Hawaii QUEST Integration

1115 Waiver

Quarterly CMS Monitoring Report

Federal Fiscal Year 2022 3rd Quarter (DY28 Q3)

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Reporting Period: **April 2022 – June 2022**

Federal Fiscal Quarter:	3rd Quarter 2022
State Fiscal Quarter:	4th Quarter 2022
Calendar Year Quarter:	2nd Quarter 2022
Demonstration Year:	28th Year (10/1/21 – 9/30/22)

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Attachments

Attachment A: Up-To-Date Budget Neutrality Summary

The Budget Neutrality Summary (worksheet) for the quarter ending 3/31/2022 is attached. The Budget Neutrality Summary for the quarter ending 6/30/2022 will be submitted by the 8/31/2022 deadline.

Attachment B: Budget Neutrality Workbook

The Budget Neutrality Workbook for the quarter ending 3/31/2022 is attached. The Budget Neutrality Summary for the quarter ending 6/30/2022 will be submitted by the 8/31/2022 deadline.

Attachment C: Schedule C

A Schedule C for the quarter ending 6/30/2022 is attached. Schedule C includes a summary of expenditures for the reporting period.

I. Introduction

Hawaii's QUEST Integration (QI) is a state of Hawaii (State) Department of Human Services (DHS) and Med-QUEST Division (MQD) comprehensive section 1115(a) 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. 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.

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 (collectively, Health Plans). Med-QUEST Division works closely with the Health Plans to facilitate contract implementation and improve healthcare access and services to members.

A task force of key MQD and Health Plan staff has continued to meet twice monthly on various critical topics, including deliberation and planning for post-PHE redeterminations and unwinding activities. Med-QUEST Division is collaborating with the Health Plans on ways to prepare for the upcoming redeterminations, and to effectively disseminate and communicate redetermination information and its importance, to members. The primary messaging focus is currently on having members update their contact information.

Also, this quarter yielded much anticipated and hard-fought improvements and expansions to the State Medicaid program. In particular, MQD received legislative and budget approval to expand post-partum coverage of members for a full 12 months after delivery date, from the previous 60-day post-partum coverage period. Med-QUEST Division also received legislative and budget approval to expand adult dental benefits beyond emergency dental services, to include prevention, oral disease control, and some restoration of chewing functions.

II. Operational Updates

A. Key Achievements and Challenges Related to the 1115 Waiver

1. Managed Care

Health Plan Reporting

This quarter, Health Plans continued to submit newly designed reports as part of the QI 2021 contract. Embedded in these reports, is a framework to consolidate reporting information into specific focus areas and to analyze performance based on Key Performance Indicators (KPIs). During 2021, and continuing into 2022, weekly training and technical assistance sessions have been held with the Health Plans to socialize the new reports. 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)

A key achievement reached during this quarter and related to Dual Eligible Special Needs Plans (D-SNPs), is the award of 3 years of technical assistance through the Advancing Medicare and Medicaid Integration (AMMI) initiative of Arnold Ventures. Arnold Ventures, a philanthropy organization, is providing grant funds and is partnering with the Center for Health Care Strategies (CHCS) to provide technical assistance and support to states in developing and implementing strategies to improve the integration of care for the duals population (individuals eligible to receive both Medicare and Medicaid). ATI Advisory, a research and advisory firm, was the grant applicant and contracted with Speire Healthcare Strategies, LLC, a boutique health care consulting firm, to provide the assistance to MQD.

From March through May of 2022, MQD worked closely with ATI Advisory and Speire Healthcare Strategies to develop and frame the various objectives and initiatives proposed. The grant was reviewed and awarded by Arnold Ventures in June 2022. The culminating project is titled, "*Elevating Integrated Care Options and Program Design for Dual Eligible Beneficiaries in Hawaii*". This project has 3 main initiatives: enhancing the D-SNP platform with the launch of Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs) and all FIDE requirements; leveraging the

All-Payer Claims Database (APCD) and implementing other data sharing and strategies to facilitate the coordination of care between D-SNPs and other state agencies for Medicaid subpopulations receiving specialized care through carve-out programs; and increasing knowledge of the Medicare Fee For Service (FFS) populations to identify areas of need such as education opportunities, and to inform Managed Long Term Services and Supports (MLTSS) program design.

Key to this success, is the knowledge and expertise of both ATI Advisory and Speire Healthcare Strategies, and the close collaboration between them and MQD.

All Patient Refined Diagnosis Related Groups (APR DRGs)

As noted in prior quarterly reports, for admissions beginning on July 1, 2022, the APR DRG payment methodology will be used for inpatient hospital payments as approved by CMS in the Hawaii State Plan section 4.19a. In preparation, Hawaii has continued to meet frequently with the Health Plans and hospitals, including in joint meetings convened by the hospital trade association, Healthcare Association of Hawaii.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program: Periodicity & Modernization – "EPSDT Online"

As described in the prior quarterly report, EPSDT Online launched January 1, 2022 and continues to mature. Med-QUEST Division requires EPSDT providers to submit clinical EPSDT data for enhanced reimbursement. The EPSDT Online tool modernizes the processes for all stakeholders while also improving the quality of clinical data collected. EPSDT providers can now submit clinical EPSDT visit data to a shared database where plans, and providers can access, review, and provide feedback on submissions of EPSDT visit data. This reporting period activity for EPSDT Online focused on post-launch updates to improve user experiences, development of a self-service user administration module, and working with Health Plans to prepare for implementation of file processing.

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

This quarter, MQD initiated contracting for a home and community based services rate study. This is rated to the American Rescue Plan Act (ARPA) HCBS spending plan as well as a legislative resolution to conduct such a study.

3. Community Integration Services (CIS)

Hawaii has increased its recent efforts to enroll providers for CIS. In the current quarter, Hawaii added five additional CIS providers, bringing the total to seven CIS providers.

4. Other

Member Outreach

New contracts for community outreach were procured during this quarter. Many of the same contractors were awarded contracts, along with a few new contractors. All information regarding these community partners is listed on the MQD website.

Data Quality Strategy

This quarter, the MQD Health Analytics Office (HAO) and contractor Freedman Healthcare (FHC) continued work on the 2022 Data Quality Strategy.

In April, MQD adopted a set of updated data quality definitions of completeness, validity, timeliness, plausibility, and accuracy. While the 2022 Data Quality Strategy is focused on encounter data quality improvement, these definitions are flexible enough to be applied to future areas of data quality improvement work.

For the goal to reduce pended encounters, HAO and FHC leveraged previous work that compared encounter data edits with MQD business policies to understand: 1) which edits do not align with MQD business policies; 2) which edits align with MQD business policies but aren't well-documented for the Managed Care Organizations (MCOs); and 3) which edits align with MQD business policies and are well-documented. This quarter, HAO and FHC researched a subset of edits that do not align with MQD business policies with MQD and MCO stakeholders to understand if the edits could be turned off for MCO encounters or if the business policy should be clarified. Through this approach, MQD plans on reducing current pended encounters and preventing future encounters from pending.

HAO and FHC also made headway in implementing a Data Quality Monitoring Program to measure the volume of income encounters and proactively identify issues related to timeliness and completeness. Next quarter MQD will share these results with the MCOs and discuss corrective action plans for addressing any issues identified.

Finally, in the third quarter HAO and FHC documented the business process MQD follows to update its internal reference tables on validity and coverage of service and diagnosis codes, which cause encounters to pend when they are not updated in a timely manner. After documenting the "as-is" model for this business process, FHC proposed a "to-be" model to cut down on inefficiencies and duplicated work. Next quarter, MQD will adopt some recommendations from the "to-be" model to streamline its processes.

B. Issues or Complaints Identified by Beneficiaries

Non-Emergency Transportation

Complaints related to non-emergency transportation continue to be received. The issues raised involve no-shows for members who have standing orders of door-to-door transportation for routine procedures and follow-up doctor appointments, and difficulty with long waiting periods. Med-QUEST Division addressed these issues directly with the Health Plans.

Some underlying factors appear to be pandemic-related, such as shortages in the labor force. Apparently, with COVID-19 challenges and the overall cost-of-living spikes, some providers have been unable to remain afloat and have closed shop, or are taking extended breaks. Unfortunately, this results in service shortages and lengthier wait times.

Grievance Process or Resolution Results

Grievances have been trending down this quarter. There was a total of 10 grievances received throughout the quarter, with 5 of such grievances originating from the same individual. Monthly appeals have also been trending down this quarter, averaging about 1-2 per month. The exact reason for this is unknown. A possible influence could have been, the reopening of the State from pandemic restrictions which released more of the population back into the public. During the peak of the pandemic while many individuals were isolating in-doors or at home, the number of grievances and appeals was significantly elevated.

Despite the recent decline in grievances and appeals, MQD has been challenged with difficult cases presenting member assertions of dissatisfaction with the grievance process or resolution results. Due to such dissatisfaction, members request repeatedly to have cases continued or reopened.

C. Audits, Investigations, Lawsuits, or Legal Actions

Unified Program Integrity Contractors (UPIC) Audits

UPIC hospice audits are concluding. Hospice providers have been afforded the opportunity to dispute findings. Once resolutions are established, the collection of due funds, if any, will follow. Regarding Continuous Positive Airway Pressure (CPAP) supplies, CPAP providers are currently in the process of contesting any disputed findings. Finally, a couple cases involving the prescription of opioids, has been turned over to law enforcement.

D. Unusual or Unanticipated Trends

Due to the pandemic and the continuous coverage requirements tied to the federal Public Health Emergency (PHE), there has been continued increases in the Medicaid populations, particularly in the working-age adult groups. Hawaii experienced a 37% increase in enrollment since March 2020. Med-QUEST Division continues to plan and think through the impact that the end of the PHE will have on continuous coverage, and any additional waivers needed that MQD will apply for. There are no other unusual or unanticipated trends to report.

E. Legislative Updates

The legislature concluded the first week of May 2022. It yielded much anticipated and hard-fought improvements and expansions to the state Medicaid program. MQD received legislative approval to cover members for a full 12 months after delivery date, expanding the previous 60-day post-partum coverage

period. The legislature also granted MQD approval to cover adult dental benefits beyond emergency dental services. The newly approved coverage will include prevention, oral disease control, and some restoration of chewing functions. Med-QUEST Division Health Analytics & Information Program Officer, Ranjani R. Starr, Ph.D., M.P.H., and former MQD Dental Consultant, Dan F. Fujii, D.D.S., M.P.H., collaborated and worked extensively with the research arm of the American Dental Association on a research brief titled, "*Estimating the Cost of Introducing Comprehensive Medicaid Adult Dental Benefits in Hawaii*", that presented the benefits and costs of expanding dental coverage for Medicaid beneficiaries. Their research and analyses were pivotal in gaining the legislative support to include adult dental services in the Hawaii Medicaid benefits. Med-QUEST Division is in the process of submitting State Plan Amendments (SPAs) to address both the post-partum expansion and the adult dental expansion.
Additionally, the nursing facility trade association successfully requested one-time funds to help address losses suffered during the pandemic. Home and Community Based Service providers were included to the bill to provide a one-time funding support for those providers as well. These additional dollars have been incorporated into the Hawaii Medicaid managed care contract rate submission effective July 1, 2022.
There were many bills introduced on the topic of telehealth and audio-only health care services. In Hawaii, audio-only is explicitly excluded from the definition of telehealth. One bill passed that defined audio-only health care services. However, Governor Ige vetoed it. Thus, there were ultimately no changes to telehealth in the legislative session.

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 April 20, 2022, and June 22, 2022. Public comments were received from both meetings and are summarized below.

MHAC meeting, April 20, 2022

In accordance with 42 CFR 431.420 (c), the State held its annual public forum for the QUEST Integration Section 1115 Demonstration Project at the MHAC meeting held on April 20, at 6:00 p.m. During this public forum MQD reported out on various issues including its mission, increased enrollment (at this time it is at 444,444), and the new contract with the 5 Health Plans effective 7/1/21. Various specific waiver items were discussed including the supportive housing benefit under community integration services and the added community transition services that includes transitional case management services, housing quality and safety improvement services, legal assistance and securing house payments. Additionally, updates were provided on default enrollment for Hawaii dual eligible population, new reporting structure for the Managed Care Plans to capture information on key performance indicators, the issuance of MQD's first health plan manual on 7/1/21, and the mobile clinic for COVID-19 vaccine boosters. MQD also reviewed the approvals by CMS during the past year, such as the Section 9817 HCBS Financial Plan under the American Rescue Plan Act and the Risk Mitigation COVID-19 PHE amendment.

Comments were received by both MHAC members and the public regarding the information presented. One MHAC member commented that they appreciate the fact that MQD developed a health plan manual and asked whether MQD plans on incorporating all the MQD memos into

the health plan manual for ease of reference. The State explained that it is still working through this process, and this is the eventual goal. MHAC members also commented on how members can connect with Community Integration Services and the State explained that members work with their Health Plan and their health coordinator to conduct an assessment and to help them sign up and receive services.

One member from the public asked about Social Determinants of Health (SDOH) and how to change the delivery side as well as the payment side to the providers. The State explained that it is reviewing how other states addressed issues such as food insecurity and how to include it as part of Medicaid. The member also raised the issue of whether MQD is considering moving to a direct service model like Oregon or Colorado. The State explained that it does not have the capacity to do direct contracting between the State and all the community organizations and providers across the State and that it relies on the Managed Care Organizations to engage in the provider contracting.

MHAC meeting, June 22, 2022

Med-QUEST Division presented information regarding Outreach contract awards, restoration of adult dental services, updates to the Medicaid Innovation Collaborative, State Plan Amendments, MCO Health Plan brochures for the MQD Annual Plan Change and the Public Health Emergency (PHE) unwinding plans. The State received comments from both the MHAC members and the public regarding the information presented.

MHAC members wanted to know the specific vendors that were awarded Outreach contracts. MQD listed the vendors and explained they will be posted on the MQD website. Both MHAC members and the public had comments regarding the restoration of the adult dental benefit. They wanted to know if there is an individual cap or limit to the adult dental benefits and the budget for the dental benefit. Med-QUEST Division explained that there is no cap or limit and the budget should be sufficient to cover the services. The public expressed concerns regarding adequate provider network to service the adult population for dental services and whether MQD will be updating the Fee For Service (FFS) provider manual. Med-QUEST Division is aware of the provider network issue and is working with its contractor to recruit additional dental providers. Med-QUEST Division will also be updating the FFS provider manual with updates to the adult dental benefit.

Both MHAC members and the public had comments regarding the annual plan change notice and Health Plans' brochures. They want to know whether MQD encourages the members to reach out to their Health Plans, so they are aware of all of the Health Plan's programs and why a specific Health Plan is offering the opportunity to obtain their GED. Med-QUEST Division explained that it regularly encourages its members to review what each Health Plan offers when choosing a Health Plan and that MQD will add this concept in its newsletter. Med-QUEST Division also clarified that a couple of the Health Plans offer GED assistance as part of their focus on "whole person health" to assist members. The public commentator wanted to share that in his opinion having access to a nutritionist is more valuable than assistance with obtaining a GED. Another public commentator was excited to see the Health Plans offering native Hawaiian health services as part of their benefits package.

Both MHAC members and the public had comments regarding the PHE unwinding. Questions were raised regarding the infographics MQD is using to relay its messaging through soecial media. Med-QUEST Division will share the infographics with the MHAC members for their input. A public commentator had questions about language access issues as many Medicaid members have English as a second language. Med-QUEST Division clarified that if the member has already chosen another language other than English then their letter will be in the language they request, and MQD is partnering with organizations to assist with the language access issues. Questions were also raised regarding how the messaging will continue over the 12-month period and MQD is aware of the need for a sustained campaign during this time. Concerns were also raised as to the order of notifying members of possible termination and whether MQD has established any special considerations. MQD discussed special considerations for individuals who are houseless and the Duals population.

III. Performance Metrics

A. Impact of the Demonstration

1. Providing Insurance Coverage to Beneficiaries and the Uninsured Population

- Total enrollment as of 6/30/22: 449,845

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

- MQD continues to work with the Health Plans as the new reporting package is released in a phased approach and ensure that accurate, valid, and high-quality data on key performance metrics are being reported to MQD.

B. Results of Beneficiary Satisfaction Surveys (if conducted)

No CAHPS surveys were conducted during the reporting period.

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

Compared to last quarter, the percentage of appeals that were timely resolved increased from 95.6% to 99.2%. The percent of grievances that were timely resolved remained the same around 98.6%.

Type	Total	Timely Resolved* # (%)	Appeals Resolved in Favor of Beneficiaries** # (%)
Grievances	362	357 (98.6%)	***
Appeals	372	369 (99.26%)	238 (64.0%)

*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.
***MQD is working with Health Plans to collect this information and will report in a future quarterly report.

IV. Budget Neutrality and Financial Reporting Requirements

A. Financial Performance of the Demonstration

Hawaii continues to accrue budget neutrality savings as demonstrated in the most recent Budget Neutrality Summary. The hypothetical Expansion eligibility category also shows significant budget neutrality savings. These savings are projected to increase throughout the demonstration period.

B. Updated Budget Neutrality Workbook

The Budget Neutrality Workbook for the quarter ending 6/30/2022 will be submitted by the 8/31/2022 deadline. The Budget Neutrality Workbook for the quarter ending 3/31/2022 is attached (Attachment B).

C. Quarterly and Annual Expenditures

Expenditures for the quarter ending 6/30/2022 were reported on the CMS-64 and certified on 7/29/2022. A summary of expenditures is shown on the attached Schedule C for the quarter ending 6/30/2022.

D. Administrative Costs

There were no significant issues for Hawaii's administrative costs for the quarter ending 6/30/2022. Staff costs have remained relatively constant despite enrollment numbers being at an all-time high. The cumulative administrative expenditures can be found on the attached Schedule C.

V. Evaluation Activities and Interim Findings

A. Current Results of the Demonstration per the Evaluation Hypotheses

See information provided below.

B. Progress Summary of Evaluation Activities

1. Key Milestones Accomplished

Med-QUEST Division released a new reporting package which will assist with monitoring evaluation goals for the 1115 waiver. Last quarter, Health Plans first completed Special Health Care Needs (SHCN) reports on 1/31/22. The Health Plans are preparing for their submission of the Primary Care Report and Value-Driven Health Care Report in July 2022. The University of Hawaii and MQD hosted weekly technical assistance sessions with the Health Plans to review data quality issues, report findings, and key data sources for VHC, Primary Care, CIS, LTSS, and SHCN reports. As of a result, the Health Plans are working on improving data quality and system upgrades to improve data completeness and accurate reporting. Similarly, this has led to streamlining assessments and other Health Plan data collection tools to increase efficiency. The reports have also been updated to better collect data needed for evaluation.

The UH Evaluation Team held a CIS rapid cycle assessment on June 24th, 2022.

2. Challenges Encountered and How They Were Addressed

There is no reporting on the above for this quarter.

3. Interim Findings (when available)

CIS

Some select successes in implementation include:

- Managed care plans working together to implement allowing for sharing of best practices and collaboratively exploring solutions to any encountered challenges
- 7 housing providers onboard

- Improved data quality in reports
- Managed care plans are leveraging existing relationships
- Managed care plans are providing ongoing education and outreach to providers

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

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

Contract is executed for the University of Hawaii Evaluation team for CY2022 with plans to extend for CY2023.

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

N/A

6. Status of Study Participant Recruitment (if applicable)

N/A

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

There is no reporting on the above for this quarter.

VI. Med-QUEST Division Contact

Jon D. Fujii
Health Care Services Branch Administrator (HCSB)
601 Kamokila Blvd., Suite 506A
Kapolei, HI 96707
Phone: 808-692-8083
Fax: 808-692-8087

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	$ 743,143,858	$ 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	1,624,394	1,665,004	1,706,629	
EG 2 - Adults	2	**Total**	$ 389,312,838	$ 472,902,030	$ 524,738,191	$ 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	527,253	540,435	553,945	
EG 3 - Aged	3	**Total**	$ 658,889,243	$ 764,674,765	$ 696,978,190	$ 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	336,172	339,533	342,929	
EG 4 – Blind/Disabled	4	**Total**	$ 757,508,006	$ 846,263,757	$ 930,311,374	$ 980,956,602	$ 1,034,360,778	
		PMPM	$2,646.76	$2,763.22	$2,884.80	$3,011.73	$3,144.25	
		Mem-Mon	286,202	306,260	322,487	325,712	328,969	
TOTAL			**$ 2,435,155,354**	**$ 2,781,161,148**	**$ 2,895,171,613**	**$ 3,035,941,601**	**$ 3,183,838,560**	**$ 14,331,268,277**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Medicaid Per Capita								
EG 1 - Children	1		$ 396,937,789	$ 426,923,212	$ 417,364,457	$ 432,076,554	$ 447,307,253	$5,580,964,411
EG 2 - Adults	2		$ 168,187,671	$ 206,510,550	$ 232,146,824	$ 246,754,662	$ 262,281,700	$3,169,387,046
EG 3 - Aged	3		$ 398,881,814	$ 456,836,547	$ 460,966,093	$ 481,405,329	$ 502,750,842	$6,209,243,549
EG 4 – Blind/Disabled	4		$ 478,597,515	$ 518,258,512	$ 616,353,767	$ 649,908,066	$ 685,289,061	$7,104,552,849
TOTAL			**$ 1,442,604,788**	**$ 1,608,528,821**	**$ 1,726,831,140**	**$ 1,810,144,611**	**$ 1,897,628,856**	**$ 8,485,738,216**

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	$ 743,143,858	$ 769,348,398	$ 796,466,688	
		With Waiver	$ 396,937,789	$ 426,923,212	$ 417,364,457	$ 432,076,554	$ 447,307,253	
		Difference	$ 232,507,479	$ 270,397,384	$ 325,779,401	$ 337,271,844	$ 349,159,435	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 174,380,609	$ 202,798,038	$ 244,334,550	$ 252,953,883	$ 261,869,576	
		Savings Phase-Down						
EG 2 - Adults	2	**Without Waiver**	$ 389,312,838	$ 472,902,030	$ 524,738,191	$ 557,755,942	$ 592,854,097	
		With Waiver	$ 168,187,671	$ 206,510,550	$ 232,146,824	$ 246,754,662	$ 262,281,700	
		Difference	$ 221,125,167	$ 266,391,480	$ 292,591,367	$ 311,001,280	$ 330,572,397	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 165,843,875	$ 199,793,610	$ 219,443,525	$ 233,250,960	$ 247,929,298	
		Savings Phase-Down						
EG 3 - Aged	3	**Without Waiver**	$ 658,889,243	$ 764,674,765	$ 696,978,190	$ 727,880,659	$ 760,156,997	
		With Waiver	$ 398,881,814	$ 456,836,547	$ 460,966,093	$ 481,405,329	$ 502,750,842	
		Difference	$ 260,007,430	$ 307,838,218	$ 236,012,098	$ 246,475,330	$ 257,406,155	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 195,005,572	$ 230,878,664	$ 177,009,073	$ 184,856,498	$ 193,054,616	
		Savings Phase-Down						
EG 4 – Blind/Disabled	4	**Without Waiver**	$ 757,508,006	$ 846,263,757	$ 930,311,374	$ 980,956,602	$ 1,034,360,778	
		With Waiver	$ 478,597,515	$ 518,258,512	$ 616,353,767	$ 649,908,066	$ 685,289,061	
		Difference	$ 278,910,491	$ 328,005,245	$ 313,957,607	$ 331,048,536	$ 349,071,717	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 209,182,868	$ 246,003,934	$ 235,468,206	$ 248,286,402	$ 261,803,788	
Total Reduction			**$ 744,412,924**	**$ 879,474,246**	**$ 876,255,354**	**$ 919,347,743**	**$ 964,657,278**	**$ 4,384,147,545**

BASE VARIANCE			**$ 248,137,641**	**$ 293,158,082**	**$ 292,085,118**	**$ 306,449,248**	**$ 321,552,426**	**$ 1,461,382,515**
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								**$ 1,461,382,515**

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)			$ 1,690,742,430	$ 3,592,429,332	$ 5,611,345,591	$ 7,727,939,449	$ 9,947,120,731	
Allowed Cumulative Variance (= CTP X CBNL)			$ 33,814,849	$ 53,886,440	$ 56,113,456	$ 38,639,697	$ -	
Actual Cumulative Variance (Positive = Overspending)			$ (248,137,641)	$ (541,295,723)	$ (833,380,841)	$ (1,139,830,089)	$ (1,461,382,515)	
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	$ 1,582,760,490	$ 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	1,602,341	1,642,400	1,683,460	
TOTAL			**$1,269,058,737**	**$1,712,257,751**	**$1,582,760,490**	**$1,700,212,480**	**$1,826,368,919**	**$8,090,658,377**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita								
EG 5 – Group VIII	1		$646,401,298	$833,021,467	$887,278,778	$953,114,864	$1,023,835,987	
TOTAL			**$ 646,401,298**	**$ 833,021,467**	**$ 887,278,778**	**$ 953,114,864**	**$ 1,023,835,987**	**$ 4,343,652,394**

HYPOTHETICALS VARIANCE 1			**$ 622,657,439**	**$ 879,236,284**	**$ 695,481,712**	**$ 747,097,616**	**$ 802,532,932**	**$ 3,747,005,982**

HYPOTHETICALS TEST 2

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1	**Total**	$ -	$ -	$ 1,681,539	$ 5,419,304	$ 5,820,928	
		PMPM	$1,184.76	$1,241.63	$1,301.23	$1,363.69	$1,429.15	
		Mem-Mon			1,292	3,974	4,073	
TOTAL			**$ -**	**$ -**	**$ 1,681,539**	**$ 5,419,304**	**$ 5,820,928**	**$ 12,921,771**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1		$ -	$ -	$ 1,636,174	$ 5,272,733	$ 5,663,970	
TOTAL			**$ -**	**$ -**	**$ 1,636,174**	**$ 5,272,733**	**$ 5,663,970**	**$ 12,572,877**

HYPOTHETICALS VARIANCE 2			**$ -**	**$ -**	**$ 45,365**	**$ 146,571**	**$ 156,958**	**$ 348,894**

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**	$ -	$ -	$ 4,586,016	$ 14,779,902	$ 15,875,210	
		PMPM	$3,231.17	$3,386.27	$3,548.81	$3,719.15	$3,897.67	
		Mem-Mon			1,292	3,974	4,073	
TOTAL			**$ -**	**$ -**	**$ 4,586,016**	**$ 14,779,902**	**$ 15,875,210**	**$ 35,241,128**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita								
EG 7 – CIS Community Transition Pilot	1		$ -	$ -	$ 4,462,292	$ 14,380,181	$ 15,447,190	
TOTAL			**$ -**	**$ -**	**$ 4,462,292**	**$ 14,380,181**	**$ 15,447,190**	**$ 34,289,663**

HYPOTHETICALS VARIANCE 3			**$ -**	**$ -**	**$ 123,725**	**$ 399,721**	**$ 428,020**	**$ 951,466**

PRA Disclosure Statement

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

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

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

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

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

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

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

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

Pre-populated values in the downloaded Budget Neutrality workbook template

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

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

Calculating With Waiver (WW) numbers

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

Calculating Without Waiver (WOW) numbers

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

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

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

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

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

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

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

State User enters information on the following tabs:

C Report Tab

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

Total Adjustments tab

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

WW Spending Projected tab

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

MemMonth Actual tab

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

MemMonth Projected tab

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

Summary TC tab

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

Demonstration Years Definitions

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

Enter any general comments / notes:

MEG Definitions

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

WOW PMPMs and Aggregates

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

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

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

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

Program Spending Limits

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

Date Pulled On:	5/2/2022	Reporting DY:	28
For the Time Period Through:	3/31/2022	Reporting Quarter:	3

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

3. If ADM waivers are applicable to the demonstration, complete two more rounds of copy/paste starting from the cell in column A (Waiver Name).
- ADM Waivers/ Total Computable section – cell A300
- ADM Waivers/ Federal Share section – cell A400

MAP Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
1,115	0	70,981,761	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	70,981,761	70,981,761
1902 R2	0	173,206,589	0	0	0	0	(28,108)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	173,178,481	173,178,481
1902 R2X	0	(8,243,749)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(8,243,749)	(8,243,749)
1902R2	0	121,392	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	121,392	121,392
AFDC	0	148,069,654	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	148,069,654	148,069,654
Aged w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(295)	121,279,464	314,952,648	350,714,627	326,518,117	349,156,948	184,750,729	364,919,440	307,865,937	320,856,325	330,120,146	561,530,649	370,674,301	396,491,594	282,442,221	0	0	4,582,272,851	4,582,272,851
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,424,989	17,555,107	24,914,002	19,728,957	24,483,589	14,925,306	37,994,810	48,712,106	46,535,285	55,494,164	85,110,900	64,544,954	96,112,906	80,457,437	0	0	618,994,512	618,994,512
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(473,188)	(505,165)	(397,775)	(598,936)	(490,186)	(31,916)	0	0	0	(2,497,166)	(2,497,166)
Aged without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(14,668)	(44,822)	(62,495)	(43,976)	(17,253)	0	0	0	0	(183,214)	(183,214)
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(13,736)	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	151,461,923	163,976,763	112,653,181	0	0	1,654,085,366	1,654,085,366
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(28,991)	81,514,842	211,664,665	248,689,322	257,012,282	282,670,355	148,440,400	290,201,052	285,336,958	310,399,367	340,654,230	475,546,496	331,069,990	357,543,641	252,190,623	0	0	3,872,905,232	3,872,905,232
Blind/Disable without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(324,738)	(333,645)	(370,635)	(399,762)	(294,330)	(17,997)	0	0	0	(1,741,107)	(1,741,107)
Blind/Disabled with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(61,110)	(74,223)	(153,925)	(230,511)	(81,788)	(2,258)	0	0	0	(603,815)	(603,815)
Breast Cervical Cancer Treatment (BCCT)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(2)	4,053	545,332	904,018	750,145	365,104	585,588	277,616	222,869	103,847	107,702	6,122	36,443	19,491	0	0	3,928,328	3,928,328
CURRENT	0	493,934,086	0	0	0	0	1,661,326	159,616,917	75,521,154	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	730,733,483	730,733,483
CURRENT POP	0	272,778,438	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	272,778,438	272,778,438
Current-Hawaii Quest	0	0	0	0	0	0	0	0	40,064,795	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	40,064,795	40,064,795
Demo Elig Adults	0	0	0	0	0	0	0	0	134,638	1,995	51,709	318,560	127,982,800	129,456,848	154,209,257	177,392,619	201,628,981	238,945,778	244,752,485	227,394,498	43,952,301	52,948	(5,724)	735	0	0	0	0	0	0	0	1,546,270,428	1,546,270,428
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	191,848,117	343,651,347	477,526,936	537,025,591	790,507,964	529,553,356	683,614,873	535,248,552	0	0	4,088,976,736	4,088,976,736
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	91,499	83,366	94,158	137,403	73,022	176,324	173,482	703,614	618,274	885,664	1,318,600	2,348,338	1,739,142	2,010,944	1,355,523	0	0	11,809,353	11,809,353
HawaiiQuest-1902(R)(2)	0	700,529	107,270	2,484,576	1,636,854	860,335	1,594,466	0	0	284	34,836	438,582	0	0	33,061	26,332	8,001	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,925,126	7,925,126
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	135,520	683,159	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	818,679	818,679
HealthQuest-Current	0	3,884,748	350,430	12,121,771	10,002,019	7,377,643	10,651,130	9,373,702	64,428,704	230,593,470	268,955,153	392,471,288	(2,325,152)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,007,884,906	1,007,884,906
HealthQuest-Others	0	1,783,163	215,685	5,322,833	3,698,445	2,678,918	3,915,013	3,306,673	21,010,550	63,645,959	99,234,046	93,729,117	(621,643)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	297,918,759	297,918,759
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	56,504	120,767	115,693	58,345	117,005	109,837	8,305	0	0	0	0	0	0	0	0	0	0	0	0	586,456	586,456
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,715	3,960	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11,675	11,675
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	122,839	581,513	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	704,352	704,352
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,331	216,960,871	165,225,916	110,172,746	126,903,675	190,895,331	116,847,942	149,434,909	114,357,532	0	0	1,190,800,253	1,190,800,253
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,100,418	16,199,737	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21,300,155	21,300,155
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	76,678	103,084	80,075	257,166	253,182	31	0	0	0	0	0	0	0	0	0	0	0	0	0	770,216	770,216
Others	0	288,512,308	0	0	0	0	786,332	56,430,712	30,507,680	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	376,237,032	376,237,032
Others-Hawaii Quest	0	0	0	0	0	0	0	0	13,142,103	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13,142,103	13,142,103
OthersX	0	(15,309,727)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(15,309,727)	(15,309,727)
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(2,751)	798,681	5,696,094	14,348,747	23,867,636	30,465,656	27,968,205	76,432,838	26,173,447	99,296	0	0	0	0	0	0	0	0	0	205,847,849	205,847,849
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,862,479	17,432,949	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25,295,428	25,295,428
St Pl Adults-Preg Immig/COFAs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24,990	2,628,840	2,628,927	2,873,646	987,921	1,532,245	1,448,764	2,048,646	2,315,023	4,043,498	3,127,056	2,135,990	701,237	0	0	26,496,783	26,496,783
State Plan Adults	0	0	0	0	0	0	0	0	(10)	218	99	39,158	111,982,730	118,021,622	109,034,691	128,225,118	131,863,143	123,596,289	112,747,766	130,113,272	80,834,871	202,315,960	172,913,238	169,042,108	182,723,816	255,652,778	165,054,493	204,338,117	153,654,318	0	0	2,552,153,795	2,552,153,795
State Plan Children	0	0	0	0	0	0	0	(41)	(9,403)	2,008	878	2,541,467	181,803,051	179,672,723	155,392,585	168,853,209	202,959,370	213,968,923	187,753,000	215,942,601	106,595,461	248,491,959	306,184,281	316,589,998	372,170,444	594,738,888	395,198,647	424,914,426	287,315,057	0	0	4,561,079,532	4,561,079,532
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	7,500,002	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,500,002	7,500,002
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	17,822,210	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17,822,210	17,822,210
UCC-Governmental	0	0	0	0	0	0	0	0	0	0	0	0	15,688,221	22,546,108	18,919,184	16,356,580	24,507,605	34,064,491	48,859,842	12,164,879	5,856,911	10,090,466	6,184,588	981,179	0	0	0	0	0	0	0	216,220,054	216,220,054
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	609,561	0	0	0	0	0	0	0	0	0	0	0	0	609,561	609,561
UCC-Private	0	0	0	0	0	0	0	0	0	0	0	0	10,056,500	3,403,710	7,500,000	7,500,000	7,500,000	7,500,000	0	38,818,619	39,694,442	82,153,936	85,515,739	66,000,000	0	0	0	0	0	0	0	355,642,946	355,642,946
VIII-Like Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	71,468,225	(8,863)	0	0	0	0	0	0	0	0	0	71,459,362	71,459,362
Total	0	1,430,419,192	673,385	19,929,180	15,337,318	10,916,896	18,580,159	228,727,963	244,800,211	294,243,934	368,276,721	514,860,384	444,696,938	454,123,543	464,250,373	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	1,886,418,223	1,978,888,689	2,102,496,436	3,207,325,704	2,128,394,369	2,480,558,435	1,820,395,172	0	0	28,744,819,266	28,744,819,266

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
1,115	0	35,490,882	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	35,490,882	35,490,882
1902 R2	0	86,769,823	0	0	0	0	(14,054)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	86,755,769	86,755,769
1902 R2X	0	(4,205,136)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(4,205,136)	(4,205,136)
1902R2	0	60,696	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	60,696	60,696
AFDC	0	74,034,827	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	74,034,827	74,034,827
Aged w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(199)	81,134,508	211,362,743	229,319,379	165,433,841	179,767,116	95,671,244	189,594,079	162,182,080	173,947,428	181,187,273	304,987,760	212,033,479	235,040,344	168,583,016	0	0	2,590,244,091	2,590,244,091
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,622,988	11,822,762	16,022,396	9,984,628	12,621,590	7,728,650	19,714,968	25,630,796	25,194,791	30,421,066	46,082,640	37,002,134	56,880,549	48,017,506	0	0	348,747,464	348,747,464
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(249,679)	(273,613)	(218,333)	(324,766)	(277,623)	(19,044)	0	0	0	(1,363,058)	(1,363,058)
Aged without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(7,720)	(24,377)	(34,310)	(23,817)	(9,392)	0	0	0	0	(99,616)	(99,616)
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(9,251)	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	134,759,732	86,568,058	97,207,247	67,237,778	0	0	927,543,550	927,543,550
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(19,525)	54,511,233	141,799,152	161,274,589	130,199,593	145,622,789	76,872,883	150,336,274	149,646,906	167,640,879	186,541,259	256,704,217	188,916,681	211,145,251	150,428,741	0	0	2,171,620,922	2,171,620,922
Blind/Disable without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(171,495)	(180,813)	(203,447)	(216,481)	(166,339)	(10,739)	0	0	0	(949,314)	(949,314)
Blind/Disabled with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(32,236)	(40,358)	(84,504)	(125,175)	(45,986)	(1,347)	0	0	0	(329,606)	(329,606)
Breast Cervical Cancer Treatment (BCCT)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(1)	2,754	361,286	592,247	495,478	241,945	376,274	201,477	152,695	77,771	62,536	1,667	25,998	14,190	0	0	2,606,317	2,606,317
CURRENT	0	247,684,665	0	0	0	0	904,176	83,526,544	40,668,142	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	372,783,527	372,783,527
CURRENT POP	0	136,389,220	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	136,389,220	136,389,220
Current-Hawaii Quest	0	0	0	0	0	0	0	0	22,572,505	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22,572,505	22,572,505
Demo Elig Adults	0	0	0	0	0	0	0	0	79,127	1,144	30,236	186,922	75,196,276	74,766,107	87,642,204	114,378,784	135,452,513	154,819,222	123,131,082	116,746,929	22,523,089	27,511	(3,183)	397	0	0	0	0	0	0	0	904,978,360	904,978,360
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	157,511,412	316,564,065	458,125,253	498,122,382	734,323,269	482,460,986	615,084,199	481,756,272	0	0	3,743,947,838	3,743,947,838
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	51,916	53,413	63,415	89,013	36,291	90,804	89,632	365,633	326,044	480,663	723,548	1,274,696	993,347	1,193,878	810,083	0	0	6,642,376	6,642,376
HawaiiQuest-1902(R)(2)	0	353,988	53,702	1,242,907	818,930	430,573	808,769	0	0	166	20,369	256,468	0	0	18,679	19,755	5,389	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,029,695	4,029,695
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	76,578	438,797	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	515,375	515,375
HealthQuest-Current	0	1,963,002	175,736	6,063,866	5,004,058	3,692,366	5,386,340	4,903,637	36,087,606	132,768,282	165,985,082	231,578,381	(1,365,848)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	592,242,508	592,242,508
HealthQuest-Others	0	901,053	107,974	2,662,739	1,849,641	1,340,727	1,981,352	1,733,011	11,768,154	36,642,802	60,584,431	55,313,761	(363,962)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	174,521,683	174,521,683
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	32,497	68,553	68,082	38,985	78,049	64,590	4,238	0	0	0	0	0	0	0	0	0	0	0	0	354,994	354,994
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,196	2,666	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,862	7,862
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	69,404	368,050	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	437,454	437,454
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,331	216,942,873	165,225,680	110,132,233	120,601,049	178,669,104	106,520,974	134,468,240	102,923,805	0	0	1,135,485,289	1,135,485,289
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,881,647	10,235,011	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13,116,658	13,116,658
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	44,819	59,404	45,487	166,217	170,408	21	0	0	0	0	0	0	0	0	0	0	0	0	0	486,356	486,356
Others	0	144,525,295	0	0	0	0	426,612	29,580,209	16,428,385	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	190,960,501	190,960,501
Others-Hawaii Quest	0	0	0	0	0	0	0	0	7,404,260	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,404,260	7,404,260
OthersX	0	(7,809,492)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(7,809,492)	(7,809,492)
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(1,583)	454,606	3,232,556	9,373,768	16,050,472	19,640,154	13,856,685	39,331,445	13,397,540	51,580	0	0	0	0	0	0	0	0	0	115,387,223	115,387,223
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,442,944	10,922,768	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15,365,712	15,365,712
St Pl Adults-Preg Immig/COFAs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16,829	1,707,938	1,317,977	1,473,988	508,843	795,482	764,288	1,111,786	1,270,634	2,194,658	1,792,664	1,266,906	418,343	0	0	14,640,336	14,640,336
State Plan Adults	0	0	0	0	0	0	0	0	(6)	125	52	22,986	65,812,117	68,288,552	61,892,816	82,540,889	88,651,957	80,730,594	56,344,000	66,741,334	41,647,789	104,818,328	90,882,653	91,217,054	100,152,370	138,437,249	94,221,486	121,076,692	91,753,594	0	0	1,445,232,631	1,445,232,631
State Plan Children	0	0	0	0	0	0	0	(23)	(5,530)	1,173	507	1,494,521	106,725,591	103,797,242	88,086,005	108,850,847	136,539,237	138,140,612	92,615,888	110,463,383	54,513,107	128,897,369	161,395,592	171,535,031	204,149,465	322,705,503	226,145,553	251,989,692	171,716,014	0	0	2,579,756,779	2,579,756,779
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	4,385,251	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,385,251	4,385,251
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	10,614,749	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10,614,749	10,614,749
UCC-Governmental	0	0	0	0	0	0	0	0	0	0	0	0	9,212,484	13,041,165	10,762,501	10,040,250	16,505,872	22,280,473	24,838,917	6,249,536	3,037,111	5,240,639	3,261,810	529,641	0	0	0	0	0	0	0	125,000,399	125,000,399
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	307,706	0	0	0	0	0	0	0	0	0	0	0	0	307,706	307,706
UCC-Private	0	0	0	0	0	0	0	0	0	0	0	0	5,787,516	1,958,835	4,237,500	4,959,750	5,051,250	4,697,250	0	20,131,336	20,583,506	42,677,271	45,049,870	35,626,800	0	0	0	0	0	0	0	190,760,884	190,760,884
VIII-Like Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	37,060,184	(4,595)	0	0	0	0	0	0	0	0	0	37,055,589	37,055,589
Total	0	716,158,823	337,412	9,969,512	7,672,629	5,463,666	9,493,195	119,743,378	135,002,643	169,413,692	226,620,677	303,853,039	261,079,907	262,434,464	263,479,344	510,938,536	813,433,104	881,694,769	657,786,320	745,136,302	399,269,011	1,068,686,328	1,206,703,074	1,321,118,010	1,407,568,159	2,119,511,125	1,436,157,689	1,725,347,866	1,283,659,342	0	0	18,067,732,016	18,067,732,016

ADM Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
ADM	0	0	0	0	0	0	0	0	0	0	0	0	7,241,969	42,748,419	39,312,729	11,586,429	43,993,148	59,479,815	54,588,745	85,205,753	62,594,608	82,954,286	118,530,760	105,382,868	97,400,959	139,266,156	89,286,976	101,830,169	51,893,628	0	0	1,193,297,417	1,193,297,417
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	755,748	34,375,214	12,833,291	0	0	0	0	0	0	0	0	0	0	0	0	0	0	47,964,253	47,964,253
Total	0	0	0	0	0	0	0	0	0	0	0	0	7,241,969	42,748,419	40,068,477	45,961,643	56,826,439	59,479,815	54,588,745	85,205,753	62,594,608	82,954,286	118,530,760	105,382,868	97,400,959	139,266,156	89,286,976	101,830,169	51,893,628	0	0	1,241,261,670	1,241,261,670

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
ADM	0	0	0	0	0	0	0	0	0	0	0	0	3,679,980	22,272,827	20,907,343	6,121,891	25,253,918	34,488,282	31,963,518	59,588,869	48,414,408	61,342,106	93,307,850	78,500,894	71,792,105	98,697,486	61,050,371	68,694,079	35,332,224	0	0	821,408,151	821,408,151
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	377,874	17,784,187	6,534,554	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24,696,615	24,696,615
Total	0	0	0	0	0	0	0	0	0	0	0	0	3,679,980	22,272,827	21,285,217	23,906,078	31,788,472	34,488,282	31,963,518	59,588,869	48,414,408	61,342,106	93,307,850	78,500,894	71,792,105	98,697,486	61,050,371	68,694,079	35,332,224	0	0	846,104,766	846,104,766

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	$2,010,944	$1,355,523		
EG 1 - Children	1	State Plan Children	$395,198,647	$424,914,426	$287,315,057		
EG 2 - Adults	2	State Plan Adults	$165,054,493	$204,338,117	$153,654,318		
EG 2 - Adults	2	Breast Cervical Cancer Treatment (BCCT)	$6,122	$36,443	$19,491		
EG 2 - Adults	2	St Pl Adults-Preg Immig/COFAs	$3,127,056	$2,135,990	$701,237		
EG 3 - Aged	3	Aged w/Mcare	$370,674,301	$396,491,594	$282,442,221		
EG 3 - Aged	3	Aged w/o Mcare	$64,544,954	$96,112,906	$80,457,437		
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	$151,461,923	$163,976,763	$112,653,181		
EG 4 – Blind/Disabled	4	B/D w/o Mcare	$331,069,990	$357,543,641	$252,190,623		
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	$529,553,356	$683,614,873	$535,248,552		
EG 5 – Group VIII	1	Newly Eligible Adults	$116,847,942	$149,434,909	$114,357,532		
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			$2,128,394,369	$2,480,558,435	$1,820,395,172		

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	-$22,619,274			Cost share
EG 4 – Blind/Disabled	4	-$3,558,280	-$3,241,637	-$2,214,446			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	$396,937,789	$426,923,212	$288,670,580		
EG 2 - Adults	2	$168,187,671	$206,510,550	$154,375,046		
EG 3 - Aged	3	$398,881,814	$456,836,547	$340,280,384		
EG 4 – Blind/Disabled	4	$478,597,515	$518,258,512	$362,629,358		
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	$646,401,298	$833,021,467	$649,606,084		
Hypothetical 2 Per Capita						
EG 6 - CIS	1					
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1					
TOTAL		**$ 2,089,006,086**	**$ 2,441,550,288**	**$ 1,795,561,453**	**$ -**	**$ -**

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			$128,693,877	$432,076,554	$447,307,253
EG 2 - Adults	2			$77,771,778	$246,754,662	$262,281,700
EG 3 - Aged	3			$120,685,708	$481,405,329	$502,750,842
EG 4 – Blind/Disabled	4			$253,724,409	$649,908,066	$685,289,061
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1			$237,672,694	$953,114,864	$1,023,835,987
Hypothetical 2 Per Capita						
EG 6 - CIS	1			$1,636,174	$5,272,733	$5,663,970
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1			$4,462,292	$14,380,181	$15,447,190

WW Spending - Total

Total Computable

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	$396,937,789	$426,923,212	$417,364,457	$432,076,554	$447,307,253
EG 2 - Adults	2	$168,187,671	$206,510,550	$232,146,824	$246,754,662	$262,281,700
EG 3 - Aged	3	$398,881,814	$456,836,547	$460,966,093	$481,405,329	$502,750,842
EG 4 – Blind/Disabled	4	$478,597,515	$518,258,512	$616,353,767	$649,908,066	$685,289,061
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	$646,401,298	$833,021,467	$887,278,778	$953,114,864	$1,023,835,987
Hypothetical 2 Per Capita						
EG 6 - CIS	1			$1,636,174	$5,272,733	$5,663,970
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1			$4,462,292	$14,380,181	$15,447,190
TOTAL		**$ 2,089,006,086**	**$ 2,441,550,288**	**$ 2,620,208,384**	**$ 2,782,912,389**	**$ 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	1074357		
EG 2 - Adults	2	420665	492750	353946		
EG 3 - Aged	3	339779	381363	279795		
EG 4 – Blind/Disabled	4	286202	306260	209145		
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	1411053	1816642	1368370		
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			550037	1665004	1706629
EG 2 - Adults	2			173307	540435	553945
EG 3 - Aged	3			56377	339533	342929
EG 4 – Blind/Disabled	4			113342	325712	328969
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1			233971	1642400	1683460
Hypothetical 2 Per Capita						
EG 6 - CIS	1			1292	3974	4073
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1			1292	3974	4073

Member Months - Total

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	1,403,508	1,539,475	1,624,394	1,665,004	1,706,629
EG 2 - Adults	2	420,665	492,750	527,253	540,435	553,945
EG 3 - Aged	3	339,779	381,363	336,172	339,533	342,929
EG 4 – Blind/Disabled	4	286,202	306,260	322,487	325,712	328,969
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	1,411,053	1,816,642	1,602,341	1,642,400	1,683,460
Hypothetical 2 Per Capita						
EG 6 - CIS	1			1,292	3,974	4,073
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1			1,292	3,974	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	$ 743,143,858	$ 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	1,624,394	1,665,004	1,706,629	
EG 2 - Adults	2	**Total**	$ 389,312,838	$ 472,902,030	$ 524,738,191	$ 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	527,253	540,435	553,945	
EG 3 - Aged	3	**Total**	$ 658,889,243	$ 764,674,765	$ 696,978,190	$ 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	336,172	339,533	342,929	
EG 4 – Blind/Disabled	4	**Total**	$ 757,508,006	$ 846,263,757	$ 930,311,374	$ 980,956,602	$ 1,034,360,778	
		PMPM	$2,646.76	$2,763.22	$2,884.80	$3,011.73	$3,144.25	
		Mem-Mon	286,202	306,260	322,487	325,712	328,969	
TOTAL			**$ 2,435,155,354**	**$ 2,781,161,148**	**$ 2,895,171,613**	**$ 3,035,941,601**	**$ 3,183,836,560**	**$ 14,331,268,277**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Medicaid Per Capita								
EG 1 - Children	1		$ 396,937,789	$ 426,923,212	$ 417,364,457	$ 432,076,554	$ 447,307,253	$5,580,964,411
EG 2 - Adults	2		$ 168,187,671	$ 206,510,550	$ 232,146,824	$ 246,754,662	$ 262,281,700	$3,169,387,046
EG 3 - Aged	3		$ 398,881,814	$ 456,836,547	$ 460,966,093	$ 481,405,329	$ 502,750,842	$6,209,243,549
EG 4 – Blind/Disabled	4		$ 478,597,515	$ 518,258,512	$ 616,353,767	$ 649,908,066	$ 685,289,061	$7,104,552,849
TOTAL			**$ 1,442,604,788**	**$ 1,608,528,821**	**$ 1,726,831,140**	**$ 1,810,144,611**	**$ 1,897,628,856**	**$ 8,485,738,216**

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	$ 743,143,858	$ 769,348,398	$ 796,466,688	
		With Waiver	$ 396,937,789	$ 426,923,212	$ 417,364,457	$ 432,076,554	$ 447,307,253	
		Difference	$ 232,507,479	$ 270,397,384	$ 325,779,401	$ 337,271,844	$ 349,159,435	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 174,380,609	$ 202,798,038	$ 244,334,550	$ 252,953,883	$ 261,869,576	
		Savings Phase-Down						
EG 2 - Adults	2	**Without Waiver**	$ 389,312,838	$ 472,902,030	$ 524,738,191	$ 557,755,942	$ 592,854,097	
		With Waiver	$ 168,187,671	$ 206,510,550	$ 232,146,824	$ 246,754,662	$ 262,281,700	
		Difference	$ 221,125,167	$ 266,391,480	$ 292,591,367	$ 311,001,280	$ 330,572,397	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 165,843,875	$ 199,793,610	$ 219,443,525	$ 233,250,960	$ 247,929,298	
		Savings Phase-Down						
EG 3 - Aged	3	**Without Waiver**	$ 658,889,243	$ 764,674,765	$ 696,978,190	$ 727,880,659	$ 760,156,997	
		With Waiver	$ 398,881,814	$ 456,836,547	$ 460,966,093	$ 481,405,329	$ 502,750,842	
		Difference	$ 260,007,430	$ 307,838,218	$ 236,012,098	$ 246,475,330	$ 257,406,155	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 195,005,572	$ 230,878,664	$ 177,009,073	$ 184,856,498	$ 193,054,616	
		Savings Phase-Down						
EG 4 – Blind/Disabled	4	**Without Waiver**	$ 757,508,006	$ 846,263,757	$ 930,311,374	$ 980,956,602	$ 1,034,360,778	
		With Waiver	$ 478,597,515	$ 518,258,512	$ 616,353,767	$ 649,908,066	$ 685,289,061	
		Difference	$ 278,910,491	$ 328,005,245	$ 313,957,607	$ 331,048,536	$ 349,071,717	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 209,182,868	$ 246,003,934	$ 235,468,206	$ 248,286,402	$ 261,803,788	
Total Reduction			**$ 744,412,924**	**$ 879,474,246**	**$ 876,255,354**	**$ 919,347,743**	**$ 964,657,278**	**$ 4,384,147,545**

BASE VARIANCE			**$ 248,137,641**	**$ 293,158,082**	**$ 292,085,118**	**$ 306,449,248**	**$ 321,552,426**	**$ 1,461,382,515**
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								**$ 1,461,382,515**

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)			$ 1,690,742,430	$ 3,592,429,332	$ 5,611,345,591	$ 7,727,936,449	$ 9,947,120,731	
Allowed Cumulative Variance (= CTP X CBNL)			$ 33,814,849	$ 53,886,440	$ 56,113,456	$ 38,639,697	$ -	
Actual Cumulative Variance (Positive = Overspending)			$ (248,137,641)	$ (541,295,723)	$ (833,380,841)	$ (1,139,830,089)	$ (1,461,382,515)	
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	$ 1,582,760,490	$ 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	1,602,341	1,642,400	1,683,460	
TOTAL			**$1,269,058,737**	**$1,712,257,751**	**$1,582,760,490**	**$1,700,212,480**	**$1,826,368,919**	**$8,090,658,377**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita								
EG 5 – Group VIII	1		$646,401,298	$833,021,467	$887,278,778	$953,114,864	$1,023,835,987	
TOTAL			**$ 646,401,298**	**$ 833,021,467**	**$ 887,278,778**	**$ 953,114,864**	**$ 1,023,835,987**	**$ 4,343,652,394**

HYPOTHETICALS VARIANCE 1			**$ 622,657,439**	**$ 879,236,284**	**$ 695,481,712**	**$ 747,097,616**	**$ 802,532,932**	**$ 3,747,005,982**

HYPOTHETICALS TEST 2

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1	**Total**	$ -	$ -	$ 1,681,539	$ 5,419,304	$ 5,820,928	
		PMPM	$1,184.76	$1,241.63	$1,301.23	$1,363.69	$1,429.15	
		Mem-Mon			1,292	3,974	4,073	
TOTAL			**$ -**	**$ -**	**$ 1,681,539**	**$ 5,419,304**	**$ 5,820,928**	**$ 12,921,771**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1		$ -	$ -	$ 1,636,174	$ 5,272,733	$ 5,663,970	
TOTAL			**$ -**	**$ -**	**$ 1,636,174**	**$ 5,272,733**	**$ 5,663,970**	**$ 12,572,877**

HYPOTHETICALS VARIANCE 2			**$ -**	**$ -**	**45,365**	**146,571**	**156,958**	**$ 348,894**

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**	$ -	$ -	$ 4,586,016	$ 14,779,902	$ 15,875,210	
		PMPM	$3,231.17	$3,386.27	$3,548.81	$3,719.15	$3,897.67	
		Mem-Mon			1,292	3,974	4,073	
TOTAL			**$ -**	**$ -**	**$ 4,586,016**	**$ 14,779,902**	**$ 15,875,210**	**$ 35,241,128**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita								
EG 7 – CIS Community Transition Pilot	1		$ -	$ -	$ 4,462,292	$ 14,380,181	$ 15,447,190	
TOTAL			**$ -**	**$ -**	**$ 4,462,292**	**$ 14,380,181**	**$ 15,447,190**	**$ 34,289,663**

HYPOTHETICALS VARIANCE 3			**$ -**	**$ -**	**123,725**	**399,721**	**428,020**	**$ 951,466**

Yes__No
Yes
No

Per Capita or Aggregate
Per Capita
Aggregate

Phase-Down
No Phase-Down
Savings Phase-Down

Actuals and Projected
Actuals Only
Actuals + Projected

MAP_ADM
MAP+ADM Waivers
MAP Waivers Only

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

Demonstration Reporting Start DY 26
Demonstration Reporting End DY 30

Reporting Net Variance
$ 1,461,382,515

Schedule C
CMS 64 Waiver Expenditure Report
Cumulative Data Ending Quarter/Year : 3/2022

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	Total	Total Less Non-Adds
Aged without Medicare-MFI	0	0	0	0	0	0	0	0	0	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
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**

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
Aged without Medicare-MFI	0	0	0	0	0	0	0	0	0	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
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**

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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8,939,309	(4,911,133)	0	0	0	4,028,176	4,028,176
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**8,939,309**	**(4,911,133)**	**0**	**0**	**0**	**4,028,176**	**4,028,176**

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	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	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**	**2,952,326**	**2,952,326**

Summary of Expenditures by Waiver Year
Waiver: 11W00001

MAP Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
1.115	0	70,981,761	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	70,981,761	70,981,761
1902 R 2	0	173,286,589	0	0	0	0	(28,108)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	173,178,481	173,178,481
1902 R 2X	0	(8,243,749)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(8,243,749)	(8,243,749)
1902R2	0	121,392	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	121,392	121,392
AFDC	0	148,069,654	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	148,069,654	148,069,654
Aged w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(295)	121,279,464	314,952,648	350,714,627	326,518,117	349,156,948	184,750,729	364,919,440	307,865,937	320,856,325	330,120,146	561,530,649	370,298,949	390,258,079	379,842,993	0	0	4,673,064,756	4,673,064,756
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,624,989	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	64,503,011	100,030,964	113,016,251	0	0	655,429,441	655,429,441
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(473,188)	(505,165)	(397,775)	(598,936)	(490,186)	(31,916)	0	0	0	(2,497,166)	(2,497,166)
Aged without Medicare - M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(14,668)	(44,822)	(62,495)	(43,976)	(117,253)	0	0	0	0	(283,214)	(283,214)
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(17,838)	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	151,319,140	161,483,564	152,772,762	0	0	1,691,564,893	1,691,564,893
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(28,991)	81,514,842	211,664,665	248,689,322	257,012,282	282,670,355	148,440,400	290,201,052	285,336,958	310,399,367	340,654,230	475,546,496	330,867,100	362,911,666	338,525,115	0	0	3,964,404,859	3,964,404,859
Blind/Disable without Medi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(324,738)	(333,645)	(370,635)	(399,762)	(294,336)	(17,997)	0	0	0	(1,741,107)	(1,741,107)
Blind/Disabled with Medica	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(61,110)	(74,223)	(153,925)	(230,511)	(81,788)	(2,258)	0	0	0	(603,815)	(603,815)
Breast Cervical Cancer Treat	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(2)	4,053	545,332	904,018	750,145	365,104	585,588	277,616	222,869	103,847	107,702	6,122	35,846	14,568	0	0	3,922,808	3,922,808
Current	0	493,934,086	0	0	0	1,661,326	159,616,917	75,521,154	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	730,733,483	730,733,483
CURRENT POP	0	272,778,438	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	272,778,438	272,778,438
Current-Hawaii Quest	0	0	0	0	0	0	0	0	40,064,795	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	40,064,795	40,064,795
Demo Elig Adults	0	0	0	0	0	0	0	134,638	1,995	51,709	318,560	127,982,800	129,456,848	154,209,257	177,392,619	201,628,981	238,945,778	244,752,485	227,394,498	43,952,301	52,948	(5,724)	735	0	0	0	0	0	0	0	0	1,546,270,428	1,546,270,428
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	191,848,117	343,652,347	477,526,936	537,025,591	790,927,964	528,081,849	712,165,176	763,860,038	0	4,344,667,078	4,344,667,078
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	91,499	83,366	94,158	137,403	73,022	176,324	173,482	703,614	618,274	885,664	1,318,600	2,348,318	1,739,142	1,835,933	1,704,570	0	0	11,983,389	11,983,389
HawaiiQuest-1902(R)(2)	0	700,529	107,270	2,484,576	1,636,854	860,335	1,594,466	0	0	284	34,836	438,582	0	0	33,061	26,332	8,001	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,925,126	7,925,126
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	135,520	683,159	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	818,679	818,679
HealthQuest-Current	0	3,884,748	350,430	12,121,771	10,002,019	7,377,643	10,651,130	9,373,702	64,428,704	230,593,470	268,955,153	392,471,288	(2,325,152)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,007,884,906	1,007,884,906
HealthQuest-Others	0	1,783,163	215,685	5,322,833	3,698,445	2,678,918	3,915,013	3,306,673	21,010,550	63,645,959	99,234,046	93,729,117	(621,445)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	297,918,759	297,918,759
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	56,504	120,767	115,693	58,345	117,005	109,837	8,305	0	0	0	0	0	0	0	0	0	0	0	0	0	586,456	586,456
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,715	3,960	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11,675	11,675
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	122,839	581,513	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	704,352	704,352
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,331	216,960,871	165,225,916	110,172,746	126,903,675	190,895,331	116,540,024	155,302,066	161,848,345	0	0	1,243,850,305	1,243,850,305
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,100,418	16,199,737	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21,300,155	21,300,155
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	76,678	103,084	80,075	257,166	253,182	31	0	0	0	0	0	0	0	0	0	0	0	0	0	770,216	770,216
Others	0	288,512,308	0	0	0	0	786,332	56,430,712	30,507,680	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	376,237,032	376,237,032
Others-Hawaii Quest	0	0	0	0	0	0	0	0	13,142,103	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13,142,103	13,142,103
OthersX	0	(15,309,727)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(15,309,727)	(15,309,727)
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(2,753)	798,681	5,696,094	14,348,747	23,867,636	30,465,656	27,968,205	76,432,826	26,173,447	99,296	0	0	0	0	0	0	0	0	0	205,947,845	205,947,845
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,862,479	17,432,949	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25,295,428	25,295,428
St Pl Adults-Preg Immig/COF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24,990	2,628,840	2,628,927	2,873,646	987,921	1,532,245	1,448,764	2,048,646	2,315,023	4,043,498	3,127,056	2,106,507	1,657,593	0	0	27,423,656	27,423,656
State Plan Adults	0	0	0	0	0	0	0	(10)	218	99	39,158	111,982,730	118,021,622	109,034,691	128,225,118	131,863,143	123,586,289	112,747,766	130,113,272	80,834,871	202,315,960	172,913,238	169,042,108	182,723,816	255,652,778	164,553,110	202,150,235	207,700,083	0	0	2,603,510,295	2,603,510,295
State Plan Children	0	0	0	0	0	0	0	(41)	(9,403)	2,008	878	2,541,467	181,803,051	179,672,723	155,392,585	168,853,209	202,959,370	213,968,923	187,753,000	215,942,601	106,595,461	248,491,959	306,184,281	316,589,868	372,170,444	594,738,762	393,512,210	418,366,885	389,677,123	0	0	4,655,207,364	4,655,207,364
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	7,500,002	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,500,002	7,500,002
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	17,822,210	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17,822,210	17,822,210
UCC-Governmental	0	0	0	0	0	0	0	0	0	0	0	15,688,221	22,546,108	18,919,184	16,356,580	24,507,605	34,064,491	48,859,842	12,164,879	5,856,911	10,090,466	6,184,588	981,179	0	0	0	0	0	0	0	0	216,220,054	216,220,054
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	609,561	0	0	0	0	0	0	0	0	0	0	0	0	0	609,561	609,561
UCC-Private	0	0	0	0	0	0	0	0	0	0	0	0	10,056,500	3,403,710	7,500,000	7,500,000	7,500,000	7,500,000	0	38,818,619	39,694,442	82,153,936	85,515,739	66,000,000	0	0	0	0	0	0	0	355,642,946	355,642,946
VBI-Like Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	71,468,225	(8,810)	0	0	0	0	0	0	0	0	0	71,459,362	71,459,362
Total	**0**	**1,430,419,192**	**673,385**	**19,929,180**	**15,337,318**	**10,916,896**	**18,580,159**	**228,727,963**	**244,800,211**	**294,243,934**	**368,276,721**	**514,860,384**	**444,696,938**	**454,123,543**	**464,246,301**	**785,020,500**	**1,211,765,023**	**1,357,369,890**	**1,307,057,583**	**1,448,179,033**	**773,325,287**	**1,746,788,725**	**1,886,418,223**	**1,978,888,559**	**2,102,496,436**	**3,207,325,578**	**2,123,684,156**	**2,506,594,750**	**2,510,619,501**	**0**	**0**	**29,456,345,369**	**29,456,345,369**

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
1.115	0	35,490,882	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	35,490,882	35,490,882
1902 R 2	0	86,769,823	0	0	0	0	(14,054)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	86,755,769	86,755,769
1902 R 2X	0	(4,205,136)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(4,205,136)	(4,205,136)
1902R2	0	60,696	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	60,696	60,696
AFDC	0	74,034,827	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	74,034,827	74,034,827
Aged w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(199)	81,134,536	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	211,809,506	231,349,058	226,888,846	0	0	2,644,634,662	2,644,634,662
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,622,988	11,822,762	16,022,996	9,984,628	12,621,590	7,728,650	19,714,968	25,630,796	25,194,791	30,421,066	46,082,640	36,977,107	59,245,704	67,475,721	0	0	370,545,807	370,545,807
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(249,679)	(273,613)	(218,333)	(324,766)	(277,623)	(19,044)	0	0	0	(1,363,058)	(1,363,058)
Aged without Medicare - M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(7,720)	(24,377)	(34,310)	(23,817)	(9,392)	0	0	0	0	(99,616)	(99,616)
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(11,688)	21,277,328	49,857,636	52,547,252	39,123,227	45,400,574	25,392,157	51,341,230	86,036,126	85,942,520	84,861,936	134,761,019	86,498,926	95,738,526	91,249,746	0	0	950,016,515	950,016,515
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(19,525)	54,511,233	141,799,152	161,274,589	130,199,593	145,622,789	76,872,883	150,336,274	149,646,906	167,640,879	186,541,299	256,712,500	180,902,858	214,374,842	201,885,719	0	0	2,226,383,952	2,226,383,952
Blind/Disable without Medi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(171,495)	(180,813)	(203,447)	(216,483)	(166,139)	(10,739)	0	0	0	(949,314)	(949,314)
Blind/Disabled with Medica	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(32,226)	(40,359)	(84,504)	(125,175)	(45,086)	(1,347)	0	0	0	(328,696)	(328,696)
Breast Cervical Cancer Treat	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(1)	2,754	361,286	592,247	495,478	241,945	376,274	201,477	152,695	77,771	62,536	1,667	20,725	11,272	0	0	2,598,126	2,598,126
Current	0	247,684,665	0	0	0	904,176	83,526,544	40,668,142	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	372,783,527	372,783,527
CURRENT POP	0	136,389,220	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	136,389,220	136,389,220
Current-Hawaii Quest	0	0	0	0	0	0	0	0	22,572,505	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22,572,505	22,572,505
Demo Elig Adults	0	0	0	0	0	0	0	79,127	1,144	30,236	186,922	75,196,276	74,766,107	87,642,204	114,378,784	135,452,513	154,819,222	123,131,082	116,746,929	22,523,089	27,511	(2,183)	397	0	0	0	0	0	0	0	0	904,978,380	904,978,380
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	157,511,412	316,564,065	458,125,253	498,122,382	734,323,269	481,136,629	640,785,381	687,432,140	0	0	3,974,000,531	3,974,000,531
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	51,916	53,413	63,415	89,013	36,291	90,804	89,632	365,633	326,044	480,663	723,548	1,274,696	993,947	1,090,398	1,021,412	0	0	6,750,225	6,750,225
HawaiiQuest-1902(R)(2)	0	353,988	53,702	1,242,907	818,930	430,573	808,769	0	0	166	20,369	256,468	0	0	18,679	19,755	5,389	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,029,695	4,029,695
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	76,578	438,797	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	515,375	515,375
HealthQuest-Current	0	1,963,002	175,736	6,063,866	5,004,058	3,692,366	5,386,340	4,903,637	36,087,606	132,768,282	165,985,082	231,578,381	(1,365,949)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	592,342,508	592,342,508
HealthQuest-Others	0	901,053	107,974	2,662,739	1,849,641	1,340,727	1,981,352	1,733,011	11,768,154	36,642,802	60,584,431	55,313,761	(363,962)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	174,521,683	174,521,683
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	32,497	68,553	68,082	38,985	78,049	64,590	4,238	0	0	0	0	0	0	0	0	0	0	0	0	0	354,994	354,994
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,196	2,666	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,862	7,862
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	69,404	368,050	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	437,454	437,454
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,331	216,942,873	165,225,680	110,132,233	120,601,049	178,669,104	106,243,848	139,750,183	145,658,491	0	0	1,183,224,792	1,183,224,792

Schedule C
CMS 64 Waiver Expenditure Report
Cumulative Data Ending Quarter/Year : 3/2022

NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,881,647	10,235,011	0	0	0	0	0	0	0	0	0	0	0	0	13,116,658	13,116,658
Opt St PI Children	0	0	0	0	0	0	0	0	0	0	0	0	44,819	59,404	45,487	166,217	170,408	21	0	0	0	0	0	0	0	0	0	0	486,356	486,356
Others	0	144,525,295	0	0	0	0	426,612	29,580,209	16,428,385	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	190,960,501	190,960,501
Others-Hawaii Quest	0	0	0	0	0	0	0	0	7,404,260	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,404,260	7,404,260
Others4	0	(7,809,492)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(7,809,492)	(7,809,492)
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(1,583)	454,606	3,232,556	9,373,768	16,050,472	19,640,154	13,856,685	39,331,445	13,397,540	51,580	0	0	0	0	0	0	115,387,223	115,387,223
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,442,944	10,922,768	0	0	0	0	0	0	0	0	0	0	0	0	15,365,712	15,365,712
St PI Adults-Pree Immie/CDF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16,829	1,707,938	1,317,977	1,473,988	508,843	795,482	764,288	1,111,786	1,270,634	2,194,658	1,792,664	1,249,446	990,674	0	0	15,195,207	15,195,207
State Plan Adults	0	0	0	0	0	0	0	0	(6)	125	52	22,986	65,812,117	68,288,552	61,892,816	82,540,889	88,651,957	80,730,594	56,344,000	66,741,334	41,647,789	104,818,328	90,882,653	91,217,054	100,152,370	138,551,846	95,209,479	120,366,229	124,119,309	0	0	1,477,990,473	1,477,990,473
State Plan Children	0	0	0	0	0	0	0	(23)	(5,530)	1,173	507	1,494,521	106,725,591	103,797,242	88,086,005	108,850,847	136,538,237	138,140,612	92,615,888	110,463,383	54,513,107	128,897,369	161,395,592	171,534,961	204,149,465	322,731,981	225,450,207	248,344,988	232,991,472	0	0	2,636,618,595	2,636,618,595
Succ. - Private	0	0	0	0	0	0	0	0	0	0	0	4,385,251	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,385,251	4,385,251
Succ. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	10,614,749	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10,614,749	10,614,749
UCC-Governmental	0	0	0	0	0	0	0	0	0	0	0	0	9,212,464	13,041,165	10,762,501	10,040,250	16,505,872	22,280,473	24,838,917	6,249,536	3,037,111	5,240,639	3,261,810	529,641	0	0	0	0	0	0	0	0	125,000,399	125,000,399
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	307,706	0	0	0	0	0	0	0	0	0	0	0	0	307,706	307,706
UCC-Private	0	0	0	0	0	0	0	0	0	0	0	0	5,787,516	1,958,835	4,237,500	4,959,750	5,051,250	4,697,250	0	20,131,336	20,583,506	42,677,271	45,049,870	35,626,800	0	0	0	0	0	0	0	190,760,884	190,760,884
Vill-Like Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	37,060,184	(4,595)	0	0	0	0	0	0	0	0	0	37,055,589	37,055,589
Total	**0**	**716,158,823**	**337,412**	**9,969,512**	**7,672,629**	**5,463,666**	**9,493,195**	**119,743,378**	**135,002,643**	**169,413,692**	**226,620,677**	**303,853,039**	**261,079,907**	**262,434,466**	**263,476,907**	**510,938,536**	**813,433,104**	**881,694,769**	**657,786,120**	**745,136,302**	**399,269,011**	**1,068,686,328**	**1,206,703,074**	**1,321,117,940**	**1,407,568,159**	**2,119,661,770**	**1,434,516,898**	**1,752,184,351**	**1,779,724,802**	**0**	**0**	**18,589,141,308**	**18,589,141,308**

ADM Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
ADM	0	0	0	0	0	0	0	0	0	0	0	0	7,241,969	42,748,419	39,312,729	11,586,429	43,993,148	59,479,815	54,588,745	85,205,753	62,594,608	82,954,286	118,530,760	105,382,868	96,942,056	139,266,156	89,286,976	101,830,169	72,351,412	0	0	1,213,296,298	1,213,296,298
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	755,748	34,375,214	12,833,291	0	0	0	0	0	0	0	0	0	0	0	0	0	0	47,964,253	47,964,253
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**7,241,969**	**42,748,419**	**40,068,477**	**45,961,643**	**56,826,439**	**59,479,815**	**54,588,745**	**85,205,753**	**62,594,608**	**82,954,286**	**118,530,760**	**105,382,868**	**96,942,056**	**139,266,156**	**89,286,976**	**101,830,169**	**72,351,412**	**0**	**0**	**1,261,260,551**	**1,261,260,551**

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
ADM	0	0	0	0	0	0	0	0	0	0	0	0	3,679,980	22,272,827	20,907,343	6,121,891	25,253,918	34,488,282	31,963,518	59,588,869	48,414,408	61,342,106	93,307,850	78,500,894	71,333,202	98,697,486	61,050,371	68,694,079	49,215,526	0	0	834,832,550	834,832,550
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	377,874	17,784,187	6,534,554	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24,696,615	24,696,615
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**3,679,980**	**22,272,827**	**21,285,217**	**23,906,078**	**31,788,472**	**34,488,282**	**31,963,518**	**59,588,869**	**48,414,408**	**61,342,106**	**93,307,850**	**78,500,894**	**71,333,202**	**98,697,486**	**61,050,371**	**68,694,079**	**49,215,526**	**0**	**0**	**859,529,165**	**859,529,165**

Summary of Expenditures by Waiver Year
Waiver: 11W00351

MAP Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
1915(i)-like Evaluations	0	4,451,405	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,451,405	4,451,405
HCBS Waiver LOC Timelines	0	11,179,167	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11,179,167	11,179,167
Retainer Payments	0	3,099,823	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3,099,823	3,099,823
Total	**0**	**18,730,395**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**18,730,395**	**18,730,395**

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