

# **Application for**

## **Section 1915(b) (4) Waiver**

### **Fee-for-Service**

#### **Selective Contracting Program** Spring, 2024

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

Facesheet

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

The **name of the waiver program** is **Colorado Community First Choice**

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

**Type of request.** This is:

**X** an initial request for a new waiver. All sections are filled.

**Effective Dates:** This waiver/renewal/amendment is requested for a period of 5 years beginning July 1, 2025 and ending June 30, 2030.

**State Contact:** The State contact person for this waiver is Angela Goodell and can be reached by e-mail at [angela.goodell@state.co.us](mailto:angela.goodell@state.co.us).

## **Section A – Waiver Program Description**

### **Part I: Program Overview**

#### **Tribal Consultation:**

Describe the efforts the State has made to ensure that Federally-recognized tribes in the State are aware of and have had the opportunity to comment on this waiver proposal.

#### **Department Response:**

The Department of Health Care Policy and Financing (the Department) has a formal consultation agreement with American Indian health programs in Colorado. The parties to the consultation agreement include the Southern Ute Indian Tribe, the Ute Mountain Ute Tribe, Denver Indian Health and Family Services, the Colorado Department of Public Health and Environment, the Office of the Lieutenant Governor of Colorado, and the Department. The Department uses the following process, as described in the consultation agreement, to seek advice on a regular, ongoing basis from the parties:

#### **Programmatic Action Log Update:**

On a bi-monthly basis (approximately every sixty days) each State Agency [the Department of Public Health and Environment and the Department of Health Care Policy and Financing] shall distribute to the Tribes and the UIHO [Urban Indian Health Organization] a Programmatic Action Log Update. The Update shall contain a continuous list/log of Programmatic Actions being developed and/or initiated by each State Agency. The Update shall provide a short

description of each Programmatic Action, any clearly foreseeable Tribal Implications, important dates or implementation timeframes, and if the Programmatic Action is considered an Actionable Item. The Update shall indicate a date by which additional consultation must be requested by a Tribe or the UIHO (thirty days from receipt of the Update). The Update shall also contain an area to track whether additional consultation was requested and by whom, and to update current status/resolution of Programmatic Actions.

#### Additional Consultation:

A Tribe or UIHO may request additional consultation on any Actionable Item on the Update or on any question, concern, policy, practice, or issue within the scope of the State Agencies' responsibilities relating to the health of American Indians/Alaska Natives living in Colorado. Actionable Items on the Update shall indicate a date by which a Tribe or the UIHO must request additional consultation (thirty days from receipt of the Update). Additional consultation shall be initiated by written notice (may be in the form of an email) from a designated Tribal or UIHO Liaison(s) and directed to a designated Indian Health Liaison(s). Consultation may include but shall not be limited to meetings (face-to-face or via teleconference), written correspondence including emails, presentations, and discussions at the Colorado Commission of Indian Affairs' Health and Wellness Committee meetings. When consultation is completed, a written response from one or both State Agencies to the Party that requested the consultation shall be sent describing the final determination or outcome regarding the topic of consultation. This information shall also be included on the Programmatic Action Log Update.

#### Meetings:

Face-to-Face and Remotely; The State Agencies, Tribes, and UIHO, all together or individually, shall meet face-to-face no less than once per fiscal year and as resources allow. As necessary, the State Agencies, Tribes, and UIHO, all together or individually, shall meet remotely via teleconference or videoconference to discuss outstanding issues and/or hold consultations as described above.

The tribal consultation for this waiver process began on September 24, 2024, with log 682. The 30-day review period ended on October 25, 2024, and the State did not receive any comments as result of this consultation

#### **Program Description:**

Provide a brief description of the proposed selective contracting program or, if this is a request to amend an existing selective contracting waiver, the history of and changes requested to the existing program. Please include the estimated number of enrollees served throughout the waiver.

#### **Department Response:**

Proposed benefit with requested effective date of July 1, 2025:

Colorado's Community First Choice (CFC) benefit offers Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) support and assistance

through a Self-Directed with Service Budget Model, Consumer Directed Attendant Support Services (CDASS), and through an Agency-Provider Model where members can choose the level of consumer control they wish to have in their services. The CDASS model is a Self-Directed Model with Service Budget that utilizes a Financial Management Services (FMS) vendor to support the CFC member with administrative tasks, such as payroll and tax withholdings, and allows for waiving the Nurse Practice Act. The CFC benefit includes services to assist individuals in acquiring, enhancing, and/or maintaining skills necessary to accomplish activities of daily living, instrumental activities of daily living, and health-related tasks, backup systems, and voluntary training on selecting, managing, and dismissing attendants. In addition, Colorado is choosing to incorporate three optional services in the CFC benefit: Transition Setup, Remote Supports, and Home Delivered Meals.

Colorado has utilized FMS for Consumer-Directed Attendant Support Services (CDASS) since 2006. CDASS is a self-directed program that lets members direct and manage the attendants who provide personal care, homemaker, and health maintenance services, rather than working through an agency. Through CDASS, members are empowered to hire, train and manage attendants of their choice to best fit their unique needs or a member may delegate these responsibilities to an authorized representative.

At the start, FMS provided training services to members in addition to financial management services.. In 2015, the Department separated FMS from training services and contracted with a dedicated training and operations vendor, and procured additional FMS vendors. FMS service costs have been paid through a per-member-per-month administrative fee model with variable rates across the vendors. In 2024, the PMPM rate was aligned across the contracted vendors.

Currently, the state contracts with two FMS vendors, which were selected through a competitive procurement process. Under Community First Choice, the state is expanding access to the CDASS program, most notably to children and to members who are currently on a waiver that does not include CDASS as a benefit. With this program expansion, the state is seeking to offer FMS vendor support through a service-based fee-for-service model. This structure is very similar to the current administrative payment structure and members will not experience changes to their FMS services.

Community First Choice offers activities of daily living (ADL) and instrumental activities of daily living (IADL) support and assistance through an Agency-Provider Model, where members can choose the level of consumer control they wish to have in their services, and through a Self-Directed -Fiscal/Employer Agent (F/EA) model, Consumer Directed Attendant Support Services (CDASS).

The CDASS benefit is a Self-Directed service delivery option available under the F/EA model and utilizes Financial Management Services (FMS) vendors to support CFC members with administrative tasks, such as background checks for attendant enrollment, timesheet and payroll functions, and tax withholdings. This model allows the member the most choice in directing and

managing their services as they, or their authorized representative, are the sole employer of the attendant.

The FMS vendors will serve as the financial intermediaries for the CDASS benefit. The FMS vendors provide administrative and financial services to CDASS members and/or Authorized Representatives to complete employment-related functions for CDASS attendants and to record, monitor, and report on CDASS member allocations and utilization. The FMS vendors collect and process attendant timesheets, conduct payroll functions, complete attendant enrollment with required background checks, and service customer complaints and questions. The FMS vendors fulfill requirements to comply with Electronic Visit Verification (EVV) regulations, implement Americans with Disabilities Act accommodations and produce reports demonstrating contractual performance standards. Additionally, the FMS vendors are required to implement necessary systems and services to fully administer newly mandated local, state, and federal laws impacting CDASS. The vendors provide technical assistance, records management, and payment processing for Colorado state employee Sick Time (SB 20-205) and Family and Medical Leave (Proposition 118).

The estimated number of enrollees to utilize FMS is:

- Waiver Year 1: 4,900
- Waiver Year 2: 5,257
- Waiver Year 3: 5,633
- Waiver Year 4: 5,758
- Waiver Year 5: 5,888

The State contracts with two Financial Management Service vendors that serve as the financial intermediaries for the CDASS program. Every five years, the State selects FMS vendors through a Request for Proposal (RFP) process. The contract for the FMS vendors was established through a competitive bid process verifying that the bidders have the necessary experience and capacity to service members utilizing the CDASS benefit. Upon award of the contract, the Department confirms that the FMS vendor has an active Colorado business registration and is in good standing.

**Waiver Services:**

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

**Department response:**

Financial Management Service (FMS) will be provided as a service under the 1915(k) Community First Choice (CFC) State Plan Amendment (SPA). FMS includes administrative and financial services to CDASS members and/or Authorized Representatives to complete employment-related functions.

## A. Statutory Authority

1. **Waiver Authority.** The State is seeking authority under the following subsection of 1915(b):  
 **1915(b) (4) - FFS Selective Contracting program**
2. **Sections Waived.** The State requests a waiver of these sections of 1902 of the Social Security Act:
  - a.  **Section 1902(a) (1) - Statewideness**
  - b.  **Section 1902(a) (10) (B) - Comparability of Services**
  - c.  **Section 1902(a) (23) - Freedom of Choice**
  - d.  **Other Sections of 1902 – (please specify)**

## B. Delivery Systems

1. **Reimbursement.** Payment for the selective contracting program is:  
 the same as stipulated in the State Plan  
 is different than stipulated in the State Plan (please describe)
2. **Procurement.** The State will select the contractor in the following manner:  
 **Competitive** procurement  
 **Open** cooperative procurement  
 **Sole source** procurement  
 **Other** (please describe)

## C. Restriction of Freedom of Choice

### 1. **Provider Limitations.**

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

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

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

### Department response:

Colorado will implement this service statewide. Members are given the choice between two FMS

providers. Both of the currently contracted providers operate statewide

## 2. State Standards.

Detail any difference between the state standards that will be applied under this waiver and those detailed in the State Plan coverage or reimbursement documents.

### **Department response:**

There will be no change to the state standards detailed under this 1915(b)(4) waiver and those detailed in the State Plan. All contracted vendors must meet, accept, and comply with the State's standards for reimbursement, quality, and utilization.

## **D. Populations Affected by Waiver**

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

### 1. Included Populations. The following populations are included in the waiver:

Section 1931 Children and Related Populations

Section 1931 Adults and Related Populations

Blind/Disabled Adults and Related Populations

Blind/Disabled Children and Related Populations

Aged and Related Populations

Foster Care Children

Title XXI CHIP Children

Other - Individuals who are eligible for Community First Choice medical assistance under an eligibility group identified in the state plan, including both Categorically Needy Individuals and Medically Needy Individuals who are entitled to nursing facility services and for whom the state assures that that absent the provision of home and community-based attendant services and supports provided under CFC, individuals would require the level of care furnished in a long-term care hospital, a nursing facility, an intermediate care facility for individuals with intellectual disabilities, an institution providing inpatient psychiatric services for individuals under age 21, or an institution for mental diseases for individuals age 65 or over.

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

Dual Eligibles

Poverty Level Pregnant Women

Individuals with other insurance

Individuals residing in a nursing facility or ICF/MR

Individuals enrolled in a managed care program

Individuals participating in a HCBS Waiver program

American Indians/Alaskan Natives

Special Needs Children (State Defined). Please provide this definition.

Individuals receiving retroactive eligibility

Other (Please define): Individuals who are residing in any of the following institutions; a long-term care hospital, a nursing facility, an intermediate care facility for individuals with intellectual disabilities, an institution providing inpatient psychiatric services for individuals under age 21, or an institution for mental diseases for individuals age 65 or over.

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

### **A. Timely Access Standards**

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

- 1.) How does the State measure (or propose to measure) the timeliness of Medicaid beneficiary access to the services covered under the selective contracting program?

#### **Department response:**

Vendors are monitored by the State on an ongoing basis through monthly and quarterly reporting, monthly meetings, and audits as needed. The Department has an established Participant-Directed Programs Policy Collaborative that meets at least on a quarterly basis. The committee is comprised of clients, family members, Department staff, FMS staff, advocates, and other community stakeholders. The committee discusses a variety of issues that impact participant-directed services. Issues that require quick action are resolved through the use of workgroups comprised of volunteers from the committee. In addition, Department staff have monthly and ad hoc meetings with FMS vendors to resolve issues and maintain open and on-going communication. Member-satisfaction surveys are completed and published annually.

- 2.) Describe the remedies the State has or will put in place in the event that Medicaid beneficiaries are unable to access the contracted service in a timely fashion.

#### **Department response:**

Should the State find through programmatic evaluations that the vendor is not in compliance with policy or regulations, the vendor is required to take corrective action. Technical assistance will be provided to the vendor, as needed. The State conducts follow-up monitoring to ensure corrective action implementation, improvement, and ongoing compliance.

## **B. Provider Capacity Standards**

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

1. Provide a detailed capacity analysis of the number of providers (e.g., by type, or number of beds for facility-based programs), or vehicles (by type, per contractor for non-emergency transportation programs), needed per location or region to assure sufficient capacity under the selective contracting program.

### **Department response:**

Financial Management Services (FMS) vendors currently serve approximately 3,900 Consumer-Directed Attendant Support Services (CDASS) members. This population has slowly but steadily grown since the start of CDASS. This slow growth has allowed for expansion/adjustment of FMS services (i.e. expanding technology supports, increasing customer service capacity, etc.) to meet the growth while maintaining quality service provision. Additionally, capacity analysis takes unexpected growth into consideration.

The Department anticipates a greater and/or more rapid increase in enrollments with the move of CDASS to Community First Choice (CFC). The Department included in its 2023-2024 FMS solicitation that Request For Proposal (RFP) offerors demonstrate they have the ability to increase systems and staffing capacity and have the knowledge of CFC models to create a plan describing how the vendor will operationalize the transition. Offerors were also required to prove they have greater capital reserves than in past solicitations.

A Consumer-Directed Attendant Support Services (CDASS) member is provided with and has direct access to information about FMS vendors through support planners (case managers), the contracted training and support vendor, the Department's Participant-Directed Programs unit, and the FMS vendors. Information provided includes, but is not limited to, fiscal and administrative services descriptions, FMS role and responsibilities in comparison to the other relevant entities, specific vendor performance history, vendor-specific process and technology resources, and direct avenues to report concerns or feedback. In 2024, the Department included Information and Assistance (I&A) services to the training and support contract. I&A provides members, or their Authorized Representatives, individualized support from a dedicated I&A service coordinator if they need more in-depth support with understanding FMS or other key areas of CDASS.

The State ensures a sufficient supply of contracted vendors to meet Medicaid beneficiaries' needs for CDASS by soliciting competitive, responsive proposals from experienced and financially sound organizations to perform Financial Management Services (FMS). The state evaluates applicants' specific experience and skills pertaining to the following:

Experience as an employer and expertise in managing payroll taxes in accordance with Federal and State rules and regulations.

Experience with Medicaid Home and Community Based Services.

Experience working with individuals with disabilities and the elderly.

Experience providing Agency with Choice (AwC) and/or Fiscal/Employer Agent (F/EA) FMS models.

Experience managing a web-based consumer directed support system allowing for, at a minimum, time sheet submission, prior authorization processing, and allocation balance look-up capabilities.

2. Describe how the State will evaluate and ensure on an ongoing basis that providers are appropriately distributed throughout the geographic regions covered by the selective contracting program so that Medicaid beneficiaries have sufficient and timely access throughout the regions affected by the program.

**Department response:**

The State measures efficiency, economy, quality of care, and sufficiency to enlist providers through analysis of paid claims which show both increases in service utilization and number of providers year over year. The Department also analyzes geographic provider density to ensure clients can access the CDASS benefit. In addition to these processes, the Department regularly solicits internal and external stakeholder feedback to assess whether current providers are efficient, economic, and allow for a high quality of care to be provided.

**C. Utilization Standards**

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

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

**Department response:**

The State will analyze data collected from the vendor's annual member surveys as well as data collected during the annual person-centered support planning process to ensure member goals are being met.

The person-centered support planning process will occur no less than annually or as warranted by the member's needs or a change in the member's condition. Additionally, members may work with their support planner (case manager) to request a different vendor for FMS.

2. Describe the remedies the State has or will put in place in the event that Medicaid beneficiary utilization falls below the utilization standards described above.

**Department response:**

Should the State find that the vendor is not in compliance with policy or regulations, the vendor is required to take corrective action. The State will conduct follow-up monitoring to assure corrective action implementation, improvement, and ongoing compliance. The contract with the vendor allows the State to withhold funding and/or terminate the contract due to noncompliance.

**Part III: Quality**

**Quality Standards and Contract Monitoring**

1. Describe the State's quality measurement standards specific to the selective contracting program.
  - a. Describe how the State will (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State):
    - i. Regularly monitor(s) the contracted providers to determine compliance with the

State's quality standards for the selective contracting program.

**Department response:**

The State will regularly monitor the vendor through annual surveys and regular member outreach to measure compliance and satisfaction.

Colorado is a Money Follows the Person (MFP) grantee state and as such, the Department will be required to report on the HCBS Quality Measure set for the Community First Choice State Plan. The HCBS Quality Measure set includes measures derived from experience of care surveys. Colorado will use the National Core Indicator-Aging and Disabilities (NCI-AD) and the National Core Indicators-Intellectual and Developmental Disabilities (NCI-IDD) surveys to assess the experience of care of the groups included in our Community First Choice programs.

The State will regularly monitor the vendor through the submission of CMS-372 reports and Evidentiary Reports for Community First Choice. These reports detail the review and remediation of waiver performance measures, which include access, utilization, and cost-effectiveness.

Additionally, support planners (case managers) verify with individuals and the vendors to ensure services are delivered in accordance with the member's Person-Centered Support Plan. The quarterly monitoring requires that support planners (case managers) monitor the access to services, if services are meeting the individual's needs, the use of the contingency plan, health and safety, including follow-up to any critical incident reports, and use of non-waiver services. The State collects performance measures, including health and welfare performance indicators, utilizing data collected directly from members after the support planning process. These measures help the State monitor the member's experience and outcomes with services and the support planning process.

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

**Department response:**

Should the State find that the vendor is not in compliance with policy or regulations, the vendor will be required to take corrective action. The State will conduct follow-up monitoring to assure corrective action implementation and ongoing compliance. In addition, the contract with the vendor allows the State to withhold funding, demand remediation and terminate the contract due to noncompliance. Technical assistance will be provided to the vendor via phone, email, and/or meetings.

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

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

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

**Department response:**

The State will monitor the vendor by reviewing monthly provider reports which detail expenditures, customer service metrics, complaints, and grievances. The State monitors service utilization, aggregate expenditures, demographic, and background check reports quarterly. Additionally, the State utilizes member satisfaction surveys and stakeholder engagement to conduct member outreach.

The vendor will meet with the State monthly and ad hoc to provide updates. The State will have access to, and review all required reports, documentation, and communications.

The State reserves the right to terminate the vendor in the event of a breach by the vendor of any provision of the contract. The State will track compliance with performance standards using a framework that accounts for the frequency, severity, and scope of failures. The vendor is required to complete a corrective action plan for each performance failure. It may also incur a breach of contract due to a material failure or pattern on non-material failures.

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

**Department response:**

If problems are identified during the reporting process, the State will communicate findings directly with the vendor and document findings in the annual report, and if needed, require corrective action plans to be developed and implemented. The State will conduct follow-up monitoring to ensure corrective action implementation and continued compliance. In addition, the contract with the vendor allows the State to withhold funding and terminate a contract due to noncompliance.

If issues arise at any other time, the State will work with the vendor to ensure appropriate remediation occurs.

## **Coordination and Continuity of Care Standards**

Describe how the State assures that coordination and continuity of care is not negatively impacted by the selective contracting program.

**Department response:**

The selective contracting program will have a positive impact on the coordination and continuity of CDASS in Colorado. The structure is intended to simplify access so members will be able to more easily navigate and utilize the FMS benefit. Selective contracting allows two vendors to provide FMS services for members who are utilizing the CDASS benefit. This will create consistency in the quality, accountability and stability of FMS benefit, while allowing members to choose between the contracted vendors. Additionally, Colorado continues to pursue a third FMS vendor to provide additional choice for members.

## **Part IV: Program Operations**

### **A. Beneficiary Information**

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

#### **Department response:**

Support Planners (case managers) work closely with CDASS members to determine need and eligibility. Based on those needs, members are given an allocation of funds to utilize in managing their care and given the choice of FMS vendors to serve as the financial intermediary. Additionally, the State offers regularly scheduled stakeholder engagement meetings that address Long-Term Services and Supports, Direct Care Workforce, and Participant-Directed Programs. The State publishes CDASS policies and rules, forms and resources, guides, and direct links to the current FMS vendors on the State website.

### **B. Individuals with Special Needs.**

  X   The State has special processes in place for persons with special needs

(Please provide detail).

#### **Department response:**

All members utilizing Community First Choice through the 1915(k) authority have special needs. These members have been identified as:

- Individuals who are eligible for medical assistance under an eligibility group identified in the state plan.
- Categorically Needy Individuals.

- Medically Needy Individuals.

The State has established special processes to ensure members receive activities of living (ADL) and instrumental activities of daily living (IADL) support and assistance. This is established through the Level of Care eligibility determination screen, the reevaluation, and the person-centered support plan that is reviewed annually. Additionally, if an Americans with Disabilities Act (ADA) accommodation is required for increased accessibility of this benefit, the Department will utilize the established reasonable accommodation process.

FMS, like all Department contractors, are contractually required to perform their work in accordance with all federal and state laws, including the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act (Section 504), and Section 1557 of the Patient Protection and Affordable Care Act (Section 1557). Additionally vendors are contractually required to designate a Civil Rights Compliance Officer to coordinate and lead nondiscrimination compliance activities and investigate and respond to complaints and requests.

Examples of across-the-board services that must meet accessibility requirements include, but are not limited to, ensuring information is in plain language, is available in Spanish, and is available in any other language upon request; all information meets Web Content Accessibility Guidelines (WCAG) standards; and staff complete accessibility training annually. Additionally, FMS vendors are required to have policies and procedures that ensure ADA reasonable accommodation requests made by members are responded to and appropriately met. Some types have included exemption from using some technology-based processes to complete Electronic Visit Verification and material translation into Braille.

## **Section B – Waiver Cost-Effectiveness & Efficiency**

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

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

#### **Department response:**

Contracting with vendors by utilizing the RFP process results in the efficient and economic provision of FMS services across the state, allows member choice, and manages administrative costs more efficiently.

The Department estimated costs based on the vendor estimated costs for providing FMS per member and the number of waiver members that will begin accessing the benefit per year.

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

Waiver Year 1:

Trend rate from current expenditures (or historical figures): N/A%

Projected pre-waiver cost \$4,534,128

Projected Waiver cost \$4,534,128

Difference: \$0

Waiver Year 2:

Trend rate from current expenditures (or historical figures): 7.34%

Projected pre-waiver cost \$4,866,768

Projected Waiver cost \$4,866,768

Difference: \$0

Waiver Year 3:

Trend rate from current expenditures (or historical figures): 7.20%

Projected pre-waiver cost \$5,216,979

Projected Waiver cost \$5,216,979

Difference: \$0

Waiver Year 4: *(For renewals, use trend rate from previous year and claims data from the CMS-64)*

Trend rate from current expenditures (or historical figures): 2.26%

Projected pre-waiver cost \$5,334,977

Projected Waiver cost \$5,334,977

Difference: \$0

Waiver Year 5: *(For renewals, use trend rate from previous year and claims data from the CMS-64)*

Trend rate from current expenditures (or historical figures): 2.30%

Projected pre-waiver cost \$5,457,774

Projected Waiver cost \$5,457,774

Difference: \$0