Hawaii QUEST Integration

1115 Waiver

Quarterly CMS Monitoring Report

Federal Fiscal Year 2023 2nd Quarter
(DY29 Q2)

Date Submitted: May 31, 2023	**Reporting Period:**	**January 2023 – March 2023**
	Federal Fiscal Quarter:	2nd Quarter 2023
	State Fiscal Quarter:	3rd Quarter 2023
	Calendar Year Quarter:	1st Quarter 2023
	Demonstration Year:	29th Year (10/1/22 – 9/30/23) This reporting period includes the: • last month of 2nd Q. DY 29; and the • 1st & 2nd months of 3rd Q. DY 29 when applying a DY of August 1st – July 31st.

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Attachments

Attachment A: Up-To-Date Budget Neutrality Summary

The Budget Neutrality Summary (worksheet) for the quarter ending 12/31/2022 is attached. The Budget Neutrality Summary for the quarter ending 3/31/2023 will be submitted by the 5/31/2023 deadline.

Attachment B: Budget Neutrality Workbook

The Budget Neutrality Workbook for the quarter ending 12/31/2022 is attached. The Budget Neutrality Workbook for the quarter ending 3/31/2023 will be submitted by the 5/31/2023 deadline.

Attachment C: Schedule C

Schedule C for the quarter ending 3/31/2023 is attached. Schedule C includes a summary of expenditures for the reporting period.

I. Introduction

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

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

HOPE Strategies:

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

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

During this quarter, MQD and the Health Plans ramped up preparations for the Public Health Emergency (PHE) end and unwinding activities. In particular, MQD launched its communication campaign which included ads in movie theaters across the State. Med-QUEST Division also mailed to all Medicaid beneficiaries, a letter informing them of their eligibility redetermination date and notifying them to watch for the arrival of a pink envelope in the mail that will contain the eligibility review form. More on this topic is provided below in section A.3 *Outreach*.

II. Operational Updates

A. Key Achievements and Challenges Related to the 1115 Waiver

1. Managed Care

Health Plan Reporting

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

Health Plans continued to submit newly designed reports as part of the QI contract. Health Plans have submitted nearly all remaining reports with the last one submitted on 10/31/2022. Embedded in these reports is a framework to consolidate reporting information into specific focus areas and to analyze performance based on Key Performance Indicators (KPIs) which will be reported in the Performance Metrics section of this 1115 quarterly report once data quality is adequate. Additional strategies for improving data quality have been developed including report templates with built in quality assurance flags that alert Health Plans of inappropriate or mis-formatted data. Report tools for these reports have been updated based on feedback from the Health Plans, and such updates are incorporated into the Health Plan Manual. Med-QUEST Division is looking at ways to streamline reporting and reduce administrative burden on Health Plans and MQD staff. These include combined data files and working toward more automated reporting.

Dual Eligible Special Needs Plans (D-SNPs)

During this quarter, MQD and its consultants ATI Advisory and Speire Healthcare Strategies, LLC (collectively, Consultants), met regularly with members of the Centers for Medicare and Medicaid Services (CMS) Medicare-Medicaid Coordination Office (MMCO) and its partnering organizations, to discuss details, processes, and options surrounding MQD's new policy considerations for 2024. Such policy considerations included, but were not limited to, integrated member materials, unified grievances and appeals, alignment of D-SNP Health Risk Assessment (HRA) with MQD's QI Health and Functional Assessment (HFA), exclusively aligned enrollment, and default enrollment. Medicare Advantage Organization (MAO) review, feedback, and meetings were also included in the process to fine tune such policies and related requirements.

Regarding integrated member materials, MQD and Consultants worked with CMS to produce templates for an integrated provider and pharmacy directory, and an integrated formulary. The Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs) will use these to present its provider and pharmacy networks, and its formularies, in a single document (one for the combined provider and pharmacy directory, and another for the integrated formulary) for its members, that compiles and organizes detailed information across the FIDE-SNP's Medicare and Medicaid programs, in one convenient place. MAOs were given the opportunity to review these templates and to provide feedback, which was taken into consideration before the final versions were set.

Regarding Unified Grievances and Appeals (UGA), MMCO representatives and CMS subject matter experts assisted MQD and Consultants on matters pertaining to the optional UGA forms and the UGA process. The optional UGA forms include the *Letter about Member Right to Make a Fast Complaint*, and the *Appeal Decision Letter*. Beginning the calendar year 2024, FIDE-SNPs will be required under Hawaii's 2024 State Medicaid Agency Contract (SMAC), to use those optional CMS UGA forms in addition to the CMS-required *Coverage Decision Letter*. The intent is to simplify and standardize UGA member communications and processes at the plan level. Whether the issue is Medicare or Medicaid coverage, the member need only file member's claim through a single integrated process at the plan level.

In the area of default enrollment, MQD and Consultants finalized language to update existing approved MAO default enrollment process applications with CMS. These updates reflect the process changes to occur beginning November 2023, that MAOs will use to identify MAGI-excepted individuals eligible for default enrollment. Default enrollment has been running smoothly by all 5 MAOs through calendar year 2022. A preliminary review of 2022 default enrollment data indicate that 96% of individuals default enrolled into a D-SNP of the individual's QI health plan, remained enrolled in such, 90 days post default enrollment. This is a success, as it appears some indication of member satisfaction and it runs in harmony with expectations that aligned enrollment into a plan that provides both an individual's Medicare and Medicaid services under one roof, is positive, beneficial, and consumer friendly. This also made it more evident and important to invest time in the State's exclusively aligned enrollment policy.

The largest lift during this period, involved work on the State's exclusively aligned enrollment (EAE) policy. MQD and Consultants met with CMS to comb through numerous and detailed enrollment and disenrollment scenarios to map and provide guidance for Hawaii FIDE-SNP implementation and operationalization of EAE. The Consultants were key to this success and

worked tirelessly to comprehensively and clearly spell out, organize, and document about 20 different EAE scenarios. These scenarios described actions for each of the following parties involved: Beneficiary; FIDE-SNP; CMS; State; and QI Plan. The information was shared with the MAOs for feedback, and one-on-one meetings with the MAOs were scheduled for the next quarter.

All of the above work is helping to prepare MQD and Consultants for the next quarter's focus on the 2024 SMAC.

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

The completion of phase one of the Home and Community Based Services (HCBS) rate study was documented through the rate study report delivered by Milliman to MQD on December 30, 2022, and a closing all-stakeholder meeting to communicate these findings was held on February 14, 2023. These two events officially ended phase one of the HCBS rate study.

Building on the rate study for HCBS that was completed on December 31, 2022, the phase two HCBS rate study commenced on March 8, 2023. Phase two is a study of HCBS rates paid for Adult Day Care (ADC), Adult Day Health (ADH), Assisted Living Facilities (ALF), home delivered meals, respite care and in-home services, Level 3 Residential Services provided by Community Care Foster Family Homes (CCFFHs) and Expanded – Adult Residential Care Homes (E-ARCHs), and Level 3 Community Case Management Agency (CCMA) services. The phase two rate study is being done by Milliman, an actuarial firm contracted with MQD for a wide range of actuarial consulting services.

A unique element of phase two is the study of Level 3 residential and CCMA services. Part of this approach will be to standardize Level 3 criteria that is based on current Level 1 and Level 2 criteria. The different levels are factored by the level of assistance needed for the member to perform activities of daily living (ADLs) and/or behaviors that require increased supervision or (re)direction to maintain their safety. The levels are progressive and meet Nursing Facility (NF) level of care, with Level 3 requiring the highest level of care.

Through stakeholder engagement, there will be opportunities to collaborate on strategies to better address the needs of members, identify resources, and facilitate their transition of care more efficiently and appropriately. One strategy is to identify and contract with a community partner(s) that can provide a robust curriculum and training to enhance the skills of residential providers and CCMAs. Additionally, reinforcing provider awareness and accessibility of existing community resources will help provide ongoing supports for both the member and the providers.

3. Other

Member Outreach

Multiple outreach sessions were held with Kokua (community-based organizations providing enrollment and eligibility outreach), provider groups, community organizations, and community health centers to discuss the upcoming restart of the renewal process. Additionally, MQD worked very closely with the Health Plans to develop new processes and reporting tools that will enable the Health Plans to provide better, more targeted outreach to their members.

A media campaign called "Stay Well Stay Covered" was launched in movie theaters, with community-based organizations, QI Health Plans, legislators, and other related entities and parties. Key messages of the media campaign are to update contact information, to be on the lookout for a pink envelope and pink letter in the mail that will have important renewal information, and to know that this renewal activity will begin in April for the upcoming year. As part of this campaign, in March MQD mailed an updated member handbook and a letter to each member household informing them about the restart of renewals and assigned renewal dates. A Stay Well Stay Covered toolkit is available on the MQD website. Toolkit information has been translated into 20 languages.

Data Quality Strategy

This quarter MQD began working with Health Plans to identify gaps in encounter data completeness as a representation of all services our members receive. For example, the Health Plans do not currently submit encounters for any services Health Plan staff render directly to members, including care coordination or housing counseling. In this quarter MQD developed a framework for Health Plans to submit these services as encounters starting in late 2023. Med-QUEST Division will continue to issue guidance for encounter data submission for other services that are not currently "encountered" in coming quarters.

B. Issues or Complaints Identified by Beneficiaries

No new issues or complaints have stood out during this quarter.

C. Audits, Investigations, Lawsuits, or Legal Actions

Audits and Investigations

1. Allergy preparation without injections (Healthcare Fraud Prevention Partnership study)
2. Lab billing of presumptive and confirmatory drug screens
3. Sleep center and Durable Medical Equipment (DME) billing of Continuous Positive Airway Pressure (CPAP) machines
4. Podiatry provider various coding and documentation deficiencies

Lawsuits and Legal Actions

Administrative Hearings:

Waianae Coast Comprehensive Health Center (WCCHC) v. DHS. WCCHC is a federally qualified health center and receives reimbursement under the Prospective Payment System (PPS) of reimbursement created under Hawaii Revised Statutes §§346-53.62, et seq. In February 2019, WCCHC requested a rate change for its medical PPS and dental PPS rates.

MQD ultimately denied the request for a rate change for the dental PPS rate because the services actually began in 2010 and WCCHC did not provide documentation to support the change in an increased type, intensity, duration, or amount of services for the 2019 year.

As for the medical PPS rate change request, after extensive discussion, requests for data, and review of their data, MQD issued a projected adjusted medical PPS rate in September 2019. MQD then provided payments on that projected adjusted medical PPS rate, requested data, and reviewed data until a final adjusted PPS rate was determined in November 2020. MQD provided final settlements based on the final medical PPS rate. All required notices were sent by certified mail in compliance with Hawaii Administrative Rules.

Years after these decisions, around October 2022, WCCHC requested an administrative hearing to contest the final settlement for 2019 (notice dated September 10, 2021), final adjusted medical PPS rate (notice dated November 19, 2020), the denial of the request for a dental PPS rate change (notice dated November 19, 2020), and check payments that were provided to WCCHC checks (dated December 18, 2020). MQD moved to dismiss the hearing for failure to timely request an administrative hearing pursuant to Hawaii Administrative Rule (HAR) §§17-1736-58 and 59. These rules required WCCHC to request an administrative hearing 90 days after the decisions were issued and limit its right to a hearing when the request is not timely made. The Hearing Officer granted MQD's motion to dismiss. On February 22, 2023, the Order granting MQD's motion was issued. On March 20, 2023, WCCHC requested review by the Department of Human Services Director Cathy Betts. On March 23, 2023, WCCHC appealed the decision to the Circuit Court.

Bekkum v. DHS. Curtis Bekkum, M.D. appeals MQD's decision to terminate him based on a criminal complaint and conviction of sexual assault, which occurred in his provision of medical services to a patient. Bekkum is represented by counsel. Bekkum moved to delay the administrative proceedings until his appeal to the Intermediate Court of Appeals was complete. MQD submitted arguments in opposition. The Hearing Officer denied Bekkum's motion and set the hearing for April 2023. Bekkum then filed motions to compel the DHS' Adult Protective Services (APS) to produce documents, which APS objected due to Bekkum's lack of legal authority and because the return for the subpoena was the date of the April hearing, which had not passed. Bekkum ultimately withdrew the motion. Bekkum then brought a motion to dismiss for lack of jurisdiction, which was denied on a procedural basis. The administrative hearing is set for May 2023.

LaPorte v. DHS. On January 12, 2023, MQD suspended Medicaid payments to Bryant LaPorte, DDS, based on credible allegations of fraud as follows: (1) billing for services not rendered, including x-rays, and (2) billing services not medically necessary, including oral evaluations and palliative emergency treatment. Dr. LaPorte requested for an administrative hearing after receiving the Notice of Suspension of Medicaid Payments dated January 18, 2023. The hearing is scheduled for April 26, 2023.

Hawaii Courts:

Soleil Feinberg v. Cathy Betts, et al. This is a federal district court challenge alleging a failure to provide adequate treatment, as required by EPSDT, to a young adult. The allegation is that the failure to provide adequate treatment led to the young person's eventual criminal case and her placement in the Hawaii State Hospital because their mental impairment makes unable to stand trial in the criminal case. The cross motions for summary judgment were denied on May 6, 2022. The Case is set for bench trial in April 2023.

Waianae Coast Comprehensive Health Center (WCCHC) v. State of Hawaii, DHS. WCCHC appeals the order by the administrative hearing officer granting DHS' motion to dismiss for failure to timely request a hearing. The record on appeal is being compiled and will be filed. No briefs have been filed yet.

9th Circuit of Appeals:

HRDC v. Kishimoto. This was a challenge to the State of Hawaii's provision of Medicaid funded Applied Behavioral Analysis (ABA) therapy for children on the autism spectrum attending public schools. The State of Hawaii won a Motion for Summary Judgment in the federal district court on August 31, 2022 and the Plaintiffs appealed to the 9th Circuit Court of Appeals on September 30, 2022. The case remains on appeal to the 9th circuit. The due date for HRDC's opening brief was March 30, 2023.

D. Unusual or Unanticipated Trends

There were no unusual or unanticipated trends impacting the Demonstration this quarter other than the continuation of the continuous coverage requirements leading to an over 42% increase in Medicaid beneficiaries covered since March 2020.

E. Legislative Updates

The 2023 legislative session began mid-January 2023. At the start of the legislative session, there were over 100 bills that MQD was tracking, although many did not receive a hearing by the required deadlines. While there are a wide variety of subject matters, a few themes are increasing rates for various providers, including home and community-based providers, for physician/professional fees, behavioral health services, applied behavioral analysis services as well as the "sustainability" or provider fee bills that outline how the nursing facility and hospital provider fee program will operate. Several bills seek to clarify Hawaii's telehealth law in relation to audio-only care once the federal PHE expires. Hawaii's legislative session ended the first week of May 2023.

F. Descriptions of any Public Forums Held

1. Public Forum for Section 1115 Demonstration Project

Hawaii held one MQD Healthcare Advisory Committee (MHAC) meeting during this reporting period on February 15, 2023. Public comments and questions were received from the meeting and summarized below.

MHAC meeting, February 15, 2023

Med-QUEST Division presented information and updates on the Restart of Renewals & Member Communications (related to the Consolidated Appropriations Act of 2023 passed by Congress and signed by President Biden on December 29, 2022, which restarts Medicaid eligibility renewals),

Advancing Medicare and Medicaid Integration, Adult Dental, Social Determinant Transformation Plan, and the State Plan Amendments. Comments and questions were received by both the MHAC members and the public regarding in certain areas as discussed below.

For the Restart of Renewals & Member Communications, an Advisory Committee member commented that they are excited about what MQD is doing in this area and wanted to know if it was consistent with how other states are handling this matter. MQD explained that we are using the tool kit that was assembled to address these issues for our state and it contains all the information needed to be consistent for how MQD is managing the renewals.

A member of the public asked if the meeting is recorded so she can watch the beginning of the presentation later as she was late to the meeting. MQD confirmed that the recording of the MHAC meeting will be on MQD website under the "About" section for her to view.

For the Adult Dental update, an Advisory Committee member asked what services will be covered under the Adult Dental program and how will the services be implemented. MQD explained that the adult dental services are based on medical necessity, the dental provider will make this decision if the service is needed and the service request will be submitted to the prior authorization process as needed.

For the Advancing Medicare and Medicaid update a member of the public asked for clarification on whether a member can choose a different health plan for the both the Medicare and Medicaid plan. MQD confirmed that this is an option, however MQD strongly urges that the member be in an aligned plan. The same member of the public had questions and issues with her son's Medicare coverage. MQD explained that we do not have oversight over the Medicare benefits. However, if she has any questions regarding the Medicaid benefit, she can contact the Medicaid office and directed her to the MQD website for the contact information.

For the State Plan Amendments (SPAs) update a member of the public asked that when MQD meets with CMS for SPAs if Medicare is included. MQD confirmed that the CMS team MQD meets with is only for Medicaid and CHIP issues not Medicare issues. The same member of the public asked if the EPSDT benefit is covered under private insurance and MQD clarified that EPSDT is only covered by Medicaid.

III. Enrollment and Disenrollment

A. Member Choice of Health Plan

January 2023 – March 2023	# of Members
Individuals who chose a health plan when they became eligible	**2,888**
Individuals who were auto-assigned when they became eligible	**3,859**
Individuals who changed health plan after being auto-assigned	**1,252**
Individuals in the ABD program that changed health plan within days 61 to 90 after confirmation notice was issued	**8**

IV. Performance Metrics

A. Impact of the Demonstration

1. Providing Insurance Coverage to Beneficiaries and the Uninsured Population

Total enrollment as of 3/27/2023: 468,233

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

There is no reporting on the above for this quarter.

B. Results of Beneficiary Satisfaction Surveys (if conducted)

N/A

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

Type	Total	Timely Resolved* # (%)	Resolved in Favor of Beneficiaries** # (%)
Grievances	428	419 (99.2%)	24 (23.5%)***
Appeals	314	212 (97.2%)	51 (23.4%)

*Timely is defined as within 30 days for standard grievances and appeals, within 14 days for expedited appeals, and within the approved extension time period for grievances and appeals with approved extensions. Denominator excludes grievances and appeals received within 30 days of the end of the reporting period with no resolution (or 3 days for expedited appeals).
**Denominator excludes appeals for which no decision has been made.
***This quarter only one Health Plan provided this data.

V. Budget Neutrality and Financial Reporting Requirements

A. Financial Performance of the Demonstration

For the quarter ending 12/31/2022, Hawaii has continued to accrue budget neutrality savings, which is shown in the Budget Neutrality Summary attached to this report. In addition, the Hypothetical Expansion eligibility category has continued to accrue budget neutrality savings. The Demonstration continues to project budget neutrality savings in future years.

B. Updated Budget Neutrality Workbook

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

C. Quarterly and Annual Expenditures

Expenditures for the quarter ending 3/31/2023 were reported on the CMS-64 and certified on 4/28/2023. A summary of expenditures is shown on the attached Schedule C for the quarter ending 3/31/2023.

D. Administrative Costs

Despite continued record highs in enrollment, there have not been significant increases in Hawaii's administrative costs for the quarter ending 3/31/2023. Cumulative administrative expenditures can be found on the attached Schedule C.

VI. Evaluation Activities and Interim Findings

A. Current Results of the Demonstration per the Evaluation Hypotheses

See B.3 for results and findings.

B. Progress Summary of Evaluation Activities

1. Key Milestones Accomplished

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

- The UH Evaluation Team held a Rapid Cycle Assessment presentation for Health Plans, providers, and MQD on 2022 Q4 on February 24, 2023. A corresponding report was submitted to MQD. The team also submitted feedback on individual Health Plan reports using the Review Tool.

2. Challenges Encountered and How They Were Addressed

- Acceptable data quality of the reports still remains a challenge. Med-QUEST Division and the UH Evaluation Team are continuing to meet with Health Plans at a greater frequency to better understand how the Health Plans are pulling this information and assisting the Health Plans with mapping the right data to specific fields in the report. Med-QUEST Division developed an aggressive schedule and strategy to ensure that the reports will be submitted with acceptable data quality standards in the near future. MQD expects that several reports including the value driven healthcare report, health disparities, and primary care plan to be of sufficient data quality starting Q2 of 2023.

- In lieu of MQD reports, MQD and UH are working with Health Plans to extract information out of their care coordination reports for analysis over the demonstration period.

3. Interim Findings (when available)

Subject	Successes in Implementation	Barriers in implementation

CIS	• Data quality continues to slowly improve.
	• MQD restructured its "Core Team" to discuss and launch a CIS 2.0 that responded to the challenges raised by the providers, HPs, and Evaluation Team. Daily meetings often include members of the Eval Team, local government, and other homelessness experts.
	• MQD restructured CIS payments
	  ○ to pay for outreach services regardless of if member ends up consenting to compensate providers for time
	  ○ Bundled payments to make billing easier
		• Challenges to enrolling members is largely due to provider capacity, limited affordable housing, and lack of coordination between HPs and providers.

LTSS	The analysis shows that the level of care (LOC) scores for LTSS members in the home setting are stable as they progress during the years in the program suggesting effectiveness of HCBS.	The analysis shows that the level of care (LOC) scores for LTSS in the nursing home or foster homes deteriorate over the years they stay in the program.
SHCN	Through individualized meetings and technical assistance, MQD and UH are now receiving health care services data extracts directly from HP care coordination system to help identify the breadth and depth of services provided to waiver target populations and other populations of members.	Unstandardized documentation across Health Plans makes it difficult to integrate data of all members and determine the impact of care coordination services for SHCN member
SDOH	Qualitative analyses were conducted on the Health Disparity reports submitted by Health Plans and preliminary results are shown below:	Shortage of Health Plans staff and community health workers to address SDOH and social needs

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

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

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

Contract with University of Hawaii Evaluation team has been extended into CY2023.

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

N/A

6. Status of Study Participant Recruitment (if applicable)

N/A

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

Subject	**Result or Impact**

CIS	• CIS was implemented and demonstrates that Medicaid can develop innovative programs to address SDOH.
	  ○ Two hundred fifty-five members were in pre-tenancy at some point during the waiver period and so far 33% (n=100) had transitioned to tenancy at exit.
	  ○ Of those members who received tenancy services, the majority remained housed at exit.
	• The UH Evaluation Team is currently assessing ER visits, hospitalizations, and total cost of care data for CIS members. This analysis will be completed and available in the upcoming interim evaluation report.
	• The RCAs have proven to be an effective evaluation tool to assist MQD, Health Plans, and service providers with identifying successes and barriers in real time to allow for the development of solutions or shared lessons learned. The MQD Core Team continues to meet weekly with members of the State and City governments, housing service providers, and other housing experts to ensure integration with existing housing services.

LTSS	• The UH team is still analyzing data to identify impact of "At Risk" and LTSS populations.
SHCN	• The UH team is currently analyzing data extracts from Health Plans' care coordination systems.
SDOH	• In the Social Determinants of Health (SDOH) work plan, Health Plans proposed or implemented quality activities focusing on reducing emergency room visits, improving maternal health, improving patients' education, reducing isolation, and expanding alternative medicine practice. Other quality activities focusing on addressing COVID-19 recovery, homeless, and food insecurity. • At a higher level, Health Plans also proposed or implemented quality activities that aim to improve SDOH understanding and SDOH screening and documentation of SDOH data. • Few Health Plans have some plan on collaborating with other parties and utilizing measurement and progress during these quality activities.

PC	So far, Health Plans have some changes in primary care spending over time. report documents small changes in spending over time
VBP	• Impact of the implemented models is being evaluated • Current evaluation opens up avenues for new research questions for further investigation into implementation of VBC arrangements and APM by health plans. • Future investigation needs to include qualitative analyses of the implementation, barriers and facilitators and expansion of initiatives currently in place

VII. Med-QUEST Division Contact

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Budget Neutrality Summary

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

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

Actuals + Projected

Without-Waiver Total Expenditures

			26	27	28	29	30	Total
Medicaid Per Capita								
EG 1 - Children	1	**Total**	$ 629,445,268	$ 697,320,596	$ 743,256,554	$ 769,348,398	$ 796,466,688	
		PMPM	$448.48	$452.96	$457.49	$462.07	$466.69	
		Mem-Mon	1,403,508	1,539,475	1,624,640	1,665,004	1,706,629	
EG 2 - Adults	2	**Total**	$ 389,312,838	$ 472,902,030	$ 534,517,133	$ 557,755,942	$ 592,854,097	
		PMPM	$925.47	$959.72	$995.23	$1,032.05	$1,070.24	
		Mem-Mon	420,665	492,750	537,079	540,435	553,945	
EG 3 - Aged	3	**Total**	$ 658,889,243	$ 764,674,765	$ 883,519,979	$ 727,880,659	$ 760,156,997	
		PMPM	$1,939.17	$2,005.11	$2,073.28	$2,143.77	$2,216.66	
		Mem-Mon	339,779	381,363	426,146	339,533	342,929	
EG 4 – Blind/Disabled	4	**Total**	$ 757,508,006	$ 846,263,757	$ 901,246,138	$ 980,956,602	$ 1,034,360,778	
		PMPM	$2,646.76	$2,763.22	$2,884.80	$3,011.73	$3,144.25	
		Mem-Mon	286,202	306,260	312,412	325,712	328,969	
TOTAL			**$ 2,435,155,354**	**$ 2,781,161,148**	**$ 3,062,539,803**	**$ 3,035,941,601**	**$ 3,183,838,560**	**$ 14,498,636,467**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Medicaid Per Capita								
EG 1 - Children	1		$ 384,585,892	$ 412,544,722	$ 440,136,200	$ 432,076,554	$ 447,307,253	$5,577,005,423
EG 2 - Adults	2		$ 164,509,183	$ 202,544,763	$ 228,877,813	$ 246,754,662	$ 262,281,700	$3,158,473,760
EG 3 - Aged	3		$ 395,822,904	$ 456,587,621	$ 498,067,234	$ 481,405,329	$ 502,750,842	$6,243,036,855
EG 4 – Blind/Disabled	4		$ 476,065,361	$ 524,240,425	$ 522,050,305	$ 649,908,066	$ 685,289,061	$7,013,695,074
TOTAL			**$ 1,420,983,339**	**$ 1,595,917,531**	**$ 1,689,131,552**	**$ 1,810,144,612**	**$ 1,897,628,856**	**$ 8,413,805,890**

Savings Phase-Down

Medicaid Per Capita			26	27	28	29	30	TOTAL
		Savings Phase-Down						
EG 1 - Children	1	**Without Waiver**	$ 629,445,268	$ 697,320,596	$ 743,256,554	$ 769,348,398	$ 796,466,688	
		With Waiver	$ 384,585,892	$ 412,544,722	$ 440,136,200	$ 432,076,554	$ 447,307,253	
		Difference	$ 244,859,376	$ 284,775,874	$ 303,120,354	$ 337,271,844	$ 349,159,435	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 183,644,532	$ 213,581,906	$ 227,340,265	$ 252,953,883	$ 261,869,576	
		Savings Phase-Down						
EG 2 - Adults	2	**Without Waiver**	$ 389,312,838	$ 472,902,030	$ 534,517,133	$ 557,755,942	$ 592,854,097	
		With Waiver	$ 164,509,183	$ 202,544,763	$ 228,877,813	$ 246,754,662	$ 262,281,700	
		Difference	$ 224,803,655	$ 270,357,267	$ 305,639,320	$ 311,001,279	$ 330,572,397	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 168,602,741	$ 202,767,950	$ 229,229,490	$ 233,250,959	$ 247,929,298	
		Savings Phase-Down						
EG 3 - Aged	3	**Without Waiver**	$ 658,889,243	$ 764,674,765	$ 883,519,979	$ 727,880,659	$ 760,156,997	
		With Waiver	$ 395,822,904	$ 456,587,621	$ 498,067,234	$ 481,405,329	$ 502,750,842	
		Difference	$ 263,066,340	$ 308,087,144	$ 385,452,745	$ 246,475,330	$ 257,406,155	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 197,299,755	$ 231,065,358	$ 289,089,558	$ 184,856,498	$ 193,054,616	
		Savings Phase-Down						
EG 4 – Blind/Disabled	4	**Without Waiver**	$ 757,508,006	$ 846,263,757	$ 901,246,138	$ 980,956,602	$ 1,034,360,778	
		With Waiver	$ 476,065,361	$ 524,240,425	$ 522,050,305	$ 649,908,066	$ 685,289,061	
		Difference	$ 281,442,645	$ 322,023,332	$ 379,195,833	$ 331,048,536	$ 349,071,717	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 211,081,984	$ 241,517,499	$ 284,396,874	$ 248,286,402	$ 261,803,788	
Total Reduction			**$ 760,629,011**	**$ 888,932,713**	**$ 1,030,056,188**	**$ 919,347,742**	**$ 964,657,278**	**$ 4,563,622,933**

BASE VARIANCE			**$ 253,543,004**	**$ 296,310,904**	**$ 343,352,063**	**$ 306,449,247**	**$ 321,552,426**	**$ 1,521,207,644**
Excess Spending from Hypotheticals								$ -
1115A Dual Demonstration Savings (state preliminary estimate)								$ -
1115A Dual Demonstration Savings (OACT certified)								$ -
Carry-Forward Savings From Prior Period								
NET VARIANCE								**$ 1,521,207,644**

Cumulative Target Limit

			26	27	28	29	30	
Cumulative Target Percentage (CTP)			2.0%	1.5%	1.0%	0.5%		
Cumulative Budget Neutrality Limit (CBNL)			$ 1,674,526,343	$ 3,566,754,778	$ 5,599,238,393	$ 7,715,832,252	$ 9,935,013,535	
Allowed Cumulative Variance (= CTP X CBNL)			$ 33,490,527	$ 53,501,322	$ 55,992,384	$ 38,579,161	$ -	
Actual Cumulative Variance (Positive = Overspending)			$ (253,543,004)	$ (549,853,908)	$ (893,205,971)	$ (1,199,655,218)	$ (1,521,207,644)	
Is a Corrective Action Plan needed?								

HYPOTHETICALS TEST 1

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita								
EG 5 – Group VIII	1	**Total**	$ 1,269,058,737	$ 1,712,257,751	$ 2,065,875,689	$ 1,700,212,480	$ 1,826,368,919	
		PMPM	$899.37	$942.54	$987.78	$1,035.20	$1,084.89	
		Mem-Mon	1,411,053	1,816,642	2,091,433	1,642,400	1,683,460	
TOTAL			**$1,269,058,737**	**$1,712,257,751**	**$2,065,875,689**	**$1,700,212,480**	**$1,826,368,919**	**$8,573,773,575**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita								
EG 5 – Group VIII	1		$633,459,575	$864,578,207	$1,035,152,737	$953,114,864	$1,023,835,987	
TOTAL			**$ 633,459,575**	**$ 864,578,207**	**$ 1,035,152,737**	**$ 953,114,864**	**$ 1,023,835,987**	**$ 4,510,141,370**

HYPOTHETICALS VARIANCE 1			**$ 635,599,162**	**$ 847,679,544**	**$ 1,030,722,952**	**$ 747,097,616**	**$ 802,532,932**	**$ 4,063,632,206**

HYPOTHETICALS TEST 2

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1	**Total**	$ -	$ -	$ -	$ 3,161,261	$ 5,820,928	
		PMPM	$1,184.76	$1,241.63	$1,301.23	$1,363.69	$1,429.15	
		Mem-Mon				2,318	4,073	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 3,161,261**	**$ 5,820,928**	**$ 8,982,189**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1		$ -	$ -	$ -	$ 3,075,761	$ 5,663,970	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 3,075,761**	**$ 5,663,970**	**$ 8,739,731**

HYPOTHETICALS VARIANCE 2			**$ -**	**$ -**	**$ -**	**$ 85,500**	**$ 156,958**	**$ 242,458**

HYPOTHETICALS TEST 3

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita								
EG 7 – CIS Community Transition Pilot	1	**Total**	$ -	$ -	$ -	$ 8,621,610	$ 15,875,210	
		PMPM	$3,231.17	$3,386.27	$3,548.81	$3,719.15	$3,897.67	
		Mem-Mon				2,318	4,073	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 8,621,610**	**$ 15,875,210**	**$ 24,496,819**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita								
EG 7 – CIS Community Transition Pilot	1		$ -	$ -	$ -	$ 8,388,439	$ 15,447,190	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 8,388,439**	**$ 15,447,190**	**$ 23,835,629**

HYPOTHETICALS VARIANCE 3			**$ -**	**$ -**	**$ -**	**$ 233,171**	**$ 428,020**	**$ 661,191**

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1148 (CMS-10398 #56)**. The time required to complete this information collection is estimated to average **7.5 hours** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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

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

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

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

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

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

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

Pre-populated values in the downloaded Budget Neutrality workbook template

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

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

Calculating With Waiver (WW) numbers

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

Calculating Without Waiver (WOW) numbers

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

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

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

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

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

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

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

State User enters information on the following tabs:

C Report Tab

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

Total Adjustments tab

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

WW Spending Projected tab

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

MemMonth Actual tab

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

MemMonth Projected tab

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

Summary TC tab

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

Demonstration Years Definitions

DY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Start Date	9/1/1994	9/1/1995	9/1/1996	9/1/1997	9/1/1998	9/1/1999	9/1/2000	9/1/2001	9/1/2002	9/1/2003	9/1/2004	9/1/2005	9/1/2006	9/1/2007	9/1/2008	9/1/2009	9/1/2010	9/1/2011	9/1/2012	10/1/2013	1/1/2014	1/1/2015	1/1/2016	1/1/2017	1/1/2018	8/1/2019	8/1/2020	8/1/2021	8/1/2022	8/1/2023
End Date	7/31/1995	7/31/1996	7/31/1997	7/31/1998	8/31/1999	8/31/2000	8/31/2001	8/31/2002	8/31/2003	8/31/2004	8/31/2005	8/31/2006	8/31/2007	8/31/2008	8/31/2009	8/31/2010	8/31/2011	8/31/2012	8/31/2013	12/31/2013	12/31/2014	12/31/2015	12/31/2016	12/31/2017	7/31/2019	7/31/2020	7/31/2021	7/31/2022	7/31/2023	7/31/2024

Enter any general comments / notes:

MEG Definitions

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

WOW PMPMs and Aggregates

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

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

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

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

Program Spending Limits

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

Date Pulled On:	2/1/2023	Reporting DY:	29
For the Time Period Through:	12/31/2022	Reporting Quarter:	2

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

MAP Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
1,115	0	70,981,761	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	70,981,761	70,981,761
1902 R2	0	173,206,589	0	0	0	0	(28,108)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	173,178,481	173,178,481
1902 R2X	0	(8,243,749)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(8,243,749)	(8,243,749)
1902R2	0	121,392	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	121,392	121,392
AFDC	0	148,069,654	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	148,069,654	148,069,654
Aged w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(295)	121,279,464	314,952,648	350,714,627	326,518,117	349,156,948	184,750,729	364,919,440	307,865,937	320,856,325	330,120,146	561,530,649	367,924,841	391,576,944	409,516,129	182,185,011	0	4,883,867,660	4,883,867,660
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,424,989	17,555,107	24,914,002	19,728,957	24,483,589	14,925,306	37,994,810	48,712,106	46,535,285	55,494,164	85,110,900	64,235,504	100,778,630	123,012,500	54,823,281	0	720,729,130	720,729,130
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(473,188)	(505,165)	(397,775)	(598,936)	(490,186)	(31,916)	0	0	0	(2,497,166)	(2,497,166)
Aged without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(14,668)	(44,822)	(62,495)	(43,976)	(17,253)	0	0	0	0	(183,214)	(183,214)
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(17,808)	31,794,652	74,760,519	81,089,359	77,493,096	88,201,319	49,105,356	98,847,286	163,362,887	158,584,686	154,651,730	248,116,345	150,415,399	163,487,290	166,274,505	73,198,140	0	1,779,364,761	1,779,364,761
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(28,991)	81,514,842	211,664,665	248,689,322	257,012,282	282,670,355	148,440,400	290,201,052	285,336,958	310,399,367	340,654,230	475,546,496	329,584,360	364,015,027	359,346,363	152,676,944	0	4,137,723,672	4,137,723,672
Blind/Disable without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(324,738)	(333,645)	(370,635)	(399,762)	(294,330)	(17,997)	0	0	0	(1,741,107)	(1,741,107)
Blind/Disabled with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(61,110)	(74,223)	(153,925)	(230,511)	(81,788)	(2,258)	0	0	0	(603,815)	(603,815)
Breast Cervical Cancer Treatment (BCCT)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(2)	4,053	545,332	904,018	750,145	365,104	585,588	277,616	222,869	103,847	107,702	6,122	35,643	10,762	0	0	3,918,799	3,918,799
Current	0	493,934,086	0	0	0	0	1,661,326	159,616,917	75,521,154	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	730,733,483	730,733,483
CURRENT POP	0	272,778,438	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	272,778,438	272,778,438
Current-Hawaii Quest	0	0	0	0	0	0	0	0	40,064,795	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	40,064,795	40,064,795
Demo Elig Adults	0	0	0	0	0	0	0	0	134,638	1,995	51,709	318,560	127,982,800	129,456,848	154,209,257	177,392,619	201,628,981	238,945,778	244,752,485	227,394,498	43,952,301	52,948	(5,724)	735	0	0	0	0	0	0	0	1,546,270,428	1,546,270,428
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	191,848,117	343,651,347	477,526,936	537,025,591	790,507,964	518,851,851	705,822,960	854,880,594	396,875,554	0	4,816,990,914	4,816,990,914
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	91,499	83,366	94,158	137,403	73,022	176,324	173,482	703,614	618,274	885,664	1,318,600	2,348,338	1,739,142	2,028,913	1,786,699	724,736	0	12,983,234	12,983,234
HawaiiQuest-1902(R)(2)	0	700,529	107,270	2,484,576	1,636,854	860,335	1,594,466	0	0	284	34,836	438,582	0	0	33,061	26,332	8,001	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,925,126	7,925,126
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	135,520	683,159	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	818,679	818,679
HealthQuest-Current	0	3,884,748	350,430	12,121,771	10,002,019	7,377,643	10,651,130	9,373,702	64,428,704	230,593,470	268,955,153	392,471,288	(2,325,152)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,007,884,906	1,007,884,906
HealthQuest-Others	0	1,783,163	215,685	5,322,833	3,698,445	2,678,918	3,915,013	3,306,673	21,010,550	63,645,959	99,234,046	93,729,117	(621,643)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	297,918,759	297,918,759
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	56,504	120,767	115,693	58,345	117,005	109,837	8,305	0	0	0	0	0	0	0	0	0	0	0	0	586,456	586,456
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,715	3,960	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11,675	11,675
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	122,839	581,513	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	704,352	704,352
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,331	216,960,871	165,225,916	110,172,746	126,903,675	190,895,331	114,607,724	158,783,562	180,272,143	81,526,012	0	1,345,349,311	1,345,349,311
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,100,418	16,199,737	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21,300,155	21,300,155
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	76,678	103,084	80,075	257,166	253,182	31	0	0	0	0	0	0	0	0	0	0	0	0	0	770,216	770,216
Others	0	288,512,308	0	0	0	0	786,332	56,430,712	30,507,680	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	376,237,032	376,237,032
Others-Hawaii Quest	0	0	0	0	0	0	0	0	13,142,103	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13,142,103	13,142,103
OthersX	0	(15,309,727)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(15,309,727)	(15,309,727)
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(2,751)	798,681	5,696,094	14,348,747	23,867,636	30,465,656	27,968,205	76,432,838	26,173,447	99,296	0	0	0	0	0	0	0	0	0	205,847,849	205,847,849
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,862,479	17,432,949	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25,295,428	25,295,428
St Pl Adults-Preg Immig/COFAs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24,990	2,628,840	2,628,927	2,873,646	987,921	1,532,245	1,448,764	2,048,646	2,315,023	4,043,498	3,127,056	2,106,507	1,646,061	0	0	27,412,124	27,412,124
State Plan Adults	0	0	0	0	0	0	0	0	(10)	218	99	39,158	111,982,730	118,021,622	109,034,691	128,225,118	131,863,143	123,596,289	112,747,766	130,113,272	80,834,871	202,315,960	172,913,238	169,042,108	182,723,816	255,652,778	161,376,005	200,402,613	227,220,990	104,964,528	0	2,723,071,003	2,723,071,003
State Plan Children	0	0	0	0	0	0	0	(41)	(9,403)	2,008	878	2,541,467	181,803,051	179,672,723	155,392,585	168,853,209	202,959,370	213,968,923	187,753,000	215,942,601	106,595,461	248,491,959	306,184,193	316,589,868	372,170,444	594,738,762	382,846,750	410,517,967	438,349,501	187,764,224	0	4,873,129,500	4,873,129,500
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	7,500,002	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,500,002	7,500,002
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	17,822,210	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17,822,210	17,822,210
UCC-Governmental	0	0	0	0	0	0	0	0	0	0	0	0	15,688,221	22,546,108	18,919,184	16,356,580	24,507,605	34,064,491	48,859,842	12,164,879	5,856,911	10,090,466	6,184,588	981,179	0	0	0	0	0	0	0	216,220,054	216,220,054
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	609,561	0	0	0	0	0	0	0	0	0	0	0	0	609,561	609,561
UCC-Private	0	0	0	0	0	0	0	0	0	0	0	0	10,056,500	3,403,710	7,500,000	7,500,000	7,500,000	7,500,000	0	38,818,619	39,694,442	82,153,936	85,515,739	66,000,000	0	0	0	0	0	0	0	355,642,946	355,642,946
VIII-Like Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	71,468,225	(8,863)	0	0	0	0	0	0	0	0	0	71,459,362	71,459,362
Total	0	1,430,419,192	673,385	19,929,180	15,337,318	10,916,896	18,580,159	228,727,963	244,800,211	294,243,934	368,276,721	514,860,384	444,696,938	454,123,543	464,246,301	785,020,500	1,211,765,023	1,357,369,890	1,307,057,583	1,449,179,033	773,325,287	1,746,788,725	1,886,418,135	1,978,888,559	2,102,496,436	3,207,325,578	2,093,831,197	2,499,503,885	2,762,316,247	1,234,738,430	0	30,905,856,633	30,905,856,633

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
1,115	0	35,490,882	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	35,490,882	35,490,882
1902 R2	0	86,769,823	0	0	0	0	(14,054)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	86,755,769	86,755,769
1902 R2X	0	(4,205,136)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(4,205,136)	(4,205,136)
1902R2	0	60,696	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	60,696	60,696
AFDC	0	74,034,827	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	74,034,827	74,034,827
Aged w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(199)	81,134,508	211,362,743	229,319,379	165,433,841	179,767,116	95,671,244	189,594,079	162,182,080	173,947,428	181,187,273	304,987,760	210,392,875	232,126,430	244,689,116	111,695,584	0	2,773,491,257	2,773,491,257
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,622,988	11,822,762	16,022,396	9,984,628	12,621,590	7,728,650	19,714,968	25,630,796	25,194,791	30,421,066	46,082,640	36,817,486	62,906,849	76,831,794	33,610,948	0	417,014,352	417,014,352
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(249,679)	(273,613)	(218,333)	(324,766)	(277,623)	(19,044)	0	0	0	(1,363,058)	(1,363,058)
Aged without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(7,720)	(24,377)	(34,310)	(23,817)	(9,392)	0	0	0	0	(99,616)	(99,616)
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(11,688)	21,277,328	49,857,636	52,547,252	39,123,227	45,400,574	25,392,157	51,341,230	86,036,126	85,942,520	84,861,936	134,761,019	85,959,663	96,924,761	99,350,370	44,888,511	0	1,003,652,622	1,003,652,622
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(19,525)	54,511,233	141,799,152	161,274,589	130,199,593	145,622,789	76,872,883	150,336,274	149,646,906	167,640,879	186,541,259	256,712,500	188,137,447	215,019,468	213,819,417	93,592,546	0	2,331,707,410	2,331,707,410
Blind/Disable without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(171,495)	(180,813)	(203,447)	(216,481)	(166,339)	(10,739)	0	0	0	(949,314)	(949,314)
Blind/Disabled with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(32,236)	(40,358)	(84,504)	(125,175)	(45,986)	(1,347)	0	0	0	(329,606)	(329,606)
Breast Cervical Cancer Treatment (BCCT)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(1)	2,754	361,286	592,247	495,478	241,945	376,274	201,477	152,695	77,771	62,536	1,667	20,529	8,808	0	0	2,595,466	2,595,466
Current	0	247,684,665	0	0	0	0	904,176	83,526,544	40,668,142	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	372,783,527	372,783,527
CURRENT POP	0	136,389,220	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	136,389,220	136,389,220
Current-Hawaii Quest	0	0	0	0	0	0	0	0	22,572,505	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22,572,505	22,572,505
Demo Elig Adults	0	0	0	0	0	0	0	0	79,127	1,144	30,236	186,922	75,196,276	74,766,107	87,642,204	114,378,784	135,452,513	154,819,222	123,131,082	116,746,929	22,523,089	27,511	(3,183)	397	0	0	0	0	0	0	0	904,978,360	904,978,360
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	157,511,412	316,564,065	458,125,253	498,122,382	734,323,269	472,829,631	635,071,918	769,167,385	357,188,002	0	4,398,903,317	4,398,903,317
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	51,916	53,413	63,415	89,013	36,291	90,804	89,632	365,633	326,044	480,663	723,548	1,274,696	993,347	1,204,713	1,070,641	445,672	0	7,359,441	7,359,441
HawaiiQuest-1902(R)(2)	0	353,988	53,702	1,242,907	818,930	430,573	808,769	0	0	166	20,369	256,468	0	0	18,679	19,755	5,389	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,029,695	4,029,695
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	76,578	438,797	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	515,375	515,375
HealthQuest-Current	0	1,963,002	175,736	6,063,866	5,004,058	3,692,366	5,386,340	4,903,637	36,087,606	132,768,282	165,985,082	231,578,381	(1,365,848)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	592,242,508	592,242,508
HealthQuest-Others	0	901,053	107,974	2,662,739	1,849,641	1,340,727	1,981,352	1,733,011	11,768,154	36,642,802	60,584,431	55,313,761	(363,962)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	174,521,683	174,521,683
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	32,497	68,553	68,082	38,985	78,049	64,590	4,238	0	0	0	0	0	0	0	0	0	0	0	0	354,994	354,994
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,196	2,666	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,862	7,862
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	69,404	368,050	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	437,454	437,454
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,331	216,942,873	165,225,680	110,132,233	120,601,049	178,669,104	104,504,778	142,882,320	162,206,654	73,373,409	0	1,274,539,431	1,274,539,431
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,881,647	10,235,011	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13,116,658	13,116,658
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	44,819	59,404	45,487	166,217	170,408	21	0	0	0	0	0	0	0	0	0	0	0	0	0	486,356	486,356
Others	0	144,525,295	0	0	0	0	426,612	29,580,209	16,428,385	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	190,960,501	190,960,501
Others-Hawaii Quest	0	0	0	0	0	0	0	0	7,404,260	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,404,260	7,404,260
OthersX	0	(7,809,492)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(7,809,492)	(7,809,492)
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(1,583)	454,606	3,232,556	9,373,768	16,050,472	19,640,154	13,856,685	39,331,445	13,397,540	51,580	0	0	0	0	0	0	0	0	0	115,387,223	115,387,223
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,442,944	10,922,768	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15,365,712	15,365,712
St Pl Adults-Preg Immig/COFAs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16,829	1,707,938	1,317,977	1,473,988	508,843	795,482	764,288	1,111,786	1,270,634	2,194,658	1,792,664	1,249,446	983,773	0	0	15,188,306	15,188,306
State Plan Adults	0	0	0	0	0	0	0	0	(6)	125	52	22,986	65,812,117	68,288,552	61,892,816	82,540,889	88,651,957	80,730,594	56,344,000	66,741,334	41,647,789	104,818,328	90,882,653	91,217,054	100,152,370	138,551,846	93,313,700	119,322,027	135,758,954	64,362,360	0	1,551,052,497	1,551,052,497
State Plan Children	0	0	0	0	0	0	0	(23)	(5,530)	1,173	507	1,494,521	106,725,591	103,797,242	88,086,005	108,850,847	136,539,237	138,140,612	92,615,888	110,463,383	54,513,107	128,897,369	161,395,546	171,534,961	204,149,465	322,731,981	219,086,127	243,587,616	262,570,116	115,130,834	0	2,770,306,575	2,770,306,575
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	4,385,251	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,385,251	4,385,251
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	10,614,749	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10,614,749	10,614,749
UCC-Governmental	0	0	0	0	0	0	0	0	0	0	0	0	9,212,484	13,041,165	10,762,501	10,040,250	16,505,872	22,280,473	24,838,917	6,249,536	3,037,111	5,240,639	3,261,810	529,641	0	0	0	0	0	0	0	125,000,399	125,000,399
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	307,706	0	0	0	0	0	0	0	0	0	0	0	0	307,706	307,706
UCC-Private	0	0	0	0	0	0	0	0	0	0	0	0	5,787,516	1,958,835	4,237,500	4,959,750	5,051,250	4,697,250	0	20,131,336	20,583,506	42,677,271	45,049,870	35,626,800	0	0	0	0	0	0	0	190,760,884	190,760,884
VIII-Like Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	37,060,184	(4,595)	0	0	0	0	0	0	0	0	0	37,055,589	37,055,589
Total	0	716,158,823	337,412	9,969,512	7,672,629	5,463,666	9,493,195	119,743,378	135,002,643	169,413,692	226,620,677	303,853,039	261,079,907	262,434,464	263,476,907	510,938,536	813,433,104	881,694,769	657,786,320	745,136,302	399,269,011	1,068,686,328	1,206,703,028	1,321,117,940	1,407,568,159	2,119,661,770	1,413,330,045	1,750,284,947	1,966,457,028	894,287,866	0	19,647,075,097	19,647,075,097

ADM Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
ADM	0	0	0	0	0	0	0	0	0	0	0	0	7,241,969	42,748,419	39,312,729	11,586,429	43,993,148	59,479,815	54,588,745	85,205,753	62,594,608	82,954,286	118,530,760	105,382,868	96,942,056	139,266,156	92,612,419	115,574,568	90,857,632	20,407,580	0	1,269,279,940	1,269,279,940
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	755,748	34,375,214	12,833,291	0	0	0	0	0	0	0	0	0	0	0	0	0	0	47,964,253	47,964,253
Total	0	0	0	0	0	0	0	0	0	0	0	0	7,241,969	42,748,419	40,068,477	45,961,643	56,826,439	59,479,815	54,588,745	85,205,753	62,594,608	82,954,286	118,530,760	105,382,868	96,942,056	139,266,156	92,612,419	115,574,568	90,857,632	20,407,580	0	1,317,244,193	1,317,244,193

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
ADM	0	0	0	0	0	0	0	0	0	0	0	0	3,679,980	22,272,827	20,907,343	6,121,891	25,253,918	34,488,282	31,963,518	59,588,869	48,414,408	61,342,106	93,307,850	78,500,894	71,333,202	98,697,486	64,043,270	77,060,475	61,165,547	12,896,088	0	871,037,954	871,037,954
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	377,874	17,784,187	6,534,554	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24,696,615	24,696,615
Total	0	0	0	0	0	0	0	0	0	0	0	0	3,679,980	22,272,827	21,285,217	23,906,078	31,788,472	34,488,282	31,963,518	59,588,869	48,414,408	61,342,106	93,307,850	78,500,894	71,333,202	98,697,486	64,043,270	77,060,475	61,165,547	12,896,088	0	895,734,569	895,734,569

C Report Grouper

MAP Waivers Only

Total Computable

MEG Names		C Report Waiver Names	26	27	28	29	30
Medicaid Per Capita							
EG 1 - Children	1	FosterCare(19-20)	$1,739,142	$2,028,913	$1,786,699	$724,736	
EG 1 - Children	1	State Plan Children	$382,846,750	$410,517,967	$438,349,501	$187,764,224	
EG 2 - Adults	2	State Plan Adults	$161,376,005	$200,402,613	$227,220,990	$104,964,528	
EG 2 - Adults	2	Breast Cervical Cancer Treatment (BCCT)	$6,122	$35,643	$10,762		
EG 2 - Adults	2	St Pl Adults-Preg Immig/COFAs	$3,127,056	$2,106,507	$1,646,061		
EG 3 - Aged	3	Aged w/Mcare	$367,924,841	$391,576,944	$409,516,129	$182,185,011	
EG 3 - Aged	3	Aged w/o Mcare	$64,235,504	$100,778,630	$123,012,500	$54,823,281	
EG 3 - Aged	3	Aged with Medicare - MFP	($490,186)	($31,916)			
EG 3 - Aged	3	Aged without Medicare - MFP	($17,253)				
EG 4 – Blind/Disabled	4	B/D w/Mcare	$150,415,399	$163,487,290	$166,274,505	$73,198,140	
EG 4 – Blind/Disabled	4	B/D w/o Mcare	$329,584,360	$364,015,027	$359,346,363	$152,676,944	
EG 4 – Blind/Disabled	4	Blind/Disable without Medicare - MFP	($294,330)	($17,997)			
EG 4 – Blind/Disabled	4	Blind/Disabled with Medicare - MFP	($81,788)	($2,258)			
Hypothetical 1 Per Capita							
EG 5 – Group VIII	1	VIII-Like Group					
EG 5 – Group VIII	1	Expansion State Adults	$518,851,851	$705,822,960	$854,880,594	$396,875,554	
EG 5 – Group VIII	1	Newly Eligible Adults	$114,607,724	$158,783,562	$180,272,143	$81,526,012	
Hypothetical 2 Per Capita							
EG 6 - CIS	1	EG 6 - CIS					
Hypothetical 3 Per Capita							
EG 7 – CIS Community Transition Pilot	1	EG 7 – CIS Community Transition Pilot					
TOTAL			$2,093,831,197	$2,499,503,885	$2,762,316,247	$1,234,738,430	

Adjustments made to the reported expenditures

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

		26	27	28	29	30	Description (type of collection, time period, CMS-64 reporting line, etc.)
Medicaid Per Capita							
EG 1 - Children	1		-$2,158				Cost share
EG 2 - Adults	2						
EG 3 - Aged	3	-$35,830,002	-$35,736,037	-$34,461,395	-$14,203,351		Cost share
EG 4 – Blind/Disabled	4	-$3,558,280	-$3,241,637	-$3,570,563	-$1,677,077		Cost share
Hypothetical 1 Per Capita							
EG 5 – Group VIII	1		-$28,315				Cost share
Hypothetical 2 Per Capita							
EG 6 - CIS	1						
Hypothetical 3 Per Capita							
EG 7 – CIS Community Transition Pilot	1						

WW Spending - Actual

Total Computable

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	$384,585,892	$412,544,722	$440,136,200	$188,488,960	
EG 2 - Adults	2	$164,509,183	$202,544,763	$228,877,813	$104,964,528	
EG 3 - Aged	3	$395,822,904	$456,587,621	$498,067,234	$222,804,941	
EG 4 – Blind/Disabled	4	$476,065,361	$524,240,425	$522,050,305	$224,198,007	
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	$633,459,575	$864,578,207	$1,035,152,737	$478,401,566	
Hypothetical 2 Per Capita						
EG 6 - CIS	1					
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1					
TOTAL		**$ 2,054,442,914**	**$ 2,460,495,738**	**$ 2,724,284,289**	**$ 1,218,858,002**	**$ -**

WW Spending - Projected

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

Total Computable

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1				$243,587,594	$447,307,253
EG 2 - Adults	2				$141,790,134	$262,281,700
EG 3 - Aged	3				$258,600,388	$502,750,842
EG 4 – Blind/Disabled	4				$425,710,059	$685,289,061
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1				$474,713,298	$1,023,835,987
Hypothetical 2 Per Capita						
EG 6 - CIS	1				$3,075,761	$5,663,970
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1				$8,388,439	$15,447,190

WW Spending - Total

Total Computable

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	$384,585,892	$412,544,722	$440,136,200	$432,076,554	$447,307,253
EG 2 - Adults	2	$164,509,183	$202,544,763	$228,877,813	$246,754,662	$262,281,700
EG 3 - Aged	3	$395,822,904	$456,587,621	$498,067,234	$481,405,329	$502,750,842
EG 4 – Blind/Disabled	4	$476,065,361	$524,240,425	$522,050,305	$649,908,066	$685,289,061
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	$633,459,575	$864,578,207	$1,035,152,737	$953,114,864	$1,023,835,987
Hypothetical 2 Per Capita						
EG 6 - CIS	1				$3,075,761	$5,663,970
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1				$8,388,439	$15,447,190
TOTAL		**$ 2,054,442,914**	**$ 2,460,495,738**	**$ 2,724,284,289**	**$ 2,774,723,675**	**$ 2,942,576,003**

Member Months - Actual

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

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	1403508	1539475	1624640	693237	
EG 2 - Adults	2	420665	492750	537079	230879	
EG 3 - Aged	3	339779	381363	426146	187879	
EG 4 – Blind/Disabled	4	286202	306260	312412	129797	
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	1411053	1816642	2091433	925949	
Hypothetical 2 Per Capita						
EG 6 - CIS	1					
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1					

Member Months - Projected

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

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1				971767	1706629
EG 2 - Adults	2				309556	553945
EG 3 - Aged	3				151654	342929
EG 4 – Blind/Disabled	4				195915	328969
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1				716451	1683460
Hypothetical 2 Per Capita						
EG 6 - CIS	1				2318	4073
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1				2318	4073

Member Months - Total

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	1,403,508	1,539,475	1,624,640	1,665,004	1,706,629
EG 2 - Adults	2	420,665	492,750	537,079	540,435	553,945
EG 3 - Aged	3	339,779	381,363	426,146	339,533	342,929
EG 4 – Blind/Disabled	4	286,202	306,260	312,412	325,712	328,969
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	1,411,053	1,816,642	2,091,433	1,642,400	1,683,460
Hypothetical 2 Per Capita						
EG 6 - CIS	1				2,318	4,073
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1				2,318	4,073

Budget Neutrality Summary

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

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

Actuals + Projected

Without-Waiver Total Expenditures

			26	27	28	29	30	Total
Medicaid Per Capita								
EG 1 - Children	1	**Total**	$ 629,445,268	$ 697,320,596	$ 743,256,554	$ 769,348,398	$ 796,466,688	
		PMPM	$448.48	$452.96	$457.49	$462.07	$466.69	
		Mem-Mon	1,403,508	1,539,475	1,624,640	1,665,004	1,706,629	
EG 2 - Adults	2	**Total**	$ 389,312,838	$ 472,902,030	$ 534,517,133	$ 557,755,942	$ 592,854,097	
		PMPM	$925.47	$959.72	$995.23	$1,032.05	$1,070.24	
		Mem-Mon	420,665	492,750	537,079	540,435	553,945	
EG 3 - Aged	3	**Total**	$ 658,889,243	$ 764,674,765	$ 883,519,979	$ 727,880,659	$ 760,156,997	
		PMPM	$1,939.17	$2,005.11	$2,073.28	$2,143.77	$2,216.66	
		Mem-Mon	339,779	381,363	426,146	339,533	342,929	
EG 4 – Blind/Disabled	4	**Total**	$ 757,508,006	$ 846,263,757	$ 901,246,138	$ 980,956,602	$ 1,034,360,778	
		PMPM	$2,646.76	$2,763.22	$2,884.80	$3,011.73	$3,144.25	
		Mem-Mon	286,202	306,260	312,412	325,712	328,969	
TOTAL			**$ 2,435,155,354**	**$ 2,781,161,148**	**$ 3,062,539,803**	**$ 3,035,941,601**	**$ 3,183,836,560**	**$ 14,498,636,467**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Medicaid Per Capita							
EG 1 - Children	1	$ 384,585,892	$ 412,544,722	$ 440,136,200	$ 432,076,554	$ 447,307,253	$5,577,005,423
EG 2 - Adults	2	$ 164,509,183	$ 202,544,763	$ 228,877,813	$ 246,754,662	$ 262,281,700	$3,158,473,760
EG 3 - Aged	3	$ 395,822,904	$ 456,587,621	$ 498,067,234	$ 481,405,329	$ 502,750,842	$6,243,036,855
EG 4 – Blind/Disabled	4	$ 476,065,361	$ 524,240,425	$ 522,050,305	$ 649,908,066	$ 685,289,061	$7,013,695,074
TOTAL		**$ 1,420,983,339**	**$ 1,595,917,531**	**$ 1,689,131,552**	**$ 1,810,144,612**	**$ 1,897,628,856**	**$ 8,413,805,890**

Savings Phase-Down

Medicaid Per Capita			26	27	28	29	30	TOTAL
		Savings Phase-Down						
EG 1 - Children	1	**Without Waiver**	$ 629,445,268	$ 697,320,596	$ 743,256,554	$ 769,348,398	$ 796,466,688	
		With Waiver	$ 384,585,892	$ 412,544,722	$ 440,136,200	$ 432,076,554	$ 447,307,253	
		Difference	$ 244,859,376	$ 284,775,874	$ 303,120,354	$ 337,271,844	$ 349,159,435	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 183,644,532	$ 213,581,906	$ 227,340,265	$ 252,953,883	$ 261,869,576	
		Savings Phase-Down						
EG 2 - Adults	2	**Without Waiver**	$ 389,312,838	$ 472,902,030	$ 534,517,133	$ 557,755,942	$ 592,854,097	
		With Waiver	$ 164,509,183	$ 202,544,763	$ 228,877,813	$ 246,754,662	$ 262,281,700	
		Difference	$ 224,803,655	$ 270,357,267	$ 305,639,320	$ 311,001,279	$ 330,572,397	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 168.602.741	$ 202.767.950	$ 229.229.490	$ 233.250.959	$ 247.929.298	
		Savings Phase-Down						
EG 3 - Aged	3	**Without Waiver**	$ 658,889,243	$ 764,674,765	$ 883,519,979	$ 727,880,659	$ 760,156,997	
		With Waiver	$ 395,822,904	$ 456,587,621	$ 498,067,234	$ 481,405,329	$ 502,750,842	
		Difference	$ 263.066.340	$ 308.087.144	$ 385.452.745	$ 246.475.330	$ 257.406.155	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 197,299,755	$ 231,065,358	$ 289,089,558	$ 184,856,498	$ 193,054,616	
		Savings Phase-Down						
EG 4 – Blind/Disabled	4	**Without Waiver**	$ 757.508.006	$ 846.263.757	$ 901.246.138	$ 980.956.602	$ 1.034.360.778	
		With Waiver	$ 476,065,361	$ 524,240,425	$ 522,050,305	$ 649,908,066	$ 685,289,061	
		Difference	$ 281,442,645	$ 322,023,332	$ 379,195,833	$ 331,048,536	$ 349,071,717	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 211.081.984	$ 241.517.499	$ 284.396.874	$ 248.286.402	$ 261.803.788	
Total Reduction			**$ 760,629,011**	**$ 888,932,713**	**$ 1,030,056,188**	**$ 919,347,742**	**$ 964,657,278**	**$ 4,563,622,933**

BASE VARIANCE			**$ 253,543,004**	**$ 296,310,904**	**$ 343,352,063**	**$ 306,449,247**	**$ 321,552,426**	**$ 1,521,207,644**
Excess Spending from Hypotheticals								$ -
1115A Dual Demonstration Savings (state preliminary estimate)								$ -
1115A Dual Demonstration Savings (OACT certified)								$ -
Carry-Forward Savings From Prior Period								
NET VARIANCE								**$ 1,521,207,644**

Cumulative Target Limit

		26	27	28	29	30	
Cumulative Target Percentage (CTP)		2.0%	1.5%	1.0%	0.5%		
Cumulative Budget Neutrality Limit (CBNL)		$ 1,674,526,343	$ 3,566,754,778	$ 5,599,238,393	$ 7,715,832,252	$ 9,935,013,535	
Allowed Cumulative Variance (= CTP X CBNL)		$ 33,490,527	$ 53,501,322	$ 55,992,384	$ 38,579,161	$ -	
Actual Cumulative Variance (Positive = Overspending)		$ (253,543,004)	$ (549,853,908)	$ (893,205,971)	$ (1,199,655,218)	$ (1,521,207,644)	
Is a Corrective Action Plan needed?							

HYPOTHETICALS TEST 1

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita								
EG 5 – Group VIII	1	**Total**	$ 1,269,058,737	$ 1,712,257,751	$ 2,065,875,689	$ 1,700,212,480	$ 1,826,368,919	
		PMPM	$899.37	$942.54	$987.78	$1,035.20	$1,084.89	
		Mem-Mon	1,411,053	1,816,642	2,091,433	1,642,400	1,683,460	
TOTAL			**$1,269,058,737**	**$1,712,257,751**	**$2,065,875,689**	**$1,700,212,480**	**$1,826,368,919**	**$8,573,773,575**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita							
EG 5 – Group VIII	1	$633,459,575	$864,578,207	$1,035,152,737	$953,114,864	$1,023,835,987	
TOTAL		**$ 633,459,575**	**$ 864,578,207**	**$ 1,035,152,737**	**$ 953,114,864**	**$ 1,023,835,987**	**$ 4,510,141,370**

HYPOTHETICALS VARIANCE 1			**$ 635,599,162**	**$ 847,679,544**	**$ 1,030,722,952**	**$ 747,097,616**	**$ 802,532,932**	**$ 4,063,632,206**

HYPOTHETICALS TEST 2

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1	**Total**	$ -	$ -	$ -	$ 3,161,261	$ 5,820,928	
		PMPM	$1,184.76	$1,241.63	$1,301.23	$1,363.69	$1,429.15	
		Mem-Mon				2,318	4,073	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 3,161,261**	**$ 5,820,928**	**$ 8,982,189**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita							
EG 6 - CIS	1	$ -	$ -	$ -	$ 3,075,761	$ 5,663,970	
TOTAL		**$ -**	**$ -**	**$ -**	**$ 3,075,761**	**$ 5,663,970**	**$ 8,739,731**

HYPOTHETICALS VARIANCE 2			**$ -**	**$ -**	**$ -**	**$ 85,500**	**$ 156,958**	**$ 242,458**

HYPOTHETICALS TEST 3

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita								
EG 7 – CIS Community Transition Pilot	1	**Total**	$ -	$ -	$ -	$ 8,621,610	$ 15,875,210	
		PMPM	$3,231.17	$3,386.27	$3,548.81	$3,719.15	$3,897.67	
		Mem-Mon				2,318	4,073	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 8,621,610**	**$ 15,875,210**	**$ 24,496,819**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita							
EG 7 – CIS Community Transition Pilot	1	$ -	$ -	$ -	$ 8,388,439	$ 15,447,190	
TOTAL		**$ -**	**$ -**	**$ -**	**$ 8,388,439**	**$ 15,447,190**	**$ 23,835,629**

HYPOTHETICALS VARIANCE 3			**$ -**	**$ -**	**$ -**	**$ 233,171**	**$ 428,020**	**$ 661,191**

Yes__No
Yes
No

Per Capita or Aggregate
Per Capita
Aggregate

Phase-Down
No Phase-Down
Savings Phase-Down

Actuals and Projected
Actuals Only
Actuals + Projected

MAP_ADM
MAP+ADM Waivers
MAP Waivers Only

Waiver List
MAP WAIVERS
Not Applicable
1,115
1902 R 2
1902 R 2X
1902R2
AFDC
Aged w/Mcare
Aged w/o Mcare
Aged with Medicare - MFP
Aged without Medicare - MFP
B/D w/Mcare
B/D w/o Mcare
Blind/Disable without Medicare - MFP
Blind/Disabled with Medicare - MFP
Breast Cervical Cancer Treatment (BCCT)
CURRENT
CURRENT POP
Current-Hawaii Quest
Demo Elig Adults
EG 6 - CIS
EG 7 – CIS Community Transition Pilot
Expansion State Adults
FosterCare(19-20)
HawaiiQuest-1902(R)(2)
HCCP
HealthQuest-Current
HealthQuest-Others
Med Needy Adults
Med Needy Children
MFCP
Newly Eligible Adults
NH w/o W
Opt St Pl Children
Others
Others-Hawaii Quest
OthersX
QUEST ACE
RAACP
St Pl Adults-Preg Immig/COFAs
State Plan Adults
State Plan Children
Supp. - Private
Supp. - State Gov.
UCC-Governmental
UCC-GOVT LTC
UCC-Private
VIII-Like Group
ADM WAIVERS

Demonstration Reporting Start DY 26
Demonstration Reporting End DY 30

Reporting Net Variance
$ 1,521,207,644

Schedule C
CMS 64 Waiver Expenditure Report
Cumulative Data Ending Quarter/Year : 2/2023

State: Hawaii

Summary of Expenditures by Waiver Year
Waiver: 11W00000

MAP Waivers

Total Computable

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

Federal Share

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

ADM Waivers

Total Computable

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

Federal Share

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

Summary of Expenditures by Waiver Year
Waiver: 11W00001

MAP Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
1,115	0	70,981,761	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	70,981,761	70,981,761
1902 R 2	0	173,206,589	0	0	0	0	(28,108)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	173,178,481	173,178,481
1902 R 2X	0	(8,243,749)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(8,243,749)	(8,243,749)
1902R2	0	121,392	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	121,392	121,392
AFDC	0	148,069,654	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	148,069,654	148,069,654
Aged w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(295)	121,279,464	314,952,648	350,714,627	326,518,117	349,156,948	184,750,729	364,919,440	307,865,937	320,856,325	330,120,146	561,530,649	367,924,841	391,397,965	410,617,783	284,031,449	0	0	0	0	0	0	0	0	0	0	0	4,986,636,773	4,986,636,773
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,424,989	17,555,107	24,914,002	19,728,957	24,483,589	14,925,306	37,994,810	48,712,106	46,535,285	55,494,164	85,110,900	64,235,504	100,920,745	126,013,568	87,543,437	0	0	0	0	0	0	0	0	0	0	0	756,592,469	756,592,469
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(473,188)	(505,165)	(397,775)	(598,936)	(490,186)	(103,305)	(181,177)	0	0	0	0	0	0	0	0	0	0	0	0	(2,749,732)	(2,749,732)
Aged without Medicare - MF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(14,668)	(44,822)	(62,495)	(43,976)	(17,253)	(7,376)	(12,760)	0	0	0	0	0	0	0	0	0	0	0	0	(203,350)	(203,350)
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(17,808)	31,794,652	74,760,519	81,089,359	77,493,096	88,201,319	49,105,356	98,847,286	163,362,887	158,584,686	154,651,730	248,116,345	150,415,399	163,388,320	168,507,000	114,984,594	0	0	0	0	0	0	0	0	0	0	0	1,823,284,740	1,823,284,740
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(28,991)	81,514,842	211,664,665	248,689,322	257,012,282	282,670,355	148,440,400	290,201,052	285,336,958	310,399,367	340,654,230	475,546,496	329,584,360	364,030,316	358,971,707	238,934,909	0	0	0	0	0	0	0	0	0	0	0	4,223,622,270	4,223,622,270
Blind/Disable without Medic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(324,738)	(333,645)	(370,635)	(399,762)	(294,330)	(47,087)	(88,165)	0	0	0	0	0	0	0	0	0	0	0	0	(1,858,362)	(1,858,362)
Blind/Disabled with Medicar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(61,110)	(74,223)	(153,925)	(230,511)	(81,788)	(24,234)	(38,633)	0	0	0	0	0	0	0	0	0	0	0	0	(664,424)	(664,424)
Breast Cervical Cancer Treatr	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(2)	4,053	545,332	904,018	750,145	365,104	585,588	277,616	222,869	103,847	107,702	6,122	35,643	10,424	0	0	0	0	0	0	0	0	0	0	0	0	3,918,461	3,918,461
Current	0	493,934,086	0	0	0	0	1,661,326	159,616,917	75,521,154	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	730,733,483	730,733,483
CURRENT POP	0	272,778,438	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	272,778,438	272,778,438
Current-Hawaii Quest	0	0	0	0	0	0	0	0	40,064,795	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	40,064,795	40,064,795
Demo Elig Adults	0	0	0	0	0	0	0	0	134,638	1,995	51,709	318,560	127,982,800	129,456,848	154,209,257	177,392,619	201,628,981	238,945,778	244,752,485	227,394,498	43,952,301	52,948	(5,724)	735	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,546,270,428	1,546,270,428
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	191,848,117	343,651,347	477,526,936	537,025,591	790,507,964	518,851,851	705,379,257	853,483,442	623,275,206	0	0	0	0	0	0	0	0	0	0	0	5,041,549,711	5,041,549,711
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	91,499	83,366	94,158	137,403	73,022	176,324	173,482	703,614	618,274	885,664	1,318,600	2,348,338	1,739,142	2,028,257	1,911,600	1,202,095	0	0	0	0	0	0	0	0	0	0	0	13,584,838	13,584,838
HawaiiQuest-1902(R)(2)	0	700,529	107,270	2,484,576	1,636,854	860,335	1,594,466	0	0	284	34,836	438,582	0	0	33,061	26,332	8,001	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,925,126	7,925,126
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	135,520	683,159	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	818,679	818,679
HealthQuest-Current	0	3,884,748	350,430	12,121,771	10,002,019	7,377,643	10,651,130	9,373,702	64,428,704	230,593,470	268,955,153	392,471,288	(2,325,152)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,007,884,906	1,007,884,906
HealthQuest-Others	0	1,783,163	215,685	5,322,833	3,698,445	2,678,918	3,915,013	3,306,673	21,010,550	63,645,959	99,234,046	93,729,117	(621,643)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	297,918,759	297,918,759
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	56,504	120,767	115,693	58,345	117,005	109,837	8,305	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	586,456	586,456
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,715	3,960	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11,675	11,675
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	122,839	581,513	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	704,352	704,352
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,331	216,960,871	165,225,916	110,172,746	126,903,675	190,895,331	114,607,724	158,775,211	171,880,590	127,460,149	0	0	0	0	0	0	0	0	0	0	0	1,382,883,544	1,382,883,544
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,100,418	16,199,737	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21,300,155	21,300,155
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	76,678	103,084	80,075	257,166	253,182	31	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	770,216	770,216
Others	0	288,512,308	0	0	0	0	786,332	56,430,712	30,507,680	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	376,237,032	376,237,032
Others-Hawaii Quest	0	0	0	0	0	0	0	0	13,142,103	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13,142,103	13,142,103
OthersX	0	(15,309,727)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(15,309,727)	(15,309,727)
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(2,751)	798,681	5,696,094	14,348,747	23,867,636	30,465,656	27,968,205	76,432,838	26,173,447	99,296	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	205,847,849	205,847,849
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,862,479	17,432,949	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25,295,428	25,295,428
St Pl Adults-Preg Immig/COF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24,990	2,628,840	2,628,927	2,873,646	987,921	1,532,245	1,448,764	2,048,646	2,315,023	4,043,498	3,127,056	2,106,507	1,646,061	0	0	0	0	0	0	0	0	0	0	0	0	27,412,124	27,412,124
State Plan Adults	0	0	0	0	0	0	0	0	(10)	218	99	39,158	111,982,730	118,021,622	109,034,691	128,225,118	131,863,143	123,596,289	112,747,766	130,113,272	80,834,871	202,315,960	172,913,238	169,042,108	182,723,816	255,652,778	161,376,005	200,389,013	224,103,513	170,992,536	0	0	0	0	0	0	0	0	0	0	0	2,785,967,934	2,785,967,934
State Plan Children	0	0	0	0	0	0	0	(41)	(9,403)	2,008	878	2,541,467	181,803,051	179,672,723	155,392,585	168,853,209	202,959,370	213,968,923	187,753,000	215,942,601	106,595,461	248,491,959	306,184,193	316,589,868	372,170,444	594,738,762	382,846,750	410,519,304	428,471,956	292,862,552	0	0	0	0	0	0	0	0	0	0	0	4,968,351,620	4,968,351,620
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	7,500,002	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,500,002	7,500,002
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	17,822,210	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17,822,210	17,822,210
UCC-Governmental	0	0	0	0	0	0	0	0	0	0	0	0	15,688,221	22,546,108	18,919,184	16,356,580	24,507,605	34,064,491	48,859,842	12,164,879	5,856,911	10,090,466	6,184,588	981,179	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	216,220,054	216,220,054
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	609,561	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	609,561	609,561
UCC-Private	0	0	0	0	0	0	0	0	0	0	0	0	10,056,500	3,403,710	7,500,000	7,500,000	7,500,000	7,500,000	0	38,818,619	39,694,442	82,153,936	85,515,739	66,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	355,642,946	355,642,946
VIII-Like Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	71,468,225	(8,863)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	71,459,362	71,459,362
Total	0	1,430,419,192	673,385	19,929,180	15,337,318	10,916,896	18,580,159	228,727,963	244,800,211	294,243,934	368,276,721	514,860,384	444,696,938	454,123,543	464,246,301	785,020,500	1,211,765,023	1,357,369,890	1,307,057,583	1,449,179,033	773,325,287	1,746,788,725	1,886,418,135	1,978,888,559	2,102,496,436	3,207,325,578	2,093,831,197	2,498,788,536	2,745,296,909	1,941,286,927	0	0	0	0	0	0	0	0	0	0	0	31,594,670,443	31,594,670,443

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
1,115	0	35,490,882	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	35,490,882	35,490,882
1902 R 2	0	86,769,823	0	0	0	0	(14,054)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	86,755,769	86,755,769
1902 R 2X	0	(4,205,136)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(4,205,136)	(4,205,136)
1902R2	0	60,696	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	60,696	60,696
AFDC	0	74,034,827	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	74,034,827	74,034,827
Aged w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(199)	81,134,508	211,362,743	229,319,379	165,433,841	179,767,116	95,671,244	189,594,079	162,182,080	173,947,428	181,187,273	304,987,760	210,392,875	232,019,879	245,366,217	175,173,943	0	0	0	0	0	0	0	0	0	0	0	2,837,540,166	2,837,540,166
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,622,988	11,822,762	16,022,396	9,984,628	12,621,590	7,728,650	19,714,968	25,630,796	25,194,791	30,421,066	46,082,640	36,817,486	62,995,330	78,623,304	53,982,368	0	0	0	0	0	0	0	0	0	0	0	439,265,763	439,265,763
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(249,679)	(273,613)	(218,333)	(324,766)	(277,623)	(61,321)	(107,931)	0	0	0	0	0	0	0	0	0	0	0	0	(1,513,266)	(1,513,266)
Aged without Medicare - MF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(7,720)	(24,377)	(34,310)	(23,817)	(9,392)	(4,368)	(7,590)	0	0	0	0	0	0	0	0	0	0	0	0	(111,574)	(111,574)
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(11,688)	21,277,328	49,857,636	52,547,252	39,123,227	45,400,574	25,392,157	51,341,230	86,036,126	85,942,520	84,861,936	134,761,019	85,959,663	96,865,806	100,690,234	70,928,615	0	0	0	0	0	0	0	0	0	0	0	1,030,973,635	1,030,973,635
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(19,525)	54,511,233	141,799,152	161,274,589	130,199,593	145,622,789	76,872,883	150,336,274	149,646,906	167,640,879	186,541,259	256,712,500	188,137,447	215,028,987	213,559,079	147,259,048	0	0	0	0	0	0	0	0	0	0	0	2,385,123,093	2,385,123,093
Blind/Disable without Medic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(171,495)	(180,813)	(203,447)	(216,481)	(166,339)	(27,967)	(52,527)	0	0	0	0	0	0	0	0	0	0	0	0	(1,019,069)	(1,019,069)
Blind/Disabled with Medicar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(32,236)	(40,358)	(84,504)	(125,175)	(45,986)	(14,361)	(23,031)	0	0	0	0	0	0	0	0	0	0	0	0	(365,651)	(365,651)
Breast Cervical Cancer Treatr	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(1)	2,754	361,286	592,247	495,478	241,945	376,274	201,477	152,695	77,771	62,536	1,667	20,529	8,636	0	0	0	0	0	0	0	0	0	0	0	0	2,595,294	2,595,294
Current	0	247,684,665	0	0	0	0	904,176	83,526,544	40,668,142	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	372,783,527	372,783,527
CURRENT POP	0	136,389,220	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	136,389,220	136,389,220
Current-Hawaii Quest	0	0	0	0	0	0	0	0	22,572,505	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22,572,505	22,572,505
Demo Elig Adults	0	0	0	0	0	0	0	0	79,127	1,144	30,236	186,922	75,196,276	74,766,107	87,642,204	114,378,784	135,452,513	154,819,222	123,131,082	116,746,929	22,523,089	27,511	(3,183)	397	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	904,978,360	904,978,360
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	157,511,412	316,564,065	458,125,253	498,122,382	734,323,269	472,829,631	634,672,586	767,874,129	560,884,538	0	0	0	0	0	0	0	0	0	0	0	4,600,907,265	4,600,907,265
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	51,916	53,413	63,415	89,013	36,291	90,804	89,632	365,633	326,044	480,663	723,548	1,274,696	993,347	1,204,322	1,145,427	742,875	0	0	0	0	0	0	0	0	0	0	0	7,731,039	7,731,039
HawaiiQuest-1902(R)(2)	0	353,988	53,702	1,242,907	818,930	430,573	808,769	0	0	166	20,369	256,468	0	0	18,679	19,755	5,389	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,029,695	4,029,695
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	76,578	438,797	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	515,375	515,375
HealthQuest-Current	0	1,963,002	175,736	6,063,866	5,004,058	3,692,366	5,386,340	4,903,637	36,087,606	132,768,282	165,985,082	231,578,381	(1,365,848)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	592,242,508	592,242,508
HealthQuest-Others	0	901,053	107,974	2,662,739	1,849,641	1,340,727	1,981,352	1,733,011	11,768,154	36,642,802	60,584,431	55,313,761	(363,962)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	174,521,683	174,521,683
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	32,497	68,553	68,082	38,985	78,049	64,590	4,238	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	354,994	354,994
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,196	2,666	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,862	7,862
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	69,404	368,050	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	437,454	437,454
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,331	216,942,873	165,225,680	110,132,233	120,601,049	178,669,104	104,504,778	142,874,804	154,647,224	114,701,833	0	0	0	0	0	0	0	0	0	0	0	1,308,300,909	1,308,300,909
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,881,647	10,235,011	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13,116,658	13,116,658
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	44,819	59,404	45,487	166,217	170,408	21	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	486,356	486,356
Others	0	144,525,295	0	0	0	0	426,612	29,580,209	16,428,385	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	190,960,501	190,960,501
Others-Hawaii Quest	0	0	0	0	0	0	0	0	7,404,260	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,404,260	7,404,260
OthersX	0	(7,809,492)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(7,809,492)	(7,809,492)
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(1,583)	454,606	3,232,556	9,373,768	16,050,472	19,640,154	13,856,685	39,331,445	13,397,540	51,580	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	115,387,223	115,387,223
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,442,944	10,922,768	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15,365,712	15,365,712
St Pl Adults-Preg Immig/COF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16,829	1,707,938	1,317,977	1,473,988	508,843	795,482	764,288	1,111,786	1,270,634	2,194,658	1,792,664	1,249,446	983,773	0	0	0	0	0	0	0	0	0	0	0	0	15,188,306	15,188,306
State Plan Adults	0	0	0	0	0	0	0	0	(6)	125	52	22,986	65,812,117	68,288,552	61,892,816	82,540,889	88,651,957	80,730,594	56,344,000	66,741,334	41,647,789	104,818,328	90,882,653	91,217,054	100,152,370	138,551,846	93,313,700	119,314,110	133,904,113	105,458,075	0	0	0	0	0	0	0	0	0	0	0	1,590,285,454	1,590,285,454
State Plan Children	0	0	0	0	0	0	0	(23)	(5,530)	1,173	507	1,494,521	106,725,591	103,797,242	88,086,005	108,850,847	136,539,237	138,140,612	92,615,888	110,463,383	54,513,107	128,897,369	161,395,546	171,534,961	204,149,465	322,731,981	219,086,127	243,589,028	256,745,547	180,727,788	0	0	0	0	0	0	0	0	0	0	0	2,830,080,372	2,830,080,372
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	4,385,251	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,385,251	4,385,251
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	10,614,749	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10,614,749	10,614,749
UCC-Governmental	0	0	0	0	0	0	0	0	0	0	0	0	9,212,484	13,041,165	10,762,501	10,040,250	16,505,872	22,280,473	24,838,917	6,249,536	3,037,111	5,240,639	3,261,810	529,641	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	125,000,399	125,000,399
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	307,706	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	307,706	307,706
UCC-Private	0	0	0	0	0	0	0	0	0	0	0	0	5,787,516	1,958,835	4,237,500	4,959,750	5,051,250	4,697,250	0	20,131,336	20,583,506	42,677,271	45,049,870	35,626,800	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	190,760,884	190,760,884
VIII-Like Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	37,060,184	(4,595)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	37,055,589	37,055,589
Total	0	716,158,823	337,412	9,969,512	7,672,629	5,463,666	9,493,195	119,743,378	135,002,643	169,413,692	226,620,677	303,853,039	261,079,907	262,434,464	263,476,907	510,938,536	813,433,104	881,694,769	657,786,320	745,136,302	399,269,011	1,068,686,328	1,206,703,028	1,321,117,940	1,407,568,159	2,119,661,770	1,413,330,045	1,749,726,810	1,953,356,604	1,409,859,083	0	0	0	0	0	0	0	0	0	0	0	20,148,987,753	20,148,987,753

ADM Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
ADM	0	0	0	0	0	0	0	0	0	0	0	0	7,241,969	42,748,419	39,312,729	11,586,429	43,993,148	59,479,815	54,588,745	85,205,753	62,594,608	82,954,286	118,530,760	105,382,868	96,942,056	139,266,156	92,612,419	115,574,568	94,134,996	41,743,644	0	0	0	0	0	0	0	0	0	0	0	1,293,893,368	1,293,893,368
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	755,748	34,375,214	12,833,291	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	47,964,253	47,964,253
Total	0	0	0	0	0	0	0	0	0	0	0	0	7,241,969	42,748,419	40,068,477	45,961,643	56,826,439	59,479,815	54,588,745	85,205,753	62,594,608	82,954,286	118,530,760	105,382,868	96,942,056	139,266,156	92,612,419	115,574,568	94,134,996	41,743,644	0	0	0	0	0	0	0	0	0	0	0	1,341,857,621	1,341,857,621

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
ADM	0	0	0	0	0	0	0	0	0	0	0	0	3,679,980	22,272,827	20,907,343	6,121,891	25,253,918	34,488,282	31,963,518	59,588,869	48,414,408	61,342,106	93,307,850	78,500,894	71,333,202	98,697,486	64,043,270	77,060,475	63,072,834	27,637,058	0	0	0	0	0	0	0	0	0	0	0	887,686,211	887,686,211
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	377,874	17,784,187	6,534,554	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24,696,615	24,696,615
Total	0	0	0	0	0	0	0	0	0	0	0	0	3,679,980	22,272,827	21,285,217	23,906,078	31,788,472	34,488,282	31,963,518	59,588,869	48,414,408	61,342,106	93,307,850	78,500,894	71,333,202	98,697,486	64,043,270	77,060,475	63,072,834	27,637,058	0	0	0	0	0	0	0	0	0	0	0	912,382,826	912,382,826

Summary of Expenditures by Waiver Year

Schedule C
CMS 64 Waiver Expenditure Report
Cumulative Data Ending Quarter/Year : 2/2023

Waiver: 11W00351

MAP Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
1915(i) Title Evaluations	0	6,451,405	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,909,780	1,809,973	0	0	0	0	0	0	0	0	0	0	0	7,642,158	7,642,158
HCBS Waiver LOC Transitions	0	11,379,367	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,859,699	5,381,779	0	0	0	0	0	0	0	0	0	0	0	27,190,536	27,190,536
Session Payments	0	1,089,823	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,089,823	1,089,823
Total	0	18,730,595	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,769,479	7,191,752	0	0	0	0	0	0	0	0	0	0	0	35,922,517	35,922,517

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
1915(i) Title Evaluations	0	2,813,033	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,160,019	980,884	0	0	0	0	0	0	0	0	0	0	0	4,979,936	4,979,936
HCBS Waiver LOC Transitions	0	8,687,993	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,691,894	1,909,769	0	0	0	0	0	0	0	0	0	0	0	10,260,237	10,260,237
Session Payments	0	1,865,512	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,865,512	1,865,512
Total	0	13,366,538	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,851,913	2,890,653	0	0	0	0	0	0	0	0	0	0	0	16,085,685	16,085,685