Hawaii QUEST Integration

1115 Waiver

Quarterly CMS Monitoring Report

Federal Fiscal Year 2022 2nd Quarter
(DY28 Q2)

Date Submitted: May 25, 2022

Reporting Period: **January 2022 – March 2022**

Federal Fiscal Quarter:	2nd Quarter 2022
State Fiscal Quarter:	3rd Quarter 2022
Calendar Year Quarter:	1st 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 12/31/2021 is attached. The Budget Neutrality Summary for the quarter ending 03/31/2022 will be submitted by the 05/31/2022 deadline.

Attachment B: Budget Neutrality Workbook

The Budget Neutrality Workbook for the quarter ending 12/31/2021 is attached. The Budget Neutrality Summary for the quarter ending 03/31/2022 will be submitted by the 05/31/2022 deadline.

Attachment C: Schedule C

A Schedule C for the quarter ending 03/31/22 is attached. Schedule C includes a summary of expenditures for the reporting period.

I. Introduction

Hawaii's QUEST Integration (QI) is a 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. Med-QUEST Division works closely with these health plans to facilitate contract implementation and improve healthcare access and services to members.

Since the COVID-19 Public Health Emergency (PHE) began, MQD leadership conducted targeted communications with the QI health plans (Health Plans) to strategize and meet the evolving and urgent needs brought on by the pandemic. A task force of key MQD and Health Plan staff began meeting three times a week in the spring of 2020. Such task force meetings were reduced to weekly, and now every other week as traction and initial experience with the pandemic was gained. They are now focusing on various critical topics other than predominantly pandemic responses. Discussions and planning for post-

PHE redeterminations and unwinding activities have begun. MQD is collaborating with the Health Plans on ways to prepare for, and effectively disseminate and communicate, the upcoming redeterminations and its importance, to members.

During this reporting period, MQD remained vigilant of the Omicron variant in the State of Hawaii. Med-QUEST Division anticipated higher infection counts but either lower levels, or the same levels, of hospital census pressure, and lower mortality for the Omicron variant, when compared to the Delta variant. These expectations came to pass. Med-QUEST Division continued to utilize the existing interventions related to COVID-19, and leveraged flexibilities afforded by CMS for the PHE under the approved 1135, 1115, and 1915(c) waivers. Work included: monitoring and reducing hospital wait-listed days to decompress hospital bed census; ensuring that alternative residential settings with COVID-19 positive members had appropriate PPE and food supplies; conducting continued outreach for Home and Community Based Services (HCBS) providers to improve awareness and preparation; and working with the Department of Health, and the Honolulu City and County, to secure isolation quarantine beds for the Medicaid population infected with COVID-19.

By the end of the quarter, 77% of the State of Hawaii (State) population 5 years old and older had completed the COVID-19 vaccination. Neighbor island immunization rates, ranging from 68% to 72%, tended to be lower compared with Oahu's 80%. This included 100% of those ages 65 to 74 years old, and 98.2% of those ages 75 years old and older. These relatively high immunization rates in the State contributed to reduced pressure on the hospital census and a lower COVID-19 mortality rate when compared to such during the Delta variant. Interestingly, the hospital admissions were much higher than during the Delta variant surge, but the length of stay average was much shorter. Therefore, although hospitals were much busier, the hospital census counts did not spike to crisis levels.

II. Operational Updates

A. Key Achievements and Challenges Related to the 1115 Waiver

1. Managed Care

Health Plan QI Contracts (start date 7/1/2021)

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.

Default Enrollment

Med-QUEST Division and Hawaii's five Dual Eligible Special Needs Plans (D-SNPs) successfully launched D-SNP default enrollment. Hawaii's five D-SNPs are provided by the same five QI Health Plans in the State, and such default enrollment pertains to the D-SNP membership auto-enrollment process authorized by CMS. This process allows D-SNPs to automatically enroll a newly qualifying dual eligible individual who is already a Medicaid member of the D-SNP's companion Medicaid line of business, into its D-SNP membership after first providing the individual with 60 days of notice and given the individual does not choose to opt out of participation. The intent is to alleviate burden on the new dual eligible individual and provide enrollment into a plan that is poised to integrate and coordinate the individual's special needs care and services covered under Medicare and Medicaid. As early as July 2021, two D-SNPs were sending out member notice letters for default enrollment. By January 2022, all five were sending out such notice letters to members and default enrollment transactions to CMS for Medicare effective dates in February 2022. During the reporting period, about 367 individuals were successfully enrolled into the D-SNPs through default enrollment.

Many parties collaborated to coordinate the many moving parts that resulted in this success. Work on this project began over a year ago and included: setting forth a default enrollment process and workflow; leveraging channels of data transmission to provide necessary and timely information to the Medicare Advantage Organizations (MAOs); coordinating alignment of member notifications, processes and other materials between MQD, the MAOs, and the Hawaii State Health Insurance Assistance Program (SHIP); conducting various training sessions to prepare state and MAO staff, as well as, SHIP volunteers; and holding readiness reviews with each MAO prior to its official default enrollment implementation, to ensure MAO understanding, compliance, and capability.

To monitor, improve, and develop the State's D-SNP default enrollment and D-SNP program in general, MQD designed and created a comprehensive reporting package for the MAOs to submit monthly. Med-QUEST Division's Health Analytics Office (HAO) built this reporting package and continues to work with MQD staff and the MAOs to fine-tune it, address concerns, and provide training.

Key components contributing to the State's default enrollment success, were the guidance and expertise of its knowledgeable consultants, in this case, the Speire Group. Speire Group set forth a framework to begin and operationalize default enrollment in the State and helped MQD's team drive the implementation. It provided invaluable knowledge on Medicare and D-SNPs, experience from similar work with other states, and detailed research. It also led the default enrollment trainings and continues to work with the State to improve and develop Hawaii's D-SNP default enrollment. Current work is focused on planning and preparation for post-PHE processes.

Other parties that collaborated on, and contributed to, the D-SNP default enrollment success include the MAOs, Hawaii SHIP, and many of MQD's offices such as its policy, managed care operations, analytics, information systems, and eligibility offices.

Conversion to All Patient Refined Diagnosis Related Groups (APR DRGs)

For admissions beginning on July 1, 2022, the Health Plans will use a new APR DRG payment methodology for inpatient 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. The Health Plans and hospitals have also attended several APR DRG Primer webinars hosted by 3M. Other related work and accomplishments include: the completion of system configuration documents; the successful cloud to mainframe Proof of Concept; the submission and approval of Health Plan testing plans; the implementation of testing; and the completion of capitation rates for both the QI contract and the Community Care Services (CCS) contract periods beginning July 1, 2022.

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

In January 2022, after many reviews and stakeholder meetings, MQD updated its periodicity schedule for EPSDT so that it aligns with the American Academy of Pediatrics Bright Futures Periodicity Schedule.

Additionally, MQD launched an EPSDT modernization project, which is the first of many planned MQD form automation projects with the goals to significantly improve user experience and the process of collecting meaningful data. This project allows the online collection of EPSDT data from EPSDT providers in the community. Providers' data submission of EPSDT clinical visit data is collected on a shared database where plans and providers can access, review, and provide feedback on submissions of EPSDT visit data. Health Plans can retrieve, review, and match EPSDT visit data to claims, or request more information from providers via EPSDT Online. The previous process of providers mailing paper forms is still available, but also significantly improved with required forms more accessible for download and print from the MQD website. The downloaded, printed and mailed forms are also uploaded to the database after Health Plan review so that all EPSDT visit data is captured in EPSDT Online.

Long Term Services and Supports (LTSS)

Med-QUEST Division is working on the development of a Fall Risk Assessment Tool to be included in the Health and Functional Assessment Tool. The Fall Risk Assessment Tool is a fall safety initiative for vulnerable members and captures the requirements of the Managed Long-Term Services and Supports (MLTSS) Quality Measure.

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

HCBS and Omicron

Med-QUEST Division instructed the Health Plans to continue conducting health coordinator visits using remote modalities given the Omicron variant impact during the quarter.

American Rescue Plan Act (ARPA) HCBS Spending Plan

The APRA HCBS Spending Plan (Spending Plan) was submitted for approval to CMS in July, and responses were received from CMS with additional questions. The first quarterly Spending Plan update was submitted in late October 2021, and the second Spending Plan update was submitted

in February 2022. Progress with, and spending on, this effort has been slower than anticipated. A project manager has been obtained to help address this issue.

3. Community Integration Services (CIS)

Med-QUEST Division and the Health Plans are partnering with a large community-based organization, the Institute for Human Services (IHS), which serves homeless populations. Currently, they are collaborating to pilot CIS service delivery and document operational lessons and policies. These will be shared with smaller agencies that have the potential to deliver CIS services as they gain more understanding of the program and Medicaid in general.

4. Other

Electronic Visit Verification (EVV)

Med-QUEST Division received CMS certification for the EVV system as part of the Hawaii Medicaid Enterprise System (MES) module in March 2022. Med-QUEST Division met one-to-one with all Hawaii provider agencies who had below 85% auto verification. Fraud, waste, and abuse data were distributed to the Health Plans for analysis, and MQD continues to hold quarterly town hall meetings on EVV matters.

Data Quality Strategy

In March 2022, the MQD Health Analytics Office (HAO) in partnership with contractors Freedman Healthcare, launched the 2022 Data Quality Strategy. This Strategy establishes five tasks to improve encounter data quality for calendar year 2022. The five tasks are: 1) Defining Data Quality; 2) Reducing Pended Encounters; 3) Implementing Data Quality Monitoring; 4) Modeling and improving data quality business processes; and 5) Collecting Health Plan staff-delivered services as encounters.

For each task HAO will work with stakeholders to meet goals that will enhance MQD's ability to measure, define, and monitor incoming encounter data for completeness, timeliness, accuracy, plausibility, and validity. In March, the team developed initial drafts for data quality definitions, data quality monitoring reports, and business processes for keeping mainframe reference tables up to date. Over the next quarter, HAO will engage with the Health Plans to understand where better guidance is needed to reduce pended encounters and collect Health Plan staff-delivered services as encounters.

The Health Analytics Office plans to update the Data Quality Strategy each calendar year to improve on different aspects of data quality at MQD. While 2022, and likely 2023, will have a strong focus on encounter data quality, in the future the same framework for this Strategy can be applied to other bodies of data, such as member data or grievances and appeals.

Limited Resources

A continued barrier to addressing all the waiver-related work continues to be a lack of capacity due to limited human resources. Needed human resources have typically been relatively

challenging to acquire. However, a hiring freeze through all of 2020 and into 2021, further taxed this resource capacity within the State agencies. For MQD, enduring staff retirements and resignations with little ability to hire, while facing a lot more work that is much more intense, the pandemic affected staff morale and stretched its ability to implement various initiatives in the waiver, as well as its ability to perform day-to-day work. Med-QUEST Division is responding as best it is able by re-prioritizing work, moving implementation dates out, and trying to recruit new staff as quickly as it can.

B. Issues or Complaints Identified by Beneficiaries

1. Trends in MQD State Grievance Reviews and Complaints Reported Directly to MQD

Staff Shortages

Med-QUEST Division received complaints and cases for State Grievance Review regarding care coordination and overall care. Gaps in care at issue, were largely due to workforce shortages over the holidays that were further exacerbated by the impact of the Omicron variant on staffing.

In response to the staff shortage, MQD administrators discussed the following with Health Plan executives.

- Med-QUEST Division raised Health Plan awareness regarding the issue, and apprised Health Plans of the increase in complaints to MQD that members were not receiving approved visits or services from Health Plan Service Coordinators, Chore Workers, etc.

- Med-QUEST Division informed the Health Plans that members were directed to file a complaint with the appropriate entity (Department of Health (DOH), Adult Protective Services (APS), Office of Health Care Assurance (OHCA), Home Health or Care Agency, Health Plan, etc.) as this could be considered a form of neglect.

- Med-QUEST Division reminded Health Plans to review delivery of all member home care and directed Health Plans to anticipate and always prepare for worst case scenarios to ensure basic care needs are met for this vulnerable population. This includes devising back-up plans to address workforce shortages, and commitment to the principal that no member should be left to fend for himself/herself.

Health Plans responded quickly and worked to ensure that members received needed care. Examples of solutions were: training and temporary use of family members as self-directed providers; and reimbursing members who paid out-of-pocket to private, non-participating personal care attendants.

Denied or Delayed Medication Coverage

During this period, MQD learned of numerous cases where members were denied medication coverage at the pharmacies. When switching to a new Health Plan, members experienced delays

due to either new prescriptions, formulary limitations, or inadvertent denials. Issues were usually resolved quickly once MQD contacted the Health Plan. However, MQD directed the Health Plans to create internal workflow processes to resolve these types of issues immediately, and which would not rely upon MQD intervention for timely resolution. The Health Plans conducted drill down analyses to unearth the sources of these issues so that preventive action can be taken to avoid future problems.

Non-Emergency Transportation

Complaints related to non-emergency transportation were received. The issues raised involved difficulty with scheduling transportation, long waiting periods, and upfront out-of-pocket payments. Med-QUEST Division addressed these issues directly with the Health Plans. One Health Plan developed several initiatives to work through issues within its contracted vendors and to improve its vendor customer service process. This Health Plan also took the initiative to meet with one of the hospitals experiencing ongoing transportation issues for discharges to discuss matters and hear recommendations for improvement. As part of this Health Plan's oversight, it met weekly with its vendor's Regional Manager located in Hawaii, along with numerous representatives from various departments. During the weekly meetings, issues are shared and discussed in depth to resolve and prevent future occurrences. Recently, the Health Plan implemented processes to improve discharge communications and efficiency, and to also address the following:

1. Need for a vendor point of contact;

2. Weekly meetings initiated by the point of contact, with the top 5 facilities by volume of discharges; and

3. Weekly touch-base meetings with the top 10 dialysis centers to ensure members are receiving needed dialysis.

This Health Plan also learned the details of individual transports and is following up on these to see where additional improvements can be made. As of today, this Health Plan has revised its process and its routing team will be contacting facilities every hour to give updates on the status of requested transports.

C. Audits, Investigations, Lawsuits, or Legal Actions

Program Integrity of the Managed Care Plans

The Fiscal Integrity Team is meeting quarterly with the program integrity team of each QI Health Plan. During this quarter, no new trends or audits were initiated.

Litigation

Med-QUEST Division was party to litigation, along with the Children and Adolescent Mental Health Division (CAMHD) of the State Department of Health, for the provision of mental health services to a child or young adult. Med-QUEST Division added transition of care language to address when youths age out of the CAMHD program and possibly transition into the Community Care Services (CCS) program. The CCS

program provides behavioral health services to eligible adult QI members with Serious Mental Illness (SMI) or Serious and Persistent Mental Illness (SPMI). This language was added to both the Memorandum of Agreement with CAMHD and the CCS contract. An update on this matter, is that the plaintiffs withdrew.

D. Unusual or Unanticipated Trends

Due to the pandemic and the continuous coverage requirements tied to the federal Public Health Emergency, there has been continued increases in the Medicaid populations, particularly in the working-age adult groups. There are no other unusual or unanticipated trends to report.

E. Legislative Updates

The Hawaii State Legislative session began in January 2022. Med-QUEST Division has budget requests for Home and Community Based ARPA Spending Plan carryover funds, for the expansion of adult dental benefits, and for the ARPA post-partum expansion from two months to one year of coverage. Thus far, these have been positively considered. Additionally, the nursing facility trade association requested one-time funds to help address losses suffered during the pandemic. Home and Community Based Service providers are also being added to the bill to provide a one-time funding support for those providers as well. Other topics receiving robust attention are telehealth and telephonic health care services.

F. Descriptions of any Public Forums Held

No public forums were held during this reporting period.

III. Performance Metrics

A. Impact of the Demonstration

1. Providing Insurance Coverage to Beneficiaries and the Uninsured Population

- Total enrollment as of 3/31/22: 443,748

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)

Type	Total	Timely Resolved* # (%)	Appeals Resolved in Favor of Beneficiaries** # (%)
Grievances	438	433 (98.9%)	--
Appeals	362	346 (95.6%)	210 (58.0%)

Grievances timely resolved
*Timely is defined as within 30 days for standard grievances and appeals, within 14 days for expedited appeals, and within the approved extension time period for grievances and appeals with approved extensions. Denominator excludes grievances and appeals received within 30 days of the end of the reporting period with no resolution (or 3 days for expedited appeals).
**Denominator excludes appeals for which no decision has been made.

IV. Budget Neutrality and Financial Reporting Requirements

A. Financial Performance of the Demonstration

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 03/31/2022 will be submitted by the 05/31/2022 deadline. The Budget Neutrality Workbook for the quarter ending 12/31/2021 is attached (Attachment B).

C. Quarterly and Annual Expenditures

Expenditures for the quarter ending 03/31/2022 were reported on the CMS-64 and certified on 1/28/2022. A summary of expenditures is shown on the attached Schedule C for the quarter ending 03/31/2022.

D. Administrative Costs

There were no significant issues for Hawaii's administrative costs for the quarter ending 03/31/2022. 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. Key milestones accomplished during the reporting period include the first completed Special Health Care Needs (SHCN) reports on 1/31/22. 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 VBP, 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.

2. Challenges Encountered and How They Were Addressed

One challenge is data quality issues in the reports Med-QUEST Division is receiving from the health plans. In response, Med-QUEST Division and the University of Hawaii Evaluation Team have been providing one-on-one and group technical assistance sessions to health plan staff to review common data quality issues ahead of the next reporting cycle.

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
- 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 being renewed with the University of Hawaii Evaluation team for CY2022.

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

Evaluation and data collection efforts are currently in process. Given some early and expected challenges in data quality, the immediate focus is on improving data quality and quality assurance. Concurrently, additional data sources are being explored to supplement existing data sources.

VI. Med-QUEST Division Contact

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Budget Neutrality Summary

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

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

Actuals + Projected

Without-Waiver Total Expenditures

			26	27	28	29	30	Total
Medicaid Per Capita								
EG 1 - Children	1	**Total**	$ 629,445,268	$ 697,320,596	$ 743,143,858	$ 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		$ 397,832,596	$ 426,522,316	$ 417,364,457	$ 432,076,554	$ 447,307,253	$5,583,092,937
EG 2 - Adults	2		$ 168,489,762	$ 207,167,295	$ 232,146,824	$ 246,754,662	$ 262,281,700	$3,170,846,800
EG 3 - Aged	3		$ 398,881,397	$ 456,976,656	$ 446,636,441	$ 481,405,329	$ 502,750,842	$6,195,073,281
EG 4 – Blind/Disabled	4		$ 478,512,960	$ 520,569,092	$ 614,949,682	$ 649,908,066	$ 685,289,061	$7,105,435,480
TOTAL			**$ 1,443,716,714**	**$ 1,611,235,359**	**$ 1,711,097,403**	**$ 1,810,144,611**	**$ 1,897,628,856**	**$ 8,473,822,943**

Savings Phase-Down

			26	27	28	29	30	TOTAL
Medicaid Per Capita								
		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	$ 397,832,596	$ 426,522,316	$ 417,364,457	$ 432,076,554	$ 447,307,253	
Difference			$ 231,612,672	$ 270,798,280	$ 325,779,401	$ 337,271,844	$ 349,159,435	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 173,709,504	$ 203,098,710	$ 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	$ 168,489,762	$ 207,167,295	$ 232,146,824	$ 246,754,662	$ 262,281,700	
Difference			$ 220,823,076	$ 265,734,735	$ 292,591,367	$ 311,001,280	$ 330,572,397	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 165,617,307	$ 199,301,051	$ 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	$ 398,881,397	$ 456,976,656	$ 446,636,441	$ 481,405,329	$ 502,750,842	
Difference			$ 260,007,847	$ 307,698,109	$ 250,341,750	$ 246,475,330	$ 257,406,155	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 195,005,885	$ 230,773,582	$ 187,756,312	$ 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	$ 478,512,960	$ 520,569,092	$ 614,949,682	$ 649,908,066	$ 685,289,061	
Difference			$ 278,995,046	$ 325,694,665	$ 315,361,692	$ 331,048,536	$ 349,071,717	
Phase-Down Percentage			25%	25%	25%	25%	25%	
Savings Reduction			$ 209,246,284	$ 244,270,999	$ 236,521,269	$ 248,286,402	$ 261,803,788	
Total Reduction			**$ 743,578,980**	**$ 877,444,342**	**$ 888,055,657**	**$ 919,347,743**	**$ 964,657,278**	**$ 4,393,084,000**

BASE VARIANCE			**$ 247,859,660**	**$ 292,481,447**	**$ 296,018,552**	**$ 306,449,248**	**$ 321,582,426**	**$ 1,464,361,333**
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								**$ 1,464,361,333**

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)			$ 1,691,576,374	$ 3,595,293,180	$ 5,602,409,136	$ 7,719,002,994	$ 9,938,184,277	
Allowed Cumulative Variance (= CTP X CBNL)			$ 33,831,527	$ 53,929,398	$ 56,024,091	$ 38,595,015	$ -	
Actual Cumulative Variance (Positive = Overspending)			$ (247,859,660)	$ (540,341,107)	$ (836,359,660)	$ (1,142,808,907)	$ (1,464,361,333)	
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		$646,448,031	$836,297,231	$887,278,778	$953,114,864	$1,023,835,987	
TOTAL			**$ 646,448,031**	**$ 836,297,231**	**$ 887,278,778**	**$ 953,114,864**	**$ 1,023,835,987**	**$ 4,346,974,891**

HYPOTHETICALS VARIANCE 1			**$ 622,610,706**	**$ 875,960,520**	**$ 695,481,712**	**$ 747,097,616**	**$ 802,532,932**	**$ 3,743,683,485**

HYPOTHETICALS TEST 2

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1	**Total**	$ -	$ -	$ 2,942,693	$ 5,419,304	$ 5,820,928	
		PMPM	$1,184.76	$1,241.63	$1,301.23	$1,363.69	$1,429.15	
		Mem-Mon			2,261	3,974	4,073	
TOTAL			**$ -**	**$ -**	**$ 2,942,693**	**$ 5,419,304**	**$ 5,820,928**	**$ 14,182,925**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1		$ -	$ -	$ 2,863,304	$ 5,272,733	$ 5,663,970	
TOTAL			**$ -**	**$ -**	**$ 2,863,304**	**$ 5,272,733**	**$ 5,663,970**	**$ 13,800,007**

HYPOTHETICALS VARIANCE 2			**$ -**	**$ -**	**$ 79,389**	**$ 146,571**	**$ 156,958**	**$ 382,918**

HYPOTHETICALS TEST 3

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita								
EG 7 – CIS Community Transition Pilot	1	**Total**	$ -	$ -	$ 8,025,528	$ 14,779,902	$ 15,875,210	
		PMPM	$3,231.17	$3,386.27	$3,548.81	$3,719.15	$3,897.67	
		Mem-Mon			2,261	3,974	4,073	
TOTAL			**$ -**	**$ -**	**$ 8,025,528**	**$ 14,779,902**	**$ 15,875,210**	**$ 38,680,640**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita								
EG 7 – CIS Community Transition Pilot	1		$ -	$ -	$ 7,809,010	$ 14,380,181	$ 15,447,190	
TOTAL			**$ -**	**$ -**	**$ 7,809,010**	**$ 14,380,181**	**$ 15,447,190**	**$ 37,636,381**

HYPOTHETICALS VARIANCE 3			**$ -**	**$ -**	**$ 216,518**	**$ 399,721**	**$ 428,020**	**$ 1,044,259**

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:	1/28/2022	Reporting DY	28
For the Time Period Through:	12/31/2021	Reporting Quarter	2

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

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

MAP Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
1,115	0	70,981,761	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902 R 2	0	173,206,589	0	0	0	0	(28,108)	0	0	0	0	0	0	0	0	0
1902 R 2X	0	(8,243,749)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902R2	0	121,392	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AFDC	0	148,069,654	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(295)	121,279,464
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,424,989
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(13,736)	31,794,652
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(28,991)	81,514,842
Blind/Disable without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blind/Disabled with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Breast Cervical Cancer Treatment (BCCT)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(2)
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
CURRENT POP	0	272,778,438	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Current-Hawaii Quest	0	0	0	0	0	0	0	0	40,064,795	0	0	0	0	0	0	0
Demo Elig Adults	0	0	0	0	0	0	0	0	134,638	1,995	51,709	318,560	127,982,800	129,456,848	154,209,257	177,392,619
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	91,499	83,366
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
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	135,520	683,159
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
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
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	56,504	120,767	115,693	58,345
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,715
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	122,839	581,513
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,100,418	16,199,737
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	76,678	103,084	80,075	257,166
Others	0	288,512,308	0	0	0	0	786,332	56,430,712	30,507,680	0	0	0	0	0	0	0
Others-Hawaii Quest	0	0	0	0	0	0	0	0	13,142,103	0	0	0	0	0	0	0
OthersX	0	(15,309,727)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(2,751)	798,681	5,696,094	14,348,747
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,862,479	17,432,949
St Pl Adults-Preg Immig/COFAs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
State Plan Adults	0	0	0	0	0	0	0	0	(10)	218	99	39,158	111,982,730	118,021,622	109,034,691	128,225,118
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
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	7,500,002	0	0	0	0
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	17,822,210	0	0	0	0
UCC-Governmental	0	0	0	0	0	0	0	0	0	0	0	0	15,688,221	22,546,108	18,919,184	16,356,580
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
UCC-Private	0	0	0	0	0	0	0	0	0	0	0	0	10,056,500	3,403,710	7,500,000	7,500,000
VIII-Like Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	1,430,419,192	673,385	19,929,180	15,337,318	10,916,896	18,580,159	228,727,963	244,800,211	294,243,934	368,276,721	514,860,384	444,696,938	454,123,543	464,250,373	785,020,500

Waiver Name	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
1,115	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	173,178,481	173,178,481
1902 R 2X	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(8,243,749)	(8,243,749)
1902R2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	121,392	121,392
AFDC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	148,069,654	148,069,654
Aged w/Mcare	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	561,548,421	370,676,824	396,328,506	175,884,423	0	0	4,475,572,260	4,475,572,260
Aged w/o Mcare	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	85,112,820	64,542,014	96,416,103	49,865,973	0	0	588,705,225	588,705,225
Aged with Medicare - MFP	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	(14,668)	(44,822)	(62,495)	(43,976)	(17,253)	0	0	0	0	(183,214)	(183,214)
B/D w/Mcare	74,760,519	81,089,359	77,510,314	88,201,319	49,105,356	98,847,286	163,362,887	158,584,686	154,651,730	248,125,101	151,435,804	163,930,265	71,039,380	0	0	1,612,424,922	1,612,424,922
B/D w/o Mcare	211,664,665	248,689,322	257,037,003	282,670,355	148,440,400	290,201,052	285,336,958	310,399,367	340,654,230	475,556,493	331,011,554	359,900,719	162,035,859	0	0	3,785,083,828	3,785,083,828
Blind/Disable without Medicare - MFP	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	(61,110)	(74,223)	(153,925)	(230,511)	(81,788)	(2,258)	0	0	0	(603,815)	(603,815)
Breast Cervical Cancer Treatment (BCCT)	4,053	545,332	904,018	750,145	365,104	585,588	277,616	222,869	103,847	107,702	6,058	41,115	23,525	0	0	3,936,970	3,936,970
Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	730,733,483	730,733,483
CURRENT POP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	272,778,438	272,778,438
Current-Hawaii Quest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	40,064,795	40,064,795
Demo Elig Adults	201,628,981	238,945,778	244,752,485	227,394,155	43,950,943	52,948	(5,724)	735	0	0	0	0	0	0	0	1,546,268,727	1,546,268,727
Expansion State Adults	0	0	0	0	0	191,848,117	343,651,347	477,526,936	537,025,591	790,663,556	529,594,155	686,318,497	331,370,879	0	0	3,887,999,078	3,887,999,078
FosterCare(19-20)	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	2,010,781	838,330	0	0	11,291,997	11,291,997
HawaiiQuest-1902(R)(2)	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	0	818,679	818,679
HealthQuest-Current	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	297,918,759	297,918,759
Med Needy Adults	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	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	0	704,352	704,352
Newly Eligible Adults	0	0	0	0	1,331	216,960,871	165,225,916	110,172,746	126,903,675	190,929,528	116,853,876	150,007,049	70,915,973	0	0	1,147,970,965	1,147,970,965
NH w/o W	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	253,182	31	0	0	0	0	0	0	0	0	0	0	0	0	0	770,216	770,216
Others	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	376,237,032	376,237,032
Others-Hawaii Quest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13,142,103	13,142,103
OthersX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(15,309,727)	(15,309,727)
QUEST ACE	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	0	25,295,428	25,295,428
St Pl Adults-Preg Immig/COFAs	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	2,133,092	489,765	0	0	26,282,413	26,282,413
State Plan Adults	131,863,143	123,596,289	112,812,298	130,112,852	80,834,554	202,315,960	172,913,238	169,042,108	182,723,816	256,089,901	165,356,648	204,993,088	95,849,452	0	0	2,495,806,973	2,495,806,973
State Plan Children	202,959,370	213,968,923	187,935,438	215,942,601	106,595,336	248,491,795	306,184,281	316,589,798	372,171,569	596,190,429	396,093,454	424,513,693	178,808,465	0	0	4,454,701,629	4,454,701,629
Supp. - Private	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	0	0	0	0	17,822,210	17,822,210
UCC-Governmental	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	609,561	0	0	0	0	0	0	0	0	0	0	0	0	609,561	609,561
UCC-Private	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	71,468,225	(8,863)	0	0	0	0	0	0	0	0	0	71,459,362	71,459,362
Total	1,211,765,023	1,357,369,890	1,307,346,492	1,449,178,270	773,323,487	1,746,788,561	1,886,418,223	1,978,888,489	2,102,497,561	3,209,442,602	2,129,553,028	2,486,540,737	1,137,122,024	0	0	28,071,091,084	28,071,091,084

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
1,115	0	35,490,882	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902 R 2	0	86,769,823	0	0	0	0	(14,054)	0	0	0	0	0	0	0	0	0
1902 R 2X	0	(4,205,136)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1902R2	0	60,696	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AFDC	0	74,034,827	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(199)	81,134,508
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,622,988
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(9,251)	21,277,328
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(19,525)	54,511,233
Blind/Disable without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blind/Disabled with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Breast Cervical Cancer Treatment (BCCT)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(1)
Current	0	247,684,665	0	0	0	0	904,176	83,526,544	40,668,142	0	0	0	0	0	0	0
CURRENT POP	0	136,389,220	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Current-Hawaii Quest	0	0	0	0	0	0	0	0	22,572,505	0	0	0	0	0	0	0
Demo Elig Adults	0	0	0	0	0	0	0	0	79,127	1,144	30,236	186,922	75,196,276	74,766,107	87,642,204	114,378,784
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	51,916	53,413
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
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	76,578	438,797
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
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
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	32,497	68,553	68,082	38,985
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,196
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	69,404	368,050
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,881,647	10,235,011
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	44,819	59,404	45,487	166,217
Others	0	144,525,295	0	0	0	0	426,612	29,580,209	16,428,385	0	0	0	0	0	0	0
Others-Hawaii Quest	0	0	0	0	0	0	0	0	7,404,260	0	0	0	0	0	0	0
OthersX	0	(7,809,492)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(1,583)	454,606	3,232,556	9,373,768
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,442,944	10,922,768
St Pl Adults-Preg Immig/COFAs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
State Plan Adults	0	0	0	0	0	0	0	0	(6)	125	52	22,986	65,812,117	68,288,552	61,892,816	82,540,889
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
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	4,385,251	0	0	0	0
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	10,614,749	0	0	0	0
UCC-Governmental	0	0	0	0	0	0	0	0	0	0	0	0	9,212,484	13,041,165	10,762,501	10,040,250
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
UCC-Private	0	0	0	0	0	0	0	0	0	0	0	0	5,787,516	1,958,835	4,237,500	4,959,750
VIII-Like Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	716,158,823	337,412	9,969,512	7,672,629	5,463,666	9,493,195	119,743,378	135,002,643	169,413,692	226,620,677	303,853,039	261,079,907	262,434,464	263,479,344	510,938,536

Waiver Name	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
1,115	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	86,755,769	86,755,769
1902 R 2X	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(4,205,136)	(4,205,136)
1902R2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	60,696	60,696
AFDC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	74,034,827	74,034,827
Aged w/Mcare	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	304,997,343	212,034,204	234,945,298	104,820,351	0	0	2,526,396,688	2,526,396,688
Aged w/o Mcare	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	46,083,675	37,000,293	57,072,414	29,722,844	0	0	330,643,861	330,643,861
Aged with Medicare - MFP	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	(7,720)	(24,377)	(34,310)	(23,817)	(9,392)	0	0	0	0	(99,616)	(99,616)
B/D w/Mcare	49,857,636	52,547,252	39,131,919	45,400,574	25,392,157	51,341,230	86,036,126	85,942,520	84,861,936	134,764,454	86,552,121	97,180,952	42,337,583	0	0	902,614,537	902,614,537
B/D w/o Mcare	141,799,152	161,274,589	130,212,072	145,622,789	76,872,883	150,336,274	149,646,906	167,640,879	186,541,259	256,709,607	188,881,302	212,644,625	96,579,024	0	0	2,119,253,069	2,119,253,069
Blind/Disable without Medicare - MFP	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	(32,236)	(40,358)	(84,504)	(125,175)	(45,986)	(1,347)	0	0	0	(329,606)	(329,606)
Breast Cervical Cancer Treatment (BCCT)	2,754	361,286	592,247	495,478	241,945	376,274	201,477	152,695	77,771	62,536	1,621	28,931	16,868	0	0	2,611,882	2,611,882
Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	372,783,527	372,783,527
CURRENT POP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	136,389,220	136,389,220
Current-Hawaii Quest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22,572,505	22,572,505
Demo Elig Adults	135,452,513	154,819,222	123,131,082	116,746,726	22,522,276	27,511	(3,183)	397	0	0	0	0	0	0	0	904,977,344	904,977,344
Expansion State Adults	0	0	0	0	0	157,511,412	316,564,065	458,125,253	498,122,382	734,467,969	482,501,039	617,553,432	298,280,029	0	0	3,563,125,581	3,563,125,581
FosterCare(19-20)	63,415	89,013	36,291	90,804	89,632	365,633	326,044	480,663	723,548	1,274,696	993,347	1,193,780	500,594	0	0	6,332,789	6,332,789
HawaiiQuest-1902(R)(2)	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	0	515,375	515,375
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	592,242,508	592,242,508
HealthQuest-Others	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	174,521,683	174,521,683
Med Needy Adults	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	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	0	437,454	437,454
Newly Eligible Adults	0	0	0	0	1,331	216,942,873	165,225,680	110,132,233	120,601,049	178,700,907	106,527,047	134,990,311	63,836,175	0	0	1,096,957,606	1,096,957,606
NH w/o W	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	170,408	21	0	0	0	0	0	0	0	0	0	0	0	0	0	486,356	486,356
Others	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	190,960,501	190,960,501
Others-Hawaii Quest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,404,260	7,404,260
OthersX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(7,809,492)	(7,809,492)
QUEST ACE	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	0	15,365,712	15,365,712
St Pl Adults-Preg Immig/COFAs	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	1,265,172	291,798	0	0	14,512,057	14,512,057
State Plan Adults	88,651,957	80,730,594	56,376,576	66,741,085	41,647,599	104,818,328	90,882,653	91,217,054	100,152,370	138,672,946	94,382,979	121,495,145	57,196,893	0	0	1,411,523,710	1,411,523,710
State Plan Children	136,539,237	138,140,612	92,707,982	110,463,383	54,513,032	128,897,272	161,395,592	171,534,913	204,150,083	323,485,891	226,614,931	251,764,632	106,709,130	0	0	2,515,867,023	2,515,867,023
Supp. - Private	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	0	0	0	0	10,614,749	10,614,749
UCC-Governmental	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	307,706	0	0	0	0	0	0	0	0	0	0	0	0	307,706	307,706
UCC-Private	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	37,060,184	(4,595)	0	0	0	0	0	0	0	0	0	37,055,589	37,055,589
Total	813,433,104	881,694,769	657,932,161	745,135,850	399,267,933	1,068,686,231	1,206,703,074	1,321,117,892	1,407,568,777	2,120,724,443	1,436,782,208	1,730,103,562	800,291,289	0	0	17,591,102,210	17,591,102,210

ADM Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
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
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	755,748	34,375,214
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

Waiver Name	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
ADM	43,993,148	59,479,815	54,588,745	85,205,753	62,594,608	82,954,286	118,530,760	105,382,868	97,409,012	139,266,156	89,286,976	101,830,169	33,258,448	0	0	1,174,670,290	1,174,670,290
HealthQuest-Current	12,833,291	0	0	0	0	0	0	0	0	0	0	0	0	0	0	47,964,253	47,964,253
Total	56,826,439	59,479,815	54,588,745	85,205,753	62,594,608	82,954,286	118,530,760	105,382,868	97,409,012	139,266,156	89,286,976	101,830,169	33,258,448	0	0	1,222,634,543	1,222,634,543

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
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
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	377,874	17,784,187
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

Waiver Name	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
ADM	25,253,918	34,488,282	31,963,518	59,588,869	48,414,408	61,342,106	93,307,850	78,500,894	71,800,158	98,697,486	61,050,371	68,694,079	22,637,052	0	0	808,721,032	808,721,032
HealthQuest-Current	6,534,554	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24,696,615	24,696,615
Total	31,788,472	34,488,282	31,963,518	59,588,869	48,414,408	61,342,106	93,307,850	78,500,894	71,800,158	98,697,486	61,050,371	68,694,079	22,637,052	0	0	833,417,647	833,417,647

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	$2,010,781	$838,330		
EG 1 - Children	1	State Plan Children	$396,093,454	$424,513,693	$178,808,465		
EG 2 - Adults	2	State Plan Adults	$165,356,648	$204,993,088	$95,849,452		
EG 2 - Adults	2	Breast Cervical Cancer Treatment (BCCT)	$6,058	$41,115	$23,525		
EG 2 - Adults	2	St Pl Adults-Preg Immig/COFAs	$3,127,056	$2,133,092	$489,765		
EG 3 - Aged	3	Aged w/Mcare	$370,676,824	$396,328,506	$175,884,423		
EG 3 - Aged	3	Aged w/o Mcare	$64,542,014	$96,416,103	$49,865,973		
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	$151,435,804	$163,930,265	$71,039,380		
EG 4 – Blind/Disabled	4	B/D w/o Mcare	$331,011,554	$359,900,719	$162,035,859		
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	$529,594,155	$686,318,497	$331,370,879		
EG 5 – Group VIII	1	Newly Eligible Adults	$116,853,876	$150,007,049	$70,915,973		
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			$2,129,553,028	$2,486,540,737	$1,137,122,024		

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	-$14,329,652			Cost share
EG 4 – Blind/Disabled	4	-$3,558,280	-$3,241,637	-$1,404,085			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	$397,832,596	$426,522,316	$179,646,795		
EG 2 - Adults	2	$168,489,762	$207,167,295	$96,362,742		
EG 3 - Aged	3	$398,881,397	$456,976,656	$211,420,744		
EG 4 – Blind/Disabled	4	$478,512,960	$520,569,092	$231,671,154		
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	$646,448,031	$836,297,231	$402,286,852		
Hypothetical 2 Per Capita						
EG 6 - CIS	1					
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1					
TOTAL		**$ 2,090,164,745**	**$ 2,447,532,590**	**$ 1,121,388,287**	**$ -**	**$ -**

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			$237,717,662	$432,076,554	$447,307,253
EG 2 - Adults	2			$135,784,082	$246,754,662	$262,281,700
EG 3 - Aged	3			$235,215,697	$481,405,329	$502,750,842
EG 4 – Blind/Disabled	4			$383,278,528	$649,908,066	$685,289,061
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1			$484,991,926	$953,114,864	$1,023,835,987
Hypothetical 2 Per Capita						
EG 6 - CIS	1			$2,863,304	$5,272,733	$5,663,970
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1			$7,809,010	$14,380,181	$15,447,190

WW Spending - Total

Total Computable

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	$397,832,596	$426,522,316	$417,364,457	$432,076,554	$447,307,253
EG 2 - Adults	2	$168,489,762	$207,167,295	$232,146,824	$246,754,662	$262,281,700
EG 3 - Aged	3	$398,881,397	$456,976,656	$446,636,441	$481,405,329	$502,750,842
EG 4 – Blind/Disabled	4	$478,512,960	$520,569,092	$614,949,682	$649,908,066	$685,289,061
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	$646,448,031	$836,297,231	$887,278,778	$953,114,864	$1,023,835,987
Hypothetical 2 Per Capita						
EG 6 - CIS	1			$2,863,304	$5,272,733	$5,663,970
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1			$7,809,010	$14,380,181	$15,447,190
TOTAL		**$ 2,090,164,745**	**$ 2,447,532,590**	**$ 2,609,048,495**	**$ 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	667768		
EG 2 - Adults	2	420665	492750	219272		
EG 3 - Aged	3	339779	381363	173081		
EG 4 – Blind/Disabled	4	286202	306260	130937		
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	1411053	1816642	840602		
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			956626	1665004	1706629
EG 2 - Adults	2			307981	540435	553945
EG 3 - Aged	3			163091	339533	342929
EG 4 – Blind/Disabled	4			191550	325712	328969
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1			761739	1642400	1683460
Hypothetical 2 Per Capita						
EG 6 - CIS	1			2261	3974	4073
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1			2261	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			2,261	3,974	4,073
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1			2,261	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	$ 397,832,596	$ 426,522,316	$ 417,364,457	$ 432,076,554	$ 447,307,253	$5,583,092,937
EG 2 - Adults	2	$ 168,489,762	$ 207,167,295	$ 232,146,824	$ 246,754,662	$ 262,281,700	$3,170,846,800
EG 3 - Aged	3	$ 398,881,397	$ 456,976,656	$ 446,636,441	$ 481,405,329	$ 502,750,842	$6,195,073,281
EG 4 – Blind/Disabled	4	$ 478,512,960	$ 520,569,092	$ 614,949,682	$ 649,908,066	$ 685,289,061	$7,105,435,480
TOTAL		**$ 1,443,716,714**	**$ 1,611,235,359**	**$ 1,711,097,403**	**$ 1,810,144,611**	**$ 1,897,628,856**	**$ 8,473,822,943**

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	$ 397,832,596	$ 426,522,316	$ 417,364,457	$ 432,076,554	$ 447,307,253	
		Difference	$ 231,612,672	$ 270,798,280	$ 325,779,401	$ 337,271,844	$ 349,159,435	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 173,709,504	$ 203,098,710	$ 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	$ 168,489,762	$ 207,167,295	$ 232,146,824	$ 246,754,662	$ 262,281,700	
		Difference	$ 220,823,076	$ 265,734,735	$ 292,591,367	$ 311,001,280	$ 330,572,397	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 165,617,307	$ 199,301,051	$ 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	$ 398,881,397	$ 456,976,656	$ 446,636,441	$ 481,405,329	$ 502,750,842	
		Difference	$ 260,007,847	$ 307,698,109	$ 250,341,750	$ 246,475,330	$ 257,406,155	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 195,005,885	$ 230,773,582	$ 187,756,312	$ 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	$ 478,512,960	$ 520,569,092	$ 614,949,682	$ 649,908,066	$ 685,289,061	
		Difference	$ 278,995,046	$ 325,694,665	$ 315,361,692	$ 331,048,536	$ 349,071,717	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 209,246,284	$ 244,270,999	$ 236,521,269	$ 248,286,402	$ 261,803,788	
Total Reduction			**$ 743,578,980**	**$ 877,444,342**	**$ 888,055,657**	**$ 919,347,743**	**$ 964,657,278**	**$ 4,393,084,000**

BASE VARIANCE			**$ 247,859,660**	**$ 292,481,447**	**$ 296,018,552**	**$ 306,449,248**	**$ 321,552,426**	**$ 1,464,361,333**
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								**$ 1,464,361,333**

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)		$ 1,691,576,374	$ 3,595,293,180	$ 5,602,409,136	$ 7,719,002,994	$ 9,938,184,277
Allowed Cumulative Variance (= CTP X CBNL)		$ 33,831,527	$ 53,929,398	$ 56,024,091	$ 38,595,015	$ -
Actual Cumulative Variance (Positive = Overspending)		$ (247,859,660)	$ (540,341,107)	$ (836,359,660)	$ (1,142,808,907)	$ (1,464,361,333)
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	$646,448,031	$836,297,231	$887,278,778	$953,114,864	$1,023,835,987	
TOTAL		**$ 646,448,031**	**$ 836,297,231**	**$ 887,278,778**	**$ 953,114,864**	**$ 1,023,835,987**	**$ 4,346,974,891**

HYPOTHETICALS VARIANCE 1			**$ 622,610,706**	**$ 875,960,520**	**$ 695,481,712**	**$ 747,097,616**	**$ 802,532,932**	**$ 3,743,683,485**

HYPOTHETICALS TEST 2

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1	**Total**	$ -	$ -	$ 2,942,693	$ 5,419,304	$ 5,820,928	
		PMPM	$1,184.76	$1,241.63	$1,301.23	$1,363.69	$1,429.15	
		Mem-Mon			2,261	3,974	4,073	
TOTAL			**$ -**	**$ -**	**$ 2,942,693**	**$ 5,419,304**	**$ 5,820,928**	**$ 14,182,925**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita							
EG 6 - CIS	1	$ -	$ -	$ 2,863,304	$ 5,272,733	$ 5,663,970	
TOTAL		**$ -**	**$ -**	**$ 2,863,304**	**$ 5,272,733**	**$ 5,663,970**	**$ 13,800,007**

HYPOTHETICALS VARIANCE 2			**$ -**	**$ -**	**$ 79,389**	**$ 146,571**	**$ 156,958**	**$ 382,918**

HYPOTHETICALS TEST 3

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita								
EG 7 – CIS Community Transition Pilot	1	**Total**	$ -	$ -	$ 8,025,528	$ 14,779,902	$ 15,875,210	
		PMPM	$3,231.17	$3,386.27	$3,548.81	$3,719.15	$3,897.67	
		Mem-Mon			2,261	3,974	4,073	
TOTAL			**$ -**	**$ -**	**$ 8,025,528**	**$ 14,779,902**	**$ 15,875,210**	**$ 38,680,640**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita							
EG 7 – CIS Community Transition Pilot	1	$ -	$ -	$ 7,809,010	$ 14,380,181	$ 15,447,190	
TOTAL		**$ -**	**$ -**	**$ 7,809,010**	**$ 14,380,181**	**$ 15,447,190**	**$ 37,636,381**

HYPOTHETICALS VARIANCE 3			**$ -**	**$ -**	**$ 216,518**	**$ 399,721**	**$ 428,020**	**$ 1,044,259**

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
$ 1,464,361,333

Schedule C
CMS 64 Waiver Expenditure Report
Cumulative Data Ending Quarter/Year : 1/2022

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	561,548,421	370,676,824	396,328,506	175,884,423	0	0	4,475,572,260	4,475,572,260
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	85,112,820	64,542,014	96,416,103	49,865,973	0	0	588,705,225	588,705,225
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)	(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	77,510,314	88,201,319	49,105,356	98,847,286	163,362,887	158,584,686	154,651,730	248,125,101	151,435,804	163,930,265	71,039,980	0	0	1,612,424,922	1,612,424,922
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	257,037,003	282,670,355	148,440,400	290,201,052	285,336,958	310,399,367	340,654,230	475,556,493	331,011,554	359,900,719	162,035,859	0	0	3,785,083,828	3,785,083,828
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)	(294,335)	(12,997)	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	6,058	41,115	23,525	0	0	3,936,970	3,936,970
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	40,064,795	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	227,394,155	43,950,943	52,948	(5,724)	735	0	0	0	0	0	0	0	0	1,546,268,727	1,546,268,727
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	343,652,347	477,526,936	537,025,591	790,663,556	529,594,155	686,318,407	331,370,879	0	0	3,887,999,078	3,887,999,078
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	2,348,338	1,739,142	2,010,787	838,930	0	0	11,291,997	11,291,997
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	115,520	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	3,306,873	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	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	190,929,528	116,853,876	150,007,049	70,915,973	0	0	1,147,970,965	1,147,970,965
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	5,100,418	16,199,737	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	786,332	56,430,712	30,507,680	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	376,237,032	376,237,032
Others-Hawaii Quest	0	0	0	0	0	0	0	13,142,103	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	76,432,826	26,173,447	99,196	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	7,862,479	17,432,949	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25,295,428	25,295,428
St Pl Adults-Preg Immig/COF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	2,133,092	489,765	0	0	0	26,282,413	26,282,413
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	112,812,298	130,112,852	80,834,554	202,315,960	172,913,238	169,042,108	182,723,816	256,089,901	185,356,648	204,993,088	95,849,452	0	0	0	2,495,806,973	2,495,806,973
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	187,935,438	215,942,601	106,595,336	248,491,795	169,184,281	316,589,798	372,171,589	596,190,429	396,093,454	424,513,693	178,808,465	0	0	0	4,454,701,629	4,454,701,629
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
VII-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**	**1,307,346,492**	**1,449,178,270**	**773,323,487**	**1,746,788,561**	**1,886,418,223**	**1,978,888,489**	**2,102,497,561**	**3,209,442,602**	**2,129,553,028**	**2,486,540,737**	**1,137,122,024**	**0**	**0**	**28,071,091,084**	**28,071,091,084**

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	304,997,343	212,034,204	234,945,298	104,820,351	0	0	2,526,396,688	2,526,396,688
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	46,083,675	37,000,293	57,072,414	29,722,844	0	0	330,643,861	330,643,861
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)	(19,046)	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)	(34,110)	(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	(9,151)	21,277,328	49,857,636	52,547,252	39,131,919	45,400,574	25,392,157	51,341,230	86,036,126	85,942,520	84,861,936	134,764,454	86,552,121	97,180,952	42,337,583	0	0	902,614,537	902,614,537
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	130,212,072	145,622,789	76,872,883	150,336,274	149,646,906	167,640,879	186,541,299	258,709,607	188,881,302	212,644,625	96,579,024	0	0	2,119,253,069	2,119,253,069
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)	(166,339)	(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)	(40,059)	(84,504)	(125,175)	(45,986)	(1,947)	0	0	0	(329,606)	(329,606)
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	1,621	28,931	16,868	0	0	2,611,882	2,611,882
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	22,572,505	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	116,746,726	22,522,276	27,511	(1,183)	397	0	0	0	0	0	0	0	0	904,977,344	904,977,344
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	734,467,969	482,501,039	617,553,432	298,280,029	0	0	3,563,125,581	3,563,125,581
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	1,193,780	500,594	0	0	6,132,789	6,132,789
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	(1,395,946)	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	178,700,907	106,527,047	134,990,311	63,836,175	0	0	1,096,957,606	1,096,957,606

Schedule C
CMS 64 Waiver Expenditure Report
Cumulative Data Ending Quarter/Year : 1/2022

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	0	13,116,658	13,116,658
Oct 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	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	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	7,404,260	7,404,260
Others-it	0	(7,809,402)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(7,809,402)	(7,809,402)
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	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	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	1,265,172	291,798	14,512,057	14,512,057
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	56,376,576	66,741,085	41,647,599	104,818,328	90,882,653	91,217,054	100,152,370	138,672,946	94,382,979	121,495,145	57,196,893	1,411,523,710	1,411,523,710
State Plan Children	0	0	0	0	0	0	0	(23)	(5,530)	1,173	507	1,494,521	106,725,591	103,797,342	88,086,005	108,850,847	136,538,237	138,140,612	92,707,982	110,463,383	54,513,032	128,897,272	161,395,592	171,534,913	204,150,083	323,485,891	226,614,931	251,764,632	106,709,130	2,515,807,023	2,515,807,023
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	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	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	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	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	190,760,884	190,760,884
Vill-Life 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	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**	**263,479,344**	**510,938,536**	**813,433,104**	**881,694,769**	**657,932,161**	**745,135,850**	**399,267,933**	**1,068,686,231**	**1,206,703,074**	**1,321,117,892**	**1,407,568,777**	**2,120,724,443**	**1,436,782,208**	**1,730,103,562**	**800,291,289**	**0**	**0**	**17,591,102,210**	**17,591,102,210**

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	97,409,012	139,266,156	89,286,976	101,830,169	33,258,448	0	0	1,174,670,390	1,174,670,390
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**	**97,409,012**	**139,266,156**	**89,286,976**	**101,830,169**	**33,258,448**	**0**	**0**	**1,222,634,543**	**1,222,634,543**

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	71,800,158	98,697,486	61,050,371	68,694,079	22,637,052	0	0	808,721,032	808,721,032
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**	**71,800,158**	**98,697,486**	**61,050,371**	**68,694,079**	**22,637,052**	**0**	**0**	**833,417,647**	**833,417,647**

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)-Ilie Evaluations	0	1,754,714	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,754,714	1,754,714
HCBS Waiver LOC Timelines	0	3,762,411	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3,762,411	3,762,411
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**	**8,616,948**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**8,616,948**	**8,616,948**

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)-Ilie Evaluations	0	1,039,933	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,039,933	1,039,933
HCBS Waiver LOC Timelines	0	2,229,787	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,229,787	2,229,787
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**	**5,110,232**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**5,110,232**	**5,110,232**