a failure to comply.

***The Quality Improvement Team will require a corrective action plan if the CMHC is not following the administrative rules or contract requirements. Providers have ten (10) days to provide a corrective action plan. Depending on the issue, DMHA checks for compliance during the next year or at the CMHC's annual review.***

***Any issues of contract or quality compliance over the current waiver period were addressed through mechanisms such as annual site reviews and plans of correction, if necessary.***

## B. Coordination and Continuity of Care Standards

Describe how the State assures that coordination and continuity of care is not negatively impacted by the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).

*Indiana elects to utilize its DMHA-certified CMHCs as MRO providers, not only because the CMHCs provide state-wide access to MRO services, but also because of the strict adherence to quality standards for the provision of mental health and addiction services that CMHCs are required to uphold. CMHCs are required to provide a full-continuum of care to eligible consumers, including MRO recipients, and are able to offer a wide array of services that the MRO recipient may need or request. CMHCs are required to ensure continuity and coordination of all care provided to the recipient. They must provide behavioral health (mental health and addiction) services to individuals across the lifespan. The State understands the eligible recipient meeting criteria for MRO may require other types of services (such as Medicaid Clinic Option services) in addition to MRO services, to support him/her safely in the community. The CMHCs are best qualified in the State to provide the*

*timely access or linkage to those additional services and supports when indicated.*

## Part IV: Program Operations

## A. Beneficiary Information

Describe how beneficiaries will get information about the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).

*Medicaid recipients can receive information about locating an MRO provider by visiting the Indiana Medicaid website. When accessing indianamedicaid.com website, the recipient has a choice of a "Member" tab and "Provider" tab. The recipient can find the information they are seeking by clicking on the "Member" tab.*

## B. Individuals with Special Needs.

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

*Participants who are enrolled in MRO services are identified as having special needs based upon their mental illness. MRO service providers are required to develop an IICP for each MRO recipient, based upon the recipient's identified strengths and needs. The IICP and supporting clinical documentation in the clinical record must include the following:*

- *Documentation of the services and supports (including MRO) that are necessary to meet the recipient's needs identified in the psychosocial assessment and the administered behavioral assessment tool.*
- *Documentation that the services on the IICP are for the direct benefit of the recipient and are related to the recipient's mental health disability.*

# Section B – Waiver Cost-Effectiveness & Efficiency

**Efficient and economic provision of covered care and services**:

1. Provide a description of the State's efficient and economic provision of covered care and services (if additional space is needed, please supplement your answer with a Word attachment).

*MRO recipients benefit from the State's CMHCs being eligible providers of MRO services for the following reasons:*

- *A single point of entry into the MRO program. CMHCs are recognized in the community as a provider of State funded public behavioral health services. MRO candidates are familiar with the CMHCs if currently using other State Plan behavioral health services.*
- *Increased continuity and coordination of care. CMHCs are required to provide for a full–continuum of care, meaning the recipient has timely and coordinated access to a vast array of behavioral health services and supports that may be necessary to support the recipient so he/she may live safely within the community.*
- *Standardization of processes. CMHCs are trained and proficient in administering the clinical assessment tool used in the MRO evaluation process to identify recipient needs and strengths.*

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

As illustrated below, selective contracting is not projected to result in a change in program costs, as the rates would be unchanged. However, elimination of selective contracting may result in higher administrative costs to the state and reduced coordination for the recipient.

**Year 1** from: **6/1/2019 to 5/31/2020**

*Trend rate from current expenditures (or historical figures):* ***3.0%***

*Projected pre-waiver cost:* ***$314,772,151.00***
*Projected Waiver cost:* ***$314,772,151.00***
*Difference:* ***$0***

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***Year 2*** *from:* ***6/1/2020 to 5/31/2021***

*Trend rate from current expenditures (or historical figures):* ***3.0%***

*Projected pre-waiver cost:* ***$324,215,316.00***
*Projected Waiver cost:* ***$324,215,316.00***
*Difference:* ***$0***

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***Year 3*** *(if applicable) from:* ***6/1/2021 to 5/31/2022***

*Trend rate from current expenditures (or historical figures):* ***3.0%***

| | |
|---|---|
| *Projected pre-waiver cost:* | ***$333,941,775.00*** |
| *Projected Waiver cost:* | ***$333,941,775.00*** |
| *Difference:* | ***$0*** |

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***Year 4*** *(if applicable) from:* ***6/1/2022 to 5/31/2023***

*Trend rate from current expenditures (or historical figures):* ***3.0%***

| | |
|---|---|
| *Projected pre-waiver cost:* | ***$343,960,029.00*** |
| *Projected Waiver cost:* | ***$343,960,029.00*** |
| *Difference:* | ***$0*** |

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***Year 5*** *(if applicable) from:* ***6/1/2023 to 5/31/2024***

*Trend rate from current expenditures (or historical figures):* ***3.0%***

| | |
|---|---|
| *Projected pre-waiver cost:* | ***$354,278,830.00*** |
| *Projected Waiver cost:* | ***$354,278,830.00*** |
| *Difference:* | ***$0*** |