Hawaii QUEST Integration

1115 Waiver

Quarterly CMS Monitoring Report

Federal Fiscal Year 2023 1st Quarter
(DY29 Q1)

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Attachments

Attachment A: Up-To-Date Budget Neutrality Summary

The Budget Neutrality Summary (worksheet) for the quarter ending 9/30/2022 is attached. The Budget Neutrality Summary for the quarter ending 12/31/2022 will be submitted by the 2/28/2023 deadline.

Attachment B: Budget Neutrality Workbook

The Budget Neutrality Workbook for the quarter ending 9/30/2022 is attached. The Budget Neutrality Workbook for the quarter ending 12/31/2022 will be submitted by the 2/28/2023 deadline.

Attachment C: Schedule C

Schedule C for the quarter ending 12/31/2022 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.

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. During 2021, and continuing into 2022, technical assistance sessions have been held with the Health Plans to socialize and implement the new reports, and ensure that health plan staff understand the methodology and purpose of various fields in the reports. 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)

MQD's analyses and discussions of key policies and operational options regarding HIDE-SNPs and FIDE-SNPs, led by consultants, ATI Advisory (ATI) and Speire Healthcare Strategies, LLC (Speire) during last quarter, paid off this quarter. This quarter, having trimmed the focus to select HIDE and FIDE considerations, MQD and its consultants introduced and discussed these with the Hawaii D-SNPs and other MQD staff, for initial feedback and suggestions. These introductions were

initiated during on-site meetings the first week of October 2022, with ATI and Speire representatives on-site.

As a result of the on-site presentation and discussions, Hawaii decided to make FIDE-SNPs optional for its D-SNPs in 2024, and to revisit a single contract pathway in the future. Hawaii also decided its FIDE-SNPs will operate with Exclusively Aligned Enrollment (EAE) beginning in 2024. There was a broad range of other topics covered such as aligned care management, integrated beneficiary materials, default enrollment, data sharing, and unified grievances and appeals.

With feedback and suggestions from the stakeholders and a better understanding of the Health Plan consideration for the discussed requirements, MQD and its consultants are preparing to finalize policy decisions and think through new draft language for the 2024 Hawaii State Medicaid Agency Contract (SMAC).

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

A rate study for several Home and Community Based Services (HCBS) was completed December 31, 2022. The MQD completed a study of home and community based rates paid for community residential providers such as: Community Care Foster Family Homes (CCFFHs); Expanded–Adult Residential Care Homes (E-ARCHs); In-Home Services; and Case Management Services. The study was done by Milliman, an actuarial firm contracted with DHS MQD for a wide range of actuarial consulting services. The study commenced in July 2022, and the final report issued December 30, 2022.

A key part of this rate study, included stakeholder outreach and engagement with HCBS providers and their associations, collecting provider cost and wage survey data, and getting provider feedback on draft rate calculations. Not surprisingly, the provider surveys showed significant wage pressure given the current labor market. The rate study methodology also used wage and salary data for direct care staff and supervisors, employee related expenses, transportation and administration, program support and overhead, and the Bureau of Labor and Industry Wage Indices to paying for employment benefits such as health insurance.

The rate study provides three scenarios (low, medium, high) based on different wage or caseload/staffing assumptions. A low scenario includes the lowest wage or highest caseload assumptions to calculate the lowest rates. A medium scenario includes middle wage or caseload assumptions, and a high scenario includes the highest wages or lowest caseload assumptions to calculate the highest rates (e.g., adjusting wages would create a low scenario with wage assumptions set at the 25th percentile, a medium scenario with wage assumptions set at the 50th percentile, and a high scenario with wage assumptions set at the 75th percentile). A legislative report incorporated the rate study, so that the legislature could consider budget appropriation based on the results when the legislature began in mid-January 2023.

3. Other

Member Outreach

In this quarter, Health Care Outreach Branch (HCOB) prepared for and conducted our Annual Kokua Training, which included training on how to properly complete a Medicaid application and the application at the healthcare.gov marketplace. We also reviewed the State Funded Premium

Assistance program for those who do not qualify for Medicaid due to their citizenship status. Cultural competency training was also provided in our sessions. All the training efforts are done in preparation for the Med-QUEST Annual Plan Change and the Marketplace Open Enrollment, during which time many individuals may need assistance. Med-QUEST Division's outreach program has grown while it has completed training for, and provided online access to, its Navigator Portal, to approximately 170 Kokua this year. The HCOB continues to do outreach and provide enrollment assistance for the vulnerable and justice involved populations.

Managed Care Annual Plan Change

The Med-QUEST Annual Plan Change took place from October 1st through October 31st of 2022. Plan changes made during this period became effective January 1, 2023. About 1% of QI enrollees chose to change plans. HMSA received the largest number of individuals switching to its plan, followed by United Healthcare, and then Kaiser Permanente. AlohaCare and Ohana Health Plan experienced net losses.

Summary		Gaining Plans					
		ALOHA-CARE	HMSA	KAISER	OHANA	UNITED	TOTAL
Losing Plans	ALOHACARE		1,069	258	44	215	1,586
	HMSA	333		513	79	447	1,372
	KAISER PERMANENTE	62	399		21	93	575
	OHANA HEALTH PLAN	131	667	137		327	1,262
	UNITED HEALTH CARE	151	701	157	68		1,077
	Total	677	2,836	1,065	212	1,082	5,872

Data Quality Strategy

Med-QUEST Division continued working toward its 2022 Data Quality Strategy goals with partnered contractor, Freedman Healthcare. In this quarter, contractors identified a set of edits being applied in back-end adjudication of encounters that do not align with MQD's business policies. By turning these edits off, MQD will prevent encounters from unnecessarily pending. This quarter MQD also finalized a new reconciliation process at the file-level that will give MQD and its contractors more insight into where errors are occurring in the MQD mainframe's adjudication processes.

B. Issues or Complaints Identified by Beneficiaries

No reports relevant to the Demonstration to report at this time.

C. Audits, Investigations, Lawsuits, or Legal Actions

Audits and Investigations

Two payment suspensions were issued this quarter for dentists billing for medically unnecessary services.

Audit coordination with the Unified Program Integrity Contractor (UPIC) included:

1. Lab billing of presumptive and confirmatory drug screens
2. Sleep center and DME billing of CPAP machines
3. Podiatry provider various coding and documentation deficiencies.

Lawsuits and Legal Actions

Administrative Hearings:

Ka Punawai Ola v. Med-QUEST. The provider appealed, through the administrative process at DHS, a request for reimbursement of state and federal Medicaid funds received for care of a member in a nursing facility whose residence in the facility was not properly vetted through the Preadmission Screening Resident Review (PASSR) process. The provider settled by agreeing to fully reimburse the federal Medicaid funds and half of the state funds. The provider paid in full on the settlement in December 2022.

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.

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 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.

9th Circuit Court 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.

Hawaii Courts:
Nitta v. Med-QUEST. Frederick Nitta is an obstetrics and gynecologist who also provides some primary care services. The ACA provided enhanced payments for primary care services only for physicians who had a primary specialty designation in family, internal, or pediatric medicine. Nitta claimed those enhanced payments and was paid the enhanced payments. After an internal audit revealed that Nitta was not eligible for the program because his primary specialty designation was OB/GYN, Med-QUEST sought to recoup the overpayment of those enhanced payments. Nitta requested an administrative appeal, and the hearing officer agreed with Med-QUEST's action. On appeal, the Circuit Court affirmed the hearing officer's decision. During the appeal to the Intermediate Court of Appeals (ICA), the Sixth Circuit Averett decision was issued. Based on that decision, the ICA voided the Circuit Court decision and remanded the matter back to the DHS Administrative Appeals Office. DHS appealed the ICA decision to the Hawaii Supreme Court and argued that even if the Averett analysis was applied, Nitta is not eligible for the enhanced payments because his primary specialty designation was obstetrics and gynecology. The Hawaii Supreme Court disagreed with DHS and found that a physician can have more than one primary specialty designation. DHS discussed this case with CMS at a meeting around November 15, 2022.

Evergreen v. DHS (Tort). The Complaint alleges that MQD interfered with Provider's ability to secure contracts with the Health Plans and that MQD does not supervise their fraud investigator. The State has not been perfected.

D. Unusual or Unanticipated Trends

No unusual trends at this time other than the continued effects of the pandemic and continuous coverage requirements. There is a 40 percent increase in Medicaid enrollment.

E. Legislative Updates

Hawaii elected a new governor, Governor Josh Green, M.D. He has prioritized increasing reimbursement rates for medical and professional services. Also, a workgroup that included legislators focused on

strengthening Home and Community Based Services, and as a result of the American Rescue Plan Act (ARPA) 9817 funded rate study, a Home and Community Based rate study was completed and included in a legislative report. See section II.A.2 above for more on that rate study.

F. Descriptions of any Public Forums Held

1. Public Forum for Section 1115 Demonstration Project

Hawaii held two Med-QUEST Healthcare Advisory Committee (MHAC) meetings during this reporting period on October 19, 2022, and December 14, 2022. Public comments were received from both meetings and are summarized below.

MHAC meeting, October 19, 2022

Med-QUEST presented information and updates on Adult Dental Services, Annual Plan Change, Home and Community Based Services (HCBS) and the American Rescue Plan (ARP) spending activities for the HCBS Rate Study and the Person-Centered Planning. Med-QUEST Division also presented on State Plan Amendments (SPA) related to Community Palliative Care Services and Monkeypox vaccine administrative rates, and Member Communications related to the Public Health Emergency Unwinding and Renewals and Redeterminations.

Comments and questions were received by both the MHAC members and the public regarding the Adult Dental Services. One member from MHAC wanted to know if there were contracted providers already in place to perform the dental services. Med-QUEST Division confirmed that there are contracted dental providers in place and that MQD is actively seeking additional providers. One member from the public had questions regarding specific rates for FQHCs regarding lab costs and MQD explained this will be addressed on the PPS rate for dental. Another member of the public thanked MQD for providing Adult dental services and inquired when the Hawaii Administrative Rules (HAR) will be issued regarding dental. Med-QUEST Division explained that the HAR will be updated after CMS approves the benefit.

Comments and questions were also received by MHAC members regarding HCBS ARPA spending activities for the HCBS Rate Study and the Person-Centered Planning. A question was raised about whether the rate increases would be ready as they want to support this ask when this budget request goes before the legislature. General comments were provided regarding the Person-Centered Planning and how MQD can ensure that this becomes part of the culture in providing services to the Medicaid population. Med-QUEST Division explained that they have a consultant working with the State for the next 2 years to assist with incorporating this concept through trainings with the health plans and this focus is not just for HCBS members but all members in Medicaid.

Comments and questions were received by MHAC members and the public regarding the State Plan Amendment (SPA) updates. A question was raised by a MHAC member regarding the licensure for a mid-wife in the State Plan and if a mid-wife will have hospital privileges to be considered a PCP. Med-QUEST Division explained that these issues still need to be worked out and that the mid-wife will most likely be viewed as a specialist and not a PCP. A member from

the public asked about the status of the CAMHD SPA. Med-QUEST Division explained that this SPA is in the Request for Additional Information (RAI) period so the 90-day clock has stopped. Med-QUEST Division will address CMS' issues and respond to the RAI.

MHAC meeting, December 14, 2022

Med-QUEST Division presented updates on information regarding the Social Determinants of Health (SDOH) Transformation Plan, Dental Services, and the Upcoming Legislative Session. The MQD also presented on State Plan Amendment updates for Pregnant Woman and Unborn, and MQD Member Communications on the Public Health Emergency Unwinding process. Comments and questions were received from both the MHAC members and the public regarding the information presented.

Questions were received by both MHAC and the public regarding the SDOH Transformation Plan. A question was raised by a MHAC member asking how will this Transformation Plan work with the existing plans in place with the health plans? Med-QUEST Division explained that each health plan contracted with the MQD is required to have their own SDOH plan and some of them are performing this function in different ways so MQD is looking for opportunities to streamline this work to make it easier to follow for both providers and members. Another question was raised regarding the funding for this project. Med-QUEST Division explained that it will be adding in certain SDOH services in the new 1115 waiver for 2024 and will finance these services through the waiver. A member from the public asked how they can reach out for public comment on this matter in January. Med-QUEST Division explained that this issue will be available for public comment soon and MQD is working on setting this up.

Questions were received by MHAC regarding Dental Services. The MHAC member asked if there were certain conditions in the dental benefit package that would allow for additional cleanings such as diabetes or pregnancy and would that require a prior authorization. Med-QUEST Division explained that if the services are medically necessary then the provider can contact HDS for additional services. Med-QUEST Division also mentioned that updates were made to the fee for service provider manual and is available on the State MQD website.

Questions were received by MHAC regarding the Upcoming Legislative Session asking if MQD is looking for support on any specific bills. Med-QUEST Division explained that it has 2 bills regarding hospitals and nursing facilities, and anyone can submit comments or testimony.

Questions were received by MHAC regarding the Licensed Mid-Wife SPA regarding whether there are technical concerns from CMS about how the Mid-Wife is defined as there are different types of mid-wives licensed in our state. Med-QUEST Division will reach out separately to this MHAC member to consult with them on this matter.

A comment was received by MHAC regarding the PHE unwinding and the movie theater campaign. Med-QUEST Division showed a video clip about the PHE unwind and the video was well received by the MHAC member.

III. Performance Metrics

A. Impact of the Demonstration

1. Providing Insurance Coverage to Beneficiaries and the Uninsured Population

Total enrollment as of 12/26/22: 461,789

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)

A Consumer Assessment of Healthcare Providers and Systems (CAHPS) was conducted for adult members of all five Quest Integration (QI) plans between February to May 2022. Results were shared by MQD's EQRO in November 2023. The Hawaii CAHPS had a 18.4% response rate which was higher than the national response rate (15.4%). For most composite measures and global ratings, there were no statistically significant differences compared to the 2020 CAHPS. However, there were some areas including "Rating of Personal Doctor" and "How Well Doctors Communicate" that showed significantly lower ratings. These results have been shared with Health Plans and internal to MQD, including the internal quality committee and collaborative quality workgroups, to identify the key drivers for these decreases and improve member satisfaction in these domains.

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

Nearly all grievances and appeals were timely resolved. The trend has continued since last quarter.

Type	Total	Timely Resolved* # (%)	Resolved in Favor of Beneficiaries** # (%)
Grievances	521	457 (97.0%)	184 (37.2%)
Appeals	368	264 (96.7%)	52 (19.0%)

*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.

IV. Budget Neutrality and Financial Reporting Requirements

A. Financial Performance of the Demonstration

For the quarter ending 9/30/2023, 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 12/31/2022 will be submitted by the 2/28/2023 deadline. The Budget Neutrality Workbook for the quarter ending 9/30/2022 is attached (Attachment B).

C. Quarterly and Annual Expenditures

Expenditures for the quarter ending 12/31/2022 were reported on the CMS-64 and certified on 1/30/2023. A summary of expenditures is shown on the attached Schedule C for the quarter ending 12/31/2022.

D. Administrative Costs

Despite record highs in enrollment, there have not been significant increases in Hawaii's administrative costs for the quarter ending 12/31/2022. Cumulative administrative expenditures can be found on the attached Schedule C.

V. Evaluation Activities and Interim Findings

A. 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 CIS rapid cycle assessment on December 1st, 2022.

2. Challenges Encountered and How They Were Addressed

Acceptable data quality of the reports still remain 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.

3. Interim Findings (when available)

CIS

Some select successes in implementation include:

- 12 housing service providers are onboarded
- CIS-enrolled members needs are being met
- Improved data quality in reports allowing for enhanced monitoring of program implementation and success
- Health Plan engagement in evaluation process

Select barriers in implementation include:

- Inconsistent information and data sharing between agencies and housing service providers due to siloed and non-interoperable systems
- Managed care plans still optimizing best workflows
- Housing service providers learning how to bill for CIS services

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

Contract is executed for the University of Hawaii Evaluation team for CY 2022 with plans to extend for CY 2023.

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

Not Applicable

6. Status of Study Participant Recruitment (if applicable)

Not Applicable

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

See progress notes above. Unique results and impact on the Demonstration will be provided in upcoming reports.

VI. 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		$ 393,604,189	$ 422,427,541	$ 429,841,674	$ 432,076,554	$ 447,307,253	$5,585,612,101
EG 2 - Adults	2		$ 167,196,359	$ 205,539,067	$ 226,798,849	$ 246,754,662	$ 262,281,700	$3,162,076,276
EG 3 - Aged	3		$ 398,056,758	$ 459,050,895	$ 496,263,747	$ 475,772,123	$ 502,750,842	$6,240,297,290
EG 4 – Blind/Disabled	4		$ 477,914,067	$ 526,166,658	$ 524,477,057	$ 649,187,694	$ 685,289,061	$7,019,176,392
TOTAL			**$ 1,436,771,372**	**$ 1,613,184,161**	**$ 1,677,381,327**	**$ 1,803,791,033**	**$ 1,897,628,856**	**$ 8,428,756,750**

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	$ 393,604,189	$ 422,427,541	$ 429,841,674	$ 432,076,554	$ 447,307,253	
Difference			$ 235,841,079	$ 274,893,055	$ 313,414,880	$ 337,271,844	$ 349,159,435	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 176,880,809	$ 206,169,791	$ 235,061,160	$ 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	$ 167,196,359	$ 205,539,067	$ 226,798,849	$ 246,754,662	$ 262,281,700	
Difference			$ 222,116,479	$ 267,362,963	$ 307,718,284	$ 311,001,279	$ 330,572,397	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 166,587,359	$ 200,522,222	$ 230,788,713	$ 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	$ 398,056,758	$ 459,050,895	$ 496,263,747	$ 475,772,123	$ 502,750,842	
Difference			$ 260,832,486	$ 305,623,870	$ 387,256,232	$ 252,108,536	$ 257,406,155	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 195,624,364	$ 229,217,903	$ 290,442,174	$ 189,081,402	$ 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	$ 477,914,067	$ 526,166,658	$ 524,477,057	$ 649,187,694	$ 685,289,061	
Difference			$ 279,593,939	$ 320,097,099	$ 376,769,081	$ 331,768,908	$ 349,071,717	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 209,695,454	$ 240,072,825	$ 282,576,810	$ 248,826,681	$ 261,803,788	
Total Reduction			**$ 748,787,986**	**$ 875,982,741**	**$ 1,038,868,857**	**$ 924,112,926**	**$ 964,657,278**	**$ 4,552,409,788**

BASE VARIANCE			**$ 249,595,995**	**$ 291,994,247**	**$ 346,289,619**	**$ 308,037,642**	**$ 321,552,426**	**$ 1,517,469,929**
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								**$ 1,517,469,929**

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)			$ 1,686,367,368	$ 3,591,545,775	$ 5,615,216,722	$ 7,727,045,397	$ 9,946,226,679	
Allowed Cumulative Variance (= CTP X CBNL)			$ 33,727,347	$ 53,873,187	$ 56,152,167	$ 38,635,227	$ -	
Actual Cumulative Variance (Positive = Overspending)			$ (249,595,995)	$ (541,590,242)	$ (887,879,861)	$ (1,195,917,503)	$ (1,517,469,929)	
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		$642,883,100	$873,842,680	$1,030,749,731	$953,114,864	$1,023,835,987	
TOTAL			**$ 642,883,100**	**$ 873,842,680**	**$ 1,030,749,731**	**$ 953,114,864**	**$ 1,023,835,987**	**$ 4,524,426,362**

HYPOTHETICALS VARIANCE 1			**$ 626,175,637**	**$ 838,415,071**	**$ 1,035,125,958**	**$ 747,097,616**	**$ 802,532,932**	**$ 4,049,347,214**

HYPOTHETICALS TEST 2

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1	**Total**	$ -	$ -	$ -	$ 4,516,087	$ 5,820,928	
		PMPM	$1,184.76	$1,241.63	$1,301.23	$1,363.69	$1,429.15	
		Mem-Mon				3,312	4,073	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 4,516,087**	**$ 5,820,928**	**$ 10,337,015**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1		$ -	$ -	$ -	$ 4,393,944	$ 5,663,970	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 4,393,944**	**$ 5,663,970**	**$ 10,057,914**

HYPOTHETICALS VARIANCE 2			**$ -**	**$ -**	**$ -**	**$ 122,143**	**$ 156,958**	**$ 279,101**

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**	$ -	$ -	$ -	$ 12,316,585	$ 15,875,210	
		PMPM	$3,231.17	$3,386.27	$3,548.81	$3,719.15	$3,897.67	
		Mem-Mon				3,312	4,073	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 12,316,585**	**$ 15,875,210**	**$ 28,191,795**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita								
EG 7 – CIS Community Transition Pilot	1		$ -	$ -	$ -	$ 11,983,484	$ 15,447,190	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 11,983,484**	**$ 15,447,190**	**$ 27,430,674**

HYPOTHETICALS VARIANCE 3			**$ -**	**$ -**	**$ -**	**$ 333,101**	**$ 428,020**	**$ 761,121**

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
Start Date	8/1/1994	8/1/1995	8/1/1996	8/1/1997	9/1/1998	9/1/1999	9/1/2000	9/1/2001	9/1/2002	9/1/2003	9/1/2004	9/1/2005	9/1/2006	9/1/2007	9/1/2008
End Date	7/31/1995	7/31/1996	7/31/1997	7/31/1998	8/31/1999	8/31/2000	8/31/2001	8/31/2002	8/31/2003	8/31/2004	8/31/2005	8/31/2006	8/31/2007	8/31/2008	8/31/2009

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

Enter any general comments / notes:

MEG Definitions

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

WOW PMPMs and Aggregates

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

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

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

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

Program Spending Limits

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

Date Pulled On:	11/3/2022	Reporting DY	29
For the Time Period Through:	9/30/2022	Reporting Quarter	1

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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	184,750,729	364,919,440	307,865,937	320,856,325	330,120,146	561,530,649	369,932,172	393,768,865	407,334,522	72,539,403	0	4,776,239,697	4,776,239,697
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	14,925,306	37,994,810	48,712,106	46,535,285	55,494,164	85,110,900	64,462,027	101,049,983	123,390,620	21,760,135	0	688,541,980	688,541,980
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	49,105,356	98,847,286	163,362,887	158,584,686	154,651,730	248,116,345	151,179,620	164,309,964	165,032,786	28,860,050	0	1,735,371,847	1,735,371,847
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	148,440,400	290,201,052	285,336,958	310,399,367	340,654,230	475,546,496	330,668,845	365,118,586	363,014,834	61,525,813	0	4,052,429,056	4,052,429,056
Blind/Disable without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	365,104	585,588	277,616	222,869	103,847	107,702	6,122	35,680	11,676	0	0	3,919,750	3,919,750
Current	0	493,934,086	0	0	0	0	1,661,326	159,616,917	75,521,154	0	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	0	191,848,117	343,651,347	477,526,936	537,025,591	790,507,964	526,643,959	713,486,752	851,525,216	154,719,115	0	4,586,934,997	4,586,934,997
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	173,482	703,614	618,274	885,664	1,318,600	2,348,338	1,739,142	2,028,913	1,783,310	285,431	0	12,540,540	12,540,540
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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1,331	216,960,871	165,225,916	110,172,746	126,903,675	190,895,331	116,239,141	160,384,243	179,224,515	31,668,141	0	1,297,675,910	1,297,675,910
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	80,834,871	202,315,960	172,913,238	169,042,108	182,723,816	255,652,778	164,063,181	203,396,880	225,141,112	40,705,233	0	2,662,413,273	2,662,413,273
State Plan Children	0	0	0	0	0	0	0	(41)	(9,403)	2,008	878	2,541,467	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	106,595,461	248,491,959	306,184,281	316,589,868	372,170,444	594,738,762	391,865,047	420,400,786	428,058,364	72,971,905	0	4,766,947,248	4,766,947,248
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	7,500,002	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1,746,788,725	1,886,418,223	1,978,888,559	2,102,496,436	3,207,325,578	2,119,042,755	2,526,034,988	2,746,163,016	485,035,226	0	30,191,742,947	30,191,742,947

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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	95,671,244	189,594,079	162,182,080	173,947,428	181,187,273	304,987,760	211,590,650	233,427,822	243,336,832	43,407,580	0	2,706,350,136	2,706,350,136
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	7,728,650	19,714,968	25,630,796	25,194,791	30,421,066	46,082,640	36,952,652	59,850,102	73,656,066	13,021,264	0	390,327,359	390,327,359
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	25,392,157	51,341,230	86,036,126	85,942,520	84,861,936	134,761,019	86,415,674	97,412,830	98,583,100	17,269,855	0	976,210,776	976,210,776
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	76,872,883	150,336,274	149,646,906	167,640,879	186,541,259	256,712,500	188,784,559	215,688,836	216,333,549	36,817,048	0	2,278,762,524	2,278,762,524
Blind/Disable without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	241,945	376,274	201,477	152,695	77,771	62,536	1,667	20,595	9,459	0	0	2,596,183	2,596,183
Current	0	247,684,665	0	0	0	0	904,176	83,526,544	40,668,142	0	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	0	157,511,412	316,564,065	458,125,253	498,122,382	734,323,269	479,842,528	641,976,011	766,242,469	139,247,205	0	4,191,954,594	4,191,954,594
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	89,632	365,633	326,044	480,663	723,548	1,274,696	993,347	1,204,713	1,068,531	170,802	0	7,082,461	7,082,461
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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1,331	216,942,873	165,225,680	110,132,233	120,601,049	178,669,104	105,973,053	144,324,310	161,278,343	28,501,326	0	1,231,649,302	1,231,649,302
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	41,647,789	104,818,328	90,882,653	91,217,054	100,152,370	138,551,846	94,917,138	121,104,884	134,483,011	24,358,011	0	1,513,158,500	1,513,158,500
State Plan Children	0	0	0	0	0	0	0	(23)	(5,530)	1,173	507	1,494,521	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	54,513,107	128,897,369	161,395,592	171,534,961	204,149,465	322,731,981	224,467,345	249,456,958	255,933,145	43,666,388	0	2,703,455,764	2,703,455,764
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	4,385,251	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1,068,686,328	1,206,703,074	1,321,117,940	1,407,568,159	2,119,661,770	1,431,231,937	1,765,685,377	1,951,908,278	346,459,479	0	19,118,000,328	19,118,000,328

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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	62,594,608	82,954,286	118,530,760	105,382,868	96,942,056	139,266,156	92,612,419	115,574,568	87,270,471	0	0	1,245,285,199	1,245,285,199
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	82,954,286	118,530,760	105,382,868	96,942,056	139,266,156	92,612,419	115,574,568	87,270,471	0	0	1,293,249,452	1,293,249,452

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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	48,414,408	61,342,106	93,307,850	78,500,894	71,333,202	98,697,486	64,043,270	77,060,475	59,272,918	0	0	856,249,237	856,249,237
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	61,342,106	93,307,850	78,500,894	71,333,202	98,697,486	64,043,270	77,060,475	59,272,918	0	0	880,945,852	880,945,852

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	$1,783,310	$285,431	
EG 1 - Children	1	State Plan Children	$391,865,047	$420,400,786	$428,058,364	$72,971,905	
EG 2 - Adults	2	State Plan Adults	$164,063,181	$203,396,880	$225,141,112	$40,705,233	
EG 2 - Adults	2	Breast Cervical Cancer Treatment (BCCT)	$6,122	$35,680	$11,676		
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	$369,932,172	$393,768,865	$407,334,522	$72,539,403	
EG 3 - Aged	3	Aged w/o Mcare	$64,462,027	$101,049,983	$123,390,620	$21,760,135	
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	$151,179,620	$164,309,964	$165,032,786	$28,860,050	
EG 4 – Blind/Disabled	4	B/D w/o Mcare	$330,668,845	$365,118,586	$363,014,834	$61,525,813	
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	$526,643,959	$713,486,752	$851,525,216	$154,719,115	
EG 5 – Group VIII	1	Newly Eligible Adults	$116,239,141	$160,384,243	$179,224,515	$31,668,141	
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			$2,119,042,755	$2,526,034,988	$2,746,163,016	$485,035,226	

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	-$5,633,206		Cost share
EG 4 – Blind/Disabled	4	-$3,558,280	-$3,241,637	-$3,570,563	-$720,372		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	$393,604,189	$422,427,541	$429,841,674	$73,257,336	
EG 2 - Adults	2	$167,196,359	$205,539,067	$226,798,849	$40,705,233	
EG 3 - Aged	3	$398,056,758	$459,050,895	$496,263,747	$88,666,332	
EG 4 – Blind/Disabled	4	$477,914,067	$526,166,658	$524,477,057	$89,665,491	
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	$642,883,100	$873,842,680	$1,030,749,731	$186,387,256	
Hypothetical 2 Per Capita						
EG 6 - CIS	1					
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1					
TOTAL		**$ 2,079,654,472**	**$ 2,487,026,841**	**$ 2,708,131,058**	**$ 478,681,648**	**$ -**

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				$358,819,218	$447,307,253
EG 2 - Adults	2				$206,049,429	$262,281,700
EG 3 - Aged	3				$387,105,791	$502,750,842
EG 4 – Blind/Disabled	4				$559,522,203	$685,289,061
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1				$766,727,608	$1,023,835,987
Hypothetical 2 Per Capita						
EG 6 - CIS	1				$4,393,944	$5,663,970
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1				$11,983,484	$15,447,190

WW Spending - Total

Total Computable

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	$393,604,189	$422,427,541	$429,841,674	$432,076,554	$447,307,253
EG 2 - Adults	2	$167,196,359	$205,539,067	$226,798,849	$246,754,662	$262,281,700
EG 3 - Aged	3	$398,056,758	$459,050,895	$496,263,747	$475,772,123	$502,750,842
EG 4 – Blind/Disabled	4	$477,914,067	$526,166,658	$524,477,057	$649,187,694	$685,289,061
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	$642,883,100	$873,842,680	$1,030,749,731	$953,114,864	$1,023,835,987
Hypothetical 2 Per Capita						
EG 6 - CIS	1				$4,393,944	$5,663,970
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1				$11,983,484	$15,447,190
TOTAL		**$ 2,079,654,472**	**$ 2,487,026,841**	**$ 2,708,131,058**	**$ 2,773,283,325**	**$ 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	275495	
EG 2 - Adults	2	420665	492750	537079	91214	
EG 3 - Aged	3	339779	381363	426146	74440	
EG 4 – Blind/Disabled	4	286202	306260	312412	51890	
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	1411053	1816642	2091433	363654	
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				1389509	1706629
EG 2 - Adults	2				449221	553945
EG 3 - Aged	3				265093	342929
EG 4 – Blind/Disabled	4				273822	328969
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1				1278746	1683460
Hypothetical 2 Per Capita						
EG 6 - CIS	1				3312	4073
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1				3312	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				3,312	4,073
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1				3,312	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**	**$ 3,183,838,560**	**$ 14,498,636,467**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Medicaid Per Capita								
EG 1 - Children	1		$ 393,604,189	$ 422,427,541	$ 429,841,674	$ 432,076,554	$ 447,307,253	$5,585,612,101
EG 2 - Adults	2		$ 167,196,359	$ 205,539,067	$ 226,798,849	$ 246,754,662	$ 262,281,700	$3,162,076,276
EG 3 - Aged	3		$ 398,056,758	$ 459,050,895	$ 496,263,747	$ 475,772,123	$ 502,750,842	$6,240,297,290
EG 4 – Blind/Disabled	4		$ 477,914,067	$ 526,166,658	$ 524,477,057	$ 649,187,694	$ 685,289,061	$7,019,176,392
TOTAL			**$ 1,436,771,372**	**$ 1,613,184,161**	**$ 1,677,381,327**	**$ 1,803,791,033**	**$ 1,897,628,856**	**$ 8,428,756,750**

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	$ 393,604,189	$ 422,427,541	$ 429,841,674	$ 432,076,554	$ 447,307,253	
Difference			$ 235,841,079	$ 274,893,055	$ 313,414,880	$ 337,271,844	$ 349,159,435	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 176,880,809	$ 206,169,791	$ 235,061,160	$ 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	$ 167,196,359	$ 205,539,067	$ 226,798,849	$ 246,754,662	$ 262,281,700	
Difference			$ 222,116,479	$ 267,362,963	$ 307,718,284	$ 311,001,279	$ 330,572,397	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 166,587,359	$ 200,522,222	$ 230,788,713	$ 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	$ 398,056,758	$ 459,050,895	$ 496,263,747	$ 475,772,123	$ 502,750,842	
Difference			$ 260,832,486	$ 305,623,870	$ 387,256,232	$ 252,108,536	$ 257,406,155	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 195,624,364	$ 229,217,903	$ 290,442,174	$ 189,081,402	$ 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	$ 477,914,067	$ 526,166,658	$ 524,477,057	$ 649,187,694	$ 685,289,061	
Difference			$ 279,593,939	$ 320,097,099	$ 376,769,081	$ 331,768,908	$ 349,071,717	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 209,695,454	$ 240,072,825	$ 282,576,810	$ 248,826,681	$ 261,803,788	
Total Reduction			**$ 748,787,986**	**$ 875,982,741**	**$ 1,038,868,857**	**$ 924,112,926**	**$ 964,657,278**	**$ 4,552,409,788**

BASE VARIANCE			**$ 249,595,995**	**$ 291,994,247**	**$ 346,289,619**	**$ 308,037,642**	**$ 321,552,426**	**$ 1,517,469,929**
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								**$ 1,517,469,929**

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)			$ 1,686,367,368	$ 3,591,545,775	$ 5,615,216,722	$ 7,727,045,397	$ 9,946,226,679	
Allowed Cumulative Variance (= CTP X CBNL)			$ 33,727,347	$ 53,873,187	$ 56,152,167	$ 38,635,227	$ -	
Actual Cumulative Variance (Positive = Overspending)			$ (249,595,995)	$ (541,590,242)	$ (887,879,861)	$ (1,195,917,503)	$ (1,517,469,929)	
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		$642,883,100	$873,842,680	$1,030,749,731	$953,114,864	$1,023,835,987	
TOTAL			**$ 642,883,100**	**$ 873,842,680**	**$ 1,030,749,731**	**$ 953,114,864**	**$ 1,023,835,987**	**$ 4,524,426,362**

HYPOTHETICALS VARIANCE 1			**$ 626,175,637**	**$ 838,415,071**	**$ 1,035,125,958**	**$ 747,097,616**	**$ 802,532,932**	**$ 4,049,347,214**

HYPOTHETICALS TEST 2

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1	**Total**	$ -	$ -	$ -	$ 4,516,087	$ 5,820,928	
		PMPM	$1,184.76	$1,241.63	$1,301.23	$1,363.69	$1,429.15	
		Mem-Mon				3,312	4,073	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 4,516,087**	**$ 5,820,928**	**$ 10,337,015**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1		$ -	$ -	$ -	$ 4,393,944	$ 5,663,970	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 4,393,944**	**$ 5,663,970**	**$ 10,057,914**

HYPOTHETICALS VARIANCE 2			**$ -**	**$ -**	**$ -**	**$ 122,143**	**$ 156,958**	**$ 279,101**

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**	$ -	$ -	$ -	$ 12,316,585	$ 15,875,210	
		PMPM	$3,231.17	$3,386.27	$3,548.81	$3,719.15	$3,897.67	
		Mem-Mon				3,312	4,073	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 12,316,585**	**$ 15,875,210**	**$ 28,191,795**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita								
EG 7 – CIS Community Transition Pilot	1		$ -	$ -	$ -	$ 11,983,484	$ 15,447,190	
TOTAL			**$ -**	**$ -**	**$ -**	**$ 11,983,484**	**$ 15,447,190**	**$ 27,430,674**

HYPOTHETICALS VARIANCE 3			**$ -**	**$ -**	**$ -**	**$ 333,101**	**$ 428,020**	**$ 761,121**

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 PI Adults-Preg Immig/COFAs
State Plan Adults
State Plan Children
Supp. - Private
Supp. - State Gov.
UCC-Governmental
UCC-GOVT LTC
UCC-Private
VIII-Like Group
ADM WAIVERS

Demonstration Reporting Start DY	26
Demonstration Reporting End DY	30

Reporting Net Variance
$ 1,517,469,929

Schedule C
CMS 64 Waiver Expenditure Report
Cumulative Data Ending Quarter/Year : 1/2023

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	(4,931,133)	0	0	0	0	0	0	0	0	0	0	0	0	0	4,008,176	4,008,176
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	(4,931,133)	0	0	0	0	0	0	0	0	0	0	0	0	0	4,008,176	4,008,176

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
1,115	0	70,981,761	0	0	0	0	0	0	0	0	0	0	0	0	0
1902 R 2	0	173,206,589	0	0	0	0	(28,108)	0	0	0	0	0	0	0	0
1902 R 2X	0	(8,243,749)	0	0	0	0	0	0	0	0	0	0	0	0	0
1902R2	0	121,392	0	0	0	0	0	0	0	0	0	0	0	0	0
AFDC	0	148,069,654	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(295)
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged without Medicare - MF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(17,808)
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(28,991)
Blind/Disable without Medic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blind/Disabled with Medicar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Breast Cervical Cancer Treatr	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Current	0	493,934,086	0	0	0	0	1,661,326	159,616,917	75,521,154	0	0	0	0	0	0
CURRENT POP	0	272,778,438	0	0	0	0	0	0	0	0	0	0	0	0	0
Current-Hawaii Quest	0	0	0	0	0	0	0	0	40,064,795	0	0	0	0	0	0
Demo Elig Adults	0	0	0	0	0	0	0	0	134,638	1,995	51,709	318,560	127,982,800	129,456,848	154,209,257
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	91,499
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
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	135,520
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
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
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	56,504	120,767	115,693
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	122,839
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,100,418
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	76,678	103,084	80,075
Others	0	288,512,308	0	0	0	0	786,332	56,430,712	30,507,680	0	0	0	0	0	0
Others-Hawaii Quest	0	0	0	0	0	0	0	0	13,142,103	0	0	0	0	0	0
OthersX	0	(15,309,727)	0	0	0	0	0	0	0	0	0	0	0	0	0
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(2,751)	798,681	5,696,094
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,862,479
St Pl Adults-Preg Immig/COFA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
State Plan Adults	0	0	0	0	0	0	0	0	(10)	218	99	39,158	111,982,730	118,021,622	109,034,691
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
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	7,500,002	0	0	0
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	17,822,210	0	0	0
UCC-Governmental	0	0	0	0	0	0	0	0	0	0	0	0	15,688,221	22,546,108	18,919,184
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
UCC-Private	0	0	0	0	0	0	0	0	0	0	0	0	10,056,500	3,403,710	7,500,000
VIII-Like Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	1,430,419,192	673,385	19,929,180	15,337,318	10,916,896	18,580,159	228,727,963	244,800,211	294,243,934	368,276,721	514,860,384	444,696,938	454,123,543	464,246,301

Waiver Name	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
1,115	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902 R 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902 R 2X	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902R2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AFDC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged w/Mcare	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
Aged w/o Mcare	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
Aged with Medicare - MFP	0	0	0	0	0	0	0	(473,188)	(505,165)	(397,775)	(598,936)	(490,186)	(31,916)	0	0
Aged without Medicare - MF	0	0	0	0	0	0	0	(14,668)	(44,822)	(62,495)	(43,976)	(17,253)	0	0	0
B/D w/Mcare	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
B/D w/o Mcare	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
Blind/Disable without Medic	0	0	0	0	0	0	0	(324,738)	(333,645)	(370,635)	(399,762)	(294,330)	(17,997)	0	0
Blind/Disabled with Medicar	0	0	0	0	0	0	0	(61,110)	(74,223)	(153,925)	(230,511)	(81,788)	(2,258)	0	0
Breast Cervical Cancer Treatr	(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
Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT POP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Current-Hawaii Quest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Demo Elig Adults	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
Expansion State Adults	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
FosterCare(19-20)	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
HawaiiQuest-1902(R)(2)	26,332	8,001	0	0	0	0	0	0	0	0	0	0	0	0	0
HCCP	683,159	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HealthQuest-Others	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Med Needy Adults	58,345	117,005	109,837	8,305	0	0	0	0	0	0	0	0	0	0	0
Med Needy Children	7,715	3,960	0	0	0	0	0	0	0	0	0	0	0	0	0
MFCP	581,513	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Newly Eligible Adults	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
NH w/o W	16,199,737	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Opt St Pl Children	257,166	253,182	31	0	0	0	0	0	0	0	0	0	0	0	0
Others	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Others-Hawaii Quest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OthersX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
QUEST ACE	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
RAACP	17,432,949	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St Pl Adults-Preg Immig/COFA	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
State Plan Adults	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
State Plan Children	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
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
UCC-Governmental	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
UCC-GOVT LTC	0	0	0	609,561	0	0	0	0	0	0	0	0	0	0	0
UCC-Private	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
VIII-Like Group	0	0	0	0	0	71,468,225	(8,863)	0	0	0	0	0	0	0	0
Total	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

Waiver Name	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
1,115	0	0	0	0	0	0	0	0	0	0	0	70,981,761	70,981,761
1902 R 2	0	0	0	0	0	0	0	0	0	0	0	173,178,481	173,178,481
1902 R 2X	0	0	0	0	0	0	0	0	0	0	0	(8,243,749)	(8,243,749)
1902R2	0	0	0	0	0	0	0	0	0	0	0	121,392	121,392
AFDC	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	4,883,867,660	4,883,867,660
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	720,729,130	720,729,130
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	(2,497,166)	(2,497,166)
Aged without Medicare - MF	0	0	0	0	0	0	0	0	0	0	0	(183,214)	(183,214)
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	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	4,137,723,672	4,137,723,672
Blind/Disable without Medic	0	0	0	0	0	0	0	0	0	0	0	(1,741,107)	(1,741,107)
Blind/Disabled with Medicar	0	0	0	0	0	0	0	0	0	0	0	(603,815)	(603,815)
Breast Cervical Cancer Treatr	0	0	0	0	0	0	0	0	0	0	0	3,918,799	3,918,799
Current	0	0	0	0	0	0	0	0	0	0	0	730,733,483	730,733,483
CURRENT POP	0	0	0	0	0	0	0	0	0	0	0	272,778,438	272,778,438
Current-Hawaii Quest	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	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	4,816,990,914	4,816,990,914
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	12,983,234	12,983,234
HawaiiQuest-1902(R)(2)	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	818,679	818,679
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	1,007,884,906	1,007,884,906
HealthQuest-Others	0	0	0	0	0	0	0	0	0	0	0	297,918,759	297,918,759
Med Needy Adults	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	11,675	11,675
MFCP	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	1,345,349,311	1,345,349,311
NH w/o W	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	770,216	770,216
Others	0	0	0	0	0	0	0	0	0	0	0	376,237,032	376,237,032
Others-Hawaii Quest	0	0	0	0	0	0	0	0	0	0	0	13,142,103	13,142,103
OthersX	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	205,847,849	205,847,849
RAACP	0	0	0	0	0	0	0	0	0	0	0	25,295,428	25,295,428
St Pl Adults-Preg Immig/COFA	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	0	0	0	2,723,071,003	2,723,071,003
State Plan Children	0	0	0	0	0	0	0	0	0	0	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	7,500,002
Supp. - State Gov.	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	216,220,054	216,220,054
UCC-GOVT LTC	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	355,642,946	355,642,946
VIII-Like Group	0	0	0	0	0	0	0	0	0	0	0	71,459,362	71,459,362
Total	0	0	0	0	0	0	0	0	0	0	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
1,115	0	35,490,882	0	0	0	0	0	0	0	0	0	0	0	0	0
1902 R 2	0	86,769,823	0	0	0	0	(14,054)	0	0	0	0	0	0	0	0
1902 R 2X	0	(4,205,136)	0	0	0	0	0	0	0	0	0	0	0	0	0
1902R2	0	60,696	0	0	0	0	0	0	0	0	0	0	0	0	0
AFDC	0	74,034,827	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(199)
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged without Medicare - MF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(11,688)
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(19,525)
Blind/Disable without Medic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blind/Disabled with Medicar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Breast Cervical Cancer Treatr	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Current	0	247,684,665	0	0	0	0	904,176	83,526,544	40,668,142	0	0	0	0	0	0
CURRENT POP	0	136,389,220	0	0	0	0	0	0	0	0	0	0	0	0	0
Current-Hawaii Quest	0	0	0	0	0	0	0	0	22,572,505	0	0	0	0	0	0
Demo Elig Adults	0	0	0	0	0	0	0	0	79,127	1,144	30,236	186,922	75,196,276	74,766,107	87,642,204
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	51,916
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
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	76,578
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
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
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	32,497	68,553	68,082
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	69,404
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,881,647
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	44,819	59,404	45,487
Others	0	144,525,295	0	0	0	0	426,612	29,580,209	16,428,385	0	0	0	0	0	0
Others-Hawaii Quest	0	0	0	0	0	0	0	0	7,404,260	0	0	0	0	0	0
OthersX	0	(7,809,492)	0	0	0	0	0	0	0	0	0	0	0	0	0
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(1,583)	454,606	3,232,556
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,442,944
St Pl Adults-Preg Immig/COFA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
State Plan Adults	0	0	0	0	0	0	0	0	(6)	125	52	22,986	65,812,117	68,288,552	61,892,816
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
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	4,385,251	0	0	0
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	10,614,749	0	0	0
UCC-Governmental	0	0	0	0	0	0	0	0	0	0	0	0	9,212,484	13,041,165	10,762,501
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
UCC-Private	0	0	0	0	0	0	0	0	0	0	0	0	5,787,516	1,958,835	4,237,500
VIII-Like Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	716,158,823	337,412	9,969,512	7,672,629	5,463,666	9,493,195	119,743,378	135,002,643	169,413,692	226,620,677	303,853,039	261,079,907	262,434,464	263,476,907

Waiver Name	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
1,115	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902 R 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902 R 2X	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902R2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AFDC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged w/Mcare	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
Aged w/o Mcare	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
Aged with Medicare - MFP	0	0	0	0	0	0	0	(249,679)	(273,613)	(218,333)	(324,766)	(277,623)	(19,044)	0	0
Aged without Medicare - MF	0	0	0	0	0	0	0	(7,720)	(24,377)	(34,310)	(23,817)	(9,392)	0	0	0
B/D w/Mcare	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
B/D w/o Mcare	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
Blind/Disable without Medic	0	0	0	0	0	0	0	(171,495)	(180,813)	(203,447)	(216,481)	(166,339)	(10,739)	0	0
Blind/Disabled with Medicar	0	0	0	0	0	0	0	(32,236)	(40,358)	(84,504)	(125,175)	(45,986)	(1,347)	0	0
Breast Cervical Cancer Treatr	(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
Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT POP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Current-Hawaii Quest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Demo Elig Adults	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
Expansion State Adults	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
FosterCare(19-20)	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
HawaiiQuest-1902(R)(2)	19,755	5,389	0	0	0	0	0	0	0	0	0	0	0	0	0
HCCP	438,797	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HealthQuest-Others	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Med Needy Adults	38,985	78,049	64,590	4,238	0	0	0	0	0	0	0	0	0	0	0
Med Needy Children	5,196	2,666	0	0	0	0	0	0	0	0	0	0	0	0	0
MFCP	368,050	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Newly Eligible Adults	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
NH w/o W	10,235,011	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Opt St Pl Children	166,217	170,408	21	0	0	0	0	0	0	0	0	0	0	0	0
Others	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Others-Hawaii Quest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OthersX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
QUEST ACE	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
RAACP	10,922,768	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St Pl Adults-Preg Immig/COFA	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
State Plan Adults	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
State Plan Children	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
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
UCC-Governmental	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
UCC-GOVT LTC	0	0	0	307,706	0	0	0	0	0	0	0	0	0	0	0
UCC-Private	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
VIII-Like Group	0	0	0	0	0	37,060,184	(4,595)	0	0	0	0	0	0	0	0
Total	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

Waiver Name	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
1,115	0	0	0	0	0	0	0	0	0	0	0	35,490,882	35,490,882
1902 R 2	0	0	0	0	0	0	0	0	0	0	0	86,755,769	86,755,769
1902 R 2X	0	0	0	0	0	0	0	0	0	0	0	(4,205,136)	(4,205,136)
1902R2	0	0	0	0	0	0	0	0	0	0	0	60,696	60,696
AFDC	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	2,773,491,257	2,773,491,257
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	417,014,352	417,014,352
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	(1,363,058)	(1,363,058)
Aged without Medicare - MF	0	0	0	0	0	0	0	0	0	0	0	(99,616)	(99,616)
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	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	2,331,707,410	2,331,707,410
Blind/Disable without Medic	0	0	0	0	0	0	0	0	0	0	0	(949,314)	(949,314)
Blind/Disabled with Medicar	0	0	0	0	0	0	0	0	0	0	0	(329,606)	(329,606)
Breast Cervical Cancer Treatr	0	0	0	0	0	0	0	0	0	0	0	2,595,466	2,595,466
Current	0	0	0	0	0	0	0	0	0	0	0	372,783,527	372,783,527
CURRENT POP	0	0	0	0	0	0	0	0	0	0	0	136,389,220	136,389,220
Current-Hawaii Quest	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	0	0	0	904,978,360	904,978,360
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	4,398,903,317	4,398,903,317
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	7,359,441	7,359,441
HawaiiQuest-1902(R)(2)	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	515,375	515,375
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	592,242,508	592,242,508
HealthQuest-Others	0	0	0	0	0	0	0	0	0	0	0	174,521,683	174,521,683
Med Needy Adults	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	7,862	7,862
MFCP	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	1,274,539,431	1,274,539,431
NH w/o W	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	486,356	486,356
Others	0	0	0	0	0	0	0	0	0	0	0	190,960,501	190,960,501
Others-Hawaii Quest	0	0	0	0	0	0	0	0	0	0	0	7,404,260	7,404,260
OthersX	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	115,387,223	115,387,223
RAACP	0	0	0	0	0	0	0	0	0	0	0	15,365,712	15,365,712
St Pl Adults-Preg Immig/COFA	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	0	0	0	1,551,052,497	1,551,052,497
State Plan Children	0	0	0	0	0	0	0	0	0	0	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	4,385,251
Supp. - State Gov.	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	125,000,399	125,000,399
UCC-GOVT LTC	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	190,760,884	190,760,884
VIII-Like Group	0	0	0	0	0	0	0	0	0	0	0	37,055,589	37,055,589
Total	0	0	0	0	0	0	0	0	0	0	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	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	90,857,632	20,407,580	0	0	0	0	0	0	0	0	0	0	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	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	0	0	0	0	0	0	0	0	0	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	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	61,165,547	12,896,088	0	0	0	0	0	0	0	0	0	0	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	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	0	0	0	0	0	0	0	0	0	0	895,734,569	895,734,569

Summary of Expenditures by Waiver Year

Schedule C
CMS 64 Waiver Expenditure Report
Cumulative Data Ending Quarter/Year : 1/2023

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
1915(i)-like Evaluations	0	4,451,405	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HCBS Waiver LOC Timelines	0	11,179,167	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Retainer Payments	0	3,099,823	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**0**	**18,730,395**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Waiver Name	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
1915(i)-like Evaluations	0	0	0	0	0	0	0	1,905,780	1,304,973	0	0	0	0	0	0	0	0	0	0	0	7,662,158	7,662,158
HCBS Waiver LOC Timelines	0	0	0	0	0	0	0	2,826,695	3,184,774	0	0	0	0	0	0	0	0	0	0	0	17,190,636	17,190,636
Retainer Payments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3,099,823	3,099,823
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**4,732,475**	**4,489,747**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**27,952,617**	**27,952,617**

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
1915(i)-like Evaluations	0	2,653,633	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HCBS Waiver LOC Timelines	0	6,667,974	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Retainer Payments	0	1,840,512	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**0**	**11,162,119**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Waiver Name	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
1915(i)-like Evaluations	0	0	0	0	0	0	0	1,140,419	780,896	0	0	0	0	0	0	0	0	0	0	0	4,574,948	4,574,948
HCBS Waiver LOC Timelines	0	0	0	0	0	0	0	1,691,494	1,905,769	0	0	0	0	0	0	0	0	0	0	0	10,265,237	10,265,237
Retainer Payments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,840,512	1,840,512
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2,831,913**	**2,686,665**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**16,680,697**	**16,680,697**