TN Division of TennCare

September 20, 2019

Judith Cash, Director
State Demonstrations Group
Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
Mail Stop: S2-26-06
7500 Security Boulevard
Baltimore, Maryland 21244-1850

RE: TennCare II Demonstration (No. 11-W-00151/4), Amendment 40

Dear Ms. Cash,

The purpose of this letter is to request a change to the TennCare Demonstration. This change will be Demonstration Amendment 40.

In Amendment 40, Tennessee is proposing to establish a "Katie Beckett" program within the TennCare demonstration to provide services and supports to children under age 18 with disabilities and/or complex medical needs who do not currently qualify for TennCare because of their parents' income or assets. Tennessee's proposed Katie Beckett program will consist of two parts. Part A will target children with the most significant disabilities or medical needs for full TennCare eligibility. Part B will be a Medicaid diversion program that provides a capped package of essential services and supports for qualifying children. The new program envisioned in Amendment 40 will enable TennCare to provide needed services and supports for a new population of vulnerable children.

We look forward to working with you and your team as you review this amendment. If you have questions about this amendment, please contact Aaron Butler at 615.507.6448, or aaron.c.butler@tn.gov.

Thank you for your attention to this important matter.

Sincerely,

[redacted]

John G. Roberts
Director

cc: Tandra Hodges, Tennessee Coordinator, CMS Atlanta
Lorraine Nawara, TennCare Project Officer, CMS Baltimore
Trina Roberts, Deputy Director, Division of Medicaid Field Operations South

Division of TennCare

TennCare II Demonstration

Project No. 11-W-00151/4

Amendment 40

September 20, 2019

Table of Contents

Amendment 40 to the TennCare II Demonstration

I. Description of the Amendment

Amendment 40 to the TennCare II Medicaid Section 1115 Demonstration proposes to establish a new "Katie Beckett" program within the TennCare demonstration. This amendment is submitted as directed by a new state law—Public Chapter No. 494 (see attachment A), passed by the Tennessee General Assembly during the 2019 legislative session. This law directs TennCare to submit a demonstration amendment to CMS to establish a new distinct Katie Beckett program for children under age 18 with disabilities and/or complex medical needs who are not Medicaid eligible because of their parents' income or assets. Once the program is implemented, children under age 18 who qualify for Medicaid only by waiving the deeming of the parent(s)' income to the child will be directed to the standalone Katie Beckett program.[1]

The program is the result of a grassroots advocacy effort led by parents who have children with significant disabilities and/or complex medical needs, coordinated by the Tennessee Disability Coalition and others in the disability advocacy community, and championed by state lawmakers who were committed during the 2019 legislative session to prioritizing services for these children and their families within the constraints of a constitutional requirement to balance the State's budget.

Included in the program's goals are to:

- Help address inequities in Medicaid eligibility between institutionalized children and children with comparable needs who live at home with their families;
- Provide services in the most integrated setting appropriate in a manner consistent with the Americans with Disabilities Act;
- Support children with disabilities and complex medical needs to grow and thrive in their homes and communities;
- Plan and prepare the child for transition to employment and community living with as much independence as possible;
- Support and empower families caring for a child with disabilities or complex medical needs at home;
- Provide services these families say they need most to attain financial, physical, and emotional relief;
- Keep families together, sustain family caregiving;
- Assist families in purchasing and maintaining private insurance;

[1] Children under age 18 may continue to be enrolled into Employment and Community First CHOICES Group 7, under the Katie Beckett eligibility provision currently applied in that program. New enrollment of children under age 18 into Employment and Community First CHOICES Group 4 will be limited to children who qualify for SSI, and to children transitioning to Group 4 from Group 7. A child who will attain 18 years of age within one year of enrolling in Medicaid may also be enrolled into Group 4 (subject to eligibility and enrollment provisions) to avoid unnecessary transitions.

- Help fill gaps between the child's needs and what private insurance will cover, including essential wraparound services;
- Delay the need for Medicaid eligibility where possible; and
- Provide services in the most cost-effective manner possible in order to serve as many children as possible within approved program funding.

Tennessee's new Katie Beckett program will have two parts:

- **Katie Beckett – Part A** will be a more "traditional" Katie Beckett program, providing full Medicaid eligibility by waiving the deeming of the parents' income and assets to the child, as well as essential wraparound home and community based services (HCBS) to children with the most significant disabilities or complex medical needs who meet institutional level of care. Children enrolled in Part A will be entitled to full Medicaid benefits provided under the federal *Early Periodic Screening, Diagnosis and Treatment (EPSDT)* program[2], regardless of whether the State elects to cover those benefits in its Medicaid State Plan[3], as well as case management and essential wraparound HCBS not otherwise covered by the Medicaid program, including respite.

- **Katie Beckett – Part B** will be a Medicaid diversion program, offering a capped package of essential wraparound services and supports, as well as premium assistance on a sliding fee scale to a broader group of children with disabilities, including those "at risk" of institutionalization. Part B is an innovative new approach—the first of its kind in the country—that would leverage federal Medicaid funds to help divert children from becoming Medicaid eligible by helping their families purchase private insurance and providing essential wraparound services and supports to meet the child's health care and related needs. Part B is a critical component of the program, and key to achieving the statutory goal of serving as many children and families as possible within available state funding.

Both Parts A and B are subject to the availability of state appropriations, and will enroll as many children as can be served within approved program funding.

In addition, Amendment 40 proposes to establish a new hypothetical demonstration Katie Beckett Continued Eligibility Group that will provide continuity of coverage, benefits, and providers for children under age 18 with significant disabilities and/or complex medical needs who are currently enrolled in

[2] *Early Periodic Screening, Diagnosis and Treatment* – the mandatory Medicaid program for all eligible children under age 21. States are required to provide comprehensive services and furnish all specified Medicaid, appropriate and medically necessary services needed to correct and ameliorate health conditions, based on certain federal guidelines.

[3] A Medicaid State Plan is the official document developed by each state that describes the nature and scope of a state's Medicaid program**,** as required under Section 1902 of the Social Security Act, and which must be approved by the federal Department of Health & Human Services, Centers for Medicare and Medicaid Services (CMS).

Medicaid but have been determined to no longer qualify for Medicaid in any other eligibility category and who would qualify to enroll in Part A, but for whom there is not a Part A program slot available.

Table 1 below provides an overview of proposed Katie Beckett Amendment components.

Table 1: Overview of Katie Beckett Amendment Components

	Katie Beckett – Part A	Katie Beckett – Part B	Katie Beckett – Continued Eligibility
Target population	Children under age 18 not currently eligible for Medicaid with the most significant disabilities or complex medical needs	Children under age 18 with significant disabilities or complex medical needs who are not currently Medicaid eligible and do not qualify for Part A or for whom there is not a Part A program slot available based on the State's prioritization criteria	Children under age 18 currently enrolled in Medicaid determined to no longer qualify for Medicaid in any other eligibility category who meet Part A eligibility criteria but for whom there is not a Part A program slot available
Level of Care	Qualify for care in a medical institution and for SSI (and Medicaid) if in an institution	Qualify for care in a medical institution OR at-risk of institutional placement	Qualify for care in a medical institution and for SSI (and Medicaid) if in an institution
Benefits	Medicaid, including EPSDT; specified wraparound HCBS up to $15,000 per child per year	Specified HCBS up to $10,000 per child per year	Medicaid, including EPSDT (no wraparound HCBS)
Medicaid appeal rights?	Yes	Yes	Yes
Program premium requirement?	Yes, if the family's MAGI[4] exceeds 150% of FPL, based on sliding scale; offset by cost of child's portion of	No	No

[4] MAGI or Modified Adjusted Gross Income – as defined in 42 CFR § 435.603. In general, the MAGI methodology is defined by the following characteristics: a) financial eligibility is based on current monthly household income and household size; b) taxable income is countable income; c) non-taxable income is excluded income; and d) household size is determined by the principles of tax dependency.

	Katie Beckett – Part A	Katie Beckett – Part B	Katie Beckett – Continued Eligibility
	employer-sponsored or private insurance		
Requirement to obtain/maintain employer-sponsored or private insurance?	Yes, with hardship exception	No	No
Premium assistance for employer-sponsored or private insurance?	Yes, at the State's discretion if hardship exception requested and would otherwise be approved	Yes	No
Delivery system	Managed care program	DIDD[5]	Managed care program

Overview and Background of "Katie Beckett" Medicaid Eligibility Mechanism

Under federal law, when a child is in a medical institution for at least 30 days, the parents' income is not counted in determining the child's eligibility for Medicaid.[6] Once the child leaves the institution, the parents' income is counted, which may mean for parents with higher incomes that the child no longer qualifies for Medicaid.

Often referred to as "Katie Beckett waivers or programs," "Katie Beckett" more appropriately refers to a Medicaid eligibility mechanism states can elect across several different Medicaid program options and authorities on behalf of children whose families have income above current Medicaid eligibility thresholds, allowing parents' income (and in some cases, assets) to not be counted in determining the child's eligibility for Medicaid. The child can then qualify for Medicaid when they otherwise would not because of their parents' income (or assets).

Originally designed for children with complex medical conditions who would otherwise require care in a medical institution[7] but living at home with their families, various Medicaid authorities now permit the Katie Beckett eligibility provision to be extended to children who would not qualify for care in a medical institution, but are "at risk" of institutional placement.

[5] DIDD – The Tennessee Department of Intellectual and Developmental Disabilities. DIDD will partner with TennCare in the administration of the Katie Beckett program.
[6] This refers to "institutional deeming rules"—meaning, in the case of children, the parents' income is not "deemed" to the child in determining the child's eligibility when the child is institutionalized.
[7] A hospital, nursing home, or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)

The Katie Beckett Eligibility Provision in Tennessee

Tennessee originally had a Katie Beckett children's waiver. Like many states, Tennessee folded that program into a Statewide Section 1915(c) HCBS waiver program established in 1986 for individuals of all ages with intellectual disabilities. For many years, Tennessee applied the Katie Beckett eligibility option in each of its three Section 1915(c) HCBS waivers for individuals with intellectual and developmental disabilities[8] operated by the Department of Intellectual and Developmental Disabilities (DIDD). While the target populations served in the waivers included individuals with intellectual disabilities of all ages and children with a developmental disability up to age six, parents' income was not counted when determining children's financial eligibility for Medicaid when enrolling in these waivers. The 1915(c) waivers closed to new enrollment on June 30, 2016.[9] Importantly, however, due to limitations on funding, enrollment into these waivers had for many years been largely limited to people in certain "crisis" circumstances in which services were eminently required.[10] Because children rarely met these conditions, very few children were enrolled.

Effective July 1, 2016, Tennessee has exercised the Katie Beckett eligibility provision as part of the Employment and Community First CHOICES program, operated under the authority of TennCare's 1115 demonstration waiver. Since the program's inception, hundreds of children have been enrolled into the program, with a significant percentage of those children eligible in a category based on higher institutional income standards where the parents' income is not counted to determine the child's financial eligibility for Medicaid. For these children, enrollment in Employment and Community First CHOICES provides not only home and community based services, it also allows the child to become eligible for Medicaid when he or she might not otherwise qualify financially. Prioritization criteria for enrollment into the program are largely employment-related (although employment planning and preparation for transition-age youth are included), and reserve capacity groups have, of necessity, prioritized those in the most emergent circumstances, which generally favors adults.

Accordingly, like all states that use one of the "Katie Beckett Waiver" options, Tennessee's ability to enroll children with disabilities into Medicaid whose parents have income above Medicaid limits has been limited by available funding. In order for the parents' income to not count when determining the child's eligibility for Medicaid, there must be an open program slot into which the child will be enrolled.
In the proposed new Katie Beckett program, all program funding and program slots will be specifically designated to serve children with significant disabilities and/or complex medical needs that do not otherwise qualify for Medicaid. Sliding scale premiums in Part A to help offset program costs and the

[8] The Comprehensive Aggregate Cap Waiver (Control # TN.0357); Statewide Waiver (Control # TN.0128); and Self-Determination Waiver (Control # TN.0427)

[9] There is a limited exception for persons institutionalized in the Harold Jordan Center for a period of 90 days or more to be enrolled into the Comprehensive Aggregate Cap Waiver.

[10] Homelessness; death, incapacitation, or loss of primary caregiver; serious/imminent danger of harm to self or others; multiple urgent issues likely to result in crisis and two or more of following: aging/failing health of caregiver, living situation presents significant risk of abuse/neglect, increasing behavioral risk to self or others, stability of current living situation severely threatened due to extensive support needs or family catastrophe, or imminent discharge from alternative service system (DCS, RMHI)

innovative new Medicaid diversion approach in Part B will allow state and federal funds to be used more cost-effectively to serve even more children and their families.

Public Chapter No. 494 specifies that Tennessee's program will be established under Section 1115 of the Social Security Act, as a Medicaid demonstration. This is because none of the other Medicaid program options or authorities would provide the flexibility needed to implement the program in accordance with the intent of the General Assembly, as reflected in the statutory language.[11]

While much of the proposed new program's structure is dictated by state law, TennCare and the Department of Intellectual and Developmental Disabilities (DIDD) share a commitment to ensuring that families of children who would be served by the new program have an important role in helping to inform the design of the new program. Accordingly, TennCare and DIDD worked quickly to schedule in-person stakeholder input meetings across the state and to provide an opportunity for people to share input online as part of crafting the proposed waiver amendment. A conversation with family leaders was also held to gather more in-depth personal perspective and feedback regarding the program's design. Written recommendations were also received from the Children's Hospital Alliance of Tennessee[12] with whom TennCare has a strong working partnership.

Stakeholder input sessions were conducted in each of Tennessee's three grand divisions during May and July of 2019. With the assistance of The Arc Tennessee, the first session was in Nashville at the annual Tennessee Disability Mega Conference on May 23, 2019. By taking advantage of this annual event which draws self-advocates and families from across Tennessee, the State was able to gather input from the largest number and most diverse group of stakeholders. At the request of the advocacy community,

[11] Medicaid State Plan authorities (*TEFRA* and *Family Opportunity Act*—see below) would obligate the State to enroll all children who qualify into Medicaid; there is no ability to limit enrollment based on state appropriations. Tennessee's constitutional requirement to balance the state budget would not permit a new open-ended entitlement program that could grow far beyond the state's financial capacity and result in the program not being sustainable. Tennessee's law specifies that it *"does not create an entitlement to services through the provisions of a Katie Beckett program, and the services provided and the number of individuals served are subject to appropriations made for that purpose."* The *TEFRA* option would further limit eligible children to those who would qualify to receive care in a medical institution. Tennessee's new law requires that Part B is available to children who have medical needs *that "[w]ould qualify the child for institutionalization…**or place the child at risk of institutionalization**"* [emphasis added]. The Medicaid buy-in option for children with special health care needs, implemented as part of the *Family Opportunity Act*, would limit qualifying children to those with family incomes up to 300% of the federal poverty level. Under Section 1915(c) waiver authority, the State could not require parents of disabled children to purchase or maintain employer-sponsored insurance or establish buy-in requirements by charging a premium (using a sliding fee scale, based on parents income) to help offset program costs and ensure the program's sustainability as provided in the new law. Importantly, the ability to include a Medicaid diversion component as part of the Katie Beckett program in order to serve more children would only be possible as part of an 1115 demonstration, as these children will not qualify for Medicaid. Part B is a critical component of the program as defined in the new law, and key to achieving the statutory goal of serving as many children and families as possible within available state funding. (TEFRA stands for the *Tax Equity and Fiscal Responsibility Act of 1982* (PL No. 97-248, Section 134); the *Family Opportunity Act* was part of the *Deficit Reduction Act of 2005* (PL No. 109–171, Section 6062)).

[12] Member hospitals include Monroe Carell Jr. Children's Hospital at Vanderbilt, East Tennessee Children's Hospital, Children's Hospital at Erlanger, Le Bonheur Children's Hospital, and Niswonger Children's Hospital.

additional sessions were held in Knoxville (East Tennessee) on July 1, 2019, and Jackson (West Tennessee) on July 2, 2019.

The stakeholder input sessions consisted of two parts. First, TennCare and DIDD collaborated on a presentation about the proposed program, including program goals; requirements set forth in the new state law; program funding, eligibility, and benefits; expected timeline; where to go for additional information as the program is developed; and program design areas where stakeholder input was needed. The second part of each session included small group breakout sessions where structured feedback was solicited on four main questions:

- What services should the program offer that are not covered by insurance and will help you and your family?
- What are the kinds of things the State should consider when deciding how to prioritize enrollment into Part A?
- What questions do you have about the proposed program?
- What concerns do you have about the proposed program?

For purposes of reviewing the feedback, attendees were asked to self-identify as either a parent with a child under age 18, a parent with a child over age 18, a self-advocate, or other. Where possible, participants were placed in a small group for the breakout session with others who were in the same category. Individuals were asked to write their answers to the above questions on notecards, discuss their answers in the small group, identify the most popular answers to each question, and report out to the larger group.

A total of 99 people participated in one of the three meetings: 59 in Nashville, 28 in Knoxville, and 12 in Jackson. Of the total, 29 identified themselves as parents of a child under age 18, six were parents of children over age 18, one was a self-advocate, and 63 attendees listed themselves in the "other" category.

According to the feedback collected, the most heavily-requested services that the program should offer are as follows:

- Private duty nursing
- Medical equipment
- Traditional therapies (occupational therapy, physical therapy, speech therapy), applied behavioral analysis (ABA), and non-traditional therapies (aquatic therapy, animal therapy, equine therapy)
- Respite (in and out of home)
- Insurance (assistance with co-pays, deductibles, and premiums)
- Supplies (diapers, under pads, wipes, gloves, and diaper creams)

As expected, for children with disabilities and complex medical needs, these benefits are largely included in the comprehensive EPSDT program for Medicaid-eligible children (with the exception of respite, certain medical equipment or supply items, and most non-traditional therapies).

The feedback also indicated the kinds of things TennCare and DIDD should consider when deciding how to prioritize enrollment into part A:

- Level of care needed;
- Complexity of family needs (single parent, multiple children with disabilities);
- Location of family (rural areas where access to care is more difficult); and
- Rarity of child's condition (genetic condition not specified for SSI eligibility).

Families expressed particular concern regarding reliance on diagnosis for prioritizing enrollment into Part A, and wanted consideration to be given not just to the child's presenting needs at the time of application, but also over the course of time. Continuity of eligibility and benefits was also an important concern, including when the child's needs change (increase or decrease), intermittent and/or episodic changes in condition, turning age 18, losing Medicaid eligibility, and no longer qualifying for one or more parts of the program.

In addition to gathering in-person input, TennCare and DIDD posted the presentation online and an online survey form was posted for families to submit their input electronically. TennCare received 85 responses to the online survey, including respondents from 26 of Tennessee's 95 counties and all three grand divisions of the state. There was remarkable alignment between the responses submitted online and those gathered during the in-person meetings. Primary needs identified in the online surveys included medical equipment and supplies, traditional therapies (occupational, physical, and speech therapy), respite, ABA and non-traditional therapies, assistance with insurance premiums and co-pays, specialized formulas and food, nursing, and medications, followed by cognitive behavioral therapy, diapers and incontinence supplies, family counseling, and personal attendant services.

TennCare and DIDD also responded to a request from "family leaders"—primarily those who led the legislative advocacy effort—for an afterhours call in order to provide more in-depth perspective and feedback regarding the program's design. This was held on July 3, 2019. State leadership from TennCare and DIDD listened to stories shared by or on behalf of seven children and their families, along with their specific concerns and recommendations. While most of this information reiterated and reinforced feedback already received, the context of how these concerns specifically impact their individual families and the ability to hear their personal stories was particularly powerful.

A consistent theme is that families want a program that is family-focused and family-centered.[13]

Family leaders reinforced the importance of benefits that would offset costs not covered by private insurance—nursing, therapies (without yearly limits), medical equipment and supplies, ABA, medications, specialized food and formulas, respite, and availability of caregiving supports (nursing, personal

[13] A *family-centered* approach includes working with family members to understand their strengths, needs, preferences, goals, and challenges; developing a collaborative relationship with the family; and providing support in a way that helps to engage, strengthen, support, and build the capacity and confidence of the family in order to help ensure safety, well-being, and permanency.

assistance, respite) when school is out. Families also noted the importance of training for staff, including with routine health care tasks such as tube feeding. There was consensus among the families that the services Medicaid covers generally "hit the boxes"; the issue is who qualifies for Medicaid coverage.

A second focus of the conversation thus centered on determining who would qualify for the new Katie Beckett program—in particular who would qualify to enroll in Part A. Family leaders advised that criteria should be individualized and needs-based—not solely based on diagnosis—and take into account needs that may not be present every day, but occur upon illness. Families recommended that hospitalization (or other institutionalization) should not be required as a condition of eligibility. There was also concern that families who have managed the care for their children on their own for some time not be penalized in the prioritization process. Family leaders recommended that a professional with pediatric complex care expertise make or be involved in making these determinations.

Family leaders generally requested a simplified application process and asked that families be assigned a case manager for intake to help gather relevant information for an individualized determination of the child's needs, and to assist in gathering relevant medical and related information. Family leaders also asked for a simplified eligibility redetermination process that does not require the child to apply again or "requalify" every year. While both federal and the new state law require periodic redeterminations of financial and level of care eligibility, there are ways these processes can be streamlined to help ensure continuity of eligibility and benefits.

This led to the third key theme of the discussion with family leaders: transitions and continuity of eligibility and benefits. Parents wanted to be able to celebrate their children's developmental milestones and achievements without risk of losing eligibility. They also wanted to ensure that the program recognize how widely a child's medical stability and functional needs may vary over the course of time. A child may seem "healthy" one week and be very ill the next, and the entire course of the child's condition should be taken into account. Families do not want to live in fear of losing coverage during periods when their child's condition may be more stable. At the same time, they want to know that if their child's condition declines, there is potential and process for transition from Part B to Part A. Another critical transition is for families who may have foregone employment opportunities or otherwise made difficult decisions (including divorce) in order to access Medicaid assistance for their child. They requested the ability to transition from Medicaid to the Katie Beckett program without gaps in coverage in the event their child loses Medicaid eligibility, and to seamlessly transition from the Katie Beckett program to Medicaid when their child turns age 18.

With regard to premium requirements, families expressed concerns regarding the affordability of sliding scale premiums, requested assistance in paying for private insurance in some cases, and wanted assurance that program premiums will be offset by the cost of private insurance premiums.

The Children's Hospital Alliance of Tennessee (CHAT),[14] with whom TennCare has a strong working partnership, also provided written recommendations regarding program design which generally echoed those communicated by families, and emphasized the importance of access to assistance that *"wrap[s] around services that are either not fully funded or provided at all,"*—in particular at-home nursing care.

Proposed Amendment 40 reflects input received from families and other stakeholders, as well as a commitment to their ongoing engagement in program operations and improvement through the establishment of a Stakeholder Advisory Group.

Eligibility for Katie Beckett – Part A

Part A will target (and prioritize enrollment of) children with the most significant disabilities or complex medical needs who meet institutional level of care. These children will qualify for TennCare in a new hypothetical demonstration "Katie Beckett Institutional Level of Care Group." As required by state law, in order to be eligible for the new eligibility group and to enroll into Part A, a child must:

- Be under age 18;[15]
- Have medical needs that:
    - Are likely to last at least twelve months or result in death; and
    - Result in severe functional limitations based on medical eligibility criteria developed specifically for children;
- Qualify for care in a medical institution—a hospital, nursing facility, or ICF/IID (even though services will be provided at home); and
- Qualify for supplemental security income (SSI) due to the child's disability—except for parents' income and/or assets.

Additionally, a licensed physician must agree and certify that in-home care will meet the child's needs, the cost of providing the child's care at home (including traditional Medicaid benefits and wraparound HCBS) cannot exceed the estimated Medicaid cost of institutional care, and the child cannot be Medicaid-eligible or receiving long-term services and supports in another Medicaid program.

In order to help offset program costs and ensure program sustainability and as a condition of eligibility for and enrollment into Part A, the child's parents must purchase and maintain minimum essential coverage[16] private or employer-sponsored insurance for primary coverage. The State may grant a hardship waiver of this requirement in limited instances, including if the cost of the child's portion of all available employer-sponsored or private insurance would exceed 5 percent of the family's MAGI, provided that consideration of the child's portion of the cost would take into account any coverage the parent would be

[14] Member hospitals include Monroe Carell Jr. Children's Hospital at Vanderbilt, East Tennessee Children's Hospital, Children's Hospital at Erlanger, Le Bonheur Children's Hospital, and Niswonger Children's Hospital.
[15] While a child must be under age 18 to enroll in Part A, a child may remain enrolled in Part A for up to 12 months following the 18th birthday to allow time for an SSI eligibility determination, and continuity of Medicaid eligibility and benefits as further described below.
[16] As defined under the Affordable Care Act.

required to purchase in order for him or herself in order to obtain coverage for the child (it would not take into account the cost of covering other family members). The State may also grant a hardship waiver of this requirement if a child whose family MAGI is less than 400 percent of the federal poverty level does not have access to employer-sponsored insurance through either parent's employer, since the child would not be eligible for premium assistance tax credits for insurance purchased through the Health Insurance Marketplace after approval for Katie Beckett Part A. Alternatively, in either instance, the State could elect to offer premium assistance to help cover the child's portion of employer-sponsored or private insurance.

In addition, children whose families have MAGI above 150 percent of the federal poverty level (taking into account household size) will be required to pay a sliding scale monthly premium based on the family's MAGI, as further described in the *Cost Sharing* section below. Premium payments must be made both as a condition of initial enrollment and continued eligibility for Katie Beckett Part A. A child for whom premium payments are not made timely is not eligible for enrollment in the program.

Because the new Katie Beckett program is subject to the availability of state appropriations, all eligible children may not be able to enroll in Part A (and thereby qualify for Medicaid). In order to comply with the specific statutory and budget authority provided, the State proposes to establish an enrollment target for Part A based on the availability of state appropriations to provide assistance. The enrollment target will include both upper limits and lower limits, with the actual target number to be made publicly available on the program's website and in informational materials. This will allow flexibility to adjust the actual enrollment target based on utilization. (For example, if the average cost of providing service is lower than projected in the program's approved budget, the enrollment target can be increased.) The State will never adjust the enrollment target below the program's current enrollment. Any waiting list for Part A will be maintained by TennCare on a statewide basis.

Children will be prioritized for enrollment into an available Part A program slot in accordance with objective, needs-based criteria developed or identified by the State and made publicly available through administrative rules. These criteria will not be based solely or even primarily on diagnoses, but rather on each child's specific functional and developmental limitations (as compared to the child's chronological age); the impact of the child's diagnoses, including the frequency, intensity, and duration of functional, medical, and behavioral supports required; and the degree of caregiver burden entailed in providing such supports; as well as other factors which impact a family's ability to meet the child's support needs. Importantly, prioritization will take into account not just the current or most recent spell of the child's condition, but also the course of the child's condition, including intermittent or episodic needs, and the long-term prognosis for the child's condition(s). Hospitalizations (or other institutionalizations) will be considered, but not required as part of the prioritization process.

Prioritization criteria will be applicable only for purposes of enrollment. Once a child is determined eligible and enrolled into Part A, financial and medical (level of care) eligibility will be reevaluated annually. The child must continue to meet the criteria for an institutional level of care to remain enrolled in Part A. If a child's condition improves to the point that the child no longer meets institutional level of care criteria, and in accordance with due process pertaining to such determination, the child will be disenrolled from

TennCare, but only upon also being determined ineligible for all open categories of TennCare coverage. The child may transition to Part B if there is an open program slot available. Likewise, a child found to no longer qualify for Part A due to non-payment of premiums will be disenrolled from TennCare only after also being determined ineligible for all open categories of TennCare coverage and could transition to Part B if there is an open program slot available.

Eligibility for Katie Beckett – Part B

Children in Part B will qualify in a new demonstration "Katie Beckett Diversion Group." In order to be eligible to enroll into Part B, a child must:

- Be under age 18;
- Have medical needs that:
    - Are likely to last at least twelve months or result in death; and
    - Result in severe functional limitations based on medical eligibility criteria developed specifically for children; and
- Qualify for care in a medical institution—a hospital, nursing facility, or ICF/IID (even though services will be provided at home), or be "at risk" of institutional placement.

In addition, the child cannot be TennCare-eligible or receiving long-term services and supports in another Medicaid program.

As with Part A, because the program is subject to state appropriations, all eligible children may not be able to enroll in Part B. The State proposes to establish an enrollment target for Part B based on the availability of appropriations to provide assistance. Children will be enrolled into an available Part B program slot on a first come, first served basis.

A child who is eligible for, but not enrolled into Part A, due to the lack of availability of an open program slot, may be enrolled into Part B. Objective, needs-based criteria used to prioritize enrollment into Part A will take into account any additional needs that are not being met in Part B.

Katie Beckett – Part A Benefits

Children enrolled in Part A will be entitled to full Medicaid benefits provided under the federal Early Periodic Screening, Diagnosis and Treatment program, regardless of whether the State elects to cover those benefits in its Medicaid State Plan,[17] as well as essential wraparound HCBS, as follows:

1. Self-directed respite and/or supportive home care, using the services of the State's contracted fiscal employer agent; and/or

[17] Home health, private-duty nursing, durable medical equipment and supplies, occupational therapy, physical therapy, speech therapy, audiological services including hearing aids, and non-emergency transportation (NEMT) are all covered Medicaid benefits for children.

2. Agency-based HCBS – specified HCBS delivered by a qualified HCBS provider, as follows:
    a. Respite
    b. Supportive home care
    c. Assistive technology, adaptive equipment and supplies (up to $5,000 per calendar year)
    d. Minor home modifications (up to $6,000 per project; $10,000 per calendar year; and $20,000 per lifetime)
    e. Vehicle modifications (up to $10,000 per calendar year and $20,000 per lifetime)
    f. Community integration support services
    g. Community transportation
    h. Family caregiver education and training (up to $500 per calendar year)
    i. Decision making supports
    j. Family to Family Support
    k. Community Support Development, Organization and Navigation
    l. Health insurance counseling/forms assistance (up to 15 hours per calendar year)

The total cost of wraparound HCBS cannot exceed $15,000 per child per calendar year.

Katie Beckett Part A benefits are summarized in Table 2 below.

Table 2: Katie Beckett Part A Benefits Chart

Benefit	Amount, Duration and Scope
State Plan- and EPSDT-covered services	Covered as medically necessary, no limitations
Self-directed respite and/or supportive home care	Total cost of self-directed respite and/or supportive home care and agency-based HCBS cannot exceed $15,000 per calendar year
Agency-based HCBS – Respite – Supportive home care – Assistive technology, adaptive equipment and supplies (up to $5,000 per calendar year) – Minor home modifications (up to $6,000 per project; $10,000 per calendar year; and $20,000 per lifetime) – Vehicle modifications (up to $10,000 per calendar year and $20,000 per lifetime) – Community integration support services – Community transportation – Family caregiver education and training (up to $500 per calendar year) – Decision making supports – Family to Family Support	Individual benefit limits as specified; the total cost of self-directed respite and/or supportive home care and agency-based HCBS cannot exceed $15,000 per calendar year

– Community Support Development, Organization and Navigation – Health insurance counseling/forms assistance (up to 15 hours per calendar year)	

Katie Beckett – Part B Benefits

Benefits in Part B will encompass a menu of five distinct program components.

1. Health insurance premium assistance – assistance in paying the eligible child's portion only of employer-sponsored or other private family health insurance
2. Automated health care and related expenses reimbursement (a "Flexible Spending Arrangement-like" approach) – payment (or reimbursement) of qualified medical and related expenses, including private insurance deductibles and co-payments for physician and nursing services, therapies, prescription drugs, etc.; medical equipment and supplies; dental, vision, and hearing services; medical mileage; and other eligible medical expenses as determined by the Internal Revenue Service (see Publication XX);
3. Individualized therapeutic support reimbursement – reimbursement of therapeutic supports determined to be medically necessary for the child but not eligible for automated reimbursement, including non-traditional therapies, specialized formulas and food; and over-the-counter medications;
4. Self-directed respite and/or supportive home care, using the services of the State's contracted fiscal employer agent; and
5. Agency-based HCBS – specified HCBS delivered by a qualified HCBS provider, as follows:
    a. Respite
    b. Supportive home care
    c. Assistive technology, adaptive equipment and supplies (up to $5,000 per calendar year)
    d. Minor home modifications (up to $6,000 per project; $10,000 per calendar year; and $20,000 per lifetime)
    e. Vehicle modifications (up to $10,000 per calendar year and $20,000 per lifetime)
    f. Community integration support services
    g. Community transportation
    h. Family caregiver education and training (up to $500 per calendar year)
    i. Decision making supports
    j. Family to Family Support
    k. Community Support Development, Organization and Navigation
    l. Health insurance counseling/forms assistance (up to 15 hours per calendar year)

A child may receive benefits in any or all program components, based on the needs of the child, subject to a combined maximum total of $10,000 in program expenditures per child per year. Only payments

actually made with program dollars will count against the annual expenditure cap, regardless of any billed amounts for services.

Katie Beckett Part B benefits are summarized in Table 3 below:

Table 3: Katie Beckett Part B Benefits Chart

Benefit	Amount, Duration and Scope
Health insurance premium assistance (for the eligible child's portion of the premium *only*)	Individual benefit limits as specified; the combined maximum total of benefits received cannot exceed $10,000 per calendar year
Automated health care and related expenses reimbursement	
Individualized therapeutic support reimbursement	
Self-directed respite and/or supportive home care	
Agency-based HCBS – Respite – Supportive home care – Assistive technology, adaptive equipment and supplies (up to $5,000 per calendar year) – Minor home modifications (up to $6,000 per project; $10,000 per calendar year; and $20,000 per lifetime) – Vehicle modifications (up to $10,000 per calendar year and $20,000 per lifetime) – Community integration support services – Community transportation – Family caregiver education and training (up to $500 per calendar year) – Decision making supports – Family to Family Support – Community Support Development, Organization and Navigation – Health insurance counseling/forms assistance (up to 15 hours per calendar year)	

Due Process

Persons applying to or enrolled in either Part A or Part B will have all due process rights applicable to Medicaid programs (see 42 CFR Part 431, Subpart E and 42 CFR Part 438 *et seq*.), as well as assistance navigating the appeals process utilizing the beneficiary supports system required pursuant to 42 CFR

§438.71 (Tennessee's current beneficiary supports system contractor is Disability Rights Tennessee, the State's Protection and Advocacy organization).

Program Administration

The population expected to be served in Part A are primarily children with complex medical needs. The kinds of benefits these children will most need—including private-duty skilled nursing care, expensive medical equipment, and therapies—are currently provided under the Medicaid program as part of the federally required EPSDT program, and delivered through managed care under the authority of TennCare's 1115 demonstration waiver. Thus Part A of the program will be administered by TennCare through the existing managed care demonstration. Wraparound benefits that will be covered under the proposed new program will also be provided by the MCOs under the CHOICES and/or Employment and Community First CHOICES programs, using a network made up largely of providers also serving individuals with intellectual or developmental disabilities (I/DD) in the Section 1915(c) HCBS waivers operated by DIDD.

Because Tennessee's Katie Beckett program will be new and the population will be small, TennCare will not have sufficient program experience to establish an actuarially sound rate. All children in Part A will be assigned to TennCare Select, a PIHP[18] that currently serves most TennCare-eligible children with chronic disabilities and the most complex special health care needs. These children will be enrolled in a special component of TennCare Select called SelectCommunity, developed specifically for individuals with I/DD. Person- and family-centered planning will be conducted for children enrolled in SelectCommunity in a manner consistent with CFR §441.301(c)(1) , using SelectCommunity Nurse Care Managers who have specialized training in developmental disabilities, and in a family-centered approach. Tennessee will leverage the leadership of the Tennessee Department of Intellectual and Developmental Disabilities (DIDD) and the Tennessee Council on Developmental Disabilities in the *Supporting Families Initiative* to train Nurse Care Managers, and to embed a *Supporting Families* approach within the program's policies and procedures.[19]

[18] Prepaid inpatient health plan, a health plan similar to an MCO, except PIHPs generally do not operate at full financial risk like MCOs.

[19] The *Supporting Families* approach involves actively carrying out a comprehensive and coordinated set of strategies designed to ensure that family members who have a key role in the provision of support and guidance of their family member with intellectual or developmental disabilities (I/DD) have access to person-centered and family-centered resources, supports, services, and other assistance to address the emotional, physical and material well-being of the entire family. These strategies are directed to the family unit, but ultimately benefit the individual with I/DD. The overall goal of *Supporting Families*, with all of their complexity, strengths and unique abilities is so they can best support, nurture, love and facilitate opportunities for the achievement of self-determination, interdependence, productivity, integration, and inclusion in all facets of community life for their family members. More information about the approach and the *Supporting Families* project is available at: http://supportstofamilies.org/.

DIDD will play an important role in administering Part A of the program, including:

- Providing input regarding program design;
- Conducting outreach and intake for children who might qualify to enroll in the program, including working with the family to gather relevant information for an individualized determination of the child's needs and to assist in gathering relevant medical and related information;
- Application of prioritization criteria and determination of prioritization for enrollment into Part A based on objective criteria established by the State;
- Providing intermittent case management contacts/assistance for children not able to enroll immediately (based on program capacity);
- Conducting individualized reevaluations based on significant changes in the needs and/or circumstances of a child enrolled in Part B, including potential eligibility for Part A and information pertaining to the child's prioritization for enrollment into Part A;
- Serving as the licensure entity for wraparound services (such as respite or personal assistance) as applicable;
- Conducting annual quality monitoring surveys for specified agency types providing wraparound HCBS as an integrated component of quality monitoring processes for other programs whenever possible (to ease administrative burden);
- Assisting with critical incident management and investigation; and
- Providing assistive technology evaluation or assistance where needed.

In addition, DIDD will directly administer Part B, the Medicaid diversion component of the program.

Transitions and Continuity of Enrollment and Services

Helping to ensure seamless transitions and continuity of TennCare enrollment and services is critical to meeting the needs of children in the target population and their families. This includes transitions between Parts A and B based on significant changes in a child's needs and/or circumstances or as Part A program slots become available; transition from Medicaid to Part A when a child no longer qualifies for Medicaid in other open eligibility categories; transition from Part A to other Medicaid eligibility categories upon the child turning age 18, and planning and preparing for transition to competitive integrated employment and community living with as much independence as possible upon becoming an adult. While some of these transitions are discussed within sections above, they are reiterated here for purposes of clarity.

Transitions from Part A to Part B

Once a child is determined eligible for and enrolled into Part A, financial and medical (level of care) eligibility will be reevaluated at least annually. The child must continue to meet the institutional level of care criteria to remain enrolled in Part A. (Prioritization criteria will no longer apply.) If a child's condition improves to the point that the child no longer meets institutional level of care criteria, and in accordance with due process pertaining to such a determination, the child will be disenrolled from Medicaid, but only

upon also being determined ineligible for all open categories of TennCare coverage. The child could transition to Part B if there is an open program slot available. Likewise, a child found to no longer qualify for Part A due to non-payment of premiums will be disenrolled from Medicaid only after also being determined ineligible for all open categories of TennCare coverage and could transition to Part B if there is an open program slot available. (Note, however, as described in *Cost Sharing* below, that Part A benefits may be suspended during this review and/or transition period.)

Transitions from Part B to Part A

As required by state law, Part A will target (and prioritize enrollment of) children with the most significant disabilities or complex medical needs who meet institutional level of care criteria. A child who does not qualify for Part A but qualifies for Part B may be enrolled into Part B, subject to availability of program slots and the State's first come, first served approach for enrollment into Part B.

A child who is eligible for Part A but not enrolled into Part A due to the lack of availability of an open program slot may also be enrolled into Part B, subject to availability of program slots and the State's first come, first served approach for enrollment into Part B. Objective, needs-based criteria used to prioritize enrollment into Part A will take into account any additional needs that are not met in Part B.

One of DIDD's contracted responsibilities as it relates to administration of Part A will be conducting individualized reevaluations based on significant changes in the needs and/or circumstances of a child enrolled in Part B, including potential eligibility for Part A and information pertaining to the child's prioritization for enrollment into Part A.

Transition from Medicaid to Part A and Continuity of Medicaid Eligibility

Children with significant disabilities and/or complex medical needs who are losing Medicaid eligibility and their families face a myriad of potential challenges. These include disruptions in essential services and in longstanding patient/provider relationships, delays in accessing needed care, increased risk of institutionalization, lapses in provider payment (for which parents are likely responsible), and resultant financial hardship that may endure long past any effective date of new coverage. Although these children will likely be re-enrolled into Medicaid in a Medically Needy ("spend down") category once sufficient medical expenses are incurred to offset monthly income, the negative consequences of these gaps in coverage may be long felt. In order to avoid this "churn" and ensure continuity of coverage, benefits, and provider relationships, TennCare thus proposes the following:

For purposes of program eligibility, a Medicaid-eligible child who has been determined to no longer qualify for Medicaid in any open eligibility category shall be considered "not Medicaid eligible." The child could thus qualify for enrollment (and seamless transition) into Part A, if the child meets all other applicable eligibility criteria for Part A (including institutional level of care) and if there is an available program slot for which the child has been prioritized, in accordance with the prioritization criteria and process established by the State. (A child losing Medicaid eligibility should neither be advantaged nor

disadvantaged over a child who does not have Medicaid coverage at the time of application.) Medicaid eligibility will be continued for a reasonable period pending the review of the child's Part A application, determination of the availability of a slot for the child, and seamless transition to Part A without a gap in coverage if a slot is available and the child meets program requirements.

In addition, as part of Amendment 40, TennCare proposes to apply the Katie Beckett *eligibility mechanism* (the waiving of the deeming of parents' income and assets to the child) to a child under age 18 who is currently Medicaid-eligible but has been determined to no longer qualify for TennCare in any other eligibility category, and who would qualify for enrollment into Part A, but for the lack of availability of a program slot for that child. These children would be enrolled in a new demonstration "Katie Beckett Continued Eligibility Group." Table 4 below summarizes each of the new eligibility groups proposed as part of Amendment 40, including income and level of care requirements.

Table 4: TennCare Katie Beckett Eligibility Chart

Eligibility Group	Income/Resource Standard	Level of Care Standard
"Katie Beckett" Institutional Level of Care Group – children described in Section 1903(e)(3) with the most significant disabilities and/or complex medical needs.[20] This group is subject to the enrollment target for Part A.[21]	Income no more than 300% SSI/FBR; resources $2,000 (Only the child's income and resources are counted)	Qualify for care in a medical institution and for SSI if in an institution
"Katie Beckett" Diversion Group – children under age 18 with medical needs that are likely to last at least 12 months or result in death and that result in severe functional limitations based on medical eligibility developed specifically for children.[22] This group is subject to the enrollment target for Part B.	Income no more than 300% SSI/FBR; resources $2,000 (Only the child's income and resources are counted)	Qualify for care in a medical institution OR at risk of institutional placement according to criteria established by the State

[20] While a child must be under age 18 to qualify in the Katie Beckett Institutional Level of Care Group and enroll in Part A, a child who has filed an SSI application may remain enrolled in this Group and in Part A for up to 12 months following the 18th birthday to allow time for an SSI eligibility determination, and continuity of Medicaid eligibility and benefits.

[21] Children in the Continued Eligibility Group shall not count against the enrollment target for Part A.

[22] Note that while eligibility for FFP to provide diversionary services must be established, because Part B participants are not otherwise eligible for Medicaid, including Medicaid State Plan benefits, they will not be part of the State's MMIS. Expenditure reporting related to Part B participants will be completed outside the MMIS.

Eligibility Group	Income/Resource Standard	Level of Care Standard
"Katie Beckett" Continued Eligibility Group – children who are enrolled in Medicaid but are no longer eligible in any category, and who are described in Section 1903(e)(3) but for whom there is not an available slot in Part A[23]	Income no more than 300% SSI/FBR; resources $2,000 (Only the child's income and resources are counted)	Qualify for care in a medical institution and for SSI if in an institution

Children whose Medicaid eligibility is continued by enrollment in the Katie Beckett Continued Eligibility Group will remain enrolled in their current MCO, and will be accounted for in separate reporting to CMS and the General Assembly, but will not technically be "enrolled" in Part A. They will not be counted against the Part A enrollment target; nor will their expenditures be counted against the newly appropriated funding for Parts A and B. Accordingly, they will not have access to the wraparound HCBS that are available to children enrolled in Part A. It is only through transition to the new Part A program (in accordance with the prioritization criteria established by the State) that the child could access the additional wraparound benefits available to children enrolled in that program component.

A child must remain continuously enrolled in TennCare to qualify in the Katie Beckett Continued Eligibility Group. If a child enrolled in this group loses TennCare eligibility, the child will have to reapply for Katie Beckett Part A and could enroll subject to the availability of an open slot. Enrollment will proceed in accordance with prioritization criteria for available Part A program slots. The child could not re-enroll in the Katie Beckett Continued Eligibility Group (unless the disenrollment was the result of an administrative error made by the State).

Table 5 below provides a comparison of benefits that will be available to children in the Katie Beckett Continued Eligibility Group, versus children enrolled in Katie Beckett Parts A and B.

[23] Like children in Katie Beckett Part A and the Katie Beckett Institutional Level of Care Group, a child must be under age 18 to qualify in the Katie Beckett Continued Eligibility Group. However, a child who has enrolled in the Katie Beckett Continued Eligibility Group prior to age 18 and has filed an SSI application may remain enrolled in this Group for up to 12 months following the 18th birthday to allow time for an SSI eligibility determination, and continuity of Medicaid eligibility and benefits.

Table 5: Comparison of Katie Beckett Program Benefits

Benefits	Katie Beckett Part A	Katie Beckett Part B	Katie Beckett Continued Eligibility
State Plan- and EPSDT-covered services	Covered	Not covered	Covered
Health insurance premium assistance	Not covered[24]	Covered	Not covered
Automated health care and related expenses reimbursement	Not covered	Covered	Not covered
Individualized therapeutic support reimbursement	Not covered	Covered	Not covered
Self-directed respite and/or supportive home care	Covered	Covered	Not covered
Agency-based HCBS – Respite – Supportive Home Care – Assistive Technology, Adaptive Equipment and Supplies (up to $5,000 per calendar year) – Minor Home Modifications (up to $6,000 per project; $10,000 per calendar year; and $20,000 per lifetime) – Vehicle Modifications (up to $10,000 per calendar year; and $20,000 per lifetime) – Community integration support services – Community transportation – Family caregiver education and training (up to $500 per calendar year) – Decision making supports – Family to Family Support – Community Support Development Organization and Navigation – Health insurance counseling/forms assistance (up to 15 hours per calendar year)	Covered	Covered	Not covered

[24] Health insurance premium assistance may be provided at the State's discretion if a hardship exception to the requirement obtain/maintain employer-sponsored or private insurance is requested and would otherwise be approved. In such cases, the premium assistance would not count against $15,000 per calendar year expenditure cap for self-directed respite and/or supportive home care and agency-based HCBS.

Transition from Part A to other Medicaid Eligibility Categories

Because a child enrolled in Part A must qualify for supplemental security income (SSI) due to the child's disability—except for parents' income and/or assets—these children will be expected to qualify for SSI upon turning age 18 (when the parent's income and/or assets are no longer counted for purposes of determining SSI eligibility). As noted above, a child who has applied for SSI but whose application is pending or in appeal status may remain enrolled in Part A for up to 12 months following the 18th birthday to allow time for an SSI eligibility determination, and to provide continuity of Medicaid eligibility and benefits. The child's health plan (TennCare Select) will be contractually required to assist the family in the SSI application process.

Transition to Employment and Community Living

One of the important goals of the proposed new Katie Beckett Program is to help children who have complex medical needs and disabilities and their families plan and prepare for the child's transition to employment and community living with as much independence as possible upon becoming an adult. TennCare will amend its memorandum of understanding (MOU) with the Division of Vocational Rehabilitation Services to include coordination for children enrolled in both Parts A and B of the Katie Beckett program. DIDD case managers and TennCare Select Nurse Care Managers will be charged with providing information and assistance to individuals and their families in accessing other services that may help support a successful transition into adulthood (e.g., Peer Mentor and Self-Advocacy programs), and with partnering with other systems, including the Local Education Authority, Vocational Rehabilitation services, etc., to coordinate and facilitate planning and readiness for transition to adulthood.

Eligibility Redeterminations

Children enrolled in any component of the Katie Beckett program will be required to verify continued financial and level of care eligibility for the program annually, as required under federal law. While providing timely proof of continued eligibility for TennCare is the beneficiary's (or in this case, parent's) responsibility, for children enrolled in Katie Beckett Part A or in the Katie Beckett Continued Eligibility Group, the child's health plan will be contractually required to provide reminders and other assistance as requested, assisting the family in completing the eligibility redetermination process. If in spite of the availability of such assistance, a child in Katie Beckett Part A or the Katie Beckett Continued Eligibility Group is disenrolled from TennCare, including for failure to respond to and/or complete the redetermination process timely, the child will have to reapply for Part A and could re-enroll subject to the availability of an open program slot. The child's previous Part A slot will not be held. Nor could a child whose eligibility has ended qualify again in the Continued Eligibility Group. Enrollment will proceed in accordance with prioritization criteria for available Part A program slots.

For children enrolled in Katie Beckett Part B, DIDD will be responsible for completing the annual verification that the child continues to meet financial and level of care eligibility. This will include obtaining attestation that the child's income (on which the financial eligibility determination is based) has

not changed, or assisting the family in submitting verification to TennCare of any income changes that have occurred in order to ensure the child's income limit is not exceeded; and completing a continued eligibility review for level of care. Documentation of these annual verifications shall be maintained by DIDD or as otherwise directed by TennCare.

Cost Sharing

Premiums

As noted in *Part A Eligibility* and contemplated under state law, as a condition of enrollment and continued eligibility in Part A, children whose families have MAGI above 150 percent of the federal poverty level (FPL) (taking into account household size) will be required to pay a monthly premium, as set forth in Table 6 below.

The family's FPL percentage is determined based on their MAGI and household size. The amount of the monthly premium for each applicable FPL range is set to the percentage of the income of a household of two (the smallest potential household size for the applicable population) at the lower end of the range. For example, for households with incomes in the range between 150 percent and 250 percent of the FPL, the monthly premium is slightly less than 1.5 percent of the monthly income of a family of two with income at 150 percent of the FPL.

Table 6: Part A Premiums

Household Income (MAGI)	Premium % of income for a household of two	Monthly premium
>150% - 250% FPL	1.5%	$25
>250% - 300% FPL	2.5%	$75
>300% - 400% FPL	3%	$125
>400% - 500% FPL	4%	$225
>500% FPL - No limit	5%	$350 + $70 for every 100% above 500% FPL

Part A premiums as described above will be reduced by the eligible child's portion only of employer-sponsored or other private family health insurance. The State will establish a methodology for calculating the child's portion of employer-sponsored or other private family health insurance to be set forth in administrative rule. For ease of administration, the State may elect to establish a standard amount that will be deducted from the child's Part A premium obligation when a child has employer-sponsored or other private family health insurance coverage (i.e., when a hardship exception is not requested or is requested but not approved) rather than verifying premium amounts for this coverage and applying the deduction on an individual basis. If the child's portion of employer-sponsored or other private family health insurance (determined using the established methodology) is more than the child's monthly premium for Katie Beckett Part A, the child will not have premium obligations in Katie Beckett Part A.

At the State's discretion, premium amounts may be adjusted every year to account for changes in the FPL as determined by HHS, or alternatively, may continue to base premium obligations on 2019 FPL percentages for the duration of this demonstration.

Katie Beckett Part A premium payments will be established based on projected family income at the time of application, and updated based on changes in income as determined during the annual redetermination of financial eligibility. Changes in the child's income that could materially affect their eligibility for services must be reported; however, families of children enrolled in Katie Beckett Part A will not be required to report changes in family income until their next annual redetermination period.

Katie Beckett Part A will not assess co-pays and deductibles for Medicaid services provided under the program. The aggregate total of premium and cost sharing obligations will not exceed 5 percent of the family's annual gross income.

Premium Payments and Arrearages

Premiums for beneficiaries with MAGI above 150 percent of the FPL will be charged on a monthly basis and will not be pro-rated. Premium payments will be assessed effective the first full month the child is enrolled into Part A. The first month's premium payment is due before the child can be enrolled into the program, along with election of electronic payment arrangements for subsequent premiums. Ongoing premium payments must be made via automatic bank draft. The effective date of eligibility for Katie Beckett Part A will be the date that the first month's premium payment is received in full, along with payment arrangements for subsequent bank drafts. If the first month's advance premium is not paid within 60 days following notice of the premium obligation amount, the Part A program slot will be released to another child. The child would need to reapply again for Part A, subject to the availability of another open program slot. The Part A program slot will not be held. Enrollment will proceed in accordance with prioritization criteria for available program slots.

If all or part of a premium payment is more than 30 days in arrears, program benefits for Part A will be suspended. If all or part of premium payments are more than 60 days in arrears, an advance notice of program disenrollment for non-payment of premiums will be sent.

An appeal may be filed regarding any valid factual dispute pertaining to premiums, including the premium amount and/or payments received. Benefits would remain in suspended status during the pendency of any appeal, but would be retroactively reinstated if resolved in favor of the enrollee (based on an error in calculating the premium amount or premium payments received).

If the premium payments in arrears are made in full at any point prior to the effective date of disenrollment, program benefits will return to active status retroactive to the date they were suspended.

If the premium payments in arrears are not made in full prior to the effective date of disenrollment, the child will be disenrolled from Part A, pending resolution of any hearing regarding any valid factual dispute pertaining to such payments.

If the arrearages are paid after the child is disenrolled, the child will have to reapply for Part A and could re-enroll subject to the availability of an open program slot. The Part A slot will not be held. Enrollment will proceed in accordance with prioritization criteria for available program slots. All premium arrearages and the first month's premiums must be paid in advance in order to qualify for re-enrollment.

NOTE: For reference purposes only, Table 7 below provides FPL percentages based on households of up to 8 persons. Note that $4,420 multiplied by the applicable FPL percentage is used to account for each person in the household above 8.

Table 7: 2019 FPL Percentage by Household Size

Persons in Household	100% FPL	150% FPL	200% FPL	250% FPL	300% FPL	400% FPL	500% FPL
1	$12,490	$18,735	$24,980	$ 31,225	$ 37,470	$ 49,960	$ 62,450
2	$16,910	$25,365	$33,820	$ 42,275	$ 50,730	$ 67,640	$ 84,550
3	$21,330	$31,995	$42,660	$ 53,325	$ 63,990	$ 85,320	$106,650
4	$25,750	$38,625	$51,500	$ 64,375	$ 77,250	$103,000	$128,750
5	$30,170	$45,255	$60,340	$ 75,425	$ 90,510	$120,680	$150,850
6	$34,590	$51,885	$69,180	$ 86,475	$103,770	$138,360	$172,950
7	$39,010	$58,515	$78,020	$ 97,525	$117,030	$156,040	$195,050
8	$43,430	$65,145	$86,860	$108,575	$130,290	$173,520	$217,150

Estate Recovery

Because Tennessee Code Annotated Section §71-5-116 prohibits liens on real property on account of medical assistance and recovery of payments for medical assistance for individuals under age 55, estate recovery shall not be applied to benefits provided under Tennessee's Katie Beckett program.

Proposed Waiver and Expenditure Authorities

To implement Amendment 40, the State requests the necessary expenditure authorities to establish the Katie Beckett Institutional Level of Care Group, the Katie Beckett Diversion Group, and the Katie Beckett Continued Eligibility Group as eligibility categories within the TennCare demonstration and to provide members of those groups with Part A and Part B benefits and services as described above.

Specifically, the State requests the following expenditure authorities under Section 1115(a)(2) of the Social Security Act:

- **"Katie Beckett" Institutional Level of Care Group.** Expenditures for children under age 18 who (1) have medical needs that are likely to last at least 12 months or result in death, and which result in severe functional limitations based on medical eligibility criteria developed specifically for children; (2) qualify for care in a medical institution; and (3) but for the parents'/guardians' income would qualify for supplemental security income (SSI) on the basis of disability. These expenditures are limited to those necessary to provide:
    - "Part A" or "Part B" services, as described in this amendment, and as appropriate based on the component of the program (Part A or Part B) in which the beneficiary is enrolled.

- **"Katie Beckett" Diversion Group.** Expenditures for specified services for children under age 18 who (1) have medical needs that are likely to last at least 12 months or result in death, and which result in severe functional limitations based on medical eligibility criteria developed specifically for children; (2) qualify for care in a medical institution or are at risk of institutional placement. These expenditures are limited to those necessary to provide up to $10,000 annually of:
    - Premium assistance
    - Reimbursement for specified items and services, as described in the amendment
    - Home and community based "Part B" services, as described in the amendment

- **"Katie Beckett" Continued Eligibility Group.** Expenditures for children under age 18 who are enrolled in Medicaid but are no longer eligible in any category, and who meet the criteria for enrollment in the "Katie Beckett" Part A group, but for whom there not an available Part A slot. These expenditures are limited to those necessary to provide:
    - All TennCare Medicaid services as presented in Table 2a of the TennCare II STCs

- **"Katie Beckett" Part A Home and Community-Based Services.** Expenditures for the provision of home and community-based waiver-like services, as specified in the amendment, up to $15,000 annually, that are furnished to children under age 18 who (1) have medical needs that are likely to last at least 12 months or result in death, and which result in severe functional limitations based on medical eligibility criteria developed specifically for children; (2) qualify for care in a medical institution; and (3) but for the parents'/guardians' income would qualify for supplemental security income (SSI) on the basis of disability.

- **"Katie Beckett" Part B Benefits.** Expenditures for the provision of benefits, up to $10,000 annually, for premium assistance, reimbursement for specified items and services, and specified home and community-based waiver-like services, as described in the amendment, that are furnished to children under age 18 who (1) have medical needs that are likely to last at least 12 months or result in death, and which result in severe function limitations based on medical

eligibility criteria developed specifically for children; (2) qualify for care in a medical institution or are at risk of institutional placement.

Medicaid Requirements Not Applicable to these Expenditure Authorities:

Other than Title XIX requirements already waived for the TennCare demonstration, all Medicaid requirements apply, except the following:

Cost Sharing	Section 1902(a)(14) insofar as it incorporates Section 1916	To enable the State to charge a sliding scale monthly premium, up to 5 percent of income, to custodial parent/guardian(s) of eligible children with annual household income above 150 percent of the federal poverty level.
Reasonable Promptness	Section 1902(a)(8)	To enable to the State to limit enrollment in "Katie Beckett" Part A and Part B to the enrollment targets established by the State. To enable the State to implement periods of enrollee ineligibility for failure to pay applicable monthly premiums.
Comparability of Eligibility	Section 1902(a)(17)	To enable the State to require parents with access to private coverage for a child to obtain or maintain such coverage, subject to a hardship exception To the extent necessary to permit the state to limit enrollment in the Katie Beckett continued eligibility group to those losing Medicaid eligibility

II. Expected Impact on Budget Neutrality

Implementation of Amendment 40 is projected to result in an increase in aggregate annual expenditures of $77 million. A spreadsheet illustrating the anticipated impact of Amendment 40 on expenditures under the TennCare demonstration is attached to this amendment request.

III. Expected Impact on CHIP Allotment Neutrality

Amendment 40 will not result in any changes to Tennessee's CHIP allotment neutrality.

IV. Modifications to the Evaluation Design

As discussed in detail in Section I, the goal of the State's proposal is to demonstrate that a targeted package of tailored services and supports for individuals with significant medical needs can improve quality of life and delay the need for institutionalization.

The table below presents an overview of the state's preliminary plan for evaluating the provisions outlined in Amendment 40. This evaluation plan is subject to change and will be further refined to reflect operational details as the program is implemented.

Hypothesis	Methodology	Data Sources and Metrics
Children enrolled in the Katie Beckett program will receive services and supports in the most integrated setting appropriate, avoiding the need for long-term institutional placement.	Number and percentage of children enrolled in the Katie Beckett program (by Part and in total) who require long-term institutional placement	Administrative data
Children receiving targeted supportive services and their families will maintain an improved quality of life, as compared to before the Demonstration.	Number and percentage of individuals in Part B program who report improvement on key quality of life indicators.	To be identified in conjunction with the state's evaluation partner
Providing a targeted package of essential wraparound services and supports as well as premium assistance to children in Part B will delay the need for Medicaid eligibility.	Number and percentage of children who transition from Part B to Part A and the length of time in Part B prior to transition	Administrative data

The evaluation design of the TennCare demonstration will be modified to incorporate these hypotheses and metrics.

V. Documentation of Public Notice and Input

As discussed in detail in Section I, Amendment 40 is a direct outgrowth of a transparent, public legislative process involving a variety of stakeholders and culminating in the enactment of a new state law (Public Chapter No. 494) on May 24, 2019. Since the passage of Public Chapter No. 494, TennCare and its partner organization, the Tennessee Department of Intellectual and Developmental Disabilities, have actively sought to engage a variety of individuals, advocacy organizations, and other stakeholders to inform the

development of Amendment 40. The State's formal compliance with the requirements of 42 CFR § 431.408 is detailed below.

Public Notice

The State has implemented multiple mechanisms for notifying interested parties about Amendment 40 and for soliciting public input on Amendment 40. These public notice and input procedures are informed by—and comply with—the requirements specified at 42 CFR § 431.408.

The State's public notice and comment period began on August 5, 2019, and lasted through September 6, 2019. During this time, a comprehensive description of the amendment to be submitted to CMS was made available for public review and comment on an amendment-specific webpage on the TennCare website. An abbreviated public notice—which included a summary description of Amendment 40; the locations, dates, and times of three public hearings; and a link to the full public notice on the State's amendment-specific webpage—was published in the newspapers of widest circulation in Tennessee cities with a population of 50,000 or more. TennCare disseminated information about the proposed amendment, including a link to the relevant webpage, via its social media (i.e., Twitter, Facebook). TennCare also notified the members of the Tennessee General Assembly of Amendment 40 via an electronically transmitted letter.

The state held three public hearings to seek public comment on Amendment 40, which took place as follows:

East Tennessee
Location: John T. O'Connor Senior Center, 611 Winona Street, Knoxville, Tennessee
Date: Tuesday, August 20
Time: 1:00 p.m. Eastern Time

West Tennessee
Location: STAR Center, 1119 Old Humboldt Road, Jackson, Tennessee
Date: Wednesday, August 21
Time: 1:00 p.m. Central Time

Middle Tennessee
Location: Bordeaux branch of Nashville Public Library, 4000 Clarksville Pike, Nashville, Tennessee
Date: Thursday, August 22
Time: 2:00 p.m. Central Time

Members of the public also had the option to submit comments throughout the notice period by mail and/or email. Documentation of the state's public notice process is included as Appendix B.

Public Comments

The State received comments from approximately 33 individuals and organizations in response to its public notice. (Many of the comments received comprised multiple suggestions or recommendations.) In addition, approximately 40 individuals attended the public hearings convened by the State on Amendment 40. All comments were reviewed and considered by the state in the development of the final amendment application. The comments received, along with the State's responses, are summarized below. Written comments received by the State are also attached to this amendment as Appendix C.

Support for Amendment 40

1. **The vast majority of comments the State received were in support of Amendment 40. Commenters noted that they believe the addition of a "Katie Beckett" program component will provide much needed support to many Tennessee families. In addition, one commenter expressed support for the use of TennCare Select for children eligible for Part A of the Katie Beckett program.**

   The State appreciates the comments in support of Amendment 40. No changes were made to the amendment based on these comments.

2. **The State received many comments that expressed gratitude to the State for involving stakeholders and taking their input into consideration when developing Amendment 40.**

   The State appreciates the positive feedback and support for its amendment development process. The State's aim is to create a supportive and meaningful program for Tennessee families and the State appreciated the valuable input provided by many stakeholders used to develop this amendment.

Eligibility

3. **The State received a few comments seeking clarification about the projected enrollment numbers and funding for the Katie Beckett program. Specifically, commenters wanted to know how the program will be funded in the future and suggested that the Katie Beckett program operate without enrollment caps.**

   The State appreciates these comments. As noted in the draft amendment and in numerous informational materials developed and circulated about the proposed new program, both Parts A and B are subject to the availability of annual state appropriations and will enroll as many children as can be served within approved program funding. No changes were made to the amendment based on these comments.

4. **Some commenters expressed gratitude for creating the Katie Beckett Continued Eligibility category, noting that it will provide coverage for vulnerable families.**

   The State appreciates this feedback. The State recognizes the importance of ensuring seamless transitions and continuity of eligibility and services. No changes were made to the amendment based on these comments.

5. **A few commenters requested clarification on the eligibility requirements, including criteria needed for a person to qualify for Part A and Part B.**

   As described in the draft amendment, the criteria for qualifying for Part A are intended to target and prioritize children with the most significant disabilities and/or complex medical needs who meet institutional level of care. As required by state law, in order to be eligible for the new eligibility group and to enroll in Part A of the Katie Beckett program, a child must: (1) be under age 18; (2) have medical needs that are likely to last at least twelve months or result in death and result in severe functional limitations based on medical eligibility criteria developed specifically for children; (3) qualify for care in a medical institution (even though services will be provided at home), and (4) qualify for supplemental security income (SSI) due to the child's disability – except for the parents' income and/or assets. Additionally, a licensed physician must agree and certify that in-home care will meet the child's needs, the cost of providing the child's care at home (including traditional Medicaid benefits and wraparound HCBS) cannot exceed the estimated Medicaid cost of institutional care, and the child cannot be Medicaid-eligible or receiving long-term services and supports in another Medicaid program. Enrollment in Part A will not be on a first come, first served basis; rather, children meeting the basic eligibility qualifications will be prioritized based on objective criteria established by the State.

   Part B will consist of children that qualify in a new demonstration category – "Katie Beckett Diversion Group." In order to qualify for Part B, a child must: (1)be under age 18; (2) have medical needs that are likely to last at least twelve months or result in death and result in severe functional limitations based on medical eligibility criteria developed specifically for children; and (3) qualify for care in a medical institution or be "at-risk" of institutional placement. The child cannot be Medicaid eligible or receiving long-term services and supports in another TennCare program. Part B enrollment will be on a first come, first served basis.

   The State is currently working to develop medical (level of care) eligibility criteria as well as objective prioritization criteria and processes to operationalize these requirements. We have convened a Katie Beckett Technical Advisory Group combined of family and clinical experts, as well as other stakeholders to provide input regarding these criteria and processes. No changes were made to the amendment based on these comments.

6. **The State received several comments asking for clarification about the criteria that will be used to determine prioritization of a child into Part A or Part B, and specifically what will qualify a**

child to be "at-risk" for institutional level of care. In addition, commenters recommended that the State take any future needs of a child into consideration when determining eligibility criteria.

Public Chapter No. 494 requires that for children to qualify for Part A of the Katie Beckett program they must meet institutional level of care, i.e., the level of care that would be provided in an institution (though the child is receiving care at home). "At-risk" of institutionalization means that a child does not meet the institutional level of care criteria, but in the absence of the provision of a moderate level of home and community-based services and supports, the child's condition and/or ability to continue living the community will likely deteriorate, resulting in the need for more expensive institutional placement.

The criteria for an objective, needs-based assessment tool to determine level of care eligibility and prioritization for enrollment into Part A is currently being developed with input from family and clinical experts, and other stakeholders as noted above, and will be made publicly available through the State's administrative rules. These criteria will not be based solely or even primarily on diagnoses, but rather on each child's specific functional and developmental limitations (as compared to the child's chronological age); the impact of the child's diagnoses, including the frequency, intensity, and duration of functional, medical, and behavioral supports required; and the degree of caregiver burden entailed in providing such supports; as well as other factors which impact a family's ability to meet the child's support needs. The goal is to consider not just the current or most recent spell of the child's condition, but also the course of the child's condition, including intermittent or episodic needs, and the long-term prognosis for the child's condition(s). No changes were made to the amendment based on these comments.

7. **The State received a comment seeking clarification about whether a child that is already on TennCare can apply to receive services as part of the Katie Beckett program.**

   The State appreciates this comment. If a child is currently enrolled in TennCare, he or she would not qualify for either part of the proposed new Katie Beckett program. Only children who are not otherwise eligible for TennCare will qualify for the new program. However, at the point that a child's current eligibility ends, and if he or she is found to no longer qualify for TennCare in another category, he or she may be able to qualify in the new Katie Beckett Continued Eligibility group. Enrollment in this group would not provide for any additional benefits beyond those already provided by TennCare, but it would allow for continuous coverage through TennCare. No changes were made to the amendment based on this comment.

8. **One commenter requested clarification about the process to prove eligibility for Part A. Namely, the commenter wanted more information about the process of qualifying for SSI and if TennCare will require applicants to receive a formal SSI determination from the Social Security Administration.**

TennCare does not intend to require a formal SSI determination, since we recognize that financial eligibility for SSI would not be met. We expect that the level of care eligibility criteria and processes established for enrollment into Part A will be sufficient to establish a level of functional need such that the child would meet SSI eligibility requirements.

9. **One commenter offered to provide future comments on defining "medical eligibility criteria."**

   The State appreciates the offer and will take this into consideration as the criteria are being developed. A technical advisory group has been convened to assist with this process. No changes were made to the amendment based on this comment.

10. **Another clarification was requested for provision of the draft amendment that reads, "A child must remain continuously eligible and enrolled in TennCare to qualify in the Katie Beckett Continued Eligibility Group." The concern expressed is that this sentence appears to contradict the target population of "Katie Beckett Continued Eligibility" which is defined as "Children under age 18 currently enrolled in Medicaid determined to no longer qualify for Medicaid in any other eligibility category who meet Part A eligibility criteria but for whom there is not a Part A program slot available."**

    Thank you for this comment. We have removed the term "eligible" from the sentence in question, as requested.

<u>Redetermination of Eligibility</u>

11. **Several commenters had suggestions concerning the eligibility redetermination process. One suggestion was that families of children enrolled in the Katie Beckett program should not be required to verify their eligibility more than once annually. Additionally, it was suggested to extend the time for families of children enrolled in Part A to report changes in income from 10 business days to at least 21 business days.**

    Children enrolled in any component of the Katie Beckett program will be required to verify continued financial and level of care eligibility for the program annually, as required under federal law. We have revised the amendment to clarify that eligibility reverifications occur annually (deleting "at least"). While providing timely proof of continued eligibility for TennCare is the beneficiary's (or in this case, parent's) responsibility, for children enrolled in Part A or in the Continued Eligibility Group, the child's health plan will be contractually required to provide reminders and other assistance as requested, assisting the family in completing the eligibility redetermination process. For children enrolled in Part B, DIDD will be responsible for completing the annual reverification process. Further, we have revised requirements pertaining to premium obligations and reporting income changes as follows:

Katie Beckett Part A premium payments will be established based on projected family income at the time of application, and updated based on changes in income as determined during the annual redetermination of financial eligibility. Changes in the child's income that could materially affect their eligibility for services must be reported; however, families of children enrolled in Katie Beckett Part A will not be required to report changes in family income until their next annual redetermination period.

12. **One commenter expressed support with the requirement for the annual redetermination process.**

    The State appreciates the positive feedback and support for its proposed process. No changes were made to the amendment based on this comment.

Premiums

13. **One commenter suggested that premium amounts for Part A consider the total annual cost of a child's portion of a family's private insurance, including a family's deductible and co-pay amounts.**

    Thank you for this suggestion. Because the Part A premium applies only to coverage for the child, the amount deducted from the premium pertains to the cost of private insurance coverage for the child only. Further, it would be impossible to know on the front end, what amount of the family's total deductible and/or co-pays might actually be incurred. Importantly, once a child is enrolled in Katie Beckett Part A, third party insurance deductibles and co-pays for TennCare-covered services the child receives will no longer be paid by the family. No changes were made to the amendment based on this comment.

14. **A couple of commenters proposed suggestions on calculating premiums. One comment suggested that the amendment include a budgeting methodology that uses average income to set premiums to protect families whose income fluctuates on a weekly or monthly basis. Another comment suggested that the Federal Poverty Levels (FPLs) used to set premiums be adjusted annually rather than allowing for FPL to be frozen at the 2019 rates.**

    Thank you for these comments. In response to these and other comments, we have made certain adjustments to simplify the process for setting premium obligations and reporting family changes in income, as follows:

    Katie Beckett Part A premium payments will be established based on projected family income at the time of application, and updated based on changes in income as determined during the annual redetermination of financial eligibility. Changes in the child's income that could materially affect their eligibility for services must be reported; however, families of children enrolled in Katie Beckett

Part A will not be required to report changes in family income until their next annual redetermination period.

15. **One commenter recommended that the State adopt provisions that apply to individuals who receive premium assistance for plans purchased on the federal Marketplace. Those provisions provide a 30-day period for reporting material changes and call for establishing "a reasonable threshold for changes in income, such that an enrollee who experiences a change in income that is below the threshold is not required to report such change." (45 CFR § 155.330(b)).**

    Thank you for this comment. Please see the response to item 15 above, regarding changes made in premium calculations and reporting family income changes.

16. **Several commenters requested clarification about the repercussions of not paying a premium and requested additional information on how these will be collected besides a bank auto-draft.**

    After the State calculates any premiums due for Part A of the program, in accordance with the sliding scale established by the State, families will be informed of the amount due. From this point, the family will have sixty (60) days to pay any premiums due in order to enroll the child in the program. Families will be required to set up an electronic funds transfer (EFT), and premiums will be automatically deducted from the account via EFT monthly. If a family fails to pay premiums for 30 days, benefits will be suspended, and after 60 days, the child may be disenrolled. If the child is disenrolled from the program, the family would need to reapply in order to reinstate services. It will be crucial that families enrolled in Part A remain current on all premiums. There is no guarantee that when the family becomes current on premiums and reapplies that there will be an open, prioritized Part A slot available. There is no retroactive reimbursement of service providers who choose to continue providing service after disenrollment. An electronic funds transfer is the only method available to pay premiums. The advance premium was reduced from two months to one month in order to help alleviate any hardship.

17. **One commenter requested that the State consider a flat monthly premium rate for all families who enroll in Parts A and B.**

    The State appreciates this suggestion. Public Chapter No. 494 stipulates that the State may establish premium requirements, *using a sliding fee based on parent income*, to help offset state costs and ensure program sustainability ***for Part A***. Only children whose families have modified adjusted gross income (MAGI) above 150 percent of the federal poverty level (taking into account household size) will be required to pay a sliding scale monthly premium based on the family's MAGI. In addition, Part A premiums will be reduced by the eligible child's portion only of employer-sponsored or other private family health insurance. No changes were made to the amendment based on this comment.

18. **One commenter expressed support for the inclusion of monthly premiums for Part A of the Katie Beckett program, noting that the premiums are reasonable and affordable given the package of services made available to the child and to the family.**

    The State appreciates the commenter's support. Public Chapter No. 494 stipulates that the State may establish premium requirements, using a sliding fee based on parent income, to help offset state costs and ensure program sustainability for Part A. No changes were made based on this comment.

19. **The State received many comments regarding the requirement to pay premiums as a condition of enrollment and continued eligibility for Part A. Commenters were concerned that the premiums would be cost-prohibitive and encouraged the State to reconsider the requirement. In addition, one commenter requested clarification as to how the premium revenues would be used.**

    The State appreciates these comments. Public Chapter No. 494 stipulates that the State may establish premium requirements, using a sliding fee based on parent income, to help offset state costs and ensure program sustainability for Part A. Only children whose families have MAGI above 150 percent of the federal poverty level (taking into account household size) will be required to pay a sliding scale monthly premium based on the family's MAGI. In addition, Part A premiums will be reduced by the eligible child's portion only of employer-sponsored or other private family health insurance. Part A will not assess co-pays and deductibles for Medicaid services provided under the program, and the total cost of premiums and cost sharing obligations will not exceed five percent of the family's annual gross income. It appears that many families may have misunderstood premium calculations initially. The State worked with advocates to disseminate educational information about premiums which helped to alleviate many of these concerns. No changes were made to the amendment based on these comments.

20. **One commenter sought clarification about the cost-sharing requirement for families; that is, whether it would include both a premium and monthly medical bills.**

    With regard to premiums, all children in Part A with family income above 150% of the FPL will have a premium obligation. However, it will be reduced by the child's portion of the cost of premiums for employer-sponsored or private insurance. In many cases, this will result in a zero obligation for Katie Beckett Part A. No additional cost sharing will be required of children enrolled in the Katie Beckett program.

21. **One commenter requested clarification about the process for paying premiums after the initial premium payment is paid. In addition, the commenter asked if a child is entitled to program benefits for an additional two months (that is, equal to the initial premium payment at the enrollment onset) after he or she is disenrolled.**

As a condition of enrollment, premium payment arrangements must be made using electronic funds transfer. Advance premium obligations have been reduced to only one month, and EFT payments will commence effective the first day of the following month. If a child is disenrolled for non-payment of premiums, he will be at least 60 days in arrears on premium obligations, although benefits will have been suspended after the first 30 days. This means that 30 days of benefits would have been provided without any premium payment.

22. **Clarification was requested for a comment on page 17 of the amendment that reads, "Note, however, as described in Cost Sharing below, that Part A benefits may be suspended during this review and/or transition period." The concern expressed is that a suspension in benefits could be detrimental to a child's health.**

    The State appreciates this concern. Benefits are only suspended when premium payments are more than 30 days in arrears. No changes were made based on this comment.

Private Insurance

23. **Several commenters expressed concern that the amendment requires families to purchase and maintain minimum essential coverage private or employer-sponsored insurance for primary coverage as a condition of eligibility for Part A, noting that this may cause additional financial hardships for families.**

    Per Public Chapter No. 494, the State may require parents of children enrolled in Part A of the program to purchase and maintain available private or employer-sponsored insurance that offers coverage for the child to help offset state costs and ensure program sustainability. The State may grant a hardship waiver of this requirement if the cost of the child's portion of the all available employer-sponsored or private insurance would exceed 5 percent of the family's MAGI, provided that consideration of the child's portion of the cost would take into account any coverage the parent would be required to purchase in order for him or herself in order to obtain coverage for the child (it would not take into account the cost of covering other family members).

    The State may also grant a hardship waiver of this requirement if a child whose family MAGI is less than 400 percent of the federal poverty level does not have access to an employer-sponsored insurance through either parent's employer, since the child would not be eligible for premium assistance tax credits for insurance purchased through the Health Insurance Marketplace after approval for Katie Beckett Part A. Alternatively, in either instance, the State could elect to offer premium assistance to help cover the child's portion of employer-sponsored or private insurance. The State has been diligent in designing a premium structure that we believe is reasonable. No changes were made to the amendment based on these comments.

24. **One commenter suggested that the State might look into Health Insurance Premium Payment (HIPP) programs as a means of reducing costs to the State in addition to encouraging and supporting third party liability.**

    The State appreciates the commenter's suggestion. As noted in the draft amendment, the State may elect to provide premium assistance for children enrolled in Part A if the State determines that doing so would be a cost-effective way of maintaining coverage for the child. Premium assistance is also one of the benefits available to children enrolled in Part B. Premium assistance for other TennCare enrollees is outside the scope of this amendment.

25. **One commenter sought clarification about what would happen if a family lost its primary insurance.**

    Thank you for this question. While it is not covered as part of the proposed amendment, a family would be provided a reasonable time to obtain new coverage, unless a hardship waiver is requested and approved.

26. **One commenter suggested that insurance hardship waiver decisions include factors such as medical debt and other extraordinary costs associated with the eligible child's care.**

    Thank you for this suggestion. While we expect that "extraordinary costs" for the eligible child's care will be mitigated by the availability of Medicaid assistance going forward, it will not alleviate the burden of previously accrued medical debt—presumably which the family is actively repaying, hence the impact on the ability to pay premiums. This would require a fair degree of administrative burden—to document the medical debt and its current status, and to determine how it would be considered in light of potential hardship. We will continue to take this recommendation under consideration as we operationalize hardship processes.

27. **One commenter expressed concern over the implications of requiring a new Medicaid population to have commercial insurance considering a recent D.C. Circuit Court of Appeals ruling allowing payments from third-party payers, Medicare and commercial insurance to be included in the calculation of Medicaid unreimbursed cost.**

    This is outside the scope of this amendment. No changes were made based on this comment.

Prioritization

28. **One commenter requested clarification as to whether a child's age would be considered during prioritization for Part A and B.**

    While the age of the child has not been considered as part of the criteria for enrollment, it is the State's goal that the needs-based criteria for enrollment in Part A is comprehensive and looks at

the whole picture in order to serve the children with the most significant needs in Part A. Part A of the program is designed to target the children with the most significant disabilities or complex medical needs who meet institutional level of care. Children must meet eligibility criteria, and as part of enrollment, children will also be prioritized for enrollment into an available Part A slot in accordance with objective, needs-based criteria developed by the State. The goal of the needs-based assessment is to look at the child's needs rather than rely solely on a diagnosis. The criteria will focus on each child's specific functional and developmental limitations (as compared to the child's chronological age); the impact of the child's diagnoses, including the frequency, intensity, and duration of functional, medical, and behavioral supports required; and the degree of caregiver burden entailed in providing such supports; as well as other factors which impact a family's ability to meet the child's support needs. Prioritization will also take into account not just the current or most recent spell of the child's condition, but also the course of the child's condition, including intermittent or episodic needs, and the long-term prognosis for the child's condition(s).

Children who meet eligibility criteria for Part B will be enrolled on a first come, first served basis with the number of available slots determined by available state funding. No changes were made to the amendment based on this comment.

29. **Several commenters requested clarification about what happens to children if they qualify for Part A but there are no available Part A slots. Additionally, commenters sought clarification on the prioritization of a child who qualifies for Part A, but due to space limitations is placed in Part B; commenters requested clarification on whether this child will be passed over when a slot does become available in Part A.**

As required by state law, Part A will target (and prioritize enrollment of) children with the most significant disabilities or complex medical needs who meet institutional level of care criteria. A child who does not qualify for Part A but qualifies for Part B may be enrolled into Part B, subject to availability of program slots and the State's first come, first served approach for enrollment in Part B.

A child who is eligible for Part A but not enrolled into Part A due to the lack of availability of an open program slot may also be enrolled into Part B, subject to availability of program slots and the State's first come, first served approach for enrollment in Part B. Objective, needs-based criteria used to prioritize enrollment into Part A will take into account any additional needs that are not met in Part B.

One of DIDD's contracted responsibilities as it relates to administration of Part A will be conducting individualized reevaluations based on significant changes in the needs and/or circumstances of a child enrolled in Part B, including potential eligibility for Part A and information pertaining to the child's prioritization for enrollment into Part A. No changes were made to the amendment based on these comments.

30. **One commenter suggested that the State confirm Part A slots prior to opening enrollment for Part B to provide a safety net to those that may not immediately make the list for Part A.**

    While the State does not intend to delay opening enrollment for Part B, we are establishing processes that will review eligibility for both groups, when appropriate.

31. **The State received suggestions from commenters that the advocacy community and other stakeholders be directly involved in the development of the needs-based criteria that will be used to prioritize enrollment into Part A of the program. Another commenter suggested that the professionals conducting the assessments need to be properly qualified and trained in the care of medically complex and disabled children.**

    The State appreciates these comments. The State's aim is to create a supportive, meaningful, and fair program for Tennessee families. The State has determined to convene a technical advisory group comprising clinicians with appropriate expertise, members of the advocacy community, and family representatives to inform the development of the prioritization criteria. The State will continue to consider the commenters' suggestions and seek additional opportunities for stakeholder input as the program is further operationalized. No changes were made to the amendment based on these comments.

32. **One commenter suggested that because Medicaid is designed to be a needs-based program that provides health coverage to low-income families, added weight should be given to lower-income families in the prioritization criteria developed by the State.**

    The State received conflicting input regarding considerations of income and income-related matters as it relates to prioritization for enrollment into Part A. These will be discussed with the technical advisory group. Of note, families with lower income and high medical bills will have an easier time qualifying under the Medically Needy Spenddown program as an alternative pathway to Medicaid eligibility.

<u>Transition</u>

33. **A couple of commenters requested additional information about what will happen to a child when he or she turns 18 years old and effectively ages out of the Katie Beckett program.**
    Because a child enrolled in Part A must qualify for supplemental security income (SSI) due to the child's disability – except for parents' income and/or assets – these children will be expected to qualify for SSI upon turning 18 (when the parent's income and/or assets are no longer counted for purposes of determining SSI eligibility). A child who has applied for SSI but whose application is pending or in appeal status may remain enrolled in Part A for up to 12 months following the 18th birthday to allow time for the SSI eligibility determination, and to provide continuity of

Medicaid eligibility and benefits. No changes were made to the amendment based on this comment.

34. **One commenter recommended revising the first sentence under "Transition from Medicaid Part A and Continuity of Medicaid Eligibility" in the draft amendment to read, "Families of and children with significant disabilities and/or complex medical needs who are losing Medicaid eligibility face a myriad of potential challenges. These challenges include….," with the goal of making the sentence clearer and easier to read.**

    Thank you for this comment. This change has been made as requested.

35. **One commenter noted that the inclusion of a "Continued Eligibility" category as a part of the program design strengthens the program significantly. Providing a path to economic stability and strengthening families is an important goal. One recommendation provided is that protections be put in place to ensure that there is not a break in coverage as eligibility and enrollment availability for Part A are being determined for children who are losing their TennCare eligibility.**

    The intent of the Continued Eligibility group is to provide for continuity of coverage and services, including during the transition period. No changes were made to the amendment based on this comment.

<u>Partnerships</u>

36. **Several commenters suggested leveraging partnerships with various entities, such as the Family Support Coordinators, to provide requested services for the Katie Beckett population.**

    The State appreciates this suggestion and offer. As the program is operationalized, the State will consider these potential partnerships. No changes were made to the amendment based on this comment.

37. **One commenter suggested that the Stakeholder Advisory Group include opportunities for diverse families to participate and give meaningful impact. Meetings should occur outside of work hours in order to allow families to participate while maintaining employment, as well as offering non-traditional ways to participate, such as teleconferencing and video conferencing. The advisory group should include a wide range of stakeholders, including providers, clinicians, and families of children who qualify for both Parts A and B.**

    The State appreciates this suggestion. TennCare and DIDD scheduled in-person stakeholder input meetings across the state and provided an opportunity for people to share input online as part of crafting the amendment. We will take these recommendations under consideration in forming

the Stakeholder Advisory Group for this program. No changes were made to the amendment based on this comment.

Benefits

38. **Several commenters sought clarification regarding the types of benefits that the State is proposing to cover and how these benefits will be provided as part of the Katie Beckett program.**

    As outlined in the draft amendment, children enrolled in Part A will be entitled to full Medicaid benefits provided under the federal Early Periodic Screening, Diagnosis, and Treatment program, regardless of whether the State elects to cover the benefits in the Medicaid State Plan, as well as essential wraparound HCBS, including respite services. All children in Part A will be assigned to TennCare Select, which currently serves most TennCare-eligible children with chronic disabilities and the most complex special health care needs. DIDD will directly administer Part B, the Medicaid diversion component of the program. Details about the types of services and associated financial limits can be found in the draft amendment. No changes were made to the amendment based on these comments.

39. **Many commenters requested clarification on the types of benefits that will be covered for Parts A and B. Specifically, one commenter requested clarification on whether TennCare will provide private duty nursing as part of its benefits structure under Part B. If not, it was encouraged to include private duty nursing as a reimbursable service.**

    Children enrolled in Part A will be entitled to full Medicaid benefits provided under the federal EPSDT program, regardless of whether the State elects to cover those benefits in the Medicaid State Plan, as well as essential wraparound HCBS, including both self-directed respite and/or supportive home care, using the services of the State's contracted fiscal employer agent and/or agency-based HCBS. All benefits that are covered under the State's Medicaid plan will be offered to children in Part A, including private duty nursing.

    Children in Part B may select from a menu of services, including health insurance premium assistance, automated health care and related expenses reimbursement of qualified medical and related expenses, individualized therapeutic support reimbursements, self-directed respite and/or supportive home care, and agency-based HCBS. Private duty nursing could be reimbursed under the automated health care and related expenses reimbursement component of Part B. No changes were made to the amendment based on these comments.

40. **Many commenters provided suggestions on benefits that should be included in either Part A, Part B, or both. These suggestions included: counseling about decision-making supports, community transportation, audiological and hearing aid services, and connections and access to other programs that provide transition services for preparing for adulthood.**

The State appreciates these comments. Children enrolled in Part A will be entitled to full Medicaid benefits under the State's Medicaid plan, including non-emergency transportation. In addition, those enrolled in Part B may choose to be reimbursed for health care and related expenses, such as medical transportation and dental and vision services. In addition, children enrolled in either Parts A or B will have access to community integration support services. Community transportation and decision-making supports have been added to both Parts A and B. Language has also been added regarding transition to adulthood, with assistance in connections and access to other programs. Audiological and hearing aid services are covered as part of the EPSDT program in Part A, and can be reimbursed as part of the reimbursed under the automated health care and related expenses reimbursement component of Part B.

41. **One commenter requested more information on the benefit structure, including whether a family can be approved for both self-directed services and agency-based HCBS under Parts A and B, or if they will need to choose either one to provide the entire service.**

    Children enrolled in Part A will be entitled to full Medicaid benefits provided under the federal EPSDT program, as well as essential wraparound HCBS, including self-directed supportive home care, using the services of the State's contracted fiscal employer agent, **and/or** agency-based HCBS. A family can elect to receive both self-directed and agency-based supportive home care. The total cost of self-directed respite and/or supportive home care and agency-based HCBS cannot exceed $15,000 per child per calendar year.

    Children enrolled in Part B may receive benefits in any or all of the five program components, including self-directed services and agency-based HCBS. The total cost of services cannot exceed $10,000 per child per calendar year.

42. **One commenter requested clarification on how the State will select the FEA for self-directed services.**

    The State is working to operationalize the administrative details of the program. In order to begin serving the population as quickly as possible following approval from CMS, the State intends to utilize its current contractors, when possible -- that have already been through a competitive RFP process -- to build this program as efficiently as possible. For self-directed, or consumer-directed, services, the services of the State's currently contracted FEA will likely be utilized to cover the Katie Beckett program, although TennCare is continuing to explore other potential options. No changes were made to the amendment based on this comment.

43. **One commenter requested information about resources that would be provided by the State to families of children in Part A that do not have private health insurance to find private health insurance.**

In order to help offset program costs and ensure program sustainability, as a condition of eligibility for and enrollment into Part A, the child's parents must purchase and maintain minimum essential coverage private or employer-sponsored insurance for primary coverage. Hardship waivers may be granted if the cost of the child's portion of all available employer-sponsored or private insurance would exceed 5 percent of the family's MAGI, provided that consideration of the child's portion of the cost would take into account any coverage the parent would be required to purchase in order for him or herself to obtain coverage of the child (it would not take into account the cost of covering other family members). Hardship waivers may also be granted if a child whose family MAGI is less than 400 percent of the FPL does not have access to employer-sponsored insurance through either parent's employer, since the child would not be eligible for premium assistance tax credits for insurance purchased through the Health Insurance Marketplace after approval for Part A. Alternatively, in either instance, the State could elect to offer premium assistance to help cover the child's portion of the employer-sponsored or private insurance. For families who do not have access to employer-sponsored insurance, assistance is available to people applying through the federally-facilitated Marketplace at https://www.healthcare.gov/, including links to local agents and assisters. Assistance in finding plans outside the federal Marketplace is available at https://finder.healthcare.gov/.

44. **One commenter encouraged the State to review the $15,000 maximum allotment on HCBS services for Part A, noting that it may not adequately cover the amount of out-of-pocket expenses that patients incur. Another commenter suggested that the State offer more flexibility in terms of individual program expenditure caps to help contain additional health costs, both current and future. Similarly, one commenter expressed disappointment that the maximum allowable amount for services in Part B is limited to $10,000.**

The State appreciates these comments. Because the Katie Beckett program is subject to the availability of state appropriations, the State can only provide services up to the budgeted amounts appropriated by the General Assembly. No changes were made based on these comments. However, TennCare will closely monitor utilization of services as the program is implemented. Adjustments can be considered as we have more experience regarding actual utilization, while balancing the requirement to operate within the program's approved budget.

45. **One commenter noted that the State should consider that some non-TennCare families utilize medical care teams outside of the state. Asking these families to switch providers to in-network providers may adversely impact care.**

In Part A of the program, children will be required to utilize TennCare Select's contracted providers. Except for emergency out-of-state services, providers must be enrolled as TennCare providers in order to receive Medicaid payment. In instances where a child's needs cannot be met by currently contracted providers, TennCare Select may be able to negotiate with providers to enroll in the program, or at least arrange an agreement to continue to serve this child. In Part B,

automated health care and related expenses reimbursement will not be limited to any particular network of providers and would allow for out-of-state providers to be utilized.

46. One commenter expressed concern that they will be unable to receive certain services, such as private duty nursing, due to a lack of staffing in the state. The commenter was also concerned that a family would pay a monthly premium without receiving services.

The State appreciates this concern. While nursing and workforce shortages are a reality across health care programs and payers, the managed care organizations contracted with TennCare are required to ensure an adequate network of providers, which includes adequate staffing, to deliver needed care. TennCare will be monitoring to identify and address any gaps in care on an ongoing basis. If any problems are encountered in accessing services, the medical appeals process is one avenue that can be used to help elevate this concern to TennCare.

47. One commenter expressed concern that the use of MCOs to provide all care is troublesome, and notes that if MCOs must be used, careful consideration of network adequacy, case management, and inter-plan coordination between private insurance and TennCare must be established far in advance of the Katie Beckett program's implementation. In addition, careful thought must be put into children's transition and ongoing care. Suggestions included creating an Ombudsman specifically for this program, allowing children to use their current providers for up to one year to ensure continuity of care, designating specific newly trained case managers for the program, and ensuring that all nursing agencies and durable medical suppliers used by this population are included in networks of care.

The State thanks the commenter for raising these concerns. TennCare is a longstanding managed care program that currently serves almost 750,000 children (0-18), including many children with complex medical needs and disabilities. All of these factors, including network adequacy, coordination of benefits, and care management have been and will continue to be part of designing a successful Katie Beckett program. TennCare has an Ombudsmen program for its MLTSS programs through a contract with Disability Rights Tennessee. The Ombudsmen program will be available to assist children applying for and enrolled in Katie Beckett Part A. Part B will be administered by DIDD outside the managed care program. No changes were made in the proposed amendment based on these comments.

48. One commenter expressed that Katie Beckett families should not be excluded from receiving Family Support Program services.

This is a matter outside the scope of this amendment as the Family Support Program is a state-funded program. Guidelines for the family support program exclude individuals from receiving supports from both the family support program and an HCBS waiver program in order to be able to support as many Tennesseans as possible with available resources.

49. One commenter strongly encouraged the inclusion of Applied Behavioral Analysis as a "traditional" service and requested that ABA be listed as part of the traditional therapies on page 7 of the amendment and excluded from the list of non-traditional therapies on page 7 of the amendment.

Thank you for this comment. As was explained during the TennCare and DIDD-hosted webinar, ABA is a covered benefit for children, when medically necessary. The language in the proposed draft reflected the lack of clarity as to whether it would be considered an FSA-eligible deduction by the IRS. It was not in any way intended to address or undermine its efficacy in the treatment of autism. The language in the waiver amendment has been revised as follows:

Traditional therapies (occupational therapy, physical therapy, speech therapy), applied behavioral analysis (ABA), and non-traditional therapies (aquatic therapy, animal therapy, equine therapy)

50. One commenter requested clarification about whether Applied Behavioral Analysis would qualify for an individualized therapeutic support reimbursement i.e., "reimbursement of therapeutic supports determined to be medically necessary for the child but not eligible for automated reimbursement…".

TennCare has not been able to obtain clear IRS guidance regarding whether ABA would be an FSA-eligible item as part of the automated health care and related expenses reimbursement of qualified medical and related expenses portion of Part B. If not, it could be reimbursed as part of individualized therapeutic support reimbursements.

51. One commenter had concerns about benefits for Part B. In particular, the commenter noted that it will likely fail to divert children from Medicaid, as it does not provide any of the services families and advocates have deemed most critical. Additionally, it fails to recognize that children who experience underinsurance through their private insurance plans almost universally need EPSDT services, and not the additional HCBS services offered in the proposed Part B plan.

The State respectfully disagrees with this comment. The proposed benefits in both Parts A and B have been specifically designed based on the services families and advocates have identified as most important to these children and their families. The flexible options available to children enrolled in Part B will allow families to help offset the cost of private insurance premiums, obtain payment (or reimbursement) of qualified medical and related expenses, including private insurance deductibles and co-payments for physician and nursing services, therapies, prescription drugs, etc.; medical equipment and supplies; dental, vision, and hearing services; medical mileage; and other eligible medical expenses as determined by the Internal Revenue Service; and receive reimbursement for individualized therapeutic supports determined to be medically necessary for the child but not eligible for automated reimbursement, including non-traditional therapies, specialized formulas and food; and over-the-counter medications. This is *in addition*

to additional wraparound benefits such as respite and supportive home care. Additional benefits have been added based on input gather during this public comment process. No additional changes have been made in the waiver amendment based on this comment.

Provider-Related Issues

52. A commenter requested additional information about the provider role within the Katie Beckett program—namely, clarification about how services will be billed, which services cannot be used simultaneously or with other supports paid by private insurance, if there are restrictions on the location of any services, and if provider agency staff will be required to take additional trainings that are geared toward the care for children, among others.

The State appreciates these comments. As the program is operationalized, provider expectations and roles will be further clarified. No changes were made to the amendment based on these comments.

53. A couple of commenters requested clarification about claims processing and billing for Part A, seeking information about the sequence of payment sought by insurance. One commenter requested that the waiver amendment also include information that the State allow providers to collect full commercial co-pays and deductibles from all Katie Beckett enrollees that have commercial insurance.

The coordination of benefits process will be the same for children enrolled in Katie Beckett as for other TennCare enrollees. Members' private insurance will be considered primary and expected to pay first for all covered services. Any services covered by TennCare but not covered by the family's private insurance (including commercial insurance deductibles and co-pays) or in excess of a benefit limit in the primary insurance will be submitted for reimbursement to TennCare Select. Requiring families to pay these costs would undermine the intent of the program, which is to assist families with the extraordinary medical expenses they encounter in meeting their children's needs. No changes were made to the amendment based on these comments.

54. One commenter expressed support for annual quality monitoring for all aspects of the Katie Beckett program. However, the commenter requested that it be included as part of existing quality monitoring processes to ease the burden on providers.

The State appreciates this suggestion. Quality monitoring is an essential component of any LTSS program, including the proposed new Katie Beckett Program. We have added clarification that this be integrated within the monitoring processes for other programs, as appropriate in order to minimize administrative burden.

55. One commenter requested information about how provider agencies and the FEA will be made aware that person has lapsed on their premium payment to discontinue service.

While providers are contractually obligated to ensure that a person is eligible prior to the delivery of services, the State does have systems in place to help provide notification. MCOs are notified anytime a person's eligibility has ended or in this case, when benefits are placed in suspended status. MCOs are in turn obligated to notify HCBS providers and the FEA.

56. One commenter requested clarification about whether a self-directed worker would be paid retroactively if a person who fails to pay their premium is reinstated.

If a family fails to pay premiums and is disenrolled from the program, the family would need to reapply in order to reinstate services. It will be crucial that families enrolled in Part A remain current on all premiums. There will be no retroactive reimbursement of service providers who choose to continue providing service after disenrollment. Part B does not require any premiums for enrollment. No changes were made to the amendment based on this comment.

57. One commenter noted the new Part A population will be assigned to the TennCare Select program, and because TennCare Select is a separate MCO, hospitals negotiate payment rates based on anticipated volume and enrollment for their contracts. As a result, this will be a new population that was not originally included in negotiated rates and will likely be unknown to both the provider and the MCO. One commenter requested for TennCare to allow providers to renegotiate TennCare Select rates for this new coverage group.

SSI eligible children have long been assigned to TennCare Select (with the ability for opt out to an at-risk plan). Today, there are more than 11,000 SSI children in TennCare Select, including many children who have complex medical needs and disabilities, and who require hospital care that is comparable to the relatively small number of children who will be enrolled in the proposed new program. While we appreciate the concern, we do not believe that a renegotiation of hospital rates is warranted by the addition of a small population that is medically comparable to others already served by TennCare Select.

<u>Other</u>

58. One commenter requested clarification on whether the estimated 2,700 enrollees in Part B will be considered a part of the Medicaid program by CMS.

As described in the draft amendment, Part B is designed as a Medicaid diversion program that will provide a specified package of services and supports to prevent or delay the need for Medicaid eligibility. Children enrolled in Part B will only receive the benefits specified in the draft amendment, not the benefits associated with full Medicaid eligibility. The State will work with CMS to determine how children in Part B will be classified for reporting purposes. They will not be in the Medicaid Management Information System (MMIS).

59. One commenter requested that the amendment specify that CMS will exclude payments for services covered by the commercial payers from the uncompensated care calculation for the Medicaid DSH audit for this new special population. In addition, if Part B members will be considered Medicaid members, a request was made that they be excluded from the DSH audit as well.

Part B members will not be considered Medicaid members and so will have no impact on the DSH audit. While we appreciate the concern about how the services covered by commercial payors might impact the uncompensated care calculation for the Medicaid DSH audit, this issue is outside the scope of this amendment. No changes were made.

60. One commenter requested information about reimbursement for therapy services for Katie Beckett enrollees, such as physical, occupational and speech therapies. Traditionally, for TennCare enrollees, these are funded entirely through the hospital assessment. While the population for Part A is only estimated to be 300, the therapy costs associated with these enrollees will likely have a significant impact on the overall costs for these services. Clarification is requested on on whether the hospital assessment would be expected to cover the anticipated increase or if these specific costs will be covered through a different funding mechanism.

The hospital assessment fee has been used to offset the cost of these services for the adult population only. The assessment fee has never covered these services for children. The non-federal share of funds needed to implement the proposed Katie Beckett program have been appropriated by the Tennessee General Assembly.

61. One commenter requested information about how the Katie Beckett program might change in light of state law directing TennCare to request to convert its federal funding to a block grant.

Amendment 40 reflects the State's approach to the design and implementation of a new Katie Beckett program, in accordance with state law. This design was not impacted by separate state law concerning the structure of the federal financing of the TennCare program.

62. One commenter expressed concern that the Katie Beckett program as described in the amendment will create a dual structure in which higher income children receive additional services compared to similar children who are low income, a supposition that is inequitable and runs counter to the comparability requirement of the Social Security Act.

Importantly, the Katie Beckett eligibility mechanisms are *part* of the Social Security Act, including the TEFRA, Family Opportunity Act, and 1915(c) and 1115 options. Each of these options was established in order to address a different matter of "*comparability*." If a child with complex medical needs and/or disabilities is institutionalized, the parents' income is not counted in determining the child's eligibility for Medicaid. If the child lives at home with the family, it is, which may render the child ineligible for assistance. It is an institutional bias that existed in the

Act at that time, and which was remedied by the addition of these options *within the Social Security Act* in order that these children might not be denied the right to live with their families and to live integrated lives in their communities. Home and community-based services waivers explicitly allow for comparability to be waived in order to target benefits based on the needs of certain populations—including children with complex medical needs and disabilities, regardless of parents' income. In Tennessee, children with disabilities who have lower family income are also able to qualify for Medicaid and for home and community based wraparound benefits through the Employment and Community First CHOICES program.

Appendix A

Tennessee Public Chapter No. 494

State of Tennessee

PUBLIC CHAPTER NO. 494

HOUSE BILL NO. 498

By Representatives Whitson, Tillis, Rudd, Timothy Hill, Smith, Matthew Hill, Jernigan, Cameron Sexton, Curcio, Mr. Speaker Casada, Freeman, Daniel, Powell, Byrd, Hawk, Littleton, Van Huss, Gant, Hodges, Staples, Terry, Thompson, Cepicky, Sparks, Miller, Hicks, Hall, Clemmons, Love, Hakeem, Potts, Beck, Travis, Williams, Windle, Keisling, Towns, Dixie, Sherrell, Powers, Faison, Hurt, Lafferty, Eldridge, Zachary, Curtis Johnson, Wright, Shaw, Howell, Carr, Leatherwood, Coley, Farmer, Rudder, Helton, Moon, Calfee, Garrett, Lamar, Camper, Cochran, Ramsey, Stewart, Russell, Carter, Hazlewood, Haston, Dunn, Griffey, White, Marsh, Hardaway, Moody, Crawford, Kumar, Gloria Johnson, Parkinson, Weaver, Holsclaw, Baum, Bricken, Ogles, Ragan, Chism, Mitchell, Todd, Vaughan, Doggett

Substituted for: Senate Bill No. 476

By Senators Roberts, Lundberg, Stevens, Dickerson, Massey, Crowe, Bailey, Akbari, Haile, Yarbro, Gilmore, Bowling, Hensley, Powers, Reeves, Rose, White, Briggs, Yager

AN ACT to amend Tennessee Code Annotated, Title 4; Title 33; Title 56; Title 68 and Title 71, relative to healthcare benefits for disabled children.

WHEREAS, families caring for a child with disabilities or complex medical needs at home are often burdened with the excessive financial and personal costs of providing continuous care; and

WHEREAS, private insurance companies rarely cover essential, long-term medical care, specialized equipment and therapies, and respite services needed by these children and their families, and often establish monetary limits that are well below the level required by a severely disabled child; and

WHEREAS, these children would qualify for Medicaid if institutionalized, but their families may not meet the income or resource thresholds for government assistance if they choose to care for a severely disabled child at home; and

WHEREAS, private insurance premiums may be unaffordable for low and middle income families and may not cover essential wraparound benefits such as respite care; and

WHEREAS, assisting these families in purchasing and maintaining private insurance can help delay the need for Medicaid eligibility and services and allow more children and their families to be served with available appropriations; and

WHEREAS, providing essential wraparound services for children with disabilities and their families may help to sustain family caregiving, plan and prepare the child for transition to employment and community living with as much independence as possible, and delay the need for Medicaid eligibility and services; now, therefore,

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 71, Chapter 5, Part 1, is amended by adding the following new section:

(a) The commissioner of finance and administration is directed to submit, no later than one hundred twenty (120) days after the effective date of this act, to the federal centers for medicare and medicaid services a waiver or waivers pursuant to Section 1115 of the Social Security Act for the purpose of establishing a distinct Katie Beckett program. The Katie Beckett program must be designed in consultation with the commissioner of intellectual and developmental disabilities and must be administered in accordance with this section. It is the intent of the General Assembly, that subject to approval by the centers for medicare and medicaid services, the Katie Beckett program

be composed of two (2) parts as described in subsections (b) and (c); provided, however, if the centers for medicare and medicaid services only approves one (1) part of the program, either Part A or Part B as described in subsections (b) and (c) respectively, then the approved part may be administered without the other part.

(b) Part A of the Katie Beckett program:

(1) Must be designed to provide a pathway to eligibility for medicaid services and essential wraparound home- and community-based services by waiving the deeming of the parents' income and resources as applicable to a child who is under eighteen (18) years of age and:

(A) Has medical needs that:

(i) Result in severe functional limitations that meet criteria established specifically for children;

(ii) Would qualify the child for institutionalization in an acute care hospital, nursing facility, or intermediate care facility for individuals with intellectual disabilities; and

(iii) Are likely to last at least twelve (12) months or result in death;

(B) Is not receiving long-term services from any alternative waiver program established under this title;

(C) Would otherwise qualify for supplemental security income due to the child's disability but for the income or resources of their parent;

(D) For whom a licensed physician has certified that in-home care is an appropriate way to meet the child's needs; and

(E) For whom the cost of care outside of the institution does not exceed the estimated medicaid cost of appropriate institutional care;

(2) Must offer an integrated program that:

(A) As funding permits, provides children meeting the criteria in subdivision (b)(1) with treatment and support, including, but not limited to:

(i) Respite care;

(ii) Care coordination; and

(iii) Medically necessary medical care and supportive services;

(B) Accepts applications for the program during periods of open enrollment;

(C) Prioritizes for enrollment into the program children with the most significant disabilities or complex medical needs;

(D) Delivers medically necessary care and essential wraparound services and supports in the most integrated setting appropriate and cost-effective way possible in order to utilize available funding to serve as many children as possible; and

(E) If approved by the federal centers for medicare and medicaid services:

(i) Requires periodic reevaluations of an enrolled child's eligibility based upon eligibility criteria for all open categories of TennCare coverage; and

(ii) At the time of reevaluation, allows the bureau of TennCare to disenroll a child who no longer meets the eligibility criteria for any open category of TennCare coverage;

(3) Must provide children applying for or enrolled in Part A of the program with the same appeal rights accorded all other TennCare applicants and enrollees; and

(4) May require parents of children enrolled in Part A of the program to purchase and maintain available private or employer-sponsored insurance that offers coverage for the child, and establish buy-in or premium requirements, using a sliding fee scale based on parent income, to help offset state costs and ensure program sustainability. Any premiums must take into account any amounts paid by a family for private insurance also provided for the child.

(c) Part B of the Katie Beckett program:

(1) Must be administered by the department of intellectual and developmental disabilities;

(2) Must be designed as a medicaid diversion plan and offer a capped package of essential wraparound services and supports as well as premium assistance, using a sliding fee scale based on parent income, for a child who is under eighteen (18) years of age and:

(A) Has medical needs that:

(i) Meet the level of care criteria established specifically for children;

(ii) Would qualify the child for institutionalization in an acute care hospital, nursing facility, or intermediate care facility for individuals with intellectual disabilities or place the child at risk of institutionalization; and

(iii) Are likely to last at least twelve (12) months or result in death; and

(B) Is not medicaid eligible and is not receiving long-term services from any alternative waiver program established under this title;

(3) Must provide services in the most integrated setting appropriate and cost-effective way possible in order to utilize available funding to assist as many children and families as possible; support and sustain child health; utilize, support, and sustain family caregiving; plan and prepare the child for transition to employment and community living with as much independence as possible; and delay the need for medicaid eligibility and services;

(4) Must determine eligibility for services based solely upon medical necessity; and

(5) Must provide children applying for or enrolled in Part B of the program with the same appeal rights accorded all other TennCare and department of intellectual and developmental disabilities applicants and enrollees.

(d) If the bureau of TennCare finds it cost-effective and all necessary federal waivers are obtained, then parents or guardians of a child meeting the criteria in subsection (b) or (c) may be authorized to hire and manage care providers for specified wraparound services using a consumer direction model.

(e) Beginning February 1, 2020, and no later than February 1 of each year thereafter, the bureau of TennCare and the department of intellectual and developmental disabilities shall issue an annual joint report to the insurance committee of the house of

representatives and the health and welfare committee of the senate on the status of the Katie Beckett program that includes, but is not limited to, the following information:

(1) Total spent on program funding, including state and federal funds;

(2) The amount of administrative costs to operate the program;

(3) The costs of Part A and Part B, individually;

(4) The number of children served through the program;

(5) The services provided by and through the program; and

(6) The income range of the parents of children participating in the program.

(f) The bureau of TennCare and the department of intellectual and developmental disabilities are authorized, as necessary, to promulgate rules to effectuate the purposes of this section. Rules must be promulgated in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

(g) This section does not create an entitlement to services through the provisions of a Katie Beckett program, and the services provided and the number of individuals served are subject to appropriations made for that purpose.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.

HOUSE BILL NO. 498

PASSED: May 1, 2019

GLEN CASADA, SPEAKER
HOUSE OF REPRESENTATIVES

RANDY MCNALLY
SPEAKER OF THE SENATE

APPROVED this 24th day of May 2019

BILL LEE, GOVERNOR

Appendix B

Documentation of Public Notice

Published on August 5, 2019

Notice of Change in TennCare II Demonstration: Amendment 40

The Commissioner of the Tennessee Department of Finance & Administration is providing official notification of intent to file an amendment to the TennCare II Demonstration. This amendment, which will be known as "Amendment 40," is being filed with the Centers for Medicare & Medicaid Services (CMS).

Description of Amendment and Affected Populations

TennCare is a comprehensive managed care program that provides the full range of Medicaid benefits to approximately 1.4 million Medicaid and demonstration eligibles in Tennessee. In Amendment 40, TennCare proposes to establish a "Katie Beckett" program to provide services and supports to children under age 18 with disabilities and/or complex medical needs who do not currently qualify for TennCare because of their parents' income or assets.

The Katie Beckett program proposed in Amendment 40 will be composed of two parts. Part A will target (and prioritize enrollment of) children with the most significant disabilities or complex medical needs who meet the criteria for an institutional level of care. These individuals must be under age 18; have medical needs that are likely to last at least 12 months or result in death, and which result in severe functional limitations; qualify for care in a medical institution; and but for the parents' income would qualify for supplemental security income (SSI) on the basis of the child's disability. Individuals enrolled in Part A will receive the full TennCare benefits package, including all benefits provided under the early and periodic screening, diagnosis, and treatment (EPSDT) program, as well as case management and essential wraparound home- and community-based services (HCBS). The total cost of wraparound HCBS cannot exceed $15,000 per member per calendar year.

In order to help offset program costs and ensure program sustainability, as a condition of enrollment into Part A, the child's parents must purchase and maintain private or employer-sponsored insurance for primary coverage. TennCare may grant a hardship waiver of this requirement if the cost of employer-sponsored or private insurance would exceed a specified percentage of the family's income. In addition, parents with income above 150 percent of the federal poverty level (FPL) will be required to pay a monthly premium based on the parents' income (and adjusted by the cost of the child's private insurance).

Part B will be a Medicaid diversion program for children with disabilities and/or complex medical needs. These individuals must be under age 18; have medical needs that are likely to last at least 12 months or result in death, and which result in severe functional limitations; and qualify for care in a medical institution or be at risk of institutional placement. Individuals enrolled in Part B will receive a capped package of essential wraparound services and supports that includes health insurance premium assistance, automated health care and related expenses reimbursement, individualized therapeutic support reimbursement, self-directed respite and/or supportive home care, and specified HCBS.

Services for individuals enrolled in Part B would be subject to a combined maximum of $10,000 per member per year.

Both Parts A and B are subject to the availability of state appropriations, and will enroll as many children as can be served within approved program funding.

In addition to Parts A and B, Amendment 40 provides for continued TennCare eligibility for children already enrolled in TennCare, who subsequently lose TennCare eligibility, and who would qualify for enrollment in Part A but for whom no Part A program slot is available.

Expected Impact on Enrollment and Expenditures

Amendment 40 is expected to result in up to 300 individuals enrolled in Part A and up to 2,700 individuals enrolled in Part B. As noted above, enrollment in the program is subject to appropriations made by the Tennessee General Assembly for that purpose. Implementation of Amendment 40 is expected to result in an increase in annual aggregate expenditures of $77 million.

Hypothesis and Evaluation Parameters

The State's proposed evaluation of Amendment 40 will focus on three factors: (1) the extent to which children enrolled in the Katie Beckett program receive services and supports in the most integrated setting appropriate, avoiding the need for long-term institutional placement; (2) the extent to which children receiving supportive services and their families maintain or experience an improvement in quality of life; and (3) the extent to which providing targeted essential supports as well as premium assistance to children in Part B delays the need for Medicaid eligibility.

Waiver and Expenditure Authorities Requested

To implement Amendment 40, the State will request expenditure authority under Section 1115(a)(2) of the Social Security Act to establish new eligibility categories within the TennCare demonstration for qualifying children, and to provide services and supports as detailed in the State's draft amendment to children enrolled in those new eligibility categories.

Public Notice Process

TennCare has taken a variety of steps to ensure that members of the public are notified of Amendment 40. These measures include the development and maintenance of this webpage, as well as notices published in the newspapers of widest circulation in Tennessee cities with 50,000 or more residents. TennCare has disseminated information about the proposed amendment via its social media accounts

(e.g., Facebook, Twitter). TennCare has also notified members of the Tennessee General Assembly of its intent to submit Amendment 40.

Public Input Process

TennCare is seeking feedback on Amendment 40 prior to its submission to CMS. Members of the public are invited to offer comments regarding Amendment 40 from August 5, 2019, through September 6, 2019.

Members of the public who wish to comment on the proposed amendment may do so through either of the following options:

- Comments may be sent by email to public.notice.tenncare@tn.gov.
- Comments may be mailed to

  Gabe Roberts, Director
  Division of TennCare
  310 Great Circle Road
  Nashville, TN 37243.

Individuals who prefer to make their comments in person may attend one of the following public hearings to comment on Amendment 40:

East Tennessee
Location: John T. O'Connor Senior Center, 611 Winona Street, Knoxville, Tennessee
Date: Tuesday, August 20
Time: 1:00 p.m. Eastern Time

West Tennessee
Location: STAR Center, 1119 Old Humboldt Road, Jackson, Tennessee
Date: Wednesday, August 21
Time: 1:00 p.m. Central Time

Middle Tennessee
Location: Bordeaux branch of Nashville Public Library, 4000 Clarksville Pike, Nashville, Tennessee
Date: Thursday, August 22
Time: 2:00 p.m. Central Time

Individuals with disabilities or individuals with limited English proficiency who wish to participate in one of the hearings and who may require language or communication assistance to do so should contact

Talley Olson of TennCare's Office of Civil Rights Compliance by phone at (855) 857-1673 or by email at HCFA.fairtreatment@tn.gov prior to the date of the hearing.

TennCare always appreciates input. In order to be considered for the final draft of Amendment 40, feedback must be received no later than September 6, 2019. Individuals wishing to view comments submitted by members of the public may submit their requests to the same physical address and/or email address at which comments are being accepted.

Draft of Amendment 40

A draft of TennCare's proposed demonstration amendment is located at https://www.tn.gov/content/dam/tn/tenncare/documents2/Amendment40.pdf. Copies of the draft amendment are also available in each county office of the Tennessee Department of Health. Once comments received during the public input period have been reviewed and considered, a final draft of the amendment will be prepared. The final draft will be submitted to CMS and will then be made available through the webpage located at https://www.tn.gov/tenncare/policy-guidelines/waiver-and-state-plan-public-notices.html.

TennCare Page on CMS Web Site

As the federal agency with oversight authority over all Medicaid programs, CMS offers its own online resources regarding the TennCare Demonstration. Interested parties may view these materials at https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/waivers_faceted.html.

Appendix C

Budget Neutrality

TennCare Budget Neutrality (2003-2007)

Premiums have been subtracted

I. The Baseline

Baseline PMPM

1-Disabled (can be any ages)
2-Child <=18
3-Adult >= 65
4-Adult <= 64
Duals (17)

Member months of Groups I and II

Groups I & II
1-Disabled (can be any ages)
2-Child <=18
3-Adult >= 65
4-Adult <= 64
Duals (17)
Total

Ceiling without DSH

1-Disabled (can be any ages)
2-Child <=18
3-Adult >= 65
4-Adult <= 64
17s
Total

DSH

DSH Adjustment

Total Ceiling

Budget Neutrality Cap
Total w/DSH Adj.

II. Actual Experience

Schedule C Reports

Schedule C - Services (including drug rebates & premiums)
Schedule C - Pool payments and CPE
Schedule C - Admin on MCO, BHO, Dental and Rx
Schedule C - TOTAL (both FMAP and admin)

Premium Collections Reported on CMS-64 Summary, Line 9E

Schedule C Net of Premium Collections, Total Computable

III. Surplus / (Deficit)

Surplus/ (Deficit)

FY 2003	FY 2004	FY 2005	FY 2006
$730.05	$787.29	$849.01	$915.57
$230.19	$248.56	$268.40	$289.82
$317.64	$337.27	$358.11	$380.24
$455.09	$490.36	$528.36	$569.31
			$83.17

FY 2003	FY 2004	FY 2005	FY 2006
1,995,204	2,050,765	2,078,035	2,006,317
6,618,606	6,607,161	6,685,162	7,039,017
58,522	53,656	46,049	34,826
2,146,506	2,519,172	2,720,294	3,082,138
			1,206,933
10,818,838	11,230,754	11,529,540	13,369,231

FY 2003	FY 2004	FY 2005	FY 2006
$1,456,598,680	$1,614,546,777	$1,764,272,495	$1,836,923,656
$1,523,536,915	$1,642,275,938	$1,794,297,481	$2,040,047,907
$18,588,928	$18,096,559	$16,490,607	$13,242,238
$976,853,416	$1,235,301,182	$1,437,294,538	$1,754,691,985
			$100,380,618
$3,975,577,939	$4,510,220,456	$5,012,355,121	$5,745,286,403

$413,700,907	$479,893,052	$479,893,052	$479,893,052

FY 2003	FY 2004	FY 2005	FY 2006
$4,389,278,846	**$4,990,113,508**	**$5,492,248,173**	**$6,225,179,455**

FY 2003	FY 2004	FY 2005	FY 2006
$2,918,489,924	$4,767,439,313	$3,515,173,372	$3,553,329,225
$484,773,402	$509,543,439	$556,020,653	$596,426,889
$185,374,469	$255,941,477	$304,943,945	$134,640,990
$3,588,637,795	$5,532,924,229	$4,376,137,970	$4,284,397,104

$51,078,297	$37,017,558	$28,173,531	$10,497,520

$3,537,559,498	**$5,495,906,671**	**$4,347,964,439**	**$4,273,899,584**

FY 2003	FY 2004	FY 2005	FY 2006
$851,719,348	($505,793,163)	$1,144,283,734	$1,951,279,871

FY 2007
$987.35
$312.95
$403.74
$613.43
$89.82

FY 2007
1,981,596
7,100,528
30,648
3,041,436
2,279,536
14,433,744

FY 2007
$1,956,528,811
$2,222,110,238
$12,373,824
$1,865,708,085
$204,747,924
$6,261,468,881

$479,893,052

FY 2007
$6,741,361,933

FY 2007
$3,774,856,521
$574,403,488
$108,201,704
$4,457,461,713

$5,654,183

$4,451,807,530

FY 2007	5 Year Surplus / (Deficit)
$2,289,554,403	$5,731,044,193

II. Actual Expenditures - From C Report

Group 1 and 2

	2008	2009	2010
1-Disabled (can be any ages)	$ 1,431,715,042	$ 1,544,305,058	$ 1,467,441,833
2-Child <=18	$ 1,158,907,824	$ 1,295,737,171	$ 1,361,508,093
3-Adult >= 65	$ 9,607,368	$ 9,502,045	$ 43,502,408
4-Adult <= 64	$ 1,059,475,523	$ 1,016,562,277	$ 1,136,330,064
Duals (17)	$ 331,649,728	$ 389,914,618	$ 418,813,911
Total	**3,991,355,485**	**4,256,021,169**	**4,427,596,309**

Group 3

	2008	2009	2010
1-Disabled (can be any ages)	$ -		
2-Child <=18	$ 11,060,701	$ 3,066,678	$ 3,200,664
3-Adult >= 65	$ -		
4-Adult <= 64	$ 3,278,852	$ 1,870,348	$ 449,793
Duals (17)	$ -		
Total	**14,339,553**	**4,937,026**	**3,650,457**

Pool Payments

	2008	2009	2010
Total Pool Payments	**563,755,906**	**607,735,588**	**583,184,390**

Premium Collections	$956,733	($217,340)	$67,582
Total Net Expenditures	**$ 4,568,494,211**	**$ 4,868,911,123**	**$ 5,014,363,574**

III. Annual and Cumulative Variance

	Based on C Report	Based on C Report	Based on C Report
	2008	**2009**	**2010**
Annual	**2,536,317,541**	**2,655,580,614**	**3,109,662,731**
Cumulative	**8,267,361,734**	**10,922,942,347**	**14,032,605,078**

II. Actual Expenditures - From C Report

Group 1 and 2

	2011	2012	2013
1-Disabled (can be any ages)	$ 1,777,602,455	$ 1,944,181,954	$ 1,834,392,357
2-Child <=18	$ 1,382,556,058	$ 1,542,254,697	$ 1,541,900,181
3-Adult >= 65	$ 36,997,053	$ 16,844,364	$ 2,609,466
4-Adult <= 64	$ 1,188,415,488	$ 1,253,779,258	$ 1,136,932,717
Duals (17)	$ 1,472,700,786	$ 1,573,765,263	$ 1,147,297,708
Total	**5,858,271,840**	**6,330,825,536**	**5,663,132,429**

Group 3

	2011	2012	2013
1-Disabled (can be any ages)	$ 34,572	$ 57,715,611	$ 66,766,505
2-Child <=18	$ 3,157,447	$ 4,961,986	$ 510,263
3-Adult >= 65	$ 155,693	$ 200,914	$ 165,336,515
4-Adult <= 64	$ 1,035,564	$ 2,941,178	$ 10,580,757
Duals (17)	$ 441,735	$ 145,584	$ 189,714,177
Total	**4,825,011**	**65,965,273**	**432,908,217**

Pool Payments

	2011	2012	2013
Total Pool Payments	**1,064,796,190**	**1,129,677,443**	**1,150,836,629**

Premium Collections	$18,249	($1,912)	($2,095)
Total Net Expenditures	**$ 6,927,874,792**	**$ 7,526,470,164**	**$ 7,246,879,370**

III. Annual and Cumulative Variance

	Based on C Report 2011	Based on C Report 2012	Based on C Report 2013
Annual	**2,363,440,113**	**2,314,013,617**	**3,030,686,928**
Cumulative	**16,396,045,191**	**18,710,058,808**	**21,740,745,736**

ACTUAL

2016
$ 1,915,868,426
$ 1,770,549,226
$ 10,595,529
$ 1,771,777,933
$ 1,265,987,378
6,734,778,492

ACTUAL

2016
$ 33,503,583
$ 160,561
$ 197,450,486
$ 3,533,550
$ 233,932,956
468,581,136

ACTUAL

2016
1,001,093,308

Projected	Projected
2019	**2020**
$ 2,080,240,842	$ 2,163,450,476
$ 1,944,489,140	$ 2,030,046,662
$ 1,983,129	$ 2,050,556
$ 1,600,355,946	$ 1,683,574,455
$ 1,248,822,454	$ 1,295,028,885
6,875,891,511	**7,174,151,033**

Projected	Projected
2019	**2020**
$ 19,429,360	$ 20,206,534
$ 1,380,652	$ 1,441,401
$ 104,242,712	$ 107,786,964
$ 566,737	$ 596,207
$ 315,168,649	$ 326,829,889
440,788,110	**456,860,996**

Projected	Projected
2019	**2020**
1,046,841,699	**1,078,246,950**

Baseline Budget Neutrality - Budget Impact Analysis
Amendment 40 - Katie Beckett Waiver Parts A & B

II. Actual Expenditures

Group 1 and 2

	Projected 2020	Projected 2021
1-Disabled (can be any ages)	$ 2,240,280,696	$ 2,326,818,716
2-Child <=18	$ 2,030,046,662	$ 2,119,368,715
3-Adult >= 65	$ 2,050,556	$ 2,120,275
4-Adult <= 64	$ 1,683,574,455	$ 1,771,120,327
Duals (17)	$ 1,295,028,885	$ 1,342,944,954
Total	**7,250,981,253**	**7,562,372,986**

Group 3

	2020	2021
1-Disabled (can be any ages)	$ 20,206,534	$ 21,014,796
2-Child <=18	$ 1,441,401	$ 1,504,823
3-Adult >= 65	$ 107,786,964	$ 111,451,721
4-Adult <= 64	$ 596,207	$ 627,210
Duals (17)	$ 326,829,889	$ 338,922,595
Total	**456,860,996**	**473,521,144**

Projected Pool Payments and Admin

	2020	2021
Total Pool & Admin	**1,078,246,950**	**1,110,594,358**

Total Net Quarterly Expenditures	**$ 8,786,089,199**	**$ 9,146,488,488**

III. Surplus/(Deficit) - Per change in CMS policy

	2020	2021
Annual With Am 40 Changes	**$ (19,207,555)**	**$ (19,207,555)**
Cumulative With Am 40 Changes	**$ 27,901,344,184**	**$ 30,524,056,113**
Annual Before Am 40 Changes	**$2,475,220,262**	**$2,622,711,929**
Difference	**$ (19,207,555)**	**$ (19,207,555)**
Cumulative Before Am 40 Changes	**$27,920,551,739**	**$30,543,263,668**
Difference	**(19,207,555)**	**(19,207,555)**

IV. Amendment 40 On-Off Switch

Amendment 40 (1 = yes, 0 = no) 1

Net FFP Impact of Amendment 40	**$52,690,165**	**$52,690,166**
FFP with Amendment 40	**$5,786,342,625**	**$6,023,694,389**

Duals
Total

Distribution of Increase - All Groups

1-Disabled (can be any ages)
2-Child <=18
3-Adult >= 65
4-Adult <= 64
Duals
Total

Distribution of Increase - Group I and II

1-Disabled (can be any ages)
2-Child <=18
3-Adult >= 65

MAP Waivers

Waiver Name	A	01	02	03	04	05	06
1ST30D	0	20,493,622	3,068,814	0	0	0	0
ACCRUALS	420,861,524	0	0	0	0	0	0
ADVSEL	0	20,000,000	40,000,000	40,000,000	55,000,000	40,000,000	53,449,892
BHO	0	0	0	0	306,527,001	334,865,548	413,902,238
CHPLAN	0	48,437,600	144,874,166	113,695,077	103,072,864	105,115,601	123,420,636
CONTMED	0	408,710,427	868,282,530	991,748,019	1,052,755,545	1,106,503,456	1,150,840,757
CPE	0	0	0	0	0	35,835,792	8,545,947
CPEPRIV	0	2,642,919	1,765,647	1,287,815	419,625	0	0
CPEPUB	0	67,011,894	191,557,889	264,331,320	261,895,095	251,522,455	325,033,725
GME	0	0	0	26,200,000	0	11,700,000	19,975,331
GME-MHCPOOL	0	0	0	0	0	11,715,000	20,063,909
MCO	0	569,651,285	1,522,036,377	1,647,587,098	1,635,458,653	1,716,220,540	1,900,224,331
NONCONTMED	0	0	0	0	0	0	101,217
RFPOOL	0	9,868,908	13,703,742	18,172,866	0	0	0
SPMI	0	51,093,462	106,837,175	105,277,535	374,632	241,407	0
UFPOOL	0	136,286,225	130,223,988	34,250,000	44,350,002	31,095,000	0
UNALLOCATED FUND	0	0	0	0	0	0	0
Total	**420,861,524**	**1,334,196,342**	**3,022,350,328**	**3,242,549,730**	**3,459,853,417**	**3,644,814,799**	**4,015,557,983**

Waiver Name	A	01	02	03	04	05	06
1ST30D	0	13,632,357	2,041,376	0	0	0	0
ACCRUALS	281,460,496	0	0	0	0	0	0
ADVSEL	0	13,304,000	26,608,000	25,710,000	34,815,346	25,190,368	33,723,002
BHO	0	0	0	0	198,686,873	212,941,739	261,356,276
CHPLAN	0	32,153,198	96,183,198	74,552,121	66,425,793	66,550,504	77,956,424
CONTMED	0	274,287,421	578,418,866	652,115,574	681,471,729	703,103,683	726,576,500
CPE	0	0	0	0	110,355	22,795,203	5,397,406
CPEPRIV	0	1,774,721	1,177,289	848,155	272,476	0	0
CPEPUB	0	44,998,488	127,726,012	174,088,132	169,825,504	160,136,728	205,283,175
GME	0	0	0	17,065,710	0	7,413,120	12,602,437
GME-MHCPOOL	0	0	0	0	0	7,422,624	12,665,630
MCO	0	383,557,734	1,017,703,828	1,088,963,006	1,063,832,289	1,096,369,816	1,204,690,951
NONCONTMED	0	0	0	0	0	0	63,871
RFPOOL	0	6,477,952	8,996,120	11,913,947	0	0	0
SPMI	0	33,976,416	70,984,921	69,039,672	241,469	152,956	0
UFPOOL	0	91,151,965	86,847,113	22,481,701	28,630,460	19,700,442	0
UNALLOCATED FUND	0	0	0	0	0	0	0
Total	**281,460,496**	**895,314,252**	**2,016,686,723**	**2,136,778,018**	**2,244,312,294**	**2,321,777,183**	**2,540,315,672**

M-CHIP Waivers

Waiver Name	A	01	02	03	04	05	06
schip	0	0	0	0	0	0	0
SCHIPS	0	0	0	0	0	0	0
TennCare	0	0	0	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Waiver Name	A	01	02	03	04	05	06
schip	0	0	0	0	0	0	0
SCHIPS	0	0	0	0	0	0	0
TennCare	0	0	0	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**

ADM Waivers

Waiver Name	A	01	02	03	04	05	06
ACCRUALS	15,607,332	0	0	0	0	0	0
CHPLAN	0	0	0	0	0	0	0
TANF BASE ALLOC	0	0	0	0	5,000,000	0	0
TANF SECONDARY ALI	0	0	0	0	2,114,824	10,310,481	11,408,810
TENNCARE	0	65,493,086	86,240,793	101,630,553	94,425,071	114,679,187	99,625,066
Total	**15,607,332**	**65,493,086**	**86,240,793**	**101,630,553**	**101,539,895**	**124,989,668**	**111,033,876**

Waiver Name	A	01	02	03	04	05	06
ACCRUALS	3,797,036	0	0	0	0	0	0
CHPLAN	0	0	0	0	0	0	0
TANF BASE ALLOC	0	0	0	0	4,500,000	0	0
TANF SECONDARY ALI	0	0	0	0	1,586,118	7,732,861	8,556,607
TENNCARE	0	35,950,492	47,176,653	55,304,099	51,806,055	62,239,564	55,583,148
Total	**3,797,036**	**35,950,492**	**47,176,653**	**55,304,099**	**57,892,173**	**69,972,425**	**64,139,755**

MAP Waivers

Waiver Name	A	01	02	03	04	05	06

BHO	0	199,334,750	367,861,768	435,118,963	402,836,100	409,763,495	0
CAH POOL	0	3,593,582	4,518,342	5,946,353	8,630,787	9,081,839	10,000,000
contmed	0	732	0	185,793	45,038,024	155,873,555	0
CPE	0	330,380,988	350,753,763	392,074,301	379,765,224	374,007,143	390,286,557
Dental	0	67,527,824	131,877,807	159,799,003	116,721,046	133,265,978	0
DSH	0	0	0	0	0	106,619,032	107,843,684
EAH POOL	0	75,000,000	100,000,000	100,000,000	150,000,000	25,000,000	0
EG1 Disabled	0	0	0	0	0	0	1,409,050,446
EG10 H-Over 65	0	0	0	0	0	0	(33)
EG10H - Over 65	0	0	0	0	0	0	0
EG11H - Duals	0	0	0	0	0	0	(232)
EG12E Carryover	0	0	0	0	0	0	(481)
EG2 Over 65	0	0	0	0	0	0	9,556,549
EG3 Children	0	0	0	0	0	0	1,128,845,181
EG4 Adults	0	0	0	0	0	0	1,048,776,352
EG5 Duals	0	0	0	0	0	0	320,679,406
EG6E Expan Adult	0	0	0	0	0	0	3,270,011
EG7E Expan Child	0	0	0	0	0	0	10,753,091
EG8 Med Exp Child	0	0	0	0	0	0	21,050
EG9 H-Disabled	0	0	0	0	0	0	(1,110)
ESSENTIAL FUND HOS	0	25,000,000	0	0	0	0	0
GME	0	45,856,725	49,399,263	47,999,999	48,030,878	49,695,474	45,625,665
HEC	0	0	0	0	0	0	0
IGT	0	0	0	0	0	0	0
MCO	0	2,628,756,324	2,332,605,174	2,580,509,200	2,440,936,096	2,563,506,978	0
Meharry Pool	0	4,942,107	4,872,071	10,000,000	10,000,000	10,000,000	10,000,000
Prescription Drugs	0	22,870,294	1,935,094,564	339,560,413	547,798,352	512,462,092	0
TennCare II	0	0	0	0	0	505,138	0
UC POOL	0	0	0	0	0	0	0
VIRTUAL DSH	0	0	0	0	0	0	0
Total	**0**	**3,403,263,326**	**5,276,982,752**	**4,071,194,025**	**4,149,756,507**	**4,349,780,724**	**4,494,706,136**

Waiver Name	A	01	02	03	04	05	06
BHO	0	123,002,050	248,626,722	281,812,994	258,681,628	261,189,090	(55)
CAH POOL	0	2,406,804	2,973,944	3,868,382	5,488,728	5,774,354	6,370,928
contmed	0	544	0	136,882	28,919,451	99,598,987	7,357
CPE	0	214,985,970	236,550,457	253,639,313	243,622,684	238,289,801	248,275,863
Dental	0	44,893,391	89,143,325	103,865,152	75,098,027	84,888,315	1
DSH	0	0	0	0	0	67,863,014	68,692,211
EAH POOL	0	50,655,000	66,755,000	64,605,000	96,190,000	15,997,501	15,111
EG1 Disabled	0	0	0	0	0	0	908,766,568
EG10 H-Over 65	0	0	0	0	0	0	(22)
EG10H - Over 65	0	0	0	0	0	0	0
EG11H - Duals	0	0	0	0	0	0	(155)
EG12E Carryover	0	0	0	0	0	0	(316)
EG2 Over 65	0	0	0	0	0	0	6,194,182
EG3 Children	0	0	0	0	0	0	723,401,338
EG4 Adults	0	0	0	0	0	0	674,175,614
EG5 Duals	0	0	0	0	0	0	206,082,567
EG6E Expan Adult	0	0	0	0	0	0	2,095,301
EG7E Expan Child	0	0	0	0	0	0	6,884,528
EG8 Med Exp Child	0	0	0	0	0	0	15,865
EG9 H-Disabled	0	0	0	0	0	0	(737)
ESSENTIAL FUND HOS	0	16,147,500	0	0	0	0	0
GME	0	30,263,928	33,224,995	30,668,276	30,728,766	31,618,810	29,062,247
HEC	0	0	0	0	0	0	0
IGT	0	0	0	0	0	0	0
MCO	0	1,719,974,858	1,572,262,623	1,676,540,899	1,571,187,844	1,638,561,458	2,594,689

Meharry Pool	0	3,337,899	3,290,597	6,480,999	6,399,000	6,376,050	6,382,200
Prescription Drugs	0	17,186,275	1,300,819,666	208,562,636	359,205,438	327,991,858	369,769
TennCare II	0	0	0	0	0	321,520	0
UC POOL	0	0	0	0	0	0	0
VIRTUAL DSH	0	0	0	0	0	0	0
Total	**0**	**2,222,854,219**	**3,553,647,329**	**2,630,180,533**	**2,675,521,566**	**2,778,470,758**	**2,889,385,054**

M-CHIP Waivers

Waiver Name	A	01	02	03	04	05	06
BHO	0	0	0	0	0	(65)	0
EG1 Disabled	0	0	0	0	0	0	5
EG2 Over 65	0	0	0	0	0	0	46
EG3 Children	0	0	0	0	0	0	(3,636,424)
EG4 Adults	0	0	0	0	0	0	0
EG5 Duals	0	0	0	0	0	0	0
EG6E Expan Adult	0	0	0	0	0	0	0
EG7E Expan Child	0	0	0	0	0	0	6,481,023
EG8 Med Exp Child	0	0	0	0	0	0	30,936,267
Total	**0**	**0**	**0**	**0**	**0**	**(65)**	**33,780,917**

Waiver Name	A	01	02	03	04	05	06
BHO	0	0	0	0	0	(48)	0
EG1 Disabled	0	0	0	0	0	0	3
EG2 Over 65	0	0	0	0	0	0	35
EG3 Children	0	0	0	0	0	0	(2,712,655)
EG4 Adults	0	0	0	0	0	0	0
EG5 Duals	0	0	0	0	0	0	0
EG6E Expan Adult	0	0	0	0	0	0	0
EG7E Expan Child	0	0	0	0	0	0	4,834,956
EG8 Med Exp Child	0	0	0	0	0	0	23,480,669
Total	**0**	**0**	**0**	**0**	**0**	**(48)**	**25,603,008**

ADM Waivers

Waiver Name	A	01	02	03	04	05	06
BHO	0	10,929,269	31,627,392	30,572,317	12,076,614	0	0
CAH POOL	0	67,450	61,608	70,209	0	0	0
Dental	0	5,584,757	6,341,850	4,769,350	5,333,953	6,169,892	0
EAH POOL	0	0	2,040,816	1,530,612	0	0	0
EG1 Disabled	0	0	0	0	0	0	22,664,596
EG10 H-Over 65	0	0	0	0	0	0	0
EG10H - Over 65	0	0	0	0	0	0	0
EG11H - Duals	0	0	0	0	0	0	0
EG12E Carryover	0	0	0	0	0	0	0
EG2 Over 65	0	0	0	0	0	0	50,819
EG3 Children	0	0	0	0	0	0	30,062,643
EG4 Adults	0	0	0	0	0	0	10,699,171

EG5 Duals	0	0	0	0	0	0	10,970,322
EG6E Expan Adult	0	0	0	0	0	0	8,841
EG7E Expan Child	0	0	0	0	0	0	307,610
EG8 Med Exp Child	0	0	0	0	0	0	0
EG9 H-Disabled	0	0	0	0	0	0	0
GME	0	0	736,513	286,667	0	0	0
MCO	0	168,448,315	217,972,235	269,602,278	117,230,423	102,031,812	0
Meharry Pool	0	0	100,456	163,266	0	0	0
Prescription Drugs	0	412,128	0	0	0	0	0
TENNCARE	0	27,886,964	0	0	0	0	0
TennCare II	0	64,811,107	179,866,582	234,134,834	356,305,059	337,953,705	280,487,955
Total	**0**	**278,139,990**	**438,747,452**	**541,129,533**	**490,946,049**	**446,155,409**	**355,251,957**

Waiver Name	A	01	02	03	04	05	06
BHO	0	5,464,635	15,813,697	15,286,160	6,038,308	0	0
CAH POOL	0	33,725	30,804	35,105	0	0	0
Dental	0	2,792,379	3,170,926	2,384,676	2,666,978	3,084,947	0
EAH POOL	0	0	1,020,408	765,306	0	0	0
EG1 Disabled	0	0	0	0	0	0	11,332,299
EG10 H-Over 65	0	0	0	0	0	0	0
EG10H - Over 65	0	0	0	0	0	0	0
EG11H - Duals	0	0	0	0	0	0	0
EG12E Carryover	0	0	0	0	0	0	0
EG2 Over 65	0	0	0	0	0	0	25,412
EG3 Children	0	0	0	0	0	0	15,031,322
EG4 Adults	0	0	0	0	0	0	5,349,587
EG5 Duals	0	0	0	0	0	0	5,485,164
EG6E Expan Adult	0	0	0	0	0	0	4,421
EG7E Expan Child	0	0	0	0	0	0	153,806
EG8 Med Exp Child	0	0	0	0	0	0	0
EG9 H-Disabled	0	0	0	0	0	0	0
GME	0	0	368,257	143,334	0	0	0
MCO	0	84,224,159	108,986,118	134,801,140	58,615,213	51,015,907	(1)
Meharry Pool	0	0	50,228	81,634	0	0	0
Prescription Drugs	0	206,064	0	0	0	0	0
TENNCARE	0	13,943,482	0	0	0	0	0
TennCare II	0	34,313,153	104,790,898	124,370,773	187,055,708	179,888,040	152,534,607
Total	**0**	**140,977,597**	**234,231,336**	**277,868,128**	**254,376,207**	**233,988,894**	**189,916,617**

MAP Waivers

Waiver Name	A	01	02	03	04	05	06
H-Katrina-AL-MAP	0	57,333	0	0	0	0	0
H-Katrina-LA-MAP	0	4,050,683	0	0	0	0	0
H-Katrina-LA-UCP-MA	0	1,977,843	0	0	0	0	0
H-Katrina-MS-MAP	0	732,353	0	0	0	0	0
Total	**0**	**6,818,212**	**0**	**0**	**0**	**0**	**0**

Waiver Name	A	01	02	03	04	05	06
H-Katrina-AL-MAP	0	39,851	0	0	0	0	0
H-Katrina-LA-MAP	0	2,826,973	0	0	0	0	0
H-Katrina-LA-UCP-MA	0	1,977,843	0	0	0	0	0
H-Katrina-MS-MAP	0	556,589	0	0	0	0	0
Total	**0**	**5,401,256**	**0**	**0**	**0**	**0**	**0**

Created On: Thursday, April 18, 2019 12:15 PM

Schedu
CMS 64 Waiver Exp
Cumulative Data Ending (

State: Ten

Summary of Expenditu
Waiver: 11'

Total Com

07	08	09	10	11	12	13	14	15
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
39,999,999	0	0	0	0	0	0	0	0
458,583,331	517,188,856	625,087,726	0	0	0	0	0	0
66,764,504	175,552,806	152,252,196	0	0	0	0	0	0
1,045,718,999	1,625,685,063	1,394,605,008	0	0	0	0	0	0
118,610,009	308,575,198	336,551,102	0	0	(253,997,057)	0	0	0
0	0	0	0	0	0	0	0	0
226,007,687	0	0	0	0	0	0	0	0
57,603,412	46,938,776	47,013,776	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
2,067,340,503	2,774,764,439	2,989,972,769	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	116,081,838	25,335,691	0	0	0	0	0	0
0	0	20,000,000	0	0	0	0	0	0
4,080,628,444	**5,564,786,976**	**5,590,818,268**	**0**	**0**	**(253,997,057)**	**0**	**0**	**0**

Federal S

07	08	09	10	11	12	13	14	15
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
25,282,561	16,431	0	0	0	0	0	0	0
289,354,955	329,145,988	398,006,785	0	0	0	0	0	0
42,217,477	111,636,512	96,938,309	0	0	0	0	0	0
659,863,425	1,032,930,912	888,104,026	0	0	0	0	0	0
74,841,744	196,307,825	214,307,836	0	0	(166,368,077)	0	0	0
0	0	0	0	0	0	0	0	0
142,603,207	0	0	0	0	0	0	0	0
36,346,600	29,942,245	29,919,568	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
1,309,780,952	1,771,722,170	1,911,308,020	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	74,048,605	16,123,649	0	0	0	0	0	0
0	0	12,728,000	0	0	0	0	0	0
2,580,290,921	**3,545,750,688**	**3,567,436,193**	**0**	**0**	**(166,368,077)**	**0**	**0**	**0**

Total Com

07	08	09	10	11	12	13	14	15
0	(206,067)	0	0	0	0	0	0	0
0	(564)	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	**(206,631)**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Federal S

07	08	09	10	11	12	13	14	15
0	(152,840)	0	0	0	0	0	0	0
0	(418)	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	**(153,258)**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Total Com

07	08	09	10	11	12	13	14	15
0	0	0	0	0	0	0	0	0
0	0	(99,745)	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
5,169,440	0	0	0	0	0	0	0	0
132,549,337	173,867,399	254,693,500	0	0	0	0	0	0
137,718,777	**173,867,399**	**254,593,755**	**0**	**0**	**0**	**0**	**0**	**0**

Federal S

07	08	09	10	11	12	13	14	15
0	0	0	0	0	0	0	0	0
0	0	(49,873)	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
3,877,081	0	0	0	0	0	0	0	0
72,054,529	93,124,208	135,268,557	0	0	0	0	0	0
75,931,610	**93,124,208**	**135,218,684**	**0**	**0**	**0**	**0**	**0**	**0**

Summary of Expenditu
Waiver: 11

Total Com

07	08	09	10	11	12	13	14	15

0	0	0	0	0	0	0	0	0
10,000,000	9,999,050	10,145,758	9,220,757	9,343,123	10,000,000	10,000,000	9,961,257	9,854,242
0	(171,688)	(14,880)	0	0	0	0	0	0
385,991,756	373,799,863	373,799,863	373,799,861	373,799,863	373,799,861	124,288,560	210,579,830	200,161,783
0	0	0	0	0	0	(3,695)	0	0
153,725,691	140,025,672	137,851,231	103,582,625	82,006,843	21,365,013	46,583,000	73,171,297	81,713,300
0	0	0	50,000,000	100,000,000	146,860,000	134,440,000	100,000,000	100,000,000
1,521,431,510	1,464,934,632	1,773,348,495	1,939,852,657	1,829,197,696	1,604,080,915	1,840,892,813	1,905,152,078	1,950,717,809
31	(90,218)	11,861	1,578,457	270	(73,388)	12,317	2,391,320	0
35	4	7	(1,284)	906	(8,997)	2,232	20,517	3,350,673
150,926	(5,045,452)	441,733	145,573	188,934,177	187,276,234	198,536,176	232,746,998	273,011,900
204,321	(3,600,000)	155,691	200,908	164,615,438	319,416,656	296,581,204	196,226,772	130,211,440
9,472,369	43,425,925	36,870,538	16,772,336	2,608,313	9,467,795	9,230,880	10,505,234	3,134,495
1,279,436,463	1,356,683,257	1,378,912,544	1,538,677,120	1,536,754,838	1,338,890,031	1,657,232,543	1,758,757,440	1,829,239,901
1,013,081,614	1,134,137,837	1,185,036,316	1,250,641,019	1,133,403,563	1,207,045,663	1,526,417,675	1,761,790,136	1,669,156,661
384,609,704	418,342,245	1,468,280,830	1,568,662,277	1,143,178,891	915,985,877	1,136,491,283	1,258,299,365	1,197,126,305
1,843,000	444,518	1,033,119	2,931,493	10,551,879	7,036,147	6,975,635	3,510,790	1,807,157
2,711,323	3,182,665	3,150,336	4,952,761	508,705	3,473,896	216,933	159,341	129,909
(2,732)	18,003	0	0	814,976	421,342	4,411	3,074	(6,629,016)
12,546	(5,135,776)	34,559	57,429,606	66,633,723	15,112,488	17,095,806	33,344,892	16,327,116
0	0	0	0	0	0	0	0	0
48,018,141	49,359,806	42,706,678	58,074,200	50,686,800	50,254,800	49,271,368	43,214,445	55,922,000
0	0	420,292,660	455,000,000	455,000,000	455,000,000	454,755,481	454,166,480	454,494,833
0	0	70,000,000	70,000,000	70,000,000	100,000,000	99,999,999	99,999,999	100,000,000
0	0	0	0	0	0	0	0	0
10,000,000	9,999,999	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000
0	0	0	0	0	0	0	0	0
0	0	0	0	0	2,594,053	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
4,820,686,698	**4,990,310,342**	**6,912,057,339**	**7,511,520,366**	**7,228,040,004**	**6,777,998,386**	**7,619,024,621**	**8,164,001,265**	**8,079,730,508**

Federal S

07	08	09	10	11	12	13	14	15
0	0	0	0	0	0	0	0	0
7,084,705	7,496,582	7,544,530	6,098,699	6,185,283	6,560,890	6,511,648	6,477,022	6,404,406
0	(129,401)	(11,255)	0	0	0	0	0	0
280,747,887	281,022,736	275,387,703	247,576,993	247,408,786	244,838,912	80,868,351	136,950,594	130,070,131
0	0	0	0	0	0	(2,401)	0	0
98,727,639	91,513,332	90,710,359	68,612,961	54,284,199	14,128,683	30,274,292	47,576,856	53,113,115
0	0	0	33,180,000	66,187,500	96,094,894	87,550,616	65,035,000	64,982,500
1,094,167,359	1,113,838,754	1,301,486,079	1,291,446,235	1,215,478,883	1,058,183,491	1,197,795,298	1,236,790,811	1,267,665,886
19	(59,869)	7,897	1,041,524	176	(47,708)	8,014	1,555,095	0
23	2	4	(4,726)	588	(5,856)	1,441	13,233	2,176,304
99,188	(3,342,463)	287,587	96,476	125,094,659	122,837,149	129,146,009	151,343,286	177,376,731
134,271	(2,381,280)	101,912	132,016	109,167,122	209,628,352	192,972,112	127,584,054	84,605,427
6,814,263	32,849,883	26,982,078	11,207,800	1,718,569	6,157,594	5,819,187	6,791,335	2,038,135
917,760,670	1,029,576,677	1,018,462,646	1,024,014,056	1,028,744,507	903,924,145	1,088,859,999	1,143,981,703	1,191,922,159
726,380,789	859,194,366	877,037,456	834,990,048	758,190,566	808,651,789	1,003,628,464	1,154,275,694	1,093,257,239
272,837,695	326,038,010	1,087,356,127	1,045,960,934	758,337,002	600,637,519	738,118,837	817,790,912	779,791,558
1,315,983	368,627	765,108	1,927,559	7,021,717	4,647,429	4,519,619	2,276,127	1,175,843
1,682,624	2,401,504	2,323,061	3,289,678	339,044	2,320,127	141,812	104,022	89,069
(2,059)	13,569	0	0	814,397	420,399	2,903	2,023	(4,316,395)
8,215	(3,408,101)	23,444	37,789,570	44,310,878	10,117,891	11,117,709	21,667,022	10,600,494
0	0	0	0	0	0	0	0	0
35,290,889	37,202,485	31,168,478	38,504,856	33,523,823	32,821,495	32,024,693	28,109,914	36,334,663
0	0	314,190,889	301,357,875	301,412,779	298,980,500	296,228,218	295,367,171	295,342,218
0	0	52,832,498	46,452,000	46,452,000	65,878,000	65,203,301	65,006,793	65,050,000
187,244	0	0	0	0	0	0	0	0

7,111,000	7,508,499	7,367,250	6,623,250	6,618,750	6,550,000	6,506,500	6,503,500	6,498,250
0	0	0	0	0	0	0	0	0
0	0	0	0	0	2,594,053	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
3,450,348,404	**3,779,703,912**	**5,094,023,851**	**5,000,297,804**	**4,811,291,228**	**4,495,919,748**	**4,977,296,622**	**5,315,202,167**	**5,264,177,733**

Total Com

07	08	09	10	11	12	13	14	15
0	0	0	0	0	0	0	0	0
(1,166)	14,068	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
1,893,196	30,127,792	0	0	0	0	0	0	0
(960,448)	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
961,625	0	0	0	0	0	0	0	0
(7,416,083)	4,984,715	0	0	0	0	0	0	0
36,383,300	27,664,198	56,944,010	49,384,843	42,319,967	101,977,181	159,299,125	135,007,711	66,740,793
30,860,424	**62,790,773**	**56,944,010**	**49,384,843**	**42,319,967**	**101,977,181**	**159,299,125**	**135,007,711**	**66,740,793**

Federal

07	08	09	10	11	12	13	14	15
0	0	0	0	0	0	0	0	0
(875)	10,678	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
1,414,800	22,625,369	0	0	0	0	0	0	0
(720,336)	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
721,219	0	0	0	0	0	0	0	0
(5,535,679)	3,783,399	0	0	0	0	0	0	0
27,611,777	20,998,445	43,304,218	37,713,670	32,299,713	77,258,544	120,346,283	123,595,218	65,746,243
23,490,906	**47,417,891**	**43,304,218**	**37,713,670**	**32,299,713**	**77,258,544**	**120,346,283**	**123,595,218**	**65,746,243**

Total Com

07	08	09	10	11	12	13	14	15
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
22,873,548	2,507,201	4,253,960	4,329,297	5,194,661	4,728,509	6,928,377	10,716,348	12,367,928
0	0	0	8,586	0	3	(8)	12,899	0
0	0	0	0	1	4	5	(14)	18,832
0	1	2	11	780,000	148,949	613,112	1,185,958	1,684,966
0	0	2	6	721,077	142,638	914,321	1,223,714	736,051
29,676	76,483	126,515	72,028	1,153	10,652	63,079	90,295	16,320
16,300,708	4,824,836	3,643,514	3,577,577	5,145,343	6,427,314	5,373,882	11,791,786	11,721,668
3,480,663	2,192,227	3,379,172	3,138,239	3,529,154	2,939,616	4,860,029	9,987,797	10,051,302

5,304,914	471,666	4,419,956	5,102,986	4,118,817	1,021,703	3,613,794	7,688,013	7,121,064
27,348	5,275	2,445	9,685	28,878	87,695	28,877	22,760	9,094
355,355	17,999	7,111	9,225	1,558	1,602	621	1,220	2,205
0	0	0	24,352	0	0	0	0	0
0	0	13	286,005	132,782	20,090	52,619	158,691	104,921
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
242,014,241	317,374,505	255,061,852	342,564,743	321,939,899	286,878,263	254,750,437	271,773,092	198,862,060
290,386,453	**327,470,193**	**270,894,542**	**359,122,740**	**341,593,323**	**302,407,038**	**277,199,145**	**314,652,559**	**242,696,411**

Federal S

07	08	09	10	11	12	13	14	15
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
11,436,775	1,253,603	2,126,982	2,164,650	2,597,332	2,364,256	3,464,191	5,358,175	6,183,966
0	0	0	4,293	0	2	(4)	6,451	0
0	0	0	0	1	2	3	(7)	9,418
0	1	2	6	390,003	74,477	306,557	592,980	842,485
0	0	2	3	360,542	71,320	457,162	611,858	368,027
14,840	38,241	63,260	36,015	579	5,328	31,541	45,148	8,162
8,150,355	2,412,418	1,821,761	1,788,791	2,572,672	3,213,659	2,686,943	5,895,894	5,860,836
1,740,333	1,096,115	1,689,589	1,569,122	1,764,578	1,469,811	2,430,016	4,993,900	5,025,653
2,652,458	235,834	2,209,980	2,551,494	2,059,409	510,853	1,806,899	3,844,008	3,560,534
13,674	2,638	1,223	4,844	14,441	43,850	14,440	11,380	4,549
177,679	8,999	3,557	4,613	780	802	311	610	1,104
0	0	0	12,176	0	0	0	0	0
0	0	7	143,004	66,392	10,045	26,311	79,346	52,462
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
136,056,254	172,541,915	144,842,862	229,261,624	208,289,331	182,357,453	167,829,175	185,248,308	146,548,687
160,242,368	**177,589,764**	**152,759,225**	**237,540,635**	**218,116,060**	**190,121,858**	**179,053,545**	**206,688,051**	**168,465,883**

Summary of Expenditu
Waiver: 11'

Total Com

07	08	09	10	11	12	13	14	15
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	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 S

07	08	09	10	11	12	13	14	15
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

ıle C
ıenditure Report
Quarter/Year : 1/2019

ınessee

ıres by Waiver Year
W00002

putable

16	17	18	19	20	21	22	23	24
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
(152,298,638)	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
(152,298,638)	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Share

16	17	18	19	20	21	22	23	24
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
(99,370,430)	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
(99,370,430)	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

putable

16	17	18	19	20	21	22	23	24
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Share

16	17	18	19	20	21	22	23	24
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

putable

16	17	18	19	20	21	22	23	24
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Share

16	17	18	19	20	21	22	23	24
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

ures by Waiver Year
W00151

putable

16	17	18	19	20	21	22	23	24

0	0	0	0	0	0	0	0	0
9,500,000	(4,323,640)	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
356,761,779	52,138,301	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
32,190,157	33,993,686	0	0	0	0	0	0	0
100,000,000	25,000,000	0	0	0	0	0	0	0
1,983,237,651	927,127,565	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
4,563,058	2,755,564	0	0	0	0	0	0	0
301,545,510	170,015,935	0	0	0	0	0	0	0
100,053,812	44,034,432	0	0	0	0	0	0	0
1,839,150	2,539,874	0	0	0	0	0	0	0
1,846,594,064	892,954,477	0	0	0	0	0	0	0
1,508,088,274	696,875,911	0	0	0	0	0	0	0
1,191,138,563	632,180,426	0	0	0	0	0	0	0
534,643	70,044	0	0	0	0	0	0	0
1,310,581	1,798,815	0	0	0	0	0	0	0
(25,375,049)	(15,693,756)	0	0	0	0	0	0	0
18,527,539	10,040,148	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
43,958,660	14,977,540	0	0	0	0	0	0	0
363,940,568	120,752,126	0	0	0	0	0	0	0
100,000,000	100,000,000	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
10,000,000	2,500,000	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	8,999,933	0	0	0	0	0	0	0
0	28,311,709	0	0	0	0	0	0	0
7,948,408,960	**3,747,049,090**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Share

16	17	18	19	20	21	22	23	24
0	0	0	0	0	0	0	0	0
6,232,475	(2,845,820)	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
233,508,474	34,317,430	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
20,880,046	22,374,644	0	0	0	0	0	0	0
65,605,000	16,455,000	0	0	0	0	0	0	0
1,303,254,908	611,654,151	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
2,996,459	1,814,409	0	0	0	0	0	0	0
197,920,481	111,964,292	0	0	0	0	0	0	0
65,647,410	29,001,244	0	0	0	0	0	0	0
1,205,562	1,671,909	0	0	0	0	0	0	0
1,217,117,564	590,552,313	0	0	0	0	0	0	0
999,918,380	463,833,720	0	0	0	0	0	0	0
784,674,282	417,372,878	0	0	0	0	0	0	0
353,220	47,544	0	0	0	0	0	0	0
864,440	1,187,192	0	0	0	0	0	0	0
(16,665,878)	(10,333,659)	0	0	0	0	0	0	0
12,158,159	6,609,944	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
28,910,635	9,861,350	0	0	0	0	0	0	0
239,541,337	79,479,049	0	0	0	0	0	0	0
64,960,000	65,820,000	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0

6,560,500	1,645,500	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	5,928,256	0	0	0	0	0	0	0
0	18,648,923	0	0	0	0	0	0	0
5,235,643,454	**2,477,060,269**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

putable

16	17	18	19	20	21	22	23	24
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
33,024,080	15,693,756	0	0	0	0	0	0	0
33,024,080	**15,693,756**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Share

16	17	18	19	20	21	22	23	24
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
32,646,629	15,551,026	0	0	0	0	0	0	0
32,646,629	**15,551,026**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

putable

16	17	18	19	20	21	22	23	24
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
16,993,928	8,719,793	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
38,505	22,833	0	0	0	0	0	0	0
2,377,970	1,375,325	0	0	0	0	0	0	0
761,190	345,721	0	0	0	0	0	0	0
78,770	26,708	0	0	0	0	0	0	0
15,943,426	7,664,966	0	0	0	0	0	0	0
13,162,625	6,366,265	0	0	0	0	0	0	0

13,126,099	5,073,604	0	0	0	0	0	0	0
4,080	487	0	0	0	0	0	0	0
11,883	17,747	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
154,538	86,322	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
288,966,380	115,983,760	0	0	0	0	0	0	0
351,619,394	**145,683,531**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Share

16	17	18	19	20	21	22	23	24
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
8,496,965	4,359,897	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
19,254	11,417	0	0	0	0	0	0	0
1,188,986	687,663	0	0	0	0	0	0	0
380,595	172,861	0	0	0	0	0	0	0
39,387	13,355	0	0	0	0	0	0	0
7,971,713	3,832,484	0	0	0	0	0	0	0
6,581,313	3,183,133	0	0	0	0	0	0	0
6,563,051	2,536,803	0	0	0	0	0	0	0
2,040	244	0	0	0	0	0	0	0
5,943	8,874	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
77,271	43,161	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
196,859,517	80,637,976	0	0	0	0	0	0	0
228,186,035	**95,487,868**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

ıres by Waiver Year
W00203

putable

16	17	18	19	20	21	22	23	24
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Share

16	17	18	19	20	21	22	23	24
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	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	26	27	28	29	30	Total	Total Less Non-Adds
0	0	0	0	0	0	23,562,436	23,562,436
0	0	0	0	0	0	420,861,524	0
0	0	0	0	0	0	288,449,891	288,449,891
0	0	0	0	0	0	2,656,154,700	2,656,154,700
0	0	0	0	0	0	1,033,185,450	1,033,185,450
0	0	0	0	0	0	9,644,848,964	9,644,848,964
0	0	0	0	0	0	401,822,353	401,822,353
0	0	0	0	0	0	6,116,006	6,116,006
0	0	0	0	0	0	1,587,360,065	1,587,360,065
0	0	0	0	0	0	209,431,295	209,431,295
0	0	0	0	0	0	31,778,909	31,778,909
0	0	0	0	0	0	##############	16,823,255,995
0	0	0	0	0	0	101,217	101,217
0	0	0	0	0	0	41,745,516	41,745,516
0	0	0	0	0	0	263,824,211	263,824,211
0	0	0	0	0	0	517,622,744	517,622,744
0	0	0	0	0	0	20,000,000	20,000,000
0	**0**	**0**	**0**	**0**	**0**	**##############**	**33,549,259,752**

25	26	27	28	29	30	Total	Total Less Non-Adds
0	0	0	0	0	0	15,673,733	15,673,733
0	0	0	0	0	0	281,460,496	0
0	0	0	0	0	0	184,649,708	184,649,708
0	0	0	0	0	0	1,689,492,616	1,689,492,616
0	0	0	0	0	0	664,613,536	664,613,536
0	0	0	0	0	0	6,196,871,587	6,196,871,587
0	0	0	0	0	0	248,021,862	248,021,862
0	0	0	0	0	0	4,072,641	4,072,641
0	0	0	0	0	0	1,024,661,246	1,024,661,246
0	0	0	0	0	0	133,289,680	133,289,680
0	0	0	0	0	0	20,088,254	20,088,254
0	0	0	0	0	0	##############	10,847,928,766
0	0	0	0	0	0	63,871	63,871
0	0	0	0	0	0	27,388,019	27,388,019
0	0	0	0	0	0	174,395,434	174,395,434
0	0	0	0	0	0	338,983,935	338,983,935
0	0	0	0	0	0	12,728,000	12,728,000
0	**0**	**0**	**0**	**0**	**0**	**##############**	**21,582,922,888**

25	26	27	28	29	30	Total	Total Less Non-Adds
0	0	0	0	0	0	(206,067)	(206,067)
0	0	0	0	0	0	(564)	(564)
0	0	0	0	0	0	0	0
0	**0**	**0**	**0**	**0**	**0**	**(206,631)**	**(206,631)**

25	26	27	28	29	30	Total	Total Less Non-Adds
0	0	0	0	0	0	(152,840)	(152,840)
0	0	0	0	0	0	(418)	(418)
0	0	0	0	0	0	0	0
0	**0**	**0**	**0**	**0**	**0**	**(153,258)**	**(153,258)**

25	26	27	28	29	30	Total	Total Less Non-Adds
0	0	0	0	0	0	15,607,332	0
0	0	0	0	0	0	(99,745)	(99,745)
0	0	0	0	0	0	5,000,000	5,000,000
0	0	0	0	0	0	29,003,555	29,003,555
0	0	0	0	0	0	1,123,203,992	1,123,203,992
0	**0**	**0**	**0**	**0**	**0**	**1,172,715,134**	**1,157,107,802**

25	26	27	28	29	30	Total	Total Less Non-Adds
0	0	0	0	0	0	3,797,036	0
0	0	0	0	0	0	(49,873)	(49,873)
0	0	0	0	0	0	4,500,000	4,500,000
0	0	0	0	0	0	21,752,667	21,752,667
0	0	0	0	0	0	608,507,305	608,507,305
0	**0**	**0**	**0**	**0**	**0**	**638,507,135**	**634,710,099**

25	26	27	28	29	30	Total	Total Less Non-Adds

0	0	0	0	0	0	1,814,915,076	1,814,915,076
0	0	0	0	0	0	135,471,450	135,471,450
0	0	0	0	0	0	200,911,036	200,911,036
0	0	0	0	0	0	5,416,189,296	5,416,189,296
0	0	0	0	0	0	609,187,963	609,187,963
0	0	0	0	0	0	1,120,671,231	1,120,671,231
0	0	0	0	0	0	1,206,300,000	1,206,300,000
0	0	0	0	0	0	##############	20,149,024,267
0	0	0	0	0	0	3,830,617	3,830,617
0	0	0	0	0	0	10,682,715	10,682,715
0	0	0	0	0	0	1,547,759,478	1,547,759,478
0	0	0	0	0	0	1,248,100,193	1,248,100,193
0	0	0	0	0	0	155,423,458	155,423,458
0	0	0	0	0	0	##############	17,542,977,859
0	0	0	0	0	0	##############	15,134,451,021
0	0	0	0	0	0	##############	11,634,975,172
0	0	0	0	0	0	40,008,436	40,008,436
0	0	0	0	0	0	32,348,356	32,348,356
0	0	0	0	0	0	(46,417,697)	(46,417,697)
0	0	0	0	0	0	229,421,537	229,421,537
0	0	0	0	0	0	25,000,000	25,000,000
0	0	0	0	0	0	793,052,442	793,052,442
0	0	0	0	0	0	3,633,402,148	3,633,402,148
0	0	0	0	0	0	809,999,998	809,999,998
0	0	0	0	0	0	##############	12,546,313,772
0	0	0	0	0	0	152,314,177	152,314,177
0	0	0	0	0	0	3,357,785,715	3,357,785,715
0	0	0	0	0	0	3,099,191	3,099,191
0	0	0	0	0	0	8,999,933	8,999,933
0	0	0	0	0	0	28,311,709	28,311,709
0	**0**	**0**	**0**	**0**	**0**	**############**	**99,544,510,549**

25	26	27	28	29	30	Total	Total Less Non-Adds
0	0	0	0	0	0	1,173,312,429	1,173,312,429
0	0	0	0	0	0	90,633,560	90,633,560
0	0	0	0	0	0	128,522,236	128,522,236
0	0	0	0	0	0	3,628,062,085	3,628,062,085
0	0	0	0	0	0	397,885,810	397,885,810
0	0	0	0	0	0	728,751,351	728,751,351
0	0	0	0	0	0	789,308,122	789,308,122
0	0	0	0	0	0	##############	13,600,528,423
0	0	0	0	0	0	2,505,126	2,505,126
0	0	0	0	0	0	6,991,881	6,991,881
0	0	0	0	0	0	1,012,823,240	1,012,823,240
0	0	0	0	0	0	816,592,324	816,592,324
0	0	0	0	0	0	109,450,497	109,450,497
0	0	0	0	0	0	##############	11,878,317,777
0	0	0	0	0	0	##############	10,253,534,125
0	0	0	0	0	0	7,834,998,321	7,834,998,321
0	0	0	0	0	0	26,514,077	26,514,077
0	0	0	0	0	0	21,627,101	21,627,101
0	0	0	0	0	0	(30,048,835)	(30,048,835)
0	0	0	0	0	0	150,994,488	150,994,488
0	0	0	0	0	0	16,147,500	16,147,500
0	0	0	0	0	0	529,320,303	529,320,303
0	0	0	0	0	0	2,421,900,036	2,421,900,036
0	0	0	0	0	0	537,654,592	537,654,592
0	0	0	0	0	0	8,181,309,615	8,181,309,615

0	0	0	0	0	0	101,759,744	101,759,744
0	0	0	0	0	0	2,214,135,642	2,214,135,642
0	0	0	0	0	0	2,915,573	2,915,573
0	0	0	0	0	0	5,928,256	5,928,256
0	0	0	0	0	0	18,648,923	18,648,923
0	**0**	**0**	**0**	**0**	**0**	**##############**	**66,651,024,322**

25	26	27	28	29	30	Total	Total Less Non-Adds
0	0	0	0	0	0	(65)	(65)
0	0	0	0	0	0	12,907	12,907
0	0	0	0	0	0	46	46
0	0	0	0	0	0	28,384,564	28,384,564
0	0	0	0	0	0	(960,448)	(960,448)
0	0	0	0	0	0	0	0
0	0	0	0	0	0	961,625	961,625
0	0	0	0	0	0	4,049,655	4,049,655
0	0	0	0	0	0	755,375,231	755,375,231
0	**0**	**0**	**0**	**0**	**0**	**787,823,515**	**787,823,515**

25	26	27	28	29	30	Total	Total Less Non-Adds
0	0	0	0	0	0	(48)	(48)
0	0	0	0	0	0	9,806	9,806
0	0	0	0	0	0	35	35
0	0	0	0	0	0	21,327,514	21,327,514
0	0	0	0	0	0	(720,336)	(720,336)
0	0	0	0	0	0	0	0
0	0	0	0	0	0	721,219	721,219
0	0	0	0	0	0	3,082,676	3,082,676
0	0	0	0	0	0	620,552,435	620,552,435
0	**0**	**0**	**0**	**0**	**0**	**644,973,301**	**644,973,301**

25	26	27	28	29	30	Total	Total Less Non-Adds
0	0	0	0	0	0	85,205,592	85,205,592
0	0	0	0	0	0	199,267	199,267
0	0	0	0	0	0	28,199,802	28,199,802
0	0	0	0	0	0	3,571,428	3,571,428
0	0	0	0	0	0	122,278,146	122,278,146
0	0	0	0	0	0	21,480	21,480
0	0	0	0	0	0	80,166	80,166
0	0	0	0	0	0	8,166,294	8,166,294
0	0	0	0	0	0	4,844,720	4,844,720
0	0	0	0	0	0	642,498	642,498
0	0	0	0	0	0	122,477,663	122,477,663
0	0	0	0	0	0	73,786,260	73,786,260

0	0	0	0	0	0	68,032,938	68,032,938
0	0	0	0	0	0	235,465	235,465
0	0	0	0	0	0	734,136	734,136
0	0	0	0	0	0	24,352	24,352
0	0	0	0	0	0	995,981	995,981
0	0	0	0	0	0	1,023,180	1,023,180
0	0	0	0	0	0	875,285,063	875,285,063
0	0	0	0	0	0	263,722	263,722
0	0	0	0	0	0	412,128	412,128
0	0	0	0	0	0	27,886,964	27,886,964
0	0	0	0	0	0	4,349,728,474	4,349,728,474
0	**0**	**0**	**0**	**0**	**0**	**5,774,095,719**	**5,774,095,719**

25	26	27	28	29	30	Total	Total Less Non-Adds
0	0	0	0	0	0	42,602,800	42,602,800
0	0	0	0	0	0	99,634	99,634
0	0	0	0	0	0	14,099,906	14,099,906
0	0	0	0	0	0	1,785,714	1,785,714
0	0	0	0	0	0	61,139,091	61,139,091
0	0	0	0	0	0	10,742	10,742
0	0	0	0	0	0	40,088	40,088
0	0	0	0	0	0	4,083,160	4,083,160
0	0	0	0	0	0	2,422,370	2,422,370
0	0	0	0	0	0	321,268	321,268
0	0	0	0	0	0	61,238,848	61,238,848
0	0	0	0	0	0	36,893,150	36,893,150
0	0	0	0	0	0	34,016,487	34,016,487
0	0	0	0	0	0	117,744	117,744
0	0	0	0	0	0	367,078	367,078
0	0	0	0	0	0	12,176	12,176
0	0	0	0	0	0	497,999	497,999
0	0	0	0	0	0	511,591	511,591
0	0	0	0	0	0	437,642,536	437,642,536
0	0	0	0	0	0	131,862	131,862
0	0	0	0	0	0	206,064	206,064
0	0	0	0	0	0	13,943,482	13,943,482
0	0	0	0	0	0	2,633,426,281	2,633,426,281
0	**0**	**0**	**0**	**0**	**0**	**3,345,610,071**	**3,345,610,071**

25	26	27	28	29	30	Total	Total Less Non-Adds
0	0	0	0	0	0	57,333	57,333
0	0	0	0	0	0	4,050,683	4,050,683
0	0	0	0	0	0	1,977,843	1,977,843
0	0	0	0	0	0	732,353	732,353
0	**0**	**0**	**0**	**0**	**0**	**6,818,212**	**6,818,212**

25	26	27	28	29	30	Total	Total Less Non-Adds
0	0	0	0	0	0	39,851	39,851
0	0	0	0	0	0	2,826,973	2,826,973
0	0	0	0	0	0	1,977,843	1,977,843
0	0	0	0	0	0	556,589	556,589
0	**0**	**0**	**0**	**0**	**0**	**5,401,256**	**5,401,256**