Hawaii QUEST Integration

1115 Waiver

Quarterly CMS Monitoring Report

Federal Fiscal Year (FFY) 2024 2nd Quarter
Demonstration Year (DY) 30 Q2

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	State Fiscal Quarter:	3rd Quarter 2024
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	Demonstration Year:	30th Year (10/1/23 – 9/30/24) This reporting period includes the: • last month of 2nd Q. DY 30; and the • 1st & 2nd months of 3rd Q. DY 30 when applying a DY of August 1st – July 31st.

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Attachments

Attachment A: Up-To-Date Budget Neutrality Summary

The Budget Neutrality Summary (worksheet) for the quarter ending 12/31/2023 is attached. The Budget Neutrality Summary for the quarter ending 3/31/2024 will be submitted by the 5/31/2024 deadline.

Attachment B: Budget Neutrality Workbook

The Budget Neutrality Workbook for the quarter ending 12/31/2023 is attached. The Budget Neutrality Workbook for the quarter ending 3/31/2024 will be submitted by the 5/31/2024 deadline.

Attachment C: Schedule C

Schedule C for the quarter ending 3/31/2024 is attached. Schedule C includes a summary of expenditures for the reporting period.

I. Introduction

Hawaii's QUEST Integration (QI) program is a state of Hawaii (State) Department of Human Services (DHS) and Med-QUEST Division (MQD) comprehensive section 1115(a) Demonstration wavier (Demonstration) that expands Medicaid coverage to children and adults originally implemented on August 1, 1994. QUEST Integration uses capitated managed care as a delivery system unless otherwise indicated. Also, QI provides Medicaid State Plan benefits and additional benefits including institutional, and home and community based, long-term services and supports based on medical necessity and clinical criteria, to beneficiaries eligible under the State Plan and to the Demonstration populations.

Med-QUEST Division continues to focus on a comprehensive health care delivery system transformation, called the HOPE Initiative. "HOPE" stands for Hawaii-Medicaid Ohana-Nui Project Expansion. The goal of the initiative is to achieve the Triple Aim of better health, better care, and sustainable costs for our community using a whole person, whole family and whole community approach to health and well-being. Med-QUEST Division anticipates that the investments in healthy families and healthy communities will translate to improved health and well-being through decreased onset of preventable illnesses, improved early detection and optimal management of conditions, and a continued sustainable growth rate in healthcare spending from reductions in unnecessary care and shifts of care to appropriate settings. Med-QUEST Division also focuses on the integration of behavioral health and health-related social risk factors taking a whole-person health approach.

HOPE Strategies:

- Invest in primary care, prevention, and health promotion
- Improve outcomes for high-need, high-cost individuals
- Payment reform and financial alignment
- Support community driven initiatives

The current QI contracts are held by five health plans. Those five health plans are AlohaCare, Hawaii Medical Service Association (HMSA), Kaiser Permanente, Ohana Health Plan, and UnitedHealthcare Community Plan (collectively, Health Plans or Managed Care Organizations (MCOs)). Med-QUEST Division works closely with the Health Plans to facilitate contract implementation and improve healthcare access and services to members.

MQD continued the eligibility redetermination during this quarter and launched its automated telephonic campaign on February 16, 2024. The campaign aims to remind members to stay well and stay covered. Messages were sent prior to, and shortly following, member renewal dates.

The section 1115 Demonstration renewal application was submitted to CMS in January 2024, deemed complete by CMS by the February 1st deadline, and was put out for public comment by CMS from February 5th – March 6th, 2024. New items in the renewal include various health related social needs such as nutrition and housing supports, continuity of coverage, and integration of behavioral health. Negotiations are anticipated to start the next quarter.

II. Operational Updates

A. Key Achievements and Challenges Related to the 1115 Waiver

1. Managed Care

Health Plan Reporting

During this quarter, MQD continued to work with the Health Plans to improve report quality and data submission.

Health Plans continued to submit newly designed reports as part of the QI contract. Embedded in these reports is a framework to consolidate reporting information into specific focus areas and to analyze performance based on Key Performance Indicators (KPIs) which will be reported in the Performance Metrics section of this 1115 quarterly report once data quality is adequate. Additional strategies for improving data quality have been developed including report templates with built in quality assurance flags that alert Health Plans of inappropriate or mis-formatted data. Report tools for these reports have been updated based on feedback from the Health Plans, and such updates are incorporated into the Health Plan Manual. Med-QUEST Division is looking at ways to streamline reporting and reduce administrative burden on Health Plans and MQD staff. These include combined data files and working toward more automated reporting.

Dual Eligible Special Needs Plans (D-SNPs)

January 2024 marks a new beginning for Hawaii residents eligible for both Medicaid and Medicare. This is the first year that Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs) are offered in the state. The three Medicare Advantage Organizations (MAOs) offering FIDE SNPs are AlohaCare, Kaiser, and Ohana. This accomplishment is the result of much planning, hard work, and collaboration for nearly 2 years of: various staff at MQD; its consultants, ATI Advisory and Speire Healthcare Strategies, LLC (collectively, Consultants); the Health Plans; contacts at the Centers for Medicare and Medicaid Services (CMS) Medicare-Medicaid Coordination Office (MMCO); and other interested parties.

FIDE SNPs must meet organizational design and other integration requirements, intended to facilitate and elevate the partnership and coalescence of managing and delivering both a member's Medicare services and Medicaid services. The objective is a more positive, seamless, and integrated health care experience for individuals receiving both Medicare and Medicaid which in turn, supports better access to care and better health outcomes. For many individuals, Medicare and Medicaid services are provided by two completely different organizations. However, a key feature of Hawaii's 2024 FIDE SNPs is that they are required to have Exclusively Aligned Enrollment (EAE). In essence, this means that all enrollees in the FIDE SNP receive both their Medicare and Medicaid services under a single organization. Alternatively, membership in Hawaii's Highly Integrated Dual Eligible Special Needs Plans (HIDE SNPs) may or may not be aligned under a single organization.

By the end of the first quarter, enrollment numbers from CMS were the following: D-SNP (HIDE SNP and FIDE SNP) membership = 36,029; HIDE SNP membership = 29,788; and FIDE SNP membership = 6,241. This indicates that for the first few months of operation, Hawaii's FIDE SNPs have acquired about 17% of the state's D-SNP membership. The hope is that this share continues to grow as the FIDE SNP program and policies develop.

Also, during this quarter MQD and Consultants worked through details for initial drafts of the 2025 State Medicaid Agency Contract (SMAC), continued discussions regarding the direction for Hawaii D-SNPs beyond 2025, began joint reviews and updates with CMS on 2025 integrated materials, and held one-on-one meetings with Health Plans preparing to stand up either an EAE FIDE SNP or EAE HIDE SNP in 2025. All such efforts helping movement toward increased integration of Medicare and Medicaid services for the state's dual eligible individuals.

2. Home and Community Based Services (HCBS) and Personal Care

HCBS Settings Rule

MQD's efforts to bring settings into compliance with the federal home and community-based services (HCBS) regulations found at 42 CFR §§441.301(c)(4)-(5) and 441.710(a)(1) is ongoing.

As of the end of this quarter, MQD has completed site visits to 154 providers on the island of Oahu, and 27 providers on the neighbor islands, including the island of Maui, which was devastated by wildfires in the town of Lahaina.

MQD continues to deliver technical assistance to ensure that all providers will achieve and maintain compliance through capacity building activities.

MQD is on-target to complete its revised Final Settings Rule CMS corrective action plan by the due date of July 1, 2024.

Consumer Assessment of Healthcare Providers and Systems Home and Community-Based Services (HCBS CAHPS®) Survey

Med-QUEST Division assesses the perceptions and experiences of members enrolled in the QUEST Integration (QI) health plans as part of its process for evaluating the quality of health care services provided to eligible adult members. The MQD contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems Home and Community-Based Services (HCBS CAHPS®) survey for members that received a qualifying HCBS service.

MQD is in the late stages of planning the next HCBS CAHPS® survey to be implemented in 2024.

Investment in Tools and Technology for Residential Alternative Providers

MQD received funding from the American Rescue Plan Act of 2021 (ARPA) to support HCBS residential provider capacity for technology. Activities to continue distribution of surface and laptop devices to residential providers state-wide continued during this quarter. The distribution of surface devices to date, has increased provider capacity to interact electronically with health plans and medical providers and supports members' receipt of virtual services (where applicable).

3. Other

Member Outreach

Mid-January marked the conclusion of the Federal Marketplace open enrollment. Thus, outreach efforts were more focused on assisting with the renewal activities, especially since this marked the restarting of all renewal activities that had been paused since September, 2023.

Data Quality Strategy

In late 2023 MQD kicked off its 2023-4 Encounter Data Validation (EDV) project which conducts a comparative analysis between the encounter data health plans submit to our MMIS system, HPMMIS, and the encounter data health plans report to our actuaries for various actuarial activities. This comparative analysis will identify differences in these two data sources at both the record level—whether encounters exist in both data sources or just one—and the field level to compare completeness and accuracy. Based on the findings of the EDV project, MQD will be opening Corrective Action Plans with each health plan to resolve uncovered discrepancies that impact the usability of HPMMIS encounter data for actuarial activities. Throughout the reporting period, MQD continued meeting with the EDV vendor. The findings will be available in April 2024.

B. Issues or Complaints Identified by Beneficiaries

No new issues or complaints were identified during this quarter.

C. Audits, Investigations, Lawsuits, and Legal Actions

Administrative Hearings

1. **Coastal Medical Supply v. DHS** – Audit of Coastal Medical Supply, a Medicaid Provider, conducted by Unified Program Integrity Contractor Qlarant, found overpayments for Continuous Positive Airway Pressure (CPAP) devices and supplies that were not medically necessary. DHS sent an overpayment notice to recover the $647,648.00 overpayment. Coastal Medical Supply requested an administrative hearing on the overpayment. A scheduling conference is set for April 5, 2024.

2. **Kawasakis v. DHS** - The Kawasakis are appealing the denial of their applications for Medicaid long-term care benefits based on DHS' decision that the entire value of their irrevocable trust is available to them. The Trust currently contains the cash proceeds from the sale of the Kawasakis personal residence. The Kawasakis previously owned outright a life estate in an undivided one-ten thousandth of an interest in the property, with the Trust owning the remainder. The property was sold in May 2020 and the Kawasakis argued that the Trust reacquired its status as an irrevocable trust with no benefits to them after the life estate on a fractional interest was dissolved. The administrative hearing is scheduled for April 11, 2024.

3. **LaPorte v. DHS** – On January 12, 2023, DHS suspended Medicaid payments to Bryant LaPorte, DDS, based on credible allegations of fraud as follows: (1) billing for services not rendered, including x-rays, and (2) billing services not medically necessary, including oral evaluations and palliative emergency treatment. Dr. LaPorte requested for an administrative hearing after receiving the Notice of Suspension of Medicaid Payments dated January 18, 2023. The two-day hearing was held on December 4 and 5, 2023. On February 23, 2024, the DHS Administrative Appeals Office issued a decision finding that the DHS correctly imposed a suspension of payments on Dr. LaPorte, and properly referred the matter to the State's Medicaid Fraud Control Unit.

4. **In the Matter of Petitioner J.M.** - Petitioner failed to timely file a request for administrative hearing regarding 3 Resolution of Appeal letters denying coverage. Petitioner's Request for Hearing was denied as untimely, i.e. past 210 days. Petitioner filed "Emergency Motion for Director's Time Extension Approving Action After Specified Period, Or, In the Alternative, Reconsideration" (Emergency Motion). The Emergency Motion was heard on January 12, 2024 and the order was issued on February 8, 2024. The order denied the Emergency Motion as the Hearing Officer found Petitioner failed to show "good cause" in this matter and there was no other legal basis on which to grant Petitioner's Emergency Motion.

5. **In the Matter of Petitioner J.M. (Appeal #15)** – Petitioner requested approval of ongoing 24/7 care of Delegated Personal Assistance Service Level II services. The Petitioner's health plan denied this request, and the Petitioner requested an administrative hearing on the denial. An administrative hearing is scheduled for April 15, 2024.

6. **In the Matter of Petitioner J.M. (Appeal #16)** - Petitioner requested approval of 24/7 care of Delegated Personal Assistance Service Level II services while the Petitioner was out of the State for almost three weeks. The Petitioner's health plan denied this request, and the Petitioner requested an administrative hearing on the denial. An administrative hearing is scheduled for April 23, 2024.

7. **In the Matter of Petitioner J.M. (Appeal #17)** – Petitioner requested an electroencephalogram to be administered by a specific physician. The Petitioner's health plan denied this request because the physician was not a Medicaid provider, and the Petitioner requested an administrative hearing on the denial. An administrative hearing has not been scheduled yet.

Hawaii Courts

1. **Bekkum v. DHS** – DHS appeals the administrative hearing decision in favor of Curtis Bekkum, M.D. DHS had sought to terminate Bekkum's provider participation in the Medicaid program based on a criminal complaint and conviction of sexual assault, which occurred in his provision of medical services to a patient. The administrative hearing decision found in favor of Bekkum because the Hearing Officer believed that the services Bekkum provided were not Medicaid services. DHS filed its opening brief and is awaiting the answering brief.

2. **Jason Murbach and Kaili Murbach, for and on behalf of J.M. v. Director DHS** – Appellants appeal DHS' decision to deny his request for an administrative hearing regarding 3 Resolution of Appeal letters denying coverage for durable medical equipment. The request for administrative hearing was denied as untimely, i.e. past 210 days. Appellant filed the Notice of Appeal to the Circuit Court to: 1) request vacating dismissal of administrative hearing request; 2) remand matter to Director to vacate dismissal; 3) Order DHS to review motion for hearing and allow filing of request for hearing after the deadline; and 4) order DHS to hold a contested case hearing on the Request for Hearing.

3. **Jason Murbach and Kaili Murbach for and on behalf of J.M. v. Director of State of Hawaii Department of Human Services** – Appellants appeals denial of additional delegated Personal Assistance Service Level II (PAII) services for Member for the duration of an 18-day trip to a Colorado hospital. Appellants allege the additional PAII services, which would equate to 24 hours day/7 days a week services, are medically necessary and must be covered under Member's Medicaid and QUEST-Integration coverage. The Opening brief is due on or about May 3, 2024, the answering brief due on or about June 12, 2024, and the Oral Argument is scheduled for July 17, 2024.

4. **Soleil Feinberg v. Cathy Betts, et al.** – This is a federal district court challenge alleging a failure to provide adequate treatment, as required by EPSDT, to a young adult. The allegation is that the failure to provide adequate treatment led to the young person's eventual criminal case and her placement in the Hawaii State Hospital because her mental impairment makes her unable to stand trial in the criminal case. The parties have reached a settlement. The parties are in the process of signing, and have begun implementing, the written settlement agreement.

5. **In re F.T., by and through Aloha Nursing Rehab Centre (Aloha Nursing)** – Aloha Nursing requested an administrative fair hearing on behalf of deceased former patient regarding the patient's Medicaid eligibility. Aloha Nursing is seeking payment for services rendered to F.T. at a time when patient was ineligible for Medicaid coverage. The hearing officer determined that Aloha Nursing had no standing as an authorized representative of the former patient because it lacked the proper legal documentation providing authority to act on behalf of the deceased patient. Circuit Court affirmed in favor of DHS. Aloha Nursing appealed to the Intermediate Court of Appeals. Decision is pending.

6. **In re F.W.H., by and through Aloha Nursing Rehab Centre (Aloha Nursing)** – Aloha Nursing requested an administrative fair hearing on behalf of deceased former patient regarding the patient's Medicaid eligibility. Aloha Nursing is seeking payment for services rendered to F.W.H. at a time when patient was ineligible for Medicaid coverage. The hearing officer determined that Aloha Nursing had no standing as an authorized representative of the former patient because it lacked the proper legal documentation providing authority to act on behalf of the deceased patient. Circuit Court affirmed in favor of DHS. Aloha Nursing appealed to the Intermediate Court of Appeals. Decision is pending.

9th Circuit Court of Appeals

1. **HDRC v. Kishimoto** – This was a challenge to the State of Hawaii's provision of Medicaid funded Applied Behavioral Analysis (ABA) therapy for children on the autism spectrum attending public schools. The State of Hawaii won a Motion for Summary Judgment in the federal district court on August 31, 2022 and the Plaintiffs appealed to the 9th Circuit Court of Appeals on September 30, 2022. The case remains on appeal to the 9th circuit. HDRC filed an Opening Brief and the State of Hawaii filed an Answering Brief. HDRC's Reply Brief was filed on July 14, 2023. Oral argument before a panel of the Ninth Circuit Court of Appeals occurred on October 4, 2023. We are awaiting the decision.

D. Unusual or Unanticipated Trends

As noted above, eligibility renewal processes that had been paused for three months due in part to the impact of the Maui wildfires as well as the need to make updates to the eligibility systems/processes were restarted. The *ex parte* processes were started in December 2023, and the first terminations since the pause were at the end of January 2024. Due to the pause in renewal terminations, a record number of individuals are currently covered by QUEST (over half of all children and 1/3rd of Hawaii's residents).

Outreach and recovery efforts continued in response to the wildfires. Health clinics that had burned down or displaced continued their relocation activities; families and individuals receiving HCBS/NF services who had been displaced by the fires continued to receive services from wherever they were temporarily residing.

E. Legislative Updates

The Hawaii legislature was in session this quarter. The primary areas of focus affecting the Demonstration has been strengthening the long-term care, particularly home and community-based services. Key legislators along with Medicaid leaders, Executive Office on Aging, Department of Health's licensing, LTSS and health care providers participated in a two-day LTSS Summit with support from the Council on State Governments. Additionally, several bills and agency budget asks were for HCBS rate increases. These were being positively considered as of the end of March.

The other areas of focus for the legislature have been funding Maui wildfire recovery efforts, and addressing the ongoing concerns of increasingly unaffordability of living in Hawaii, particularly the housing costs. These are also related to the high rates of homelessness, the latter as a third, but related focus that has an impact on Hawaii's Demonstration. There are several overlapping efforts to invest in MH crisis, justice-involved, and homeless services. All three of these areas, Med-QUEST is focused on either as part of the current Demonstration, or included in the 1115 Renewal application.

F. Descriptions of any Public Forums Held

Hawaii held one Public Forum during this time period. MHAC comments and questions were received from this meeting and summarized below.

MHAC meeting, February 21, 2024

Med-QUEST Division presented information and updates on the Stay Well Stay Covered campaign for the restart of renewals for all Medicaid members, the Section 1115 Demonstration Renewal for 2024, an overview of the Hawaii Child Wellness Incentive Program, and State Plan Amendments and updates. In addition, MQD is having all five of its managed care organizations present on their Health Plan Member Communications with their Medicaid population. Aloha Care (AC) was the first health plan to present their information on this issue to the MHAC. There were no questions from the MHAC or the public on the first two items. Questions were asked by the MHAC on the three remaining items and are summarized below.

One MHAC member asked if there is a tool kit or any other basic information, they can share to promote the Hawaii Child Wellness Incentive Program. MQD responded that they do not have any additional printed flyers to distribute at this time as they have been focusing on the Stay Well Stay Covered campaign but that they would take this comment back and have conversations with the Managed Care Organizations to help promote this program. Another MHAC member commented that she appreciated the clarification that the parent must be on Med-QUEST in order to claim the $50.00 Visa/Master Card for having their child complete a well-child examination annually and that the child does not have to be receiving Medicaid for the parent to receive this benefit.

A MHAC member had a question for AC regarding their presentation on their Member Communication for the Medicaid population. She asked how Aloha Care was able to get the staff on board to understand where the Medicaid families are at and how to meet their needs given the diversity of the Medicaid population. AC responded that there is a strong focus on developing a company culture where everyone is onboard with their goals. AC conducts one on one meetings, all staff meetings,

engages their employees to participate in volunteer work, teaches their employees to listen, be empathetic, and learn to work with community leaders and partners so they can develop their capacity to better understand the community they serve. Another MHAC member commented that AC did a great presentation on their Member Communication.

Another MHAC member had comments regarding the State Plan presentation. She stated that MQD is doing a lot of exciting work and thanked MQD for persevering on the palliative care issue.

The public had no comments or questions for any of the topics raised and discussed by MQD.

III. Enrollment and Disenrollment

A. Member Choice of Health Plan

January 2024 – March 2024	# of Members
Individuals who chose a health plan when they became eligible	**4092**
Individuals who were auto-assigned when they became eligible	**2867**
Individuals who changed health plan after being auto-assigned	**621**
Individuals in the ABD program that changed health plan within days 61 to 90 after confirmation notice was issued	**13**

IV. Performance Metrics

A. Impact of the Demonstration

1. Providing Insurance Coverage to Beneficiaries and the Uninsured Population

Total enrollment as of 3/25/24: 470,211

2. Outcomes of Care, Quality of Care, Cost of Care, and Access to Care

No data to report as of this quarter. Ongoing work to improve data quality will result in data in future quarters.

B. Results of Beneficiary Satisfaction Surveys (if conducted)

None to report this quarter.

C. Results of Grievances and Appeals (from Health Plans)

Type	Total	Timely Resolved* # (%)	Resolved in Favor of Beneficiaries** # (%)
Grievances	499	457 (91.6%)	263 (52.7%)
Appeals	332	275 (91.4%)	97 (42.2%)**

*Timely is defined as within 30 days for standard grievances and appeals, within 14 days for expedited appeals, and within the approved extension time period for grievances and appeals with approved extensions. Denominator excludes grievances and appeals received within 30 days of the end of the reporting period with no resolution (or 3 days for expedited appeals).
**only contains data from 4/5 health plans.

V. Budget Neutrality and Financial Reporting Requirements

A. Financial Performance of the Demonstration

Hawaii has continued to accrue budget neutrality savings, which is shown in the Budget Neutrality Summary attached to this report. In addition, the Hypothetical Expansion eligibility category has continued to accrue budget neutrality savings. The Demonstration continues to project budget neutrality savings in future years.

B. Updated Budget Neutrality Workbook

The Budget Neutrality Workbook for the quarter ending 3/31/2024 will be submitted by the 5/31/2024 deadline. The Budget Neutrality Workbook for the quarter ending 9/30/2023 is attached (Attachment B).

C. Quarterly and Annual Expenditures

Expenditures for the quarter ending 3/31/2024 were reported on the CMS-64 and certified on 4/30/2024. A summary of expenditures is shown on the attached Schedule C for the quarter ending 3/31/2024.

D. Administrative Costs

There have been no significant increases in Hawaii's administrative costs for the quarter ending 3/31/2024. Cumulative administrative expenditures can be found on the attached Schedule C.

VI. Evaluation Activities and Interim Findings

A. Current Results of the Demonstration per the Evaluation Hypotheses

See B.3 for results and findings.

B. Progress Summary of Evaluation Activities

1. Key Milestones Accomplished

- Med-QUEST Division released a new reporting package which will assist with monitoring evaluation goals for the 1115 waiver. Health Plans submitted another round of Community Integration Services (CIS), Long-Term Services and Supports (LTSS), Special Health Care Needs, Value-Driven Health Care, and Primary Care reports with data quality improving compared to previous quarters. Additionally, MQD is working on improving data collecting on members receiving health coordination services and released a new health coordination services report to better understand the comprehensive health coordination services provided to Medicaid members. However, MQD and the University of Hawaii (UH) Evaluation team are still providing targeted technical assistance and engaging with the Health Plans to improve data quality across all reports.

- UH completed the interim evaluation report which was submitted to CMS.

- The UH Evaluation Team held a Rapid Cycle Assessment presentation for Health Plans, providers, and MQD on Q2 2023 on February 23rd, 2024. A corresponding report was submitted to MQD. The team also submitted feedback on individual Health Plan reports using the Review Tool.

2. Challenges Encountered and How They Were Addressed

Data quality among evaluation reports remained a challenge for Health Plans. During this quarter many reports moved into production meaning the Health Plans consistently met data quality standards. These have informed ongoing monitoring of demonstration populations as well as inform the development of the 1115 waiver interim evaluation report.

3. Interim Findings (when available)

Subject	**Successes in Implementation**	**Barriers in implementation**
CIS	Data quality continues to slowly improve. MQD restructured its "Core Team" to discuss and launch a CIS 2.0 that responded to the challenges raised by the providers, HPs, and Evaluation Team. Daily meetings often include members of the Eval Team, local government, and other homelessness experts. MQD restructured CIS payments to bundled payments to make billing easier; and to pay for outreach services regardless of if member ends up consenting to compensate providers for time	Challenges to enrolling members is largely due to provider capacity, limited affordable housing, and lack of coordination between HPs and providers.
LTSS	The analysis shows that the level of care (LOC) scores for LTSS members in the home setting are stable as they progress during the years in the program suggesting effectiveness of HCBS.	The analysis shows that the level of care (LOC) scores for LTSS in the nursing home or foster homes deteriorate over the years they stay in the program.
SHCN	Updated SHCN report was released to more comprehensively identify services and populations MQD is in the process of working with health plans to submit plan services, such as health coordination, as encounters. This will make reporting more automated and assist with evaluation and ongoing monitoring.	Unstandardized documentation across Health Plans makes it difficult to integrate data of all members and determine the impact of care coordination services for SHCN member
SDOH	Qualitative analyses were conducted on the Health Disparity reports submitted by Health Plans and preliminary results are shown below:	Shortage of Health Plans staff and community health workers to address SDOH and social needs

	Health Plans identified racial/ethnic or geographical disparities on the utilization of several health service Health Plans conducted root cause analyses and found many drivers including but not limited to: lack of transportation language barriers and health literacy skills unstable housing and homelessness unemployment or having to work multiple jobs or jobs with unreliable schedules, differences in cultural health practices (belief, mistrust) healthcare access and quality. Support strategies and interventions implemented (or to be implemented) include: patient engagement and outreach community engagement improving health care coordination and access to health care, such as providing transportation or relieving travel burden and scheduling access to services outside of the regular weekday clinic hours.	
Primary Care	A key early success was development of first and second year report that provides a picture of primary care spend. This helps us get a better picture of the baseline spending Some of the Health Plan's strategy for increasing the percent spend on primary care have included: Increasing P4P incentives that reward patient engagement and PC visits Changes to P4P measures that reward both correct coding and reducing gaps in coding Increasing VBP arrangements that reward increasing patient engagement Increasing the number of member outreach activities through telephonic, text, and face-to-face from their care navigation and care coordination staff that will increase PC visits and beneficial services	Health Plans had challenges with reporting on primary care

	Utilizing vendors to assist in contacting and returning members back into the PCP s practice Regular member communication to keep PC services and benefits top of mind Directly addressing and assisting PCPs on the gaps in care Actively recruiting and hiring PCPs	
VBP	Several VBC and APM initiatives were implemented at MCO and provider level respectively VBC arrangements were mostly aimed at primary care providers, FQHCs and CHCs. Independently, plans report positive results from implementation of VBC arrangements	Many pilot arrangements make directly testing relationship between VBC / APM arrangements and system changes in quality of care at the state level difficult. UH Team is exploring case studies to demonstrate impact at facility and provider level.

4. Status of Contracts with Independent Evaluators (if applicable)

Contract with University of Hawaii Evaluation team has been extended into CY2024.

5. Status of Institutional Review Board Approval (if applicable)

N/A

6. Status of Study Participant Recruitment (if applicable)

N/A

7. Result or Impact of the Demonstration Programmatic Area Defined by CMS that is Unique to the Demonstration Design or Evaluation Hypotheses

Subject	**Result or Impact**
CIS	CIS was implemented and demonstrates that Medicaid can develop innovative programs to address SDOH. Two hundred fifty-five members were in pre-tenancy at some point during the waiver period and so far 33% (n=100) had transitioned to tenancy at exit. Of those members who received tenancy services, the majority remained housed at exit.

	The UH Evaluation Team is currently assessing ER visits, hospitalizations, and total cost of care data for CIS members. This analysis will be completed and available in the upcoming interim evaluation report. The RCAs have proven to be an effective evaluation tool to assist MQD, Health Plans, and service providers with identifying successes and barriers in real time to allow for the development of solutions or shared lessons learned. The MQD Core Team continues to meet weekly with members of the State and City governments, housing service providers, and other housing experts to ensure integration with existing housing services.
HCBS/LTSS	Data is available in the interim evaluation report.
SHCN	Data is available in the interim evaluation report.
SDOH	In the Social Determinants of Health (SDOH) work plan, Health Plans proposed or implemented quality activities focusing on reducing emergency room visits, improving maternal health, improving patients' education, reducing isolation, and expanding alternative medicine practice. Other quality activities focusing on addressing COVID-19 recovery, homeless, and food insecurity. At a higher level, Health Plans also proposed or implemented quality activities that aim to improve SDOH understanding and SDOH screening and documentation of SDOH data. Few Health Plans have some plan on collaborating with other parties and utilizing measurement and progress during these quality activities.
PC	So far, Health Plans have some changes in primary care spending over time. Report documents small changes in spending over time
VBP	Impact of the implemented models is being evaluated Current evaluation opens up avenues for new research questions for further investigation into implementation of VBC arrangements and APM by health plans. Future investigation needs to include qualitative analyses of the implementation, barriers and facilitators and expansion of initiatives currently in place

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Budget Neutrality Summary

The Budget Neutrality Reporting Period dropdown menu allows for selection of a specific reporting period, by Demonstration Year.
By changing these settings, you change the view for which Demonstration Years will be used in calculating Budget Neutrality.
Selecting the 'Reset to Defaults' button will reset the Reporting DY values back to the demonstration's current Period of Performance.

Budget Neutrality Reporting Start DY	**26**
Budget Neutrality Reporting End DY	**30**

Actuals + Projected

Without-Waiver Total Expenditures

			26	27	28	29	30	Total
Medicaid Per Capita								
EG 1 - Children	1	**Total**	$ 629,445,268	$ 697,320,596	$ 743,256,554	$ 772,575,033	$ 796,466,688	
		PMPM	$448.48	$452.96	$457.49	$462.07	$466.69	
		Mem-Mon	1,403,508	1,539,475	1,624,640	1,671,987	1,706,629	
EG 2 - Adults	2	**Total**	$ 389,312,838	$ 472,902,030	$ 534,517,133	$ 596,385,573	$ 592,854,097	
		PMPM	$925.47	$959.72	$995.23	$1,032.05	$1,070.24	
		Mem-Mon	420,665	492,750	537,079	577,865	553,945	
EG 3 - Aged	3	**Total**	$ 658,889,243	$ 764,674,765	$ 883,519,979	$ 984,337,721	$ 760,156,997	
		PMPM	$1,939.17	$2,005.11	$2,073.28	$2,143.77	$2,216.66	
		Mem-Mon	339,779	381,363	426,146	459,162	342,929	
EG 4 – Blind/Disabled	4	**Total**	$ 757,508,006	$ 846,263,757	$ 901,246,138	$ 936,220,364	$ 1,034,360,778	
		PMPM	$2,646.76	$2,763.22	$2,884.80	$3,011.73	$3,144.25	
		Mem-Mon	286,202	306,260	312,412	310,858	328,969	
TOTAL			**$ 2,435,155,354**	**$ 2,781,161,148**	**$ 3,062,539,803**	**$ 3,289,518,691**	**$ 3,183,838,560**	**$ 14,752,213,557**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Medicaid Per Capita								
EG 1 - Children	1		$ 384,578,447	$ 400,153,071	$ 394,916,470	$ 447,709,567	$ 447,307,253	$5,533,996,757
EG 2 - Adults	2		$ 164,506,576	$ 198,551,260	$ 192,679,871	$ 256,676,934	$ 262,281,700	$3,127,890,952
EG 3 - Aged	3		$ 395,821,135	$ 453,255,964	$ 487,387,764	$ 501,064,298	$ 502,750,842	$6,248,941,176
EG 4 – Blind/Disabled	4		$ 476,057,557	$ 521,687,240	$ 441,003,375	$ 456,020,520	$ 685,289,061	$6,735,978,517
TOTAL			**$ 1,420,963,714**	**$ 1,573,647,535**	**$ 1,515,987,480**	**$ 1,661,471,319**	**$ 1,897,628,855**	**$ 8,069,698,903**

Savings Phase-Down

Medicaid Per Capita			26	27	28	29	30	TOTAL
		Savings Phase-Down						
EG 1 - Children	1	**Without Waiver**	$ 629,445,268	$ 697,320,596	$ 743,256,554	$ 772,575,033	$ 796,466,688	
		With Waiver	$ 384,578,447	$ 400,153,071	$ 394,916,470	$ 447,709,567	$ 447,307,253	
Difference			$ 244,866,821	$ 297,167,525	$ 348,340,084	$ 324,865,466	$ 349,159,435	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 183,650,116	$ 222,875,644	$ 261,255,063	$ 243,649,100	$ 261,869,576	
		Savings Phase-Down						
EG 2 - Adults	2	**Without Waiver**	$ 389,312,838	$ 472,902,030	$ 534,517,133	$ 596,385,573	$ 592,854,097	
		With Waiver	$ 164,506,576	$ 198,551,260	$ 192,679,871	$ 256,676,934	$ 262,281,700	
Difference			$ 224,806,262	$ 274,350,770	$ 341,837,262	$ 339,708,639	$ 330,572,397	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 168,604,696	$ 205,763,078	$ 256,377,947	$ 254,781,479	$ 247,929,298	
		Savings Phase-Down						
EG 3 - Aged	3	**Without Waiver**	$ 658,889,243	$ 764,674,765	$ 883,519,979	$ 984,337,721	$ 760,156,997	
		With Waiver	$ 395,821,135	$ 453,255,964	$ 487,387,764	$ 501,064,298	$ 502,750,842	
Difference			$ 263,068,109	$ 311,418,801	$ 396,132,215	$ 483,273,422	$ 257,406,156	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 197,301,082	$ 233,564,101	$ 297,099,161	$ 362,455,067	$ 193,054,617	
		Savings Phase-Down						
EG 4 – Blind/Disabled	4	**Without Waiver**	$ 757,508,006	$ 846,263,757	$ 901,246,138	$ 936,220,364	$ 1,034,360,778	
		With Waiver	$ 476,057,557	$ 521,687,240	$ 441,003,375	$ 456,020,520	$ 685,289,061	
Difference			$ 281,450,449	$ 324,576,517	$ 460,242,763	$ 480,199,845	$ 349,071,717	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 211,087,837	$ 243,432,388	$ 345,182,072	$ 360,149,883	$ 261,803,788	
Total Reduction			**$ 760,643,730**	**$ 905,635,210**	**$ 1,159,914,242**	**$ 1,221,035,529**	**$ 964,657,279**	**$ 5,011,885,990**

			26	27	28	29	30	Total
BASE VARIANCE			**$ 253,547,910**	**$ 301,878,403**	**$ 386,638,081**	**$ 407,011,843**	**$ 321,552,426**	**$ 1,670,628,663**
Excess Spending from Hypotheticals								$ (14,825,425)
1115A Dual Demonstration Savings (state preliminary estimate)								$ -
1115A Dual Demonstration Savings (OACT certified)								$ -
Carry-Forward Savings From Prior Period								
NET VARIANCE								**$ 1,655,803,238**

Cumulative Target Limit

			26	27	28	29	30	
Cumulative Target Percentage (CTP)			2.0%	1.5%	1.0%	0.5%		
Cumulative Budget Neutrality Limit (CBNL)			$ 1,674,511,624	$ 3,550,037,562	$ 5,452,663,123	$ 7,521,146,286	$ 9,740,327,567	
Allowed Cumulative Variance (= CTP X CBNL)			$ 33,490,232	$ 53,250,563	$ 54,526,631	$ 37,605,731	$ -	
Actual Cumulative Variance (Positive = Overspending)			$ (253,547,910)	$ (555,426,313)	$ (942,064,394)	$ (1,349,076,237)	$ (1,670,628,663)	
Is a Corrective Action Plan needed?								

HYPOTHETICALS TEST 1

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita								
EG 5 – Group VIII	1	**Total**	$ 1,269,058,737	$ 1,712,257,751	$ 2,065,875,689	$ 2,336,210,374	$ 1,826,368,919	
		PMPM	$899.37	$942.54	$987.78	$1,035.20	$1,084.89	
		Mem-Mon	1,411,053	1,816,642	2,091,433	2,256,772	1,683,460	
TOTAL			**$1,269,058,737**	**$1,712,257,751**	**$2,065,875,689**	**$2,336,210,374**	**$1,826,368,919**	**$9,209,771,470**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita								
EG 5 – Group VIII	1		$623,833,958	$825,710,087	$811,156,281	$990,286,455	$1,023,835,987	
TOTAL			**$ 623,833,958**	**$ 825,710,087**	**$ 811,156,281**	**$ 990,286,455**	**$ 1,023,835,987**	**$ 4,274,822,768**
HYPOTHETICALS VARIANCE 1			**$ 645,224,779**	**$ 886,547,664**	**$ 1,254,719,408**	**$ 1,345,923,919**	**$ 802,532,933**	**$ 4,934,948,702**

HYPOTHETICALS TEST 2

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1	**Total**	$ -	$ -	$ -	$ -	$ 3,395,541	
		PMPM	$1,184.76	$1,241.63	$1,301.23	$1,363.69	$1,429.15	
		Mem-Mon					2,376	
TOTAL			**$ -**	**$ -**	**$ -**	**$ -**	**$ 3,395,541**	**$ 3,395,541**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1		$ -	$ -	$ 1,861,497	$ (2,638,513)	$ 18,997,982	
TOTAL			**$ -**	**$ -**	**$ 1,861,497**	**$ (2,638,513)**	**$ 18,997,982**	**$ 18,220,966**
HYPOTHETICALS VARIANCE 2			**$ -**	**$ -**	**$ (1,861,497)**	**$ 2,638,513**	**$ (15,602,441)**	**$ (14,825,425)**

HYPOTHETICALS TEST 3

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita								
EG 7 – CIS Community Transition Pilot	1	**Total**	$ -	$ -	$ -	$ -	$ 9,260,539	
		PMPM	$3,231.17	$3,386.27	$3,548.81	$3,719.15	$3,897.67	
		Mem-Mon					2,376	
TOTAL			**$ -**	**$ -**	**$ -**	**$ -**	**$ 9,260,539**	**$ 9,260,539**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita								
EG 7 – CIS Community Transition Pilot	1		$ -	$ -	$ -	$ -	$ 9,010,861	
TOTAL			**$ -**	**$ -**	**$ -**	**$ -**	**$ 9,010,861**	**$ 9,010,861**
HYPOTHETICALS VARIANCE 3			**$ -**	**$ -**	**$ -**	**$ -**	**$ 249,678**	**$ 249,678**

PRA Disclosure Statement

PRA Disclosure Statement - The 1115 PMDA application offers a source of high quality and timely data to improve the Center for Medicaid & CHIP Services (CMCS) ability to monitor demonstrations for the achievement of desired outcomes and projected cost savings. The states will upload and submit their budget neutrality workbook to CMCS via PMDA. Eventually PMDA will also be integrated into the Medicaid and CHIP Program (MACPro) System, which currently allows CMS and states to collaborate online to process State Plan Amendments (SPA), 1915 waivers, Quality Measures reports, advance planning documents, and other initiatives. The goal of the PMDA application is to: Collect programmatic quality and other performance metrics, related reports and other information associated with selected 1115 demonstrations; Validate and track performance-based incentive payments for 1115 demonstrations that include them; Provide electronic reports that support CMCS oversight, monitoring and evaluation of 1115 demonstration performance, particularly on quality and other performance metrics, and on related incentive payments (if any); Produce analytic files to support demonstration evaluation. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 CMS-10398 #56. Public burden for all of the collection of information requirements under this control number is estimated to take about 7.5 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Budget neutrality is a Federal policy that governs the Federal expenditures for1115 demonstrations. It is assured by placing an upper limit on the amount of Federal Financial Participation (FFP) the state can receive during the demonstration. The upper limit represents what the state could have received in the absence of the 1115 demonstration.

The Budget Neutrality workbook will assist in collecting standardized data in order to determine financial performance for the demonstration in terms of budget neutrality.

The workbook has two major groups of tabs: the first group collects and calculates Without Waiver (WOW) numbers, and the second group calculates With Waiver (WW) numbers. Data is collected per each demonstration Medicaid Eligibility Group (MEG), by demonstration year (DY). A Medicaid section 1115 demonstration is considered budget neutral if the Federal title XIX match, or funding received by the state (i.e., “with waiver” expenditures) do not exceed what the state would have (or could have) received without the demonstration (i.e., “without waiver” expenditures). The workbook provides the ability to evaluate any variance between WW and WOW calculations.

The workbook consists of 15 tabs which contain different types of data and calculations. The following color schema is applied to the tabs:

Blue	Information populated in the Budget Neutrality workbook template based on the demonstration’s approved STC
Red	Information populated by states on a quarterly basis or per the reporting requirements defined in the STC
Green	Information automatically populated based on the input from other worksheets

Note: Overview and Dropdowns tabs are read-only, no data entry is required. The Dropdowns tab displays the values used to build the dropdowns menus thoroughout the workbook, including the list of active waivers for the demonstration.

Data Entry — Within the tabs where a State User populates information (C Report, Total Adjustments, WW Spending Projected, MemMon Actual, MemMon Projected, and Summary TC tabs), yellow highlighted cells denote where data entry may be needed (depending on DY being updated).

Pre-populated values in the downloaded Budget Neutrality workbook template

The original workbook entries are based on the STCs and other demonstration approval documentation. These entries are made on the DY Def, MEG Def, WOW PMPM & Agg, Program Spending Limits, and Summary TC tab (Phase-Down Percentage and Cumulative Target Percentage fields).

The MEG Def tab defines MEGs as Medicaid populations (core demonstration populations), Hypothetical populations (when a demonstration has separate budget neutrality agreements) and Tracking Only populations (for example, "pass-through" populations). The MEG Def tab also defines how expenditure numbers are calculated for a MEG (Per Capita vs. Aggregate) and the applicable scenarios (WOW, WW, or both). Also, the tab contains indicators defining MEG characteristics such as expenditure caps or applicability of savings phase-down calculations.

Calculating With Waiver (WW) numbers

WW numbers for each active DY of a demonstration are calculated based on a combination of actual WW expenditures, projected future expenditures, and any adjustments entered by a State User. The actual WW expenditures are copied from the Schedule C of the MBES CMS-64 report to the workbook (C Report tab). These numbers are automatically transferred to the C Report Grouper tab, where waiver expenditures are grouped by MEGs. The numbers are also transferred to the WW Spending Actual tab, which factors in adjustments entered on the Total Adjustments tab to calculate total actual WW expenditures. The WW Spending Total tab displays the actual WW expenditures plus future projected expenditures (transferred from the WW Spending Projected tab). Finally, the total WW actual and projected numbers are transferred to the Summary TC (Total Computable) tab (into the With-Waiver Total Expenditures section).

Calculating Without Waiver (WOW) numbers

WOW numbers can be obtained either one of two ways: using Aggregate or Per Capita calculations. If total projected expenditures for a MEG is known and the expenditure calculation type is defined as 'Aggregate' on the MEG Def tab, the total projected expenditure amount is entered for each active DY. However, if the expenditure calculation type is defined as 'Per Capita', total projected expenditures are derived by multiplying per member per month (PMPM) costs by the actual number of member months.

Both Aggregate and PMPM numbers are populated on the WOW PMPM & Agg tab. The number of actual member months (number of beneficiaries times the number of months enrolled) are entered by a State User on the MemMon Actual tab for each DY. On the MemMon Projected tab, State User enters projected numbers. The totals for actual and projected member months are calculated on the MemMon Total tab. WOW aggregate, PMPM and member month data is then moved to the the Without-Waiver Total Expenditures section of the Summary TC tab, where final calculations are performed.

Based on information from all tabs, the WW and WOW numbers are compared to determine the budget neutrality status of the demonstration.

Below are the definitions for the tabs of the workbook which require data entries from State User.

On top of the C Report tab, enter data in the following highlighted cells:

‘Data Pulled On:’ - enter the date the source file used to enter data on this tab was pulled
‘For the Time Period Through :’ - enter the date through which the source file data was pulled
Reporting DY' - enter the Demonstration Year (DY) for which data is being reported. Entered DY value must align with DYs from the DY Def tab.
Reporting Quarter' - enter a number of the quarter (values 1 through 4) for which data is being reported.

Notes:
- Dates must be entered in the following format: mm/dd/yyyy
- Reporting DY and Reporting Quarter entries affect which portion of the 'Medicaid Aggregate' and 'Medicaid Aggregate - WOW only' amounts for a DY will be calculated as Actuals, and which will be calculated as Projected
- Entry for each of these four fields is required for the workbook submission. If any field is not populated, you will receive an error and the document will not be uploaded to the system.

State User enters information on the following tabs:

C Report Tab

Open Schedule C of the CMS 64 Expenditure Report. Under your state, locate expenditure data for the specific demonstration.
From this location on the CMS 64 Expenditure Report, copy expenditure data cells for all DYs (active and non-active). On the C Report tab, paste the data into the correct cell/row. Repeat the copy and paste process for MAP Waivers section (Total Computable and Federal Share) and ADM Waivers section (if applicable). Verify that the pasted numbers are correctly aligned with the Waiver Name values.

Total Adjustments tab

When adjustments are relevant for a demonstration, enter the actual numbers of total contributions to the reported expenditures, per each MEG, for the reporting quarter. Add new reported adjustments to any existing numbers for previous quarters for the reported DY.
Note: Any adjustments that reduce expenditures must be entered as negative numbers (for example, -$10,000).

WW Spending Projected tab

Enter projected annual expenditures for each MEG for the active DYs of a demonstration.
For each reporting quarter, update the projected numbers so they reflect only future quarter projections. Please see the example for the MemMon Projected tab.

MemMonth Actual tab

For each MEG, calculate the actual number of member months for the reported quarter and add this number to the previously entered number for the same DY. For example, for Q3 reporting period, add Q3 member months to the existing number for the same MEG and DY and enter the result into the same cell.

MemMonth Projected tab

For each MEG, enter projected (future) annual member months for all active DYs of the demonstration. Adjust future DY numbers as needed.
For the current DY, enter only the number that reflects future quarters. For example, for Q3 reporting, only enter the projected number for Q4. There should be no projected numbers for completed (actual) DYs.

Summary TC tab

In the Net Variance section, for each DY, enter estimated numbers in row '1115A Dual Demonstration Savings (state preliminary estimate)'.
In the next row, '1115A Dual Demonstration Savings (OACT certified)' enter certified numbers.
Both estimated and certified numbers must be negative, as dual demonstration savings numbers reduce the Net Variance amount.

Demonstration Years Definitions

DY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Start Date	8/1/1994	8/1/1995	8/1/1996	8/1/1997	9/1/1998	9/1/1999	9/1/2000	9/1/2001	9/1/2002	9/1/2003	9/1/2004	9/1/2005	9/1/2006	9/1/2007	9/1/2008
End Date	7/31/1995	7/31/1996	7/31/1997	7/31/1998	8/31/1999	8/31/2000	8/31/2001	8/31/2002	8/31/2003	8/31/2004	8/31/2005	8/31/2006	8/31/2007	8/31/2008	8/31/2009

DY	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Start Date	9/1/2009	9/1/2010	9/1/2011	9/1/2012	10/1/2013	1/1/2014	1/1/2015	1/1/2016	1/1/2017	1/1/2018	8/1/2019	8/1/2020	8/1/2021	8/1/2022	8/1/2023
End Date	8/31/2010	8/31/2011	8/31/2012	8/31/2013	12/31/2013	12/31/2014	12/31/2015	12/31/2016	12/31/2017	7/31/2019	7/31/2020	7/31/2021	7/31/2022	7/31/2023	7/31/2024

Enter any general comments / notes:

MEG Definitions

	MEG Name	MEG Description	Savings Phase-Down	Expenditures Subject to Cap?	Hypothetical Populations Included in Calculations?	Start DY	Start Date	End DY	End Date
	Medicaid Per Capita								
1	EG 1 - Children		Savings Phase-Down	No	N/A	*1*	*8/1/1994*	*25*	*7/31/2019*
2	EG 2 - Adults		Savings Phase-Down	No	N/A	*1*	*8/1/1994*	*25*	*7/31/2019*
3	EG 3 - Aged		Savings Phase-Down	No	N/A	*1*	*8/1/1994*	*25*	*7/31/2019*
4	EG 4 – Blind/Disabled	Income up to and including 100% FPL using the institutional income rules, including the application of regular post-eligibility rules and spousal impoverishment eligibility rules.	Savings Phase-Down	No	N/A	*1*	*8/1/1994*	*25*	*7/31/2019*
					N/A				
	Medicaid Per Capita - WOW only								
			N/A		N/A				
			N/A		N/A				
			N/A		N/A				
			N/A		N/A				
			N/A		N/A				
	Medicaid Aggregate								
			N/A		N/A				
			N/A		N/A				
			N/A		N/A				
			N/A		N/A				
			N/A		N/A				
	Medicaid Aggregate - WOW only								
			N/A		N/A				
			N/A		N/A				
			N/A		N/A				
			N/A		N/A				
			N/A		N/A				
	Medicaid Aggregate - WW only								
			N/A		N/A				
			N/A		N/A				
			N/A		N/A				
			N/A		N/A				
			N/A		N/A				
	Hypothetical 1 Per Capita				Hypothetical Test 1				
1	EG 5 – Group VIII	Adults eligible for Medicaid as the group defined in section 1902(a)(10)(A)(i)(VIII) of the Act	N/A	No	Yes	*20*	*10/1/2013*	*20*	*12/31/2013*
			N/A						
			N/A						
	Hypothetical 1 Aggregate								
			N/A						
			N/A						
			N/A						
	Hypothetical 2 Per Capita				Hypothetical Test 2				
1	EG 6 - CIS	Expenditures related to the CIS benefits of pre-tenancy supports and tenancy supports; excludes expenditures related to the Community Transition Services Pilot Program.	N/A	No	Yes	*26*	*8/1/2019*	*30*	*7/31/2024*
			N/A						
			N/A						
	Hypothetical 2 Aggregate								
			N/A						
			N/A						
			N/A						
	Hypothetical 3 Per Capita				Hypothetical Test 3				
1	EG 7 – CIS Community Transition Pilot	Expenditures related to the Community Transition Services Pilot Program.	N/A	No	Yes	*26*	*8/1/2019*	*30*	*7/31/2024*
			N/A						
			N/A						
	Hypothetical 3 Aggregate								
			N/A						
			N/A						
			N/A						
	Tracking Only								

WOW PMPMs and Aggregates

Medicaid Per Capita		26	27	28	29	30
EG 1 - Children	1	$448.48	$452.96	$457.49	$462.07	$466.69
EG 2 - Adults	2	$925.47	$959.72	$995.23	$1,032.05	$1,070.24
EG 3 - Aged	3	$1,939.17	$2,005.11	$2,073.28	$2,143.77	$2,216.66
EG 4 – Blind/Disabled	4	$2,646.76	$2,763.22	$2,884.80	$3,011.73	$3,144.25

Hypothetical 1 Per Capita		26	27	28	29	30
EG 5 – Group VIII	1	$899.37	$942.54	$987.78	$1,035.20	$1,084.89

Hypothetical 2 Per Capita		26	27	28	29	30
EG 6 - CIS	1	$1,184.76	$1,241.63	$1,301.23	$1,363.69	$1,429.15

Hypothetical 3 Per Capita		26	27	28	29	30
EG 7 – CIS Community Transition Pilot	1	$3,231.17	$3,386.27	$3,548.81	$3,719.15	$3,897.67

Program Spending Limits

						TOTAL
Program Name and Associated MEGs	**26**	**27**	**28**	**29**	**30**	
Spending Cap						
						$ -
Expenditures Subject to Cap						
Variance						$ -
Over or Under	.	.	.	.	.	.

Data Pulled On:	2/26/2024	Reporting DY	30
For the Time Period Through:	12/31/2024	Reporting Quarter	2

Paste all information related to the demonstration from Schedule C of the CMS 64 Waiver Expenditure Report.
1. On the Schedule C Report, locate rows relevant to all expenditures for a specific demonstration.
2. Complete two rounds of copy/paste starting from the cell in column A (Waiver Name).
· MAP Waivers/ Total Computable section – into cell A100
· MAP Waivers/ Federal Share section – into cell A200
3. If ADM waivers are applicable to the demonstration, complete two more rounds of copy/paste starting from the cell in column A (Waiver Name).
· ADM Waivers/ Total Computable section – cell A300
· ADM Waivers/ Federal Share section – cell A400

MAP Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
1,115	0	70,981,761	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902 R 2	0	173,206,589	0	0	0	0	(28,108)	0	0	0	0	0	0	0	0	0
1902 R 2X	0	(8,243,749)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902R2	0	121,392	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AFDC	0	148,069,654	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(295)	121,279,464
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,424,989
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(17,808)	31,794,652
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(28,991)	81,514,842
Blind/Disable without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blind/Disabled with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Breast Cervical Cancer Treatment (BCCT)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(2)
CURRENT	0	493,934,086	0	0	0	0	1,661,326	159,616,917	75,521,154	0	0	0	0	0	0	0
CURRENT POP	0	272,778,438	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Current-Hawaii Quest	0	0	0	0	0	0	0	0	40,064,795	0	0	0	0	0	0	0
Demo Elig Adults	0	0	0	0	0	0	0	0	134,638	1,995	51,709	318,560	127,982,800	129,456,848	154,209,257	177,392,619
EG-6 CIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	91,499	83,366
HawaiiQuest-1902(R)(2)	0	700,529	107,270	2,484,576	1,636,854	860,335	1,594,466	0	0	284	34,836	438,582	0	0	33,061	26,332
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	135,520	683,159
HealthQuest-Current	0	3,884,748	350,430	12,121,771	10,002,019	7,377,643	10,651,130	9,373,702	64,428,704	230,593,470	268,955,153	392,471,288	(2,325,152)	0	0	0
HealthQuest-Others	0	1,783,163	215,685	5,322,833	3,698,445	2,678,918	3,915,013	3,306,673	21,010,550	63,645,959	99,234,046	93,729,117	(621,643)	0	0	0
HI-02	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	56,504	120,767	115,693	58,345
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,715
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	122,839	581,513
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,100,418	16,199,737
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	76,678	103,084	80,075	257,166
OTHERS	0	288,512,308	0	0	0	0	786,332	56,430,712	30,507,680	0	0	0	0	0	0	0
Others-Hawaii Quest	0	0	0	0	0	0	0	0	13,142,103	0	0	0	0	0	0	0
OthersX	0	(15,309,727)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(2,751)	798,681	5,696,094	14,348,747
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,862,479	17,432,949
St Pl Adults-Preg Immig/COFAs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
State Plan Adults	0	0	0	0	0	0	0	0	(10)	218	99	39,158	111,982,730	118,021,622	109,034,691	128,225,118
State Plan Children	0	0	0	0	0	0	0	(41)	(9,403)	2,008	878	2,541,467	181,803,051	179,672,723	155,392,585	168,853,209
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	7,500,002	0	0	0	0
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	17,822,210	0	0	0	0
UCC-Government	0	0	0	0	0	0	0	0	0	0	0	0	15,688,221	22,546,108	18,919,184	16,356,580
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
UCC-Private	0	0	0	0	0	0	0	0	0	0	0	0	10,056,500	3,403,710	7,500,000	7,500,000
VIII-Like Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	1,430,419,192	673,385	19,929,180	15,337,318	10,916,896	18,580,159	228,727,963	244,800,211	294,243,934	368,276,721	514,860,384	444,696,938	454,123,543	464,246,301	785,020,500

Waiver Name	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
1,115	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	70,981,761	70,981,761
1902 R 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	173,178,481	173,178,481
1902 R 2X	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(8,243,749)	(8,243,749)
1902R2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	121,392	121,392
AFDC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	148,069,654	148,069,654
Aged w/Mcare	314,952,648	350,714,627	326,518,117	349,156,948	184,750,729	364,919,440	307,865,937	320,756,715	330,020,536	561,530,649	367,923,292	388,632,973	397,188,046	413,193,158	173,782,844	5,273,185,828	5,273,185,828
Aged w/o Mcare	17,555,107	24,914,002	19,728,957	24,483,589	14,925,306	37,994,810	48,712,106	46,522,053	55,480,932	85,594,832	64,235,284	100,469,709	124,855,050	122,785,765	53,173,928	843,856,419	843,856,419
Aged with Medicare - MFP	0	0	0	0	0	0	(473,188)	(505,165)	(397,775)	(598,936)	(490,186)	(103,305)	(181,177)	0	0	(2,749,732)	(2,749,732)
Aged without Medicare - MFP	0	0	0	0	0	0	(14,668)	(44,822)	(62,495)	(43,976)	(17,253)	(7,376)	(12,760)	0	0	(203,350)	(203,350)
B/D w/Mcare	74,760,519	81,089,359	77,493,096	88,201,319	49,105,356	98,847,286	163,362,887	158,539,932	154,606,976	248,116,345	150,408,421	161,890,243	166,750,686	168,284,941	69,946,543	1,943,180,753	1,943,180,753
B/D w/o Mcare	211,664,665	248,689,322	257,012,282	282,670,355	148,440,400	290,201,052	285,336,958	310,333,575	340,588,439	475,546,496	329,583,534	363,109,955	277,950,050	291,605,628	130,085,163	4,324,303,725	4,324,303,725
Blind/Disable without Medicare - MFP	0	0	0	0	0	0	(324,738)	(333,645)	(370,635)	(399,762)	(294,330)	(47,087)	(88,165)	0	0	(1,858,362)	(1,858,362)
Blind/Disabled with Medicare - MFP	0	0	0	0	0	0	(61,110)	(74,223)	(153,925)	(230,511)	(81,788)	(24,234)	(38,633)	0	0	(664,424)	(664,424)
Breast Cervical Cancer Treatment (BCCT)	4,053	545,332	904,018	750,145	365,104	585,588	277,616	222,869	103,847	107,702	6,122	35,643	10,376	0	0	3,918,413	3,918,413
CURRENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	730,733,483	730,733,483
CURRENT POP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	272,778,438	272,778,438
Current-Hawaii Quest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	40,064,795	40,064,795
Demo Elig Adults	201,628,981	238,945,778	244,752,485	227,394,498	43,952,301	52,948	(5,724)	735	0	0	0	0	0	0	0	1,546,270,428	1,546,270,428
EG-6 CIS	0	0	0	0	0	0	0	0	0	0	0	0	1,861,497	(2,638,513)	7,915,826	7,138,810	7,138,810
Expansion State Adults	0	0	0	0	0	191,848,117	343,651,347	477,118,034	536,616,690	783,549,343	509,227,664	669,629,342	810,749,906	863,214,983	390,152,618	5,575,758,044	5,575,758,044
FosterCare(19-20)	94,158	137,403	73,022	176,324	173,482	703,614	618,274	885,664	1,318,600	2,348,338	1,739,142	2,028,257	1,992,996	1,993,759	935,774	15,393,672	15,393,672
HawaiiQuest-1902(R)(2)	8,001	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,925,126	7,925,126
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	818,679	818,679
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,007,884,906	1,007,884,906
HealthQuest-Others	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	297,918,759	297,918,759
HI-02	0	0	0	0	0	0	0	0	0	0	0	0	0	(5)	0	(5)	(5)
Med Needy Adults	117,005	109,837	8,305	0	0	0	0	0	0	0	0	0	0	0	0	586,456	586,456
Med Needy Children	3,960	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11,675	11,675
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	704,352	704,352
Newly Eligible Adults	0	0	0	0	1,331	216,960,871	165,225,916	110,071,474	126,802,403	190,895,331	114,606,294	156,109,060	406,375	127,071,472	78,301,189	1,286,451,716	1,286,451,716
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21,300,155	21,300,155
Opt St Pl Children	253,182	31	0	0	0	0	0	0	0	0	0	0	0	0	0	770,216	770,216
OTHERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	376,237,032	376,237,032
Others-Hawaii Quest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13,142,103	13,142,103
OthersX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(15,309,727)	(15,309,727)
QUEST ACE	23,867,636	30,465,656	27,968,205	76,432,838	26,173,447	99,296	0	0	0	0	0	0	0	0	0	205,847,849	205,847,849
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25,295,428	25,295,428
St Pl Adults-Preg Immig/COFAs	24,990	2,628,840	2,628,927	2,873,646	987,921	1,532,245	1,448,764	2,048,646	2,315,023	4,043,498	3,127,056	2,106,507	1,646,061	0	0	27,412,124	27,412,124
State Plan Adults	131,863,143	123,596,289	112,747,766	130,113,272	80,834,871	202,315,960	172,913,238	168,886,698	182,568,405	255,652,571	161,373,398	196,409,110	191,023,434	256,676,934	127,604,881	2,961,883,596	2,961,883,596
State Plan Children	202,959,370	213,968,923	187,753,000	215,942,601	106,595,461	248,491,959	306,184,193	316,078,896	371,659,070	594,738,255	382,839,305	398,126,972	392,923,474	445,715,808	192,505,646	5,264,739,410	5,264,739,410
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,500,002	7,500,002
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17,822,210	17,822,210
UCC-Government	24,507,605	34,064,491	48,859,842	12,164,879	5,856,911	10,090,466	6,184,588	981,179	0	0	0	0	0	0	0	216,220,054	216,220,054
UCC-GOVT LTC	0	0	609,561	0	0	0	0	0	0	0	0	0	0	0	0	609,561	609,561
UCC-Private	7,500,000	7,500,000	0	38,818,619	39,694,442	82,153,936	85,515,739	66,000,000	0	0	0	0	0	0	0	355,642,946	355,642,946
VIII-Like Group	0	0	0	0	71,468,225	(8,863)	0	0	0	0	0	0	0	0	0	71,459,362	71,459,362
Total	1,211,765,023	1,357,369,890	1,307,057,583	1,449,179,033	773,325,287	1,746,788,725	1,886,418,135	1,977,488,615	2,101,096,091	3,200,850,175	2,084,185,955	2,438,365,769	2,367,037,216	2,687,903,930	1,224,404,412	33,108,088,464	33,108,088,464

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
1,115	0	35,490,882	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902 R 2	0	86,769,823	0	0	0	0	(14,054)	0	0	0	0	0	0	0	0	0
1902 R 2X	0	(4,205,136)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902R2	0	60,696	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AFDC	0	74,034,827	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(199)	81,134,508
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,622,988
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(11,688)	21,277,328
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(19,525)	54,511,233
Blind/Disable without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blind/Disabled with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Breast Cervical Cancer Treatment (BCCT)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(1)
CURRENT	0	247,684,665	0	0	0	0	904,176	83,526,544	40,668,142	0	0	0	0	0	0	0
CURRENT POP	0	136,389,220	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Current-Hawaii Quest	0	0	0	0	0	0	0	0	22,572,505	0	0	0	0	0	0	0
Demo Elig Adults	0	0	0	0	0	0	0	0	79,127	1,144	30,236	186,922	75,196,276	74,766,107	87,642,204	114,378,784
EG-6 CIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	51,916	53,413
HawaiiQuest-1902(R)(2)	0	353,988	53,702	1,242,907	818,930	430,573	808,769	0	0	166	20,369	256,468	0	0	18,679	19,755
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	76,578	438,797
HealthQuest-Current	0	1,963,002	175,736	6,063,866	5,004,058	3,692,366	5,386,340	4,903,637	36,087,606	132,768,282	165,985,082	231,578,381	(1,365,848)	0	0	0
HealthQuest-Others	0	901,053	107,974	2,662,739	1,849,641	1,340,727	1,981,352	1,733,011	11,768,154	36,642,802	60,584,431	55,313,761	(363,962)	0	0	0
HI-02	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	32,497	68,553	68,082	38,985
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,196
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	69,404	368,050
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,881,647	10,235,011
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	44,819	59,404	45,487	166,217
OTHERS	0	144,525,295	0	0	0	0	426,612	29,580,209	16,428,385	0	0	0	0	0	0	0
Others-Hawaii Quest	0	0	0	0	0	0	0	0	7,404,260	0	0	0	0	0	0	0
OthersX	0	(7,809,492)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(1,583)	454,606	3,232,556	9,373,768
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,442,944	10,922,768
St Pl Adults-Preg Immig/COFAs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
State Plan Adults	0	0	0	0	0	0	0	0	(6)	125	52	22,986	65,812,117	68,288,552	61,892,816	82,540,889
State Plan Children	0	0	0	0	0	0	0	(23)	(5,530)	1,173	507	1,494,521	106,725,591	103,797,242	88,086,005	108,850,847
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	4,385,251	0	0	0	0
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	10,614,749	0	0	0	0
UCC-Government	0	0	0	0	0	0	0	0	0	0	0	0	9,212,484	13,041,165	10,762,501	10,040,250
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
UCC-Private	0	0	0	0	0	0	0	0	0	0	0	0	5,787,516	1,958,835	4,237,500	4,959,750
VIII-Like Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	716,158,823	337,412	9,969,512	7,672,629	5,463,666	9,493,195	119,743,378	135,002,643	169,413,692	226,620,677	303,853,039	261,079,907	262,434,464	263,476,907	510,938,536

Waiver Name	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
1,115	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	35,490,882	35,490,882
1902 R 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	86,755,769	86,755,769
1902 R 2X	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(4,205,136)	(4,205,136)
1902R2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	60,696	60,696
AFDC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	74,034,827	74,034,827
Aged w/Mcare	211,362,743	229,319,379	165,433,841	179,767,116	95,671,244	189,594,079	162,182,080	173,893,185	181,132,557	304,987,760	210,391,951	230,382,654	237,356,490	253,075,372	103,356,850	3,009,041,610	3,009,041,610
Aged w/o Mcare	11,822,762	16,022,396	9,984,628	12,621,590	7,728,650	19,714,968	25,630,796	25,187,586	30,413,798	46,345,705	36,817,355	62,728,245	84,478,229	75,096,759	31,638,110	497,854,565	497,854,565
Aged with Medicare - MFP	0	0	0	0	0	0	(249,679)	(273,613)	(218,333)	(324,766)	(277,623)	(61,321)	(107,931)	0	0	(1,513,266)	(1,513,266)
Aged without Medicare - MFP	0	0	0	0	0	0	(7,720)	(24,377)	(34,310)	(23,817)	(9,392)	(4,368)	(7,590)	0	0	(111,574)	(111,574)
B/D w/Mcare	49,857,636	52,547,252	39,123,227	45,400,574	25,392,157	51,341,230	86,036,126	85,918,149	84,837,353	134,761,019	85,955,488	95,977,587	99,635,041	103,052,163	41,603,011	1,102,703,653	1,102,703,653
B/D w/o Mcare	141,799,152	161,274,589	130,199,593	145,622,789	76,872,883	150,336,274	149,646,906	167,605,052	186,505,120	256,712,500	188,136,954	214,493,199	165,238,899	177,696,359	77,370,763	2,444,002,740	2,444,002,740
Blind/Disable without Medicare - MFP	0	0	0	0	0	0	(171,495)	(180,813)	(203,447)	(216,481)	(166,339)	(27,967)	(52,527)	0	0	(1,019,069)	(1,019,069)
Blind/Disabled with Medicare - MFP	0	0	0	0	0	0	(32,236)	(40,358)	(84,504)	(125,175)	(45,986)	(14,361)	(23,031)	0	0	(365,651)	(365,651)
Breast Cervical Cancer Treatment (BCCT)	2,754	361,286	592,247	495,478	241,945	376,274	201,477	152,695	77,771	62,536	1,667	20,529	8,609	0	0	2,595,267	2,595,267
CURRENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	372,783,527	372,783,527
CURRENT POP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	136,389,220	136,389,220
Current-Hawaii Quest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22,572,505	22,572,505
Demo Elig Adults	135,452,513	154,819,222	123,131,082	116,746,929	22,523,089	27,511	(3,183)	397	0	0	0	0	0	0	0	904,978,360	904,978,360
EG-6 CIS	0	0	0	0	0	0	0	0	0	0	0	0	1,090,135	(1,544,457)	4,654,563	4,200,241	4,200,241
Expansion State Adults	0	0	0	0	0	157,511,412	316,564,065	457,732,367	497,743,046	731,854,786	469,051,595	616,317,001	729,432,520	776,478,629	351,137,360	5,103,822,781	5,103,822,781
FosterCare(19-20)	63,415	89,013	36,291	90,804	89,632	365,633	326,044	480,663	723,548	1,274,696	993,347	1,204,322	1,194,217	1,221,935	556,635	8,815,524	8,815,524
HawaiiQuest-1902(R)(2)	5,389	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,029,695	4,029,695
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	515,375	515,375
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	592,242,508	592,242,508
HealthQuest-Others	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	174,521,683	174,521,683
HI-02	0	0	0	0	0	0	0	0	0	0	0	0	0	(3)	0	(3)	(3)
Med Needy Adults	78,049	64,590	4,238	0	0	0	0	0	0	0	0	0	0	0	0	354,994	354,994
Med Needy Children	2,666	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,862	7,862
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	437,454	437,454
Newly Eligible Adults	0	0	0	0	1,331	216,942,873	165,225,680	110,030,961	120,504,841	178,669,104	104,503,491	140,475,268	327,118	114,285,429	70,471,071	1,221,437,167	1,221,437,167
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13,116,658	13,116,658
Opt St Pl Children	170,408	21	0	0	0	0	0	0	0	0	0	0	0	0	0	486,356	486,356
OTHERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	190,960,501	190,960,501
Others-Hawaii Quest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,404,260	7,404,260
OthersX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(7,809,492)	(7,809,492)
QUEST ACE	16,050,472	19,640,154	13,856,685	39,331,445	13,397,540	51,580	0	0	0	0	0	0	0	0	0	115,387,223	115,387,223
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15,365,712	15,365,712
St Pl Adults-Preg Immig/COFAs	16,829	1,707,938	1,317,977	1,473,988	508,843	795,482	764,288	1,111,786	1,270,634	2,194,658	1,792,664	1,249,446	983,773	0	0	15,188,306	15,188,306
State Plan Adults	88,651,957	80,730,594	56,344,000	66,741,334	41,647,789	104,818,328	90,882,653	91,132,426	100,067,003	138,551,734	93,312,156	116,957,355	115,005,822	157,209,432	75,943,582	1,696,553,696	1,696,553,696
State Plan Children	136,539,237	138,140,612	92,615,888	110,463,383	54,513,107	128,897,369	161,395,546	171,256,712	203,868,568	322,731,708	219,081,697	236,251,607	235,737,225	272,881,786	114,553,460	3,007,878,238	3,007,878,238
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,385,251	4,385,251
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10,614,749	10,614,749
UCC-Government	16,505,872	22,280,473	24,838,917	6,249,536	3,037,111	5,240,639	3,261,810	529,641	0	0	0	0	0	0	0	125,000,399	125,000,399
UCC-GOVT LTC	0	0	307,706	0	0	0	0	0	0	0	0	0	0	0	0	307,706	307,706
UCC-Private	5,051,250	4,697,250	0	20,131,336	20,583,506	42,677,271	45,049,870	35,626,800	0	0	0	0	0	0	0	190,760,884	190,760,884
VIII-Like Group	0	0	0	0	37,060,184	(4,595)	0	0	0	0	0	0	0	0	0	37,055,589	37,055,589
Total	813,433,104	881,694,769	657,786,320	745,136,302	399,269,011	1,068,686,328	1,206,703,028	1,320,139,259	1,406,603,645	2,117,455,967	1,409,539,025	1,715,949,196	1,670,296,999	1,929,453,404	871,285,405	21,215,090,242	21,215,090,242

ADM Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
ADM	0	0	0	0	0	0	0	0	0	0	0	0	7,241,969	42,748,419	39,312,729	11,586,429
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	755,748	34,375,214
Total	0	0	0	0	0	0	0	0	0	0	0	0	7,241,969	42,748,419	40,068,477	45,961,643

Waiver Name	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
ADM	43,993,148	59,479,815	54,588,745	85,205,753	62,594,608	82,954,286	118,530,760	105,382,868	96,942,056	139,266,156	92,612,419	115,554,225	100,473,037	81,145,637	40,005,895	1,379,618,954	1,379,618,954
HealthQuest-Current	12,833,291	0	0	0	0	0	0	0	0	0	0	0	0	0	0	47,964,253	47,964,253
Total	56,826,439	59,479,815	54,588,745	85,205,753	62,594,608	82,954,286	118,530,760	105,382,868	96,942,056	139,266,156	92,612,419	115,554,225	100,473,037	81,145,637	40,005,895	1,427,583,207	1,427,583,207

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
ADM	0	0	0	0	0	0	0	0	0	0	0	0	3,679,980	22,272,827	20,907,343	6,121,891
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	377,874	17,784,187
Total	0	0	0	0	0	0	0	0	0	0	0	0	3,679,980	22,272,827	21,285,217	23,906,078

Waiver Name	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
ADM	25,253,918	34,488,282	31,963,518	59,588,869	48,414,408	61,342,106	93,307,850	78,500,894	71,333,202	98,697,486	64,043,270	77,050,303	66,533,004	52,735,762	27,092,330	943,327,243	943,327,243
HealthQuest-Current	6,534,554	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24,696,615	24,696,615
Total	31,788,472	34,488,282	31,963,518	59,588,869	48,414,408	61,342,106	93,307,850	78,500,894	71,333,202	98,697,486	64,043,270	77,050,303	66,533,004	52,735,762	27,092,330	968,023,858	968,023,858

C Report Grouper

MAP Waivers Only

Total Computable

MEG Names		C Report Waiver Names	26	27	28	29	30
Medicaid Per Capita							
EG 1 - Children	1	FosterCare(19-20)	$1,739,142	$2,028,257	$1,992,996	$1,993,759	$935,774
EG 1 - Children	1	State Plan Children	$382,839,305	$398,126,972	$392,923,474	$445,715,808	$192,505,646
EG 2 - Adults	2	State Plan Adults	$161,373,398	$196,409,110	$191,023,434	$256,676,934	$127,604,881
EG 2 - Adults	2	Breast Cervical Cancer Treatment (BCCT)	$6,122	$35,643	$10,376		
EG 2 - Adults	2	St Pl Adults-Preg Immig/COFAs	$3,127,056	$2,106,507	$1,646,061		
EG 3 - Aged	3	Aged w/Mcare	$367,923,292	$388,632,973	$397,188,046	$413,193,158	$173,782,844
EG 3 - Aged	3	Aged w/o Mcare	$64,235,284	$100,469,709	$124,855,050	$122,785,765	$53,173,928
EG 3 - Aged	3	Aged with Medicare - MFP	($490,186)	($103,305)	($181,177)		
EG 3 - Aged	3	Aged without Medicare - MFP	($17,253)	($7,376)	($12,760)		
EG 4 – Blind/Disabled	4	B/D w/Mcare	$150,408,421	$161,890,243	$166,750,686	$168,284,941	$69,946,543
EG 4 – Blind/Disabled	4	B/D w/o Mcare	$329,583,534	$363,109,955	$277,950,050	$291,605,628	$130,085,163
EG 4 – Blind/Disabled	4	Blind/Disable without Medicare - MFP	($294,330)	($47,087)	($88,165)		
EG 4 – Blind/Disabled	4	Blind/Disabled with Medicare - MFP	($81,788)	($24,234)	($38,633)		
Hypothetical 1 Per Capita							
EG 5 – Group VIII	1	VIII-Like Group					
EG 5 – Group VIII	1	Expansion State Adults	$509,227,664	$669,629,342	$810,749,906	$863,214,983	$390,152,618
EG 5 – Group VIII	1	Newly Eligible Adults	$114,606,294	$156,109,060	$406,375	$127,071,472	$78,301,189
Hypothetical 2 Per Capita							
EG 6 - CIS	1	EG-6 CIS			$1,861,497	($2,638,513)	$7,915,826
Hypothetical 3 Per Capita							
EG 7 – CIS Community Transition Pilot	1	EG 7 – CIS Community Transition Pilot					
TOTAL			$2,084,185,955	$2,438,365,769	$2,367,037,216	$2,687,903,935	$1,224,404,412

Adjustments made to the reported expenditures

Enter total adjustments made to the expenditure numbers, including adjustments to the previous reporting periods.
Positive adjustments increase expenditures, and negative adjustments decrease expenditures.
Enter adjustments for every MEG for which adjustments were made or are planned.
Helpful Hint: Remember to enter total adjustments as positive or negative (for example, -$10,000 reflects a decrease in expenditures).

		26	27	28	29	30	Description (type of collection, time period, CMS-64 reporting line, etc.)
Medicaid Per Capita							
EG 1 - Children	1		-$2,158				Cost share
EG 2 - Adults	2						
EG 3 - Aged	3	-$35,830,002	-$35,736,037	-$34,461,395	-$34,914,625	-$14,984,119	Cost share
EG 4 – Blind/Disabled	4	-$3,558,280	-$3,241,637	-$3,570,563	-$3,870,049	-$1,548,239	Cost share
Hypothetical 1 Per Capita							
EG 5 – Group VIII	1		-$28,315				Cost share
Hypothetical 2 Per Capita							
EG 6 - CIS	1						
Hypothetical 3 Per Capita							
EG 7 – CIS Community Transition Pilot	1						

WW Spending - Actual

Total Computable

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	$384,578,447	$400,153,071	$394,916,470	$447,709,567	$193,441,420
EG 2 - Adults	2	$164,506,576	$198,551,260	$192,679,871	$256,676,934	$127,604,881
EG 3 - Aged	3	$395,821,135	$453,255,964	$487,387,764	$501,064,298	$211,972,653
EG 4 – Blind/Disabled	4	$476,057,557	$521,687,240	$441,003,375	$456,020,520	$198,483,467
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	$623,833,958	$825,710,087	$811,156,281	$990,286,455	$468,453,807
Hypothetical 2 Per Capita						
EG 6 - CIS	1			$1,861,497	($2,638,513)	$7,915,826
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1					
TOTAL		**$ 2,044,797,672**	**$ 2,399,357,622**	**$ 2,329,005,258**	**$ 2,649,119,261**	**$ 1,207,872,054**

WW Spending - Projected

Enter projected spending for the demonstration which includes the remaining quarters of the current DY and all future DYs.
Enter the projected annual expenditures for each DY per MEG for the active DYs.
For the current DY, only future quarters should have projected spending information. Do not include expenditures that were reported as actuals.

Total Computable

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1					$253,865,833
EG 2 - Adults	2					$134,676,819
EG 3 - Aged	3					$290,778,189
EG 4 – Blind/Disabled	4					$486,805,594
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1					$555,382,180
Hypothetical 2 Per Capita						
EG 6 - CIS	1					$11,082,156
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1					$9,010,861

WW Spending - Total

Total Computable

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	$384,578,447	$400,153,071	$394,916,470	$447,709,567	$447,307,253
EG 2 - Adults	2	$164,506,576	$198,551,260	$192,679,871	$256,676,934	$262,281,700
EG 3 - Aged	3	$395,821,135	$453,255,964	$487,387,764	$501,064,298	$502,750,842
EG 4 – Blind/Disabled	4	$476,057,557	$521,687,240	$441,003,375	$456,020,520	$685,289,061
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	$623,833,958	$825,710,087	$811,156,281	$990,286,455	$1,023,835,987
Hypothetical 2 Per Capita						
EG 6 - CIS	1			$1,861,497	($2,638,513)	$18,997,982
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1					$9,010,861
TOTAL		**$ 2,044,797,672**	**$ 2,399,357,622**	**$ 2,329,005,258**	**$ 2,649,119,261**	**$ 2,949,473,685**

Member Months - Actual

Enter actual member months (number of beneficiaries times the number of enrolled months) for quarters to date for each active DY.
For the reported quarter, add the actual number of member months per each MEG to the previous actual number. The number should equal the total of ALL actual member months.
Note: Depending of the specifics of the state, you can use Total member months or Average monthly unduplicated counts. Whichever definition is used, it must be applied consistently.
Helpful Hint: When updating a DY, remember to enter actual member months for the reported quarter along with actuals for prior quarter(s). Retroactive adjustments may affect the entries.

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	1403508	1539475	1624640	1671987	710107
EG 2 - Adults	2	420665	492750	537079	577865	299472
EG 3 - Aged	3	339779	381363	426146	459162	196740
EG 4 – Blind/Disabled	4	286202	306260	312412	310858	127028
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	1411053	1816642	2091433	2256772	912839
Hypothetical 2 Per Capita						
EG 6 - CIS	1					
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1					

Member Months - Projected

Enter/adjust projected member months based on reported actuals.
Enter projected number of member months for each active DY per MEG for the demonstration.
For the current DY, enter only the number that reflects projections for future quarters of the DY.
Do not include member months for either the current reporting quarter or past quarters.

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1					996522
EG 2 - Adults	2					254473
EG 3 - Aged	3					146189
EG 4 – Blind/Disabled	4					201941
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1					770621
Hypothetical 2 Per Capita						
EG 6 - CIS	1					2376
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1					2376

Member Months - Total

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	1,403,508	1,539,475	1,624,640	1,671,987	1,706,629
EG 2 - Adults	2	420,665	492,750	537,079	577,865	553,945
EG 3 - Aged	3	339,779	381,363	426,146	459,162	342,929
EG 4 – Blind/Disabled	4	286,202	306,260	312,412	310,858	328,969
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	1,411,053	1,816,642	2,091,433	2,256,772	1,683,460
Hypothetical 2 Per Capita						
EG 6 - CIS	1					2,376
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1					2,376

Budget Neutrality Summary

The Budget Neutrality Reporting Period dropdown menu allows for selection of a specific reporting period, by Demonstration Year.
By changing these settings, you change the view for which Demonstration Years will be used in calculating Budget Neutrality.
Selecting the 'Reset to Defaults' button will reset the Reporting DY values back to the demonstration's current Period of Performance.

Budget Neutrality Reporting Start DY	26
Budget Neutrality Reporting End DY	30

Actuals + Projected

Without-Waiver Total Expenditures

			26	27	28	29	30	Total
Medicaid Per Capita								
EG 1 - Children	1	**Total**	$ 629,445,268	$ 697,320,596	$ 743,256,554	$ 772,575,033	$ 796,466,688	
		PMPM	$448.48	$452.96	$457.49	$462.07	$466.69	
		Mem-Mon	1,403,508	1,539,475	1,624,640	1,671,987	1,706,629	
EG 2 - Adults	2	**Total**	$ 389,312,838	$ 472,902,030	$ 534,517,133	$ 596,385,573	$ 592,854,097	
		PMPM	$925.47	$959.72	$995.23	$1,032.05	$1,070.24	
		Mem-Mon	420,665	492,750	537,079	577,865	553,945	
EG 3 - Aged	3	**Total**	$ 658,889,243	$ 764,674,765	$ 883,519,979	$ 984,337,721	$ 760,156,997	
		PMPM	$1,939.17	$2,005.11	$2,073.28	$2,143.77	$2,216.66	
		Mem-Mon	339,779	381,363	426,146	459,162	342,929	
EG 4 – Blind/Disabled	4	**Total**	$ 757,508,006	$ 846,263,757	$ 901,246,138	$ 936,220,364	$ 1,034,360,778	
		PMPM	$2,646.76	$2,763.22	$2,884.80	$3,011.73	$3,144.25	
		Mem-Mon	286,202	306,260	312,412	310,858	328,969	
TOTAL			**$ 2,435,155,354**	**$ 2,781,161,148**	**$ 3,062,539,803**	**$ 3,289,518,691**	**$ 3,183,838,560**	**$ 14,752,213,557**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Medicaid Per Capita								
EG 1 - Children	1		$ 384,578,447	$ 400,153,071	$ 394,916,470	$ 447,709,567	$ 447,307,253	$5,533,996,757
EG 2 - Adults	2		$ 164,506,576	$ 198,551,260	$ 192,679,871	$ 256,676,934	$ 262,281,700	$3,127,890,952
EG 3 - Aged	3		$ 395,821,135	$ 453,255,964	$ 487,387,764	$ 501,064,298	$ 502,750,842	$6,248,941,176
EG 4 – Blind/Disabled	4		$ 476,057,557	$ 521,687,240	$ 441,003,375	$ 456,020,520	$ 685,289,061	$6,735,978,517
TOTAL			**$ 1,420,963,714**	**$ 1,573,647,535**	**$ 1,515,987,480**	**$ 1,661,471,319**	**$ 1,897,628,855**	**$ 8,069,698,903**

Savings Phase-Down

Medicaid Per Capita			26	27	28	29	30	TOTAL
		Savings Phase-Down						
EG 1 - Children	1	**Without Waiver**	$ 629,445,268	$ 697,320,596	$ 743,256,554	$ 772,575,033	$ 796,466,688	
		With Waiver	$ 384,578,447	$ 400,153,071	$ 394,916,470	$ 447,709,567	$ 447,307,253	
Difference			$ 244,866,821	$ 297,167,525	$ 348,340,084	$ 324,865,466	$ 349,159,435	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 183,650,116	$ 222,875,644	$ 261,255,063	$ 243,649,100	$ 261,869,576	
		Savings Phase-Down						
EG 2 - Adults	2	**Without Waiver**	$ 389,312,838	$ 472,902,030	$ 534,517,133	$ 596,385,573	$ 592,854,097	
		With Waiver	$ 164,506,576	$ 198,551,260	$ 192,679,871	$ 256,676,934	$ 262,281,700	
Difference			$ 224,806,262	$ 274,350,770	$ 341,837,262	$ 339,708,639	$ 330,572,397	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 168,604,696	$ 205,763,078	$ 256,377,947	$ 254,781,479	$ 247,929,298	
		Savings Phase-Down						
EG 3 - Aged	3	**Without Waiver**	$ 658,889,243	$ 764,674,765	$ 883,519,979	$ 984,337,721	$ 760,156,997	
		With Waiver	$ 395,821,135	$ 453,255,964	$ 487,387,764	$ 501,064,298	$ 502,750,842	
Difference			$ 263,068,109	$ 311,418,801	$ 396,132,215	$ 483,273,422	$ 257,406,156	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 197,301,082	$ 233,564,101	$ 297,099,161	$ 362,455,067	$ 193,054,617	
		Savings Phase-Down						
EG 4 – Blind/Disabled	4	**Without Waiver**	$ 757,508,006	$ 846,263,757	$ 901,246,138	$ 936,220,364	$ 1,034,360,778	
		With Waiver	$ 476,057,557	$ 521,687,240	$ 441,003,375	$ 456,020,520	$ 685,289,061	
Difference			$ 281,450,449	$ 324,576,517	$ 460,242,763	$ 480,199,845	$ 349,071,717	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 211,087,837	$ 243,432,388	$ 345,182,072	$ 360,149,883	$ 261,803,788	
Total Reduction			**$ 760,643,730**	**$ 905,635,210**	**$ 1,159,914,242**	**$ 1,221,035,529**	**$ 964,657,279**	**$ 5,011,885,990**

			26	27	28	29	30	Total
BASE VARIANCE			**$ 253,547,910**	**$ 301,878,403**	**$ 386,638,081**	**$ 407,011,843**	**$ 321,552,426**	**$ 1,670,628,663**
Excess Spending from Hypotheticals								$ (14,825,425)
1115A Dual Demonstration Savings (state preliminary estimate)								$ -
1115A Dual Demonstration Savings (OACT certified)								$ -
Carry-Forward Savings From Prior Period								
NET VARIANCE								**$ 1,655,803,238**

Cumulative Target Limit

			26	27	28	29	30	
Cumulative Target Percentage (CTP)			2.0%	1.5%	1.0%	0.5%		
Cumulative Budget Neutrality Limit (CBNL)			$ 1,674,511,624	$ 3,550,037,562	$ 5,452,663,123	$ 7,521,146,286	$ 9,740,327,567	
Allowed Cumulative Variance (= CTP X CBNL)			$ 33,490,232	$ 53,250,563	$ 54,526,631	$ 37,605,731	$ -	
Actual Cumulative Variance (Positive = Overspending)			$ (253,547,910)	$ (555,426,313)	$ (942,064,394)	$ (1,349,076,237)	$ (1,670,628,663)	
Is a Corrective Action Plan needed?								

HYPOTHETICALS TEST 1

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita								
EG 5 – Group VIII	1	**Total**	$ 1,269,058,737	$ 1,712,257,751	$ 2,065,875,689	$ 2,336,210,374	$ 1,826,368,919	
		PMPM	$899.37	$942.54	$987.78	$1,035.20	$1,084.89	
		Mem-Mon	1,411,053	1,816,642	2,091,433	2,256,772	1,683,460	
TOTAL			**$1,269,058,737**	**$1,712,257,751**	**$2,065,875,689**	**$2,336,210,374**	**$1,826,368,919**	**$9,209,771,470**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita								
EG 5 – Group VIII	1		$623,833,958	$825,710,087	$811,156,281	$990,286,455	$1,023,835,987	
TOTAL			**$ 623,833,958**	**$ 825,710,087**	**$ 811,156,281**	**$ 990,286,455**	**$ 1,023,835,987**	**$ 4,274,822,768**
HYPOTHETICALS VARIANCE 1			**$ 645,224,779**	**$ 886,547,664**	**$ 1,254,719,408**	**$ 1,345,923,919**	**$ 802,532,933**	**$ 4,934,948,702**

HYPOTHETICALS TEST 2

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1	**Total**	$ -	$ -	$ -	$ -	$ 3,395,541	
		PMPM	$1,184.76	$1,241.63	$1,301.23	$1,363.69	$1,429.15	
		Mem-Mon					2,376	
TOTAL			**$ -**	**$ -**	**$ -**	**$ -**	**$ 3,395,541**	**$ 3,395,541**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1		$ -	$ -	$ 1,861,497	$ (2,638,513)	$ 18,997,982	
TOTAL			**$ -**	**$ -**	**$ 1,861,497**	**$ (2,638,513)**	**$ 18,997,982**	**$ 18,220,966**
HYPOTHETICALS VARIANCE 2			**$ -**	**$ -**	**$ (1,861,497)**	**$ 2,638,513**	**$ (15,602,441)**	**$ (14,825,425)**

HYPOTHETICALS TEST 3

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita								
EG 7 – CIS Community Transition Pilot	1	**Total**	$ -	$ -	$ -	$ -	$ 9,260,539	
		PMPM	$3,231.17	$3,386.27	$3,548.81	$3,719.15	$3,897.67	
		Mem-Mon					2,376	
TOTAL			**$ -**	**$ -**	**$ -**	**$ -**	**$ 9,260,539**	**$ 9,260,539**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita								
EG 7 – CIS Community Transition Pilot	1		$ -	$ -	$ -	$ -	$ 9,010,861	
TOTAL			**$ -**	**$ -**	**$ -**	**$ -**	**$ 9,010,861**	**$ 9,010,861**
HYPOTHETICALS VARIANCE 3			**$ -**	**$ -**	**$ -**	**$ -**	**$ 249,678**	**$ 249,678**

Yes No
Yes
No

Per Capita or Aggregate
Per Capita
Aggregate

Phase-Down
No Phase-Down
Savings Phase-Down

Actuals and Projected
Actuals Only
Actuals + Projected

MAP_ADM
MAP+ADM Waivers
MAP Waivers Only

Waiver List

MAP WAIVERS

Not Applicable
1,115
1902 R 2
1902 R 2X
1902R2
AFDC
Aged w/Mcare
Aged w/o Mcare
Aged with Medicare - MFP
Aged without Medicare - MFP
B/D w/Mcare
B/D w/o Mcare
Blind/Disable without Medicare - MFP
Blind/Disabled with Medicare - MFP
Breast Cervical Cancer Treatment (BCCT)
Current
CURRENT POP
Current-Hawaii Quest
Demo Elig Adults
EG-6 CIS
Expansion State Adults
FosterCare(19-20)
HawaiiQuest-1902(R)(2)
HCCP
HealthQuest-Current
HealthQuest-Others
HI-02
Med Needy Adults
Med Needy Children
MFCP
Newly Eligible Adults
NH w/o W
Opt St Pl Children
Others
Others-Hawaii Quest
OthersX
QUEST ACE
RAACP
St PI Adults-Preg Immig/COFAs
State Plan Adults
State Plan Children
Supp. - Private
Supp. - State Gov.
UCC-Governmental
UCC-GOVT LTC
UCC-Private
VIII-Like Group

ADM WAIVERS

Demonstration Reporting Start DY	26
Demonstration Reporting End DY	30

Reporting Net Variance
$ 1,655,803,238

Schedule C
CMS 64 Waiver Expenditure Report
Cumulative Data Ending Quarter/Year : 2/2024

State: Hawaii

Summary of Expenditures by Waiver Year
Waiver: 11W00000

MAP Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
Aged without Medicare-MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blind/Disabled without Med	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
Aged without Medicare-MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blind/Disabled without Med	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

ADM Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
ADM	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8,939,309	(4,911,133)	0	0	0	0	0	0	0	0	0	0	0	0	0	4,028,176	4,028,176
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8,939,309	(4,911,133)	0	0	0	0	0	0	0	0	0	0	0	0	0	4,028,176	4,028,176

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
ADM	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,947,464	(2,995,138)	0	0	0	0	0	0	0	0	0	0	0	0	0	2,952,326	2,952,326
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,947,464	(2,995,138)	0	0	0	0	0	0	0	0	0	0	0	0	0	2,952,326	2,952,326

Summary of Expenditures by Waiver Year
Waiver: 11W00001

MAP Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
1,115	0	70,981,761	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	70,981,761	70,981,761
1902 R 2	0	173,206,589	0	0	0	0	(28,108)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	173,178,481	173,178,481
1902 R 2X	0	(8,243,749)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(8,243,749)	(8,243,749)
1902R2	0	121,392	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	121,392	121,392
AFDC	0	148,069,654	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	148,069,654	148,069,654
Aged w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(295)	121,279,464	314,952,648	350,714,627	326,518,117	349,156,948	184,750,729	364,919,440	307,865,937	320,756,715	330,020,536	561,530,649	367,923,292	388,632,973	397,195,911	413,223,694	285,638,663	0	0	0	0	0	0	0	0	0	0	5,385,080,048	5,385,080,048
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,424,989	17,555,107	24,914,002	19,728,957	24,483,589	14,925,306	37,994,810	48,712,106	46,522,053	55,480,932	85,594,832	64,235,284	100,469,709	124,855,050	121,860,770	88,323,665	0	0	0	0	0	0	0	0	0	0	878,081,161	878,081,161
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(473,188)	(505,165)	(397,775)	(598,936)	(490,186)	(103,305)	(181,177)	0	0	0	0	0	0	0	0	0	0	0	0	(2,749,732)	(2,749,732)
Aged without Medicare - MF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(14,668)	(44,822)	(62,495)	(43,976)	(17,253)	(7,376)	(12,760)	0	0	0	0	0	0	0	0	0	0	0	0	(203,350)	(203,350)
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(17,808)	31,794,652	74,760,519	81,089,359	77,493,096	88,201,319	49,105,356	98,847,286	163,362,887	158,539,932	154,606,976	248,115,934	150,408,421	161,890,243	166,752,479	168,284,690	114,818,938	0	0	0	0	0	0	0	0	0	0	1,988,054,279	1,988,054,279
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(28,991)	81,514,842	211,664,665	248,689,322	257,012,282	282,670,355	148,440,400	290,201,052	285,336,958	310,333,575	340,588,439	475,546,496	329,583,534	363,109,955	277,954,956	285,667,139	208,339,667	0	0	0	0	0	0	0	0	0	0	4,396,624,646	4,396,624,646
Blind/Disable without Medic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(324,738)	(333,645)	(370,635)	(399,762)	(294,330)	(47,087)	(88,165)	0	0	0	0	0	0	0	0	0	0	0	0	(1,858,362)	(1,858,362)
Blind/Disabled with Medicar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(61,110)	(74,223)	(153,925)	(230,511)	(81,788)	(24,234)	(38,633)	0	0	0	0	0	0	0	0	0	0	0	0	(664,424)	(664,424)
Breast Cervical Cancer Treatr	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(2)	4,053	545,332	904,018	750,145	365,104	585,588	277,616	222,869	103,847	107,702	6,122	35,643	10,376	0	0	0	0	0	0	0	0	0	0	0	0	3,918,413	3,918,413
Current	0	493,934,086	0	0	0	0	1,661,326	159,616,917	75,521,154	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	730,733,483	730,733,483
CURRENT POP	0	272,778,438	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	272,778,438	272,778,438
Current-Hawaii Quest	0	0	0	0	0	0	0	0	40,064,795	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	40,064,795	40,064,795
Demo Elig Adults	0	0	0	0	0	0	0	0	134,638	1,995	51,709	318,560	127,982,800	129,456,848	154,209,257	177,392,619	201,628,981	238,945,778	244,752,485	227,394,498	43,952,301	52,948	(5,724)	735	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,546,270,428	1,546,270,428
EG-6 CIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,862,372	(2,600,792)	9,419,664	0	0	0	0	0	0	0	0	0	0	8,681,244	8,681,244
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	191,848,117	343,651,347	477,118,034	536,616,690	783,549,343	509,227,664	669,629,342	810,436,679	851,489,862	623,165,138	0	0	0	0	0	0	0	0	0	0	5,796,732,216	5,796,732,216
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	91,499	83,366	94,158	137,403	73,022	176,324	173,482	703,614	618,274	885,664	1,318,600	2,348,338	1,739,142	2,028,257	1,993,574	1,996,475	1,555,562	0	0	0	0	0	0	0	0	0	0	16,016,754	16,016,754
HawaiiQuest-1902(R)(2)	0	700,529	107,270	2,484,576	1,636,854	860,335	1,594,466	0	0	284	34,836	438,582	0	0	33,061	26,332	8,001	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,925,126	7,925,126
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	135,520	683,159	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	818,679	818,679
HealthQuest-Current	0	3,884,748	350,430	12,121,771	10,002,019	7,377,643	10,651,130	9,373,702	64,428,704	230,593,470	268,955,153	392,471,288	(2,325,152)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,007,884,906	1,007,884,906
HealthQuest-Others	0	1,783,163	215,685	5,322,833	3,698,445	2,678,918	3,915,013	3,306,673	21,010,550	63,645,959	99,234,046	93,729,117	(621,643)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	297,918,759	297,918,759
HI-02	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(5)	0	0	0	0	0	0	0	0	0	0	0	(5)	(5)
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	56,504	120,767	115,693	58,345	117,005	109,837	8,305	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	586,456	586,456
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,715	3,960	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11,675	11,675
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	122,839	581,513	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	704,352	704,352
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,331	216,960,871	165,225,916	110,071,474	126,802,403	190,895,331	114,606,294	156,109,060	409,942	124,921,729	122,779,414	0	0	0	0	0	0	0	0	0	0	1,328,783,765	1,328,783,765
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,100,418	16,199,737	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21,300,155	21,300,155
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	76,678	103,084	80,075	257,166	253,182	31	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	770,216	770,216
OTHERS	0	288,512,308	0	0	0	0	786,332	56,430,712	30,507,680	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	376,237,032	376,237,032
Others-Hawaii Quest	0	0	0	0	0	0	0	0	13,142,103	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13,142,103	13,142,103
OthersX	0	(15,309,727)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(15,309,727)	(15,309,727)
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(2,751)	798,681	5,696,094	14,348,747	23,867,636	30,465,656	27,968,205	76,432,838	26,173,447	99,296	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	205,847,849	205,847,849
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,862,479	17,432,949	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25,295,428	25,295,428
St Pl Adults-Preg Immig/COF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24,990	2,628,840	2,628,927	2,873,646	987,921	1,532,245	1,448,764	2,048,646	2,315,023	4,043,498	3,127,056	2,106,507	1,646,061	0	0	0	0	0	0	0	0	0	0	0	0	27,412,124	27,412,124
State Plan Adults	0	0	0	0	0	0	0	0	(10)	218	99	39,158	111,982,730	118,021,622	109,034,691	128,225,118	131,863,143	123,596,289	112,747,766	130,113,272	80,834,871	202,315,960	172,913,238	168,886,698	182,568,204	255,652,571	161,373,398	196,409,016	191,029,386	254,298,684	209,239,420	0	0	0	0	0	0	0	0	0	0	3,041,145,542	3,041,145,542
State Plan Children	0	0	0	0	0	0	0	(41)	(9,403)	2,008	878	2,541,467	181,803,051	179,672,723	155,392,585	168,853,209	202,959,370	213,968,923	187,753,000	215,942,601	106,595,461	248,491,959	306,184,193	316,078,896	371,658,869	594,738,255	382,839,305	398,126,972	392,927,188	444,769,094	316,303,750	0	0	0	0	0	0	0	0	0	0	5,387,594,313	5,387,594,313
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	7,500,002	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,500,002	7,500,002
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	17,822,210	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17,822,210	17,822,210
UCC-Governmental	0	0	0	0	0	0	0	0	0	0	0	0	15,688,221	22,546,108	18,919,184	16,356,580	24,507,605	34,064,491	48,859,842	12,164,879	5,856,911	10,090,466	6,184,588	981,179	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	216,220,054	216,220,054
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	609,561	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	609,561	609,561
UCC-Private	0	0	0	0	0	0	0	0	0	0	0	0	10,056,500	3,403,710	7,500,000	7,500,000	7,500,000	7,500,000	0	38,818,619	39,694,442	82,153,936	85,515,739	66,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	355,642,946	355,642,946
VIII-Like Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	71,468,225	(8,863)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	71,459,362	71,459,362
Total	0	1,430,419,192	673,385	19,929,180	15,337,318	10,916,896	18,580,159	228,727,963	244,800,211	294,243,934	368,276,721	514,860,384	444,696,938	454,123,543	464,246,301	785,020,500	1,211,765,023	1,357,369,890	1,307,057,583	1,449,179,033	773,325,287	1,746,788,725	1,886,418,135	1,977,488,615	2,101,095,689	3,200,849,764	2,084,185,955	2,438,365,675	2,366,753,239	2,663,911,340	1,979,583,881	0	0	0	0	0	0	0	0	0	0	33,838,990,459	33,838,990,459

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
1,115	0	35,490,882	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	35,490,882	35,490,882
1902 R 2	0	86,769,823	0	0	0	0	(14,054)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	86,755,769	86,755,769
1902 R 2X	0	(4,205,136)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(4,205,136)	(4,205,136)
1902R2	0	60,696	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	60,696	60,696
AFDC	0	74,034,827	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	74,034,827	74,034,827
Aged w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(199)	81,134,508	211,362,743	229,319,379	165,433,841	179,767,116	95,671,244	189,594,079	162,182,080	173,893,185	181,132,557	304,987,760	210,391,951	230,382,654	237,361,096	253,089,705	168,858,199	0	0	0	0	0	0	0	0	0	0	3,074,561,898	3,074,561,898
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,622,988	11,822,762	16,022,396	9,984,628	12,621,590	7,728,650	19,714,968	25,630,796	25,187,586	30,413,798	46,345,705	36,817,355	62,728,245	84,478,229	74,527,392	52,202,626	0	0	0	0	0	0	0	0	0	0	517,849,714	517,849,714
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(249,679)	(273,613)	(218,333)	(324,766)	(277,623)	(61,321)	(107,931)	0	0	0	0	0	0	0	0	0	0	0	0	(1,513,266)	(1,513,266)
Aged without Medicare - MF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(7,720)	(24,377)	(34,310)	(23,817)	(9,392)	(4,368)	(7,590)	0	0	0	0	0	0	0	0	0	0	0	0	(111,574)	(111,574)
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(11,688)	21,277,328	49,857,636	52,547,252	39,123,227	45,400,574	25,392,157	51,341,230	86,036,126	85,918,149	84,837,353	134,760,795	85,955,488	95,977,587	99,636,091	103,048,456	67,879,002	0	0	0	0	0	0	0	0	0	0	1,128,976,763	1,128,976,763
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(19,525)	54,511,233	141,799,152	161,274,589	130,199,593	145,622,789	76,872,883	150,336,274	149,646,906	167,605,052	186,505,120	256,712,500	188,136,954	214,493,199	165,241,772	174,035,801	123,079,076	0	0	0	0	0	0	0	0	0	0	2,486,053,368	2,486,053,368
Blind/Disable without Medic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(171,495)	(180,813)	(203,447)	(216,481)	(166,339)	(27,967)	(52,527)	0	0	0	0	0	0	0	0	0	0	0	0	(1,019,069)	(1,019,069)
Blind/Disabled with Medicar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(32,236)	(40,358)	(84,504)	(125,175)	(45,986)	(14,361)	(23,031)	0	0	0	0	0	0	0	0	0	0	0	0	(365,651)	(365,651)
Breast Cervical Cancer Treatr	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(1)	2,754	361,286	592,247	495,478	241,945	376,274	201,477	152,695	77,771	62,536	1,667	20,529	8,609	0	0	0	0	0	0	0	0	0	0	0	0	2,595,267	2,595,267
Current	0	247,684,665	0	0	0	0	904,176	83,526,544	40,668,142	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	372,783,527	372,783,527
CURRENT POP	0	136,389,220	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	136,389,220	136,389,220
Current-Hawaii Quest	0	0	0	0	0	0	0	0	22,572,505	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22,572,505	22,572,505
Demo Elig Adults	0	0	0	0	0	0	0	0	79,127	1,144	30,236	186,922	75,196,276	74,766,107	87,642,204	114,378,784	135,452,513	154,819,222	123,131,082	116,746,929	22,523,089	27,511	(3,183)	397	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	904,978,360	904,978,360
EG-6 CIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,090,647	(1,522,368)	5,535,211	0	0	0	0	0	0	0	0	0	0	5,103,490	5,103,490
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	157,511,412	316,564,065	457,732,367	497,743,046	731,854,786	469,051,595	616,317,001	729,150,616	765,885,580	560,787,822	0	0	0	0	0	0	0	0	0	0	5,302,598,290	5,302,598,290
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	51,916	53,413	63,415	89,013	36,291	90,804	89,632	365,633	326,044	480,663	723,548	1,274,696	993,347	1,204,322	1,194,555	1,223,523	919,566	0	0	0	0	0	0	0	0	0	0	9,180,381	9,180,381
HawaiiQuest-1902(R)(2)	0	353,988	53,702	1,242,907	818,930	430,573	808,769	0	0	166	20,369	256,468	0	0	18,679	19,755	5,389	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,029,695	4,029,695
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	76,578	438,797	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	515,375	515,375
HealthQuest-Current	0	1,963,002	175,736	6,063,866	5,004,058	3,692,366	5,386,340	4,903,637	36,087,606	132,768,282	165,985,082	231,578,381	(1,365,848)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	592,242,508	592,242,508
HealthQuest-Others	0	901,053	107,974	2,662,739	1,849,641	1,340,727	1,981,352	1,733,011	11,768,154	36,642,802	60,584,431	55,313,761	(363,962)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	174,521,683	174,521,683
HI-02	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(3)	0	0	0	0	0	0	0	0	0	0	0	(3)	(3)
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	32,497	68,553	68,082	38,985	78,049	64,590	4,238	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	354,994	354,994
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,196	2,666	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,862	7,862
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	69,404	368,050	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	437,454	437,454
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,331	216,942,873	165,225,680	110,030,961	120,504,841	178,669,104	104,503,491	140,475,268	330,328	112,343,039	110,490,052	0	0	0	0	0	0	0	0	0	0	1,259,516,968	1,259,516,968
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,881,647	10,235,011	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13,116,658	13,116,658
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	44,819	59,404	45,487	166,217	170,408	21	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	486,356	486,356
OTHERS	0	144,525,295	0	0	0	0	426,612	29,580,209	16,428,385	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	190,960,501	190,960,501
Others-Hawaii Quest	0	0	0	0	0	0	0	0	7,404,260	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,404,260	7,404,260
OthersX	0	(7,809,492)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(7,809,492)	(7,809,492)
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(1,583)	454,606	3,232,556	9,373,768	16,050,472	19,640,154	13,856,685	39,331,445	13,397,540	51,580	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	115,387,223	115,387,223
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,442,944	10,922,768	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15,365,712	15,365,712
St Pl Adults-Preg Immig/COF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16,829	1,707,938	1,317,977	1,473,988	508,843	795,482	764,288	1,111,786	1,270,634	2,194,658	1,792,664	1,249,446	983,773	0	0	0	0	0	0	0	0	0	0	0	0	15,188,306	15,188,306
State Plan Adults	0	0	0	0	0	0	0	0	(6)	125	52	22,986	65,812,117	68,288,552	61,892,816	82,540,889	88,651,957	80,730,594	56,344,000	66,741,334	41,647,789	104,818,328	90,882,653	91,132,426	100,066,893	138,551,734	93,312,156	116,957,299	115,009,308	155,740,467	123,697,826	0	0	0	0	0	0	0	0	0	0	1,742,842,295	1,742,842,295
State Plan Children	0	0	0	0	0	0	0	(23)	(5,530)	1,173	507	1,494,521	106,725,591	103,797,242	88,086,005	108,850,847	136,539,237	138,140,612	92,615,888	110,463,383	54,513,107	128,897,369	161,395,546	171,256,712	203,868,458	322,731,708	219,081,697	236,251,607	235,739,400	272,288,270	187,032,032	0	0	0	0	0	0	0	0	0	0	3,079,765,359	3,079,765,359
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	4,385,251	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,385,251	4,385,251
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	10,614,749	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10,614,749	10,614,749
UCC-Governmental	0	0	0	0	0	0	0	0	0	0	0	0	9,212,484	13,041,165	10,762,501	10,040,250	16,505,872	22,280,473	24,838,917	6,249,536	3,037,111	5,240,639	3,261,810	529,641	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	125,000,399	125,000,399
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	307,706	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	307,706	307,706
UCC-Private	0	0	0	0	0	0	0	0	0	0	0	0	5,787,516	1,958,835	4,237,500	4,959,750	5,051,250	4,697,250	0	20,131,336	20,583,506	42,677,271	45,049,870	35,626,800	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	190,760,884	190,760,884
VIII-Like Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	37,060,184	(4,595)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	37,055,589	37,055,589
Total	0	716,158,823	337,412	9,969,512	7,672,629	5,463,666	9,493,195	119,743,378	135,002,643	169,413,692	226,620,677	303,853,039	261,079,907	262,434,464	263,476,907	510,938,536	813,433,104	881,694,769	657,786,320	745,136,302	399,269,011	1,068,686,328	1,206,703,028	1,320,139,259	1,406,603,425	2,117,455,743	1,409,539,025	1,715,949,140	1,670,033,345	1,910,659,862	1,400,481,412	0	0	0	0	0	0	0	0	0	0	21,725,228,553	21,725,228,553

ADM Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
ADM	0	0	0	0	0	0	0	0	0	0	0	0	7,241,969	42,748,419	39,312,729	11,586,429	43,993,148	59,479,815	54,588,745	85,205,753	62,594,608	82,954,286	118,530,760	105,382,868	96,942,056	139,266,156	92,612,419	115,554,225	100,473,037	81,145,637	77,789,259	0	0	0	0	0	0	0	0	0	0	1,417,402,318	1,417,402,318
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	755,748	34,375,214	12,833,291	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	47,964,253	47,964,253
Total	0	0	0	0	0	0	0	0	0	0	0	0	7,241,969	42,748,419	40,068,477	45,961,643	56,826,439	59,479,815	54,588,745	85,205,753	62,594,608	82,954,286	118,530,760	105,382,868	96,942,056	139,266,156	92,612,419	115,554,225	100,473,037	81,145,637	77,789,259	0	0	0	0	0	0	0	0	0	0	1,465,366,571	1,465,366,571

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
ADM	0	0	0	0	0	0	0	0	0	0	0	0	3,679,980	22,272,827	20,907,343	6,121,891	25,253,918	34,488,282	31,963,518	59,588,869	48,414,408	61,342,106	93,307,850	78,500,894	71,333,202	98,697,486	64,043,270	77,050,303	66,533,004	52,735,762	54,636,625	0	0	0	0	0	0	0	0	0	0	970,871,538	970,871,538
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	377,874	17,784,187	6,534,554	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24,696,615	24,696,615
Total	0	0	0	0	0	0	0	0	0	0	0	0	3,679,980	22,272,827	21,285,217	23,906,078	31,788,472	34,488,282	31,963,518	59,588,869	48,414,408	61,342,106	93,307,850	78,500,894	71,333,202	98,697,486	64,043,270	77,050,303	66,533,004	52,735,762	54,636,625	0	0	0	0	0	0	0	0	0	0	995,568,153	995,568,153

Schedule C
CMS 64 Waiver Expenditure Report
Cumulative Data Ending Quarter/Year : 2/2024

Summary of Expenditures by Waiver Year
Waiver: 11W00351

MAP Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
1915(i)-like Evaluations	0	4,451,405	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,905,780	2,072,984	0	0	0	0	0	0	0	0	0	0	0	8,430,169	8,430,169
HCBS Waiver LOC Timelines	0	11,179,167	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,826,695	7,847,689	0	0	0	0	0	0	0	0	0	0	0	21,853,551	21,853,551
Retainer Payments	0	3,099,823	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3,099,823	3,099,823
Total	**0**	**18,730,395**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**4,732,475**	**9,920,673**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**33,383,543**	**33,383,543**

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
1915(i)-like Evaluations	0	2,653,633	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,140,419	1,259,060	0	0	0	0	0	0	0	0	0	0	0	5,053,112	5,053,112
HCBS Waiver LOC Timelines	0	6,667,974	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,691,494	4,808,900	0	0	0	0	0	0	0	0	0	0	0	13,168,368	13,168,368
Retainer Payments	0	1,840,512	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,840,512	1,840,512
Total	**0**	**11,162,119**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2,831,913**	**6,067,960**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**20,061,992**	**20,061,992**