Application for

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

June, 2021

v5.0

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

Facesheet

The **State** of Texas 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 Non-emergency Medical Transportation (NEMT) Statewide Fee-for-Service

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

Type of request. This is:
X 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 June 1, 2021 and ending May 31, 2026.

State Contact: The State contact person for this waiver is Kathi Montalbano and can be reached by telephone at (512) 730-7409 or e-mail at kathi.montalbano@hhs.texas.gov (List for each program)

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.

The Health and Human Services Commission (HHSC) has signed an agreement with the state's federally recognized tribes and tribal organizations describing the tribal consultation process. The agreement requires a request for feedback for Medicaid waiver changes that have an impact on (1) client eligibility, (2) acute care services and (3) acute care providers. NEMT is not an acute care service and this amendment has no impact on client eligibility. However, in the interest of open communication with the tribes, HHSC sent a notification and request for feedback on 11/17/2020 and requested feedback by 12/17/2020.

In addition to tribal consultation, HHSC published a public notice of intent summarizing the changes included in this amendment on 11/27/2020. The comment period ended on 12/27/2020. No comments were received.

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.

Through this new waiver, HHSC will selectively contract with providers for the provision of NEMT demand response transportation services (DRTS) to the Medicaid fee-for-service (FFS) population in the State of Texas.

While there are approximately 245,000 Medicaid FFS clients eligible for NEMT services at any given time, only approximately 8,000 clients use FFS NEMT Services after the transition. The majority of these clients are only in Medicaid FFS for an average of 45 days while awaiting managed care enrollment. This fluidity makes client counts for this population more unstable than what is found in other programs. A very small population has the potential to remain in FFS indefinitely. Examples of this population are children and adults who belong to a federally recognized tribe and clients who are eligible for Medicaid and Medicare and also enrolled in a 1915(c) waiver serving individuals with intellectual and developmental disabilities. HHSC anticipates that no more than 8,000 clients will use FFS NEMT Services."

Waiver Services: Please list all existing State Plan services the State will provide through this selective contracting waiver.

Demand response transportation services (DRTS) - Transportation that involves using contractor dispatched vehicles in response to requests for individual or shared one-way trips **to and from health care services, including round trips.**

A. Statutory Authority

1. **Waiver Authority.** The State is seeking authority under the following subsection of 1915(b):
   X **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:
   a. ___ **Section 1902(a) (1) - Statewideness**
   b. X **Section 1902(a) (10) (B) - Comparability of Services**
   c. X **Section 1902(a) (23) - Freedom of Choice**
   d. ___ **Other Sections of 1902** – (please specify)

B. Delivery Systems

1. **Reimbursement.** Payment for the selective contracting program is:
   X the same as stipulated in the State Plan
   ___ is different than stipulated in the State Plan (please describe)

2. **Procurement**. The State will select the contractor in the following manner:
   ___ **Competitive** procurement
   X **Open** cooperative procurement
   ___ **Sole source** procurement
   X **Other** (please describe)

   NEMT, with the exception of region 4, was previously provided by managed transportation organizations (MTOs) through a state plan transportation broker model. Pursuant to the contracts between HHSC and the MTOs, the MTOs are permitted to assign their DRTS provider subcontracts to HHSC.

   Under this waiver HHSC will contract directly with transportation providers to provide DRTS to the FFS population in the state of Texas. As part of implementation of this waiver, HHSC will be terminating its contracts with the MTOs, and the MTO provider contracts may be assigned to HHSC.

C. Restriction of Freedom of Choice

1. **Provider Limitations**.
   X 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 waiver program will be implemented statewide.

2. **<u>State Standards</u>: 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.**

   N/A

D. Populations Affected by Waiver

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

1. **<u>Included Populations</u>**. The following populations are included in the waiver:
   _X_ Section 1931 Children and Related Populations
   _X_ Section 1931 Adults and Related Populations
   _X_ Blind/Disabled Adults and Related Populations
   _X_ Blind/Disabled Children and Related Populations
   _X_ Aged and Related Populations
   _X_ Foster Care Children
   ____ Title XXI CHIP Children

   Other:
   - Former Foster Care Children described in 1902(a)(10)(A)(i)(IX) of the Social Security Act may receive NEMT services.
   - All Medicaid-eligible individuals under the age of 21 may obtain NEMT services, including transportation to EPSDT services.
   - The 1931 group is made up of the following eligibility groups:
     - other caretaker relatives specified at 435.110
     - pregnant women specified at 435.116
     - children specified at 435.118

2. **<u>Excluded Populations</u>.** Indicate if any of the following populations are excluded from participating in the waiver:
   ____ Dual Eligibles
   ____ Poverty Level Pregnant Women
   ____ Individuals with other insurance
   _X_ Individuals residing in a nursing facility or ICF/MR *
   _X_ 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):

   *Nursing facility residents are excluded except for receiving transportation to and from renal dialysis treatment.

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?

Timely access is ensured by the following process:
The HHSC call center is available Monday through Friday, 8 a.m. to 5 p.m., including over the noon hour, to receive and arrange client requests for NEMT services. A request for routine NEMT services must be received at least two working days in advance of the client's health care service appointment. This requirement gives the transportation provider time to allocate resources that are adequate for the client's needs. A request for a long-distance trip **(one-way or round trip)** must be received at least five working days in advance of the client's health care service appointment. Exceptions to both timeframe requirements are granted when the request is due to circumstances beyond the client's control that are documented in the client's record or when the request is for transportation for urgent care, obtaining pharmacy services, and after discharge from a hospital.

The contracted DRTS provider is required to call the client the night before to notify them of a pickup time. Once the driver arrives at the scheduled pickup time, they are required to wait 10 minutes following the scheduled pickup time. Following this 10-minute wait, if the client does not board the vehicle, the client may be declared a no-show, which is a non-payable event, for the transportation service. If a client misses a scheduled ride, and the resources are available, HHSC may schedule a same day urgent trip **(one-way or round-trip)** to provide the client with transportation to their health care appointment. When a client is ready for the return trip, the client calls the contracted DRTS provider's toll-free number and requests the return trip. The DRTS providers are contractually obligated to pick up a client no later than one hour from the time the client requested the return trip.

HHSC also monitors timely receipt of services by reviewing driver logs and reviewing complaint information. Should analysis of client complaints suggest that an insufficient number of service vehicles are available, HHSC will conduct accelerated monitoring of that provider. This monitoring includes “ride-alongs” and on-site observations to ensure that clients are being transported timely, safely, comfortably, and in a manner that best suits their medical needs.

<u>Efficiency</u>

- Efficiency of operations may be assessed by two variables:
    - Adequacy of transportation network – to ensure that a sufficient number of providers are available to limit the amount of time that a client is in the vehicle while being transported to their Medicaid-covered health care appointment.
    - Diversification of transportation methods – HHSC utilizes diversified transportation services beyond DRTS, the most commonly used transportation method. HHSC evaluates the clients’ needs and determines the most cost-effective means of transport that may be an alternative method, including mass transit, commercial

airlines, fixed routes, and the client's option to use individual transportation participants (ITPs).

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?**

   The level of transportation capacity is reviewed by HHSC and adjusted accordingly to ensure clients are receiving timely and safe transportation services. Monitoring is ongoing and additional monitoring will be done principally through monitoring of complaints.

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.**

   The contracted DRTS provider must ensure that DRTS are provided to all clients as authorized by HHSC and in compliance with contract requirements to meet each client's needs. The DRTS provider is monitored for compliance. If the DRTS provider does not meet the terms of the contract, remedies include accelerated monitoring; placing the contractor on a notification of deficiency, performance plan improvement, or corrective action plan; assessment of liquidated damages; and contract termination.

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.**

   See attached Excel file.

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.**

   DRTS services are delivered by contracted providers located throughout the state. Through its contracting process, HHSC ensures there are sufficient providers capable of delivering timely services. A network of DRTS providers was previously contracted with MTOs who contracted with HHSC. As part of the implementation of this waiver, HHSC will be

terminating its contracts with the MTOs. Those provider subcontracts may then be assigned to HHSC. This will enable services to continue without interruption. In addition, HHSC will conduct open enrollment to ensure that an appropriate distribution of DRTS providers throughout the service areas. HHSC staff carefully works with each DRTS provider to ensure that specific counties are assigned within close proximityto its headquarter offices and where the clients reside.

The contracted DRTS provider is responsible for ensuring a sufficient capacity of vehicles and adjusting their resources accordingly to maintain compliance with contract requirements. DRTS providers must maintain back-up resources, including drivers and vehicles, that can be activated to increase the number of qualified and competent drivers available to deliver services. This may be at the DRTS provider's discretion or at HHSC's direction.

HHSC **uses measures of** timely receipt of services **in part to ensure there are adequate providers throughout the state. These measures include:**

- **99 percent of all accepted and assigned trips were completed.**
- **95 percent of all trips in which the beneficiary was picked up and dropped off within 15 minutes but no more than one hour prior to their scheduled appointment time.**
- **95 percent of all trips in which the beneficiary was picked up within 1 hour of notifying HHSC he or she was ready to initiate the return trip.**
- **95 percent of all hospital discharge trips in which the beneficiary is picked up within 3 hours of notifying HHSC he or she was ready to initiate the trip.**

This information is further supported through HHSC review of driver logs and **beneficiary** complaint information **and analysis of historical regional utilization**. Should analysis of client complaints suggest that an insufficient number of service vehicles are available, HHSC will conduct accelerated monitoring of that provider. This monitoring includes "ride-alongs" and on-site observations to ensure that clients are transportedtimely, safely, comfortably, and in the manner that best suits their medical needs.

The contracted DRTS provider must ensure that DRTS are provided to all clients as authorized by HHSC and in compliance with contract requirements to meet the client's needs. If the DRTS provider does not meet the terms of the contract, remedies include accelerated monitoring; placing the provider on a notification of deficiency, performance plan improvement, or corrective action plan; assessment of liquidated damages; and contract termination.

C. Utilization Standards

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

1. **How will the State (or if this is a renewal or amendment of an existingselective 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?

1) The majority of Medicaid FFS clients are only in FFS Medicaid for an average of 45 days. **In addition to the monitoring process discussed above,** HHSC uses data from comparable time periods to determine an expected rate of utilization for this population. HHSC will compare utilization with client counts in a given period to monitor for trends in utilization and identify anomalies requiring investigation.

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.

The contracted DRTS provider must ensure that DRTS are provided to all clients as authorized by HHSC and in compliance with contract requirements to meet the client's needs. If the DRTS provider does not meet the terms of the contract, remedies include accelerated monitoring; placing the contractor on a notification of deficiency, performance plan improvement, or corrective action plan; assessment of liquidated damages; and contract termination.

Part III: Quality

A. Quality Standards and Contract Monitoring

1. Describe the State's quality measurement standards specific to the selective contracting program.

HHSC has adopted rules (Texas Administrative Code Title 1 Part 15 §380) to ensure the quality, efficient, and economic provision of covered transportation services.

Quality

- Program rules address quality through the establishment of standards for motor vehicles and drivers. Adherence to the motor vehicle standards are monitored closely by the demand response transportation providers and by HHSC staff.
- Quality measures are also integrated into contracts by further defining driver responsibilities and requirements, including satisfactory completion of numerous training requirements to qualify to transport Medicaid eligible clients.
- Transportation network companies (TNCs) providing services under contract with HHSC must comply with Texas Occupational Code, Title 14, Chapter 2402.

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.

Monitoring activities are outlined in a risk-based monitoring plan that is developed using key contract requirements, agency rules, and state and federal laws. Each element is weighted based on the level of risk to program operations, agency business needs, and cost containment. HHSC conducts monitoring activities to determine a DRTS provider's compliance with contract requirements,

including adherence to the contract provisions that relate to quality and service standards. The State ensures DRTS provider contract compliance through the following activities:

- Annual and random field audits.
- Targeted field and desk audits in response to client complaints, complaint trends, and incident and accident trends.
- Monthly desk reviews of vehicle credentialing records, including annual inspection and vehicle registration.
- Monthly desk reviews of driver records and training requirements, including validation of driver's license and driver records, drug and substance abuse checks, and criminal history checks.
    - Federal and state screening requirements for driver: U.S. Department of Health and Human Services-Office of Inspector General's List of Excluded Individuals and Entities (LEIE) (applies to TNCs and their drivers); HHSC Inspector General exclusion list, Excluded Parties List System (EPLS) on the System for Award Management (SAM) (applies to TNCs and their drivers), Texas Comptroller of Public Accounts' Vendor Debarment List, and Social Security Administration's Death Master File.
- Monthly review and reconciliation of payment requests, including reviews of prior authorization approvals for submitted claims and comparison of driver logs to Medicaid-covered health care services.
- Auditing performance improvement plans initiated in response to corrective action plans put in place to address performance deficiencies.
- Matching paid transportation services against a Medicaid-covered health care service using a logic developed by HHSC and its claims administrator.
- Client satisfaction surveys conducted by the external quality review organization (EQRO).

The level of resources available to conduct transportation services is reviewed by HHSC and adjusted accordingly to ensure clients are receiving timely and safe transportation services. Monitoring is ongoing and additional monitoring will be done principally through monitoring of complaints. HHSC uses an accelerated monitoring activity when complaint information analysis suggests that there is a decrease in the quality of service provided to Medicaid-eligible clients. HHSC performs monitoring through ride-alongs and on-site observations to ensure that clients are transported safely, comfortably, and in the manner that best suits their medical needs. HHSC also monitors quality of services including timely service delivery by reviewing vehicles, driver logs and reviewing complaints.

HHSC performs on-site reviews, as necessary. An on-site review is a formal inspection of the DRTS provider's records, systems, and/or documentation conducted at a DRTS provider's administrative office or other location to evaluate their compliance and performance with the contract, delivery of services, applicable federal and state laws and rules, and the information and application of services is consistent with information provided by the DRTS provider.

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

Under the DRTS provider contract, HHSC may assess liquidated damages for any area of performance that is not up to standard and results in a loss to the State. In most circumstances, a DRTS provider failing to meet contract requirements is required to submit a corrective action plan outlining the necessary steps to address the relevant contract issues. If the DRTS provider fails to follow the corrective action plan or address deficiencies identified by HHSC, HHSC may take further action, up to and including liquidated damages and/or contract termination.

2. Describe the State's contract monitoring process specific to the selective contracting program.

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.

Monitoring activities are outlined in a risk-based monitoring plan that is developed using key contract requirements, agency rules, and state and federal laws. Each element is weighted based on the level of risk to program operations, agency business needs, and cost containment. HHSC conducts monitoring activities to determine a DRTS provider's compliance with contract requirements, including adherence to the contract provisions that relate to quality and service standards. The State ensures DRTS provider contract compliance through the following activities:

- Annual and random field audits.
- Targeted field and desk audits in response to client complaints, complaint trends, and incident and accident trends.
- Monthly desk reviews of vehicle credentialing records, including annual inspection and vehicle registration.
- Monthly desk reviews of driver records and training requirements, including validation of driver's license and driver records, drug and substance abuse checks, and criminal history checks.
    - Federal and state screening requirements for driver: U.S. Department of Health and Human Services-Office of Inspector General's List of Excluded Individuals and Entities (LEIE) (applies to TNCs and their drivers); HHSC Inspector General exclusion list, Excluded Parties List System (EPLS) on the System for Award Management (SAM) (applies to TNCs and their drivers), Texas Comptroller of Public Accounts' Vendor Debarment List, and Social Security Administration's Death Master File.
- Monthly review and reconciliation of payment requests, including reviews of prior authorization approvals for submitted claims and comparison of driver logs to covered health care services.
- Auditing performance improvement plans initiated in response to corrective

action plans put in place to address performance deficiencies.

- Matching paid transportation services against a Medicaid-covered health care service using a logic developed by HHSC and its claims administrator.
- Client satisfaction surveys conducted by the external quality review organization (EQRO).

HHSC performs on-site reviews, as necessary. An on-site review is a formal inspection of the DRTS provider's records, systems, and/or documentation conducted at a DRTS provider's administrative office or other location to evaluate their compliance and performance with the contract, delivery of services, applicable federal and state laws and rules, and the information and application of services is consistent with information provided by the DRTS provider.

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

Under the DRTS provider contract, HHSC may assess liquidated damages for any area of performance that is not up to standard and results in a loss to the State. In most circumstances, a DRTS provider failing to meet contract requirements is required to submit a corrective action plan outlining the necessary steps to address the relevant contract issues. If the DRTS provider fails to follow the corrective action plan or address deficiencies identified by HHSC, HHSC may take further action, up to and including liquidated damages and/or contract termination.

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.

Contract requirements require DRTS providers to coordinate with licensed, qualified and competent drivers. This allows HHSC to continue to use and encourage coordination with local service delivery providers. This approach offers an efficient and effective model for meeting client transportation needs.

A network of DRTS providers was previously contracted with MTOs, who contracted with HHSC. As part of implementation of this waiver, HHSC will be terminating its contracts with the MTOs, and those DRTS provider subcontracts may be assigned to HHSC. This will enable services to continue without interruption.

Services for clients in FFS will remain unchanged. HHSC will ensure **sufficient** DRTS **providers are contracted with HHSC** prior to June 1, 2021, **and available to provide** trips **(one-way or round-trip)** after June 1, 2021. HHSC will coordinate with the MTOs to ensure that clients identified as FFS following the May 2021 cutoff date who request NEMT services through the MTO are transferred to the MTP call center to arrange the service. Further, the MTO is required to provide a copy of their May 2021 monthly subscription to the MTP call center to schedule rides and provide all lists, and supporting documentation, of clients that will need extension of travel-related services on and after June 1, 2021.

Part IV: Program Operations

A. Beneficiary Information

Describe how beneficiaries will get information about the selective contracting program.

Client outreach materials specifically related to NEMT services include:

- Posters
- Brochures
- Client mailings
- Electronic mediums such as state and provider websites

HHSC will provide desk reference materials to Medicaid health care providers to educate them about NEMT services so that they can pass that information along to clients.

In addition to NEMT-specific materials, other state Medicaid programs share information on NEMT services, and information is included with program eligibility information. 2-1-1 Texas provides information on NEMT by phone and online.

HHSC translates all client materials to Spanish. HHSC uses a language translation vendor for the translation services whenever necessary. The vendor offers translation services in 170 different languages. Additionally, HHSC allows the client's attendant to travel with them, at no cost to the client or the attendant, to offer translation services during their health care appointments when requested by the client.

B. Individuals with Special Needs.

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

Section B – Waiver Cost-Effectiveness & Efficiency

<u>Efficient and economic provision of covered care and services</u>:

1. Provide a description of the State's efficient and economic provision of covered care and services.

   The utilization of selective contracts under specific circumstances affords HHSC the ability to continue the uninterrupted delivery of DRTS to Medicaid-eligible clients. DRTS become more efficient and economical with the assignment of DRTS provider subcontracts to HHSC, as it eliminates any administrative cost or operational startup cost on willing providers and reduces time associated with the renegotiation of rates or waiving certain contract requirements a provider may seek in light of the urgent need to setup operations on a statewide basis to meet client need.

   To augment the assignment of DRTS provider contracts, HHSC plans to initiate a DRTS

open enrollment application to further strengthen the availability of DRTS providers to accommodate client needs and ensure sufficient coverage and service availability. Through this process, HHSC expects to gain efficiencies through standardization of service and the economic provision of DRTS through uniform rate structure. **The ongoing open enrollment opportunity will be posted publicly by April 16, 2021. As applications are received, HHSC will review and respond within five business days.**

Oversight and monitoring will be streamlined with HHSC overseeing and administering DRTS.

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

Year 1 from: _6_/_1_/_2021___to _5_/_31_/_2022____

Trend rate from current expenditures (or historical figures): _5.0_%

Projected pre-waiver cost *$_$3,560,000*_____
Projected Waiver cost *$_$3,560,000*___
Difference: *$_0*_

Year 2 from: 6_/_1_/_2022___to _5_/_31_/_2023____

Trend rate from current expenditures (or historical figures): _5.0_%

Projected pre-waiver cost $_3,792,000_____
Projected Waiver cost $_3,792,000_____
Difference: $_0___

Year 3 (if applicable) from: 6__/_1_/2023_____to _5_/31__/_2024____

(*For renewals, use trend rate from previous year and claims data from the CMS-64*)

Projected pre-waiver cost $_4,049,000_____
Projected Waiver cost $_4,049,000_____
Difference: $_0___

Year 4 (if applicable) from: _6_/1_/_2024____to _5_/_31_/2025_____

(*For renewals, use trend rate from previous year and claims data from the CMS-64*)

Projected pre-waiver cost $_4,331,000_____
Projected Waiver cost $_4,331,000_____
Difference: $_0_____

Year 5 (if applicable) from: _6_/_1_/2025____to _5_/_31_/_2026____

(*For renewals, use trend rate from previous year and claims data from the CMS-64*)

Projected pre-waiver cost $_4,639,000_____
Projected Waiver cost $_4,639,000_____
Difference: $_0____