Hawaii QUEST Integration

1115 Waiver

Quarterly CMS Monitoring Report

Federal Fiscal Year (FFY) 2024 1st Quarter
Demonstration Year (DY) 30 Q1

Date Submitted: February 24, 2024	**Reporting Period:**	**October 2023 – December 2023**
	Federal Fiscal Quarter:	1st Quarter 2024
	State Fiscal Quarter:	2nd Quarter 2024
	Calendar Year Quarter:	4th Quarter 2023
	Demonstration Year:	30th Year (10/1/23 – 9/30/24) This reporting period includes the: • last month of 1st Q. DY 30; and the • 1st & 2nd months of 2nd Q. DY 30 when applying a DY of August 1st – July 31st.

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Attachments

Attachment A: Up-To-Date Budget Neutrality Summary

The Budget Neutrality Summary (worksheet) for the quarter ending 9/30/2023 is attached. The Budget Neutrality Summary for the quarter ending 12/31/2023 will be submitted by the 2/29/2024 deadline.

Attachment B: Budget Neutrality Workbook

The Budget Neutrality Workbook for the quarter ending 9/30/2023 is attached. The Budget Neutrality Workbook for the quarter ending 12/31/2023 will be submitted by the 2/29/2024 deadline.

Attachment C: Schedule C

Schedule C for the quarter ending 12/31/2023 is attached. Schedule C includes a summary of expenditures for the reporting period.

I. Introduction

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

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

HOPE Strategies:

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

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

During this quarter, MQD held two public forums to share the October 16, 2023 draft of its Section 1115 Demonstration Renewal Application with the public and the Medicaid Healthcare Advisory Committee. The first was held on October 18, 2023 and the second was held on October 24, 2023. Much interest was generated and MQD received many informative comments, some of which led to revisions of the original draft. More information on the public forums is provided below in section II.F (*Descriptions of any Public Forums Held*) of this report.

Also, in December 2023 MQD re-engaged its eligibility redeterminations following an intentional three-month pause placed on such due to the Maui wildfires and also to address the household versus individual ex parte process. The MCOs continued to work with MQD on member outreach and providing member support and assistance to keep eligible individuals covered and healthy.

II. Operational Updates

A. Key Achievements and Challenges Related to the 1115 Waiver

1. Managed Care

Health Plan Reporting

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

Health Plans continued to submit newly designed reports as part of the QI contract. Embedded in these reports is a framework to consolidate reporting information into specific focus areas and to analyze performance based on Key Performance Indicators (KPIs) which will be reported in the Performance Metrics section of this 1115 quarterly report once data quality is adequate. Additional strategies for improving data quality have been developed including report templates with built in quality assurance flags that alert Health Plans of inappropriate or mis-formatted data. Report tools for these reports have been updated based on feedback from the Health Plans, and such updates are incorporated into the Health Plan Manual. Med-QUEST Division is looking at

ways to streamline reporting and reduce administrative burden on Health Plans and MQD staff. These include combined data files and working toward more automated reporting.

Dual Eligible Special Needs Plans (D-SNPs)

During this reporting period, MQD and its consultants, ATI Advisory and Speire Healthcare Strategies, LLC (collectively, Consultants), successfully launched a new Dual Eligible Special Needs Plan (D-SNP) page on the MQD website. This page contains information to help members and the public learn about D-SNPs in general, and those offered in Hawaii. The information is divided into 3 tabs (Member, FAQ, and Program Details) and is presented in a clean and simple format. The D-SNP page can be reached via the "Members & Applicants" drop-down menu, and inside the "Member Resources" link. Also, the launch of this webpage occurred in good time with the Medicare open enrollment period.

To further assist members and the public during the open enrollment period, MQD and Consultants provided Hawaii's State Health Insurance Assistance Program (SHIP) with a standardized template for each D-SNP containing detailed information on the benefits to be offered in 2024. This template was designed to facilitate comparisons across plans and was intended to be a resource for SHIP volunteers as they assist the public in sorting through and understanding the many options available. This benefits template that was provided to Hawaii's SHIP, followed the training sessions that MQD and Consultants hosted for Hawaii's SHIP last quarter on the upcoming integration options available in 2024.

In October 2023, MQD began its review of D-SNP member materials submitted by the Medicare Advantage Organizations (MAOs) offering FIDE SNPs in 2024, such as the new integrated single ID card, the integrated provider and pharmacy directory, and the integrated formulary. In November 2023, MQD held an orientation with the MAOs to review in detail, a new and improved process for the submission of D-SNP deliverables to MQD under its State Medicaid Agency Contract (SMAC). During this orientation a new Tracking Log and re-designed D-SNP SharePoint site was introduced, as well as new submission file nomenclature and a timeline of deliverables. Also, issues regarding submission timing and governing documents were ironed out.

Additionally, during this reporting period, MQD's D-SNP and Systems teams worked together in preparation for upcoming data sharing between the MAOs and other state agencies, and an upcoming default enrollment process to identify eligible individuals coming from the Low Income Adult (LIA) category. The work in these areas included revisiting functionality of the D-SNP folders created by MQD's Systems Office on the MQD Secure File Transfer Protocol (SFTP), and testing SFTP retrieval and upload access with approved MAO staff.

Finally, in December 2023 MQD and Consultants discussed and planned for Hawaii's D-SNP policy path forward in 2025 and beyond. Also, in December 2023 MQD and its contractor, Public Consulting Group (PCG), released its revised reporting package for the D-SNP Default Enrollment report to the MAOs for review and feedback. In the first quarter of calendar year 2024, MQD and PCG plan to review and address any MAO comments and suggestions, and then finalize the reporting package for a move into production slated during the summer.

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

Consumer Assessment of Healthcare Providers and Systems Home and Community-Based Services (HCBS CAHPS®) Survey

Med-QUEST Division assesses the perceptions and experiences of members enrolled in the QUEST Integration (QI) health plans as part of its process for evaluating the quality of health care services provided to eligible adult members. The MQD contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems Home and Community-Based Services (HCBS CAHPS®) survey for members that received a qualifying HCBS service.

In this quarter, MQD began planning implementation of the next HCBS CAHPS® survey to be implemented in 2024.

Investment in Tools and Technology for Residential Alternative Providers

MQD received funding from the American Rescue Plan Act of 2021 (ARPA) to support HCBS residential provider capacity for technology. Activities to continue distribution of surface devices to residential providers state-wide continued during this quarter. The distribution of surface devices to date, has increased provider capacity to interact electronically with health plans and medical providers and supports members' receipt of virtual services (where applicable).

HCBS Settings Rule

MQD's efforts to bring settings into compliance with the federal home and community-based services (HCBS) regulations found at 42 CFR §§441.301(c)(4)-(5) and 441.710(a)(1) is ongoing.

As of the end of this quarter, MQD has continued to focus its efforts on completing site visits to the remaining providers on the island of Oahu (2 remaining of 154), and the neighbor islands (4 remaining out of 27[1]).

MQD continues to deliver technical assistance to ensure that all providers will attain compliance through capacity building activities.

The four (4) neighbor island sites that have not been visited are located on the island of Maui, which was devastated by wildfires with wide-reaching impacts across the State of Hawaii. Due to the effects of the wildfires and the resulting recovery efforts, MQD requested an extension to its deadline to achieve compliance with the settings rule to July 1, 2024. The extension request was granted by CMS.

3. Other

Member Outreach

Annually during October through December, Health Care Outreach Branch (HCOB) prepared for and conducted our Annual Kokua Trainings, which recertifies all navigators (Kokua) to continue their access to Med-QUEST's KOLEA navigator portal in the KOLEA eligibility system. Training

[1] The total number of 27 in this report reflects a correction from previous quarter reports which indicated the total number to be 26. An updated list of active providers shows the number of active providers to be 27.

includes: how to properly complete a Medicaid application; assistance with applications for the Federally Facilitated Marketplace (FFM), State Funded Premium Assistance Program, and Cultural Competency; and in general, preparedness for the open enrollment on the Federal Marketplace. HCOB continued to review all electronic files during this period from FFM health plans to determine member eligibility for the State Premium Assistance Program. HCOB continues to have a robust Kokua Services program with approximately 170 strong.

During this quarter, the MQD KOLEA team implemented improvements to the KOLEA Navigator Portal which allows all of our Kokua to now search for all existing clients within the KOLEA system, and be able to help members upload documents and submit changes to member accounts online. Kokua are also helping members to complete redetermination forms and upload them into member case files, where the MQD eligibility section can then review them and determine if members will continue coverage, move to another category of coverage or terminate coverage if no longer eligible. This improvement has helped more residents access help for their Medicaid needs from community partners.

Data Quality Strategy

In late 2023 MQD kicked off our 2023-4 Encounter Data Validation (EDV) project which conducts a comparative analysis between the encounter data health plans submit to our MMIS system, HPMMIS, and the encounter data health plans report to our actuaries for various actuarial activities. This comparative analysis will identify differences in these two data sources at both the record level—whether encounters exist in both data sources or just one—and the field level to compare completeness and accuracy. Based on the findings of the EDV project, MQD will be opening Corrective Action Plans with each health plan to resolve uncovered discrepancies that impact the usability of HPMMIS encounter data for actuarial activities.

B. Issues or Complaints Identified by Beneficiaries

No new issues or complaints were identified during this quarter.

C. Audits, Investigations, Lawsuits, or Legal Actions

Audits and Investigations

1. During this time period, 2 audits were completed and MQD is working on overpayment recovery. One was for podiatry, and the other for CPAP machines and supplies.

2. There are a few audits in process with Unified Program Integrity Contractors for dialysis infusion, drug screens (confirmatory and presumptive), and 1 hospice agency.

3. There are some additional investigations underway including possible counseling services provided by unlicensed providers, insulin infusion, and prescribing of Adderall for off-label use.

Lawsuits and Legal Actions

Administrative Hearings:

1. **In the Matter of Petitioner Jeremy Murbach** - Petitioner failed to timely file a request for administrative hearing regarding 3 Resolution of Appeal letters denying coverage. Petitioner's Request for Hearing was denied as untimely, i.e. past 210 days. Petitioner filed "Emergency Motion for Director's Time Extension Approving Action After Specified Period, Or, In the Alternative, Reconsideration" (Emergency Motion). Motion hearing on the Emergency Motion is scheduled for January 12, 2024.

2. **LaPorte v. DHS** – On January 12, 2023, MQD suspended Medicaid payments to Bryant LaPorte, DDS, based on credible allegations of fraud as follows: (1) billing for services not rendered, including x-rays, and (2) billing services not medically necessary, including oral evaluations and palliative emergency treatment. Dr. LaPorte requested for an administrative hearing after receiving the Notice of Suspension of Medicaid Payments dated January 18, 2023. The two-day hearing was held on December 4 and 5, 2023. Parties have submitted closing arguments, and proposed Findings of Fact, Conclusions of Law, and Order. The DHS Administrative Appeals Office has not issued a decision yet.

Hawaii Courts:

1. **Bekkum v. DHS** – DHS appeals the administrative hearing decision in favor of Curtis Bekkum, M.D. DHS had sought to terminate Bekkum's provider participation in the Medicaid program based on a criminal complaint and conviction of sexual assault, which occurred in his provision of medical services to a patient. The administrative hearing decision found in favor of Bekkum because the Hearing Officer believed that the services Bekkum provided were not Medicaid services. DHS filed its opening brief and is awaiting the answering brief.

2. **Soleil Feinberg v. Cathy Betts, et al.** – This is a federal district court challenge alleging a failure to provide adequate treatment, as required by EPSDT, to a young adult. The allegation is that the failure to provide adequate treatment led to the young person's eventual criminal case and her placement in the Hawaii State Hospital because her mental impairment makes her unable to stand trial in the criminal case. The cross motions for summary judgment were denied on May 6, 2022. The Case was set for bench trial on January 17, 2024. Parties were actively negotiating settlement of the case. The settlement conference was continued to December 6, 2023. The parties have reached a settlement and the trial date and all related deadlines and due dates have been vacated. The parties are in the process of signing the written settlement agreement.

3. **Waianae Coast Comprehensive Health Center (WCCHC) v. State of Hawaii, DHS** – WCCHC is a federally qualified health center and receives reimbursement under the Prospective Payment System (PPS) of reimbursement created under Hawaii Revised Statutes §§346-53.62, *et seq.* In February 2019, WCCHC requested a rate change for its medical PPS and dental PPS rates. MQD ultimately denied the request for a rate change for the dental PPS rate because the services actually began in 2010 and WCCHC did not provide documentation to support the change in an increased type, intensity, duration, or amount of services for the 2019 year.

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

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

Oral argument was held on November 29, 2023. The court issued a decision affirming the Hearing Officer's dismissal order on December 21, 2023.

4. **In re F.T., by and through Aloha Nursing Rehab Centre (Aloha Nursing)** – Aloha Nursing requested an administrative fair hearing on behalf of deceased former patient regarding the patient's Medicaid eligibility. Aloha Nursing is seeking payment for services rendered to F.T. at a time when patient was ineligible for Medicaid coverage. The hearing officer determined that Aloha Nursing had no standing as an authorized representative of the former patient because it lacked the proper legal documentation providing authority to act on behalf of the deceased patient. Circuit Court affirmed in favor of DHS. Aloha Nursing appealed to the Intermediate Court of Appeals. Decision is pending.

5. **In re F.W.H., by and through Aloha Nursing Rehab Centre (Aloha Nursing)** – Aloha Nursing requested an administrative fair hearing on behalf of deceased former patient regarding the patient's Medicaid eligibility. Aloha Nursing is seeking payment for services rendered to F.W.H. at a time when patient was ineligible for Medicaid coverage. The hearing officer determined that Aloha Nursing had no standing as an authorized representative of the former patient because it lacked the proper legal documentation providing authority to act on behalf of the deceased patient. Circuit Court affirmed in favor of DHS. Aloha Nursing appealed to the Intermediate Court of Appeals. Decision is pending.

9th Circuit Court of Appeals:

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

Opening Brief and the State of Hawaii filed an Answering Brief. HDRC's Reply Brief was filed on July 14, 2023. Oral argument before a panel of the Ninth Circuit Court of Appeals occurred on October 4, 2023. We are awaiting the decision.

Foreclosure Actions:

There are approximately 15 foreclosure actions that list DHS as a defendant. These actions are usually brought by banks or mortgage companies against Medicaid claimants and/or their estates. Through these actions, DHS requests any remaining surplus funds from the sale of the foreclosed property to be distributed to DHS.

D. Unusual or Unanticipated Trends

This quarter, the work to address the Maui wildfires shifted from Emergency response to Recovery, as various DHS teams continued to sign people up for public assistance, including Medicaid. Also, DHS teams continued efforts to identify on-going non-congregate housing. Additionally, MQD implemented a number of eligibility system changes to help with the unwinding transition during the redetermination pause. Due to such pause in the unwinding activities, there was continued enrollment growth in the QUEST program.

E. Legislative Updates

Legislature is out of session. Several informational briefings were held, including one on the Section 1115 Demonstration Renewal draft. More on the Section 1115 Demonstration Renewal draft can be found below in section II.F (*Descriptions of any Public Forums Held*) of this report.

DHS provided budget and program presentations for staff from the Finance, Ways and Means, and executive branch's Budget and Finance, offices. The primary budgetary asks are related to increasing some home and community based reimbursement rates based on the results of rate studies completed using the HCBS American Recovery and Reinvestment Act (ARRA) funds.

Several legislative reports were completed by the December 31 deadline: Provider coverage for Lactation Consultants; Applied Behavioral Analysis rate study; Options to expand of Medicaid-like eligibility for children and pregnant women/mothers who do not meet Medicaid's citizenship requirements.

F. Descriptions of any Public Forums Held

Hawaii held three Public Forums during this time period. Two were Med-QUEST Division (MQD) Healthcare Advisory Committee (MHAC) meetings and one was a separate Public Forum solely for the Section 1115 Demonstration Renewal for 2024. Public comments and questions were received from all three meetings and summarized below.

MHAC meeting, October 18, 2023 (Includes Public Forum #1 for the Section 1115 Demonstration Renewal for 2024)

MQD presented information and updates on current Med-QUEST program activities and the Presentation and Discussion for the Public Forum #1 for the Section 1115 Demonstration Renewal for 2024. There were no questions from the MHAC committee or the public regarding the updates on the current Med-QUEST program activities. However, One member from the MHAC committee provided a comment and congratulated the Med-QUEST team for their work and subsequent award from the National Association of Medicaid Directors (NAMD) based on MQD's Maui Wildfire response.

There were both comments and questions from the MHAC committee and members of the public regarding the presentation and discussion of the Section 1115 Demonstration Renewal for 2024. MQD presented information on the draft Section 1115 Demonstration Renewal for 2024. The proposed topics included:

- Hawaii's Current Section 1115 Demonstration
- Proposed Section 1115 Demonstration changes and additions:
    - Home and Community Based Services
    - Community Integration Services Plus (CIS+)
    - Continuous Eligibility
    - Contingency Management
    - Pre-release Medicaid Services for Justice-Involved Individuals
    - Nutrition Supports
    - Native Hawaiian Traditional Healing Practices
    - New Funding Opportunities
- Budget Neutrality and Financing

One MHAC member had multiple questions and comments. She questioned whether telehealth would be allowed in the Home and Community Based Service area for the initial visit or whether an in-person visit is required. MQD responded that this should be included in the public comment, and we would address it at that point. This member also asked what is counted under Designated State Health Program (DSHP). MQD responded that based on certain circumstances federal Medicaid funds can be used to match certain Medicaid-like services that are 100% state funded, which frees up state funds that can then be used in the state's 1115 innovations. She also provided a comment about the evaluation plan being included in the 1115 Demonstration waiver and asked if there is a way for the community to weigh in on the evaluation plan. She would like to see a benchmark in the evaluation plan that would demonstrate that our Long-Term Services and Supports (LTSS) members have better health care than commercial members since our LTSS members have access to certain services (i.e. respite and at-risk services) that commercial members do not have access too. Thereby having evidence that Medicaid is a leader in health care. MQD explained that the evaluation design is due six months after the 1115 Demonstration waiver is approved, it does go out for public comment, and that we will take her comments into consideration for the next evaluation design.

Another MHAC member questioned the language we are using in the Native Hawaiian Traditional healing practices. She has issues with how MQD named certain services and wants MQD to be

aware of the terminology we are using. MQD responded that we would review our terminology and make the appropriate corrections.

We had several members of the public provide comments and questions regarding the proposed Section 1115 Demonstration Waiver Renewal. One member of the public asked if it would help if he submitted written testimony regarding the new initiatives MQD is proposing? MQD said it would be very useful if he submitted written testimony during our public comment period.

Another member of the public stated that she was very happy with all the new initiatives that MQD is pursuing in the 1115 Demonstration Waiver. Another member of the public thanked MQD for all the work and effort MQD is doing to work with other agencies outside of the Department of Human Services (DHS) and to work with the Department of Public Safety. She also commented that incorporating Native Hawaiian Traditional healing practices is very progressive and the State will see cost savings by doing this and will promote healing in the community. She also appreciated the concept that MQD would not limit this service to only Native Hawaiians but to open it up to anyone who qualified for the service as she believes that what is good for Native Hawaiians is good for humanity overall. She also appreciated that MQD was using the Kupuna Council model for the licensure issue as it will be using healers to assess other healers in the community and thanked us for having the fortitude to engage at this level.

Another member of the public commented that she is also very excited about the Native Hawaiian Traditional healing practices. However, she expressed concerns about the Native Hawaiian healers being approved by Papa Ola Lokahi as this will raise many questions. She wanted to know if there are plans to be more specific on how this will be done. MQD clarified that when health care services are being provided outside of the traditional realm MQD needs to identify who is eligible, whether the service is medically appropriate, how long the services can be received, what is the criteria or definition of the service, who are the providers to perform this service etc. MQD further explained that we need to figure out who are the providers of traditional Native Hawaiian healing and want the providers to be recognized by the Kupuna Council. Overall MQD is learning with the community on this issue and need to have more discussions with the community to figure out how this initiative can be implemented. She agreed that MQD has a tremendous amount of work to do in this area.

The last comment received by the public thanked DHS for taking on the pre-release services. She stated that she has been doing this work for over 25 years and it is amazing to see DHS moving in this direction. She appreciates this work effort for this vulnerable population.

Public Hearing #2 – Section 1115 Demonstration Renewal for 2024, October 24, 2023

Med-QUEST Division presented information on the draft Section 1115 Demonstration Renewal for 2024. The proposed topics included:

- Hawaii's Current Section 1115 Demonstration
- Proposed Section 1115 Demonstration changes and additions:
    - Home and Community Based Services
    - Community Integration Services Plus (CIS+)
    - Continuous Eligibility

    - Contingency Management
    - Pre-release Medicaid Services for Justice-Involved Individuals
    - Nutrition Supports
    - Native Hawaiian Traditional Healing Practices
    - New Funding Opportunities
- Budget Neutrality and Financing

Various questions were received from multiple members in the audience both in person and on Zoom on the topics presented by MQD.

A member from the public asked if the recording and the presentation will be available online and MQD responded that both will be available on the MQD website. She also asked if the public will be able to see the final application that MQD will submit to CMS. MQD explained that CMS will post Hawaii's application on the CMS Medicaid.gov website for public comment for 30 days so the public will be able to see the final application on the CMS website. She also asked how long it took CMS to approve California and Washington 1115 applications. MQD explained that CMS will normally take at least 6 months to review and approve an 1115 application and that CMS is not held to a set timeline when reviewing the 1115 Demonstration Waiver applications. She also stated that she is in full support of the pre-release initiative and how important it is to have seamless continuity of services (especially medication) for individuals coming out of prison. She commented that Hawaii has a "silver tsunami" meaning that we have a lot of individuals in prison over age 55 and it is very important for them to have access to health care. In addition, she commented on the importance of breaking the cycles imbedded in the carceral system and it is not good when we switch the conversation from public health to public safety as we start treating people differently. It is important to treat individuals coming out of the carceral system as human beings and teach them how to be good neighbors. She thanked MQD for working on this issue in the application as it gives her hope. MQD appreciated her comments and explained that the real hard work will begin when it is time to implement and operationalize this benefit.

Another member of the public wanted to know how we plan on increasing coverage of services while not increasing the amount spent. MQD explained that by investing and spending time and effort in prevention of serious illnesses we can make sure people receive the care that prevents more costly care later and avoid hospitalization and nursing facility.

An individual from Papa Ola Lokahi (POL) commented that it is important for POL to have a voice and will submit comments in writing in addition to what she presented in the public hearing. He explained that the Traditional Healing section has misinformation in it and that POL does not train or certify healers as this is the responsibility of the Kupuna Council. The Kupuna Council only recognizes certain traditional healing practices, and it will take time for the Kupuna Council to figure out how to recognize the additional healing practices MQD listed in the 1115 Demonstration Waiver Renewal application. MQD said they would work with POL to obtain accurate information and make the necessary corrections in the application. He also raised an issue about how MQD will measure this initiative to achieve outcomes and what tools will MQD be using. MQD responded that we work with CMS for the authority to implement first and then MQD decides how to roll out the services, what data to collect and measure. MQD further explained that we have an evaluation team who assists in determining the type of evaluation that

is needed for both the qualitative and quantitative components. This individual questioned how the State would properly evaluate something that is "spiritual" in nature, especially if MQD opens up these services to non-Native Hawaiians. MQD explained that they would do a culturally based evaluation and POL said they would like to be included in this process.

Another member of the public had question on lactation supports and why it was included in the Native Hawaiian Traditional Healing Practices but not the Nutrition Supports? MQD explained that lactation supports are being worked on outside of the 1115 Demonstration Waiver process. Another member of the public had questions about community health workers and how they will be paid by MQD. MQD explained that community health worker ("CHW") services do not need to go through the 1115 Demonstration Waiver process. CHW's need to have an organization that will certify the individual who qualifies as a CHW and this is not a function of MQD. MQD does not license or certify providers, however MQD is willing to be part of the conversation to assist in this area. A different member of the public commented on the importance of CHWs as they are able to understand and navigate marginalized communities, help them enroll in Medicaid and Medicare, understand the benefits that are available to them through these programs, and help members have access to health care. Overall, CHW's have strong relationships in the community and fill the gap for the community. MQD explained that they recognize the important role that CHW's serve and are willing to work with them.

Another member of the public thanked MQD for the wonderful presentation and is excited about the pre-release services.

Lastly, a member from the legislature thanked MQD for all the tremendous amount of work MQD has put into this 1115 Demonstration Waiver Renewal application and that all of these issues are what the legislature wants for Hawaii. She then asked MQD to present this information to the legislature and MQD agreed.

MHAC meeting, December 13, 2024

Med-QUEST Division presented information and updates on the Stay Well Stay Covered campaign for the restart of renewals for all Medicaid members, the Section 1115 Demonstration Renewal for 2024, an overview of the Dual Eligible Special Needs Plans (DSNP) for Medicare and Medicaid Enrollees website updates, and State Plan Amendments and updates. There were questions from the MHAC committee on all the topics presented except for the DSNP website update.

One MHAC member commented that the Stay Well Stay Covered campaign and said the MQD website information on this topic is easy to navigate for the renewals.

Another MHAC member provided a comment regarding the 1115 Demonstration Waiver Renewal. She wants MQD to consider including the MHAC members with the Native Hawaiian Cultural Healing Practices discussion so they can assist MQD in this process. MQD said they will do this and wanted to share with the MHAC members and the public that when MQD is trying out something new and if it does not work the first time that is okay. It is better to have the dialogue and conversation on the topic with the community and have the community provide MQD with their input and guidance on how to proceed.

Another MHAC member had comments regarding the State Plan presentation. She asked if MQD could provide the MHAC members with a link to the proposed State Plan Amendments ahead of time so they can review and prepare questions to ask during the meeting. One MHAC member asked a question related to the increase payment for Medical Professional Services and how the increase will work and how long will it last? MQD explained that the increases will happen annually, and this is the new policy going forward. This member also asked for clarification of the non-emergency medical transportation (NEMT) State Plan Amendment (SPA) and how will it be different from what is currently covered. MQD explained that the NEMT SPA will clarify the policy and be more descriptive in the types of transportation being provided.

The public had no comments or questions for any of the topics raised and discussed by MQD.

III. Enrollment and Disenrollment

A. Member Choice of Health Plan

October 2023 – December 2023	# of Members
Individuals who chose a health plan when they became eligible	**4508**
Individuals who were auto-assigned when they became eligible	**4258**
Individuals who changed health plan after being auto-assigned	**1163**
Individuals in the ABD program that changed health plan within days 61 to 90 after confirmation notice was issued	**10**

IV. Performance Metrics

A. Impact of the Demonstration

1. Providing Insurance Coverage to Beneficiaries and the Uninsured Population

Total Enrollment as of 12/25/23: 473,902

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

No data to report as of this quarter. Ongoing work to improve data quality will result in data in future quarters.

B. Results of Beneficiary Satisfaction Surveys (if conducted)

During this quarter, the results from the annual CAHPS survey were presented (results and presentation can be found on the website). The target population this year are the children. Additionally, a survey was done on Home and Community Based Services, which is reviewed later. The Child survey results, while overall, the comparative results are down from prior year surveys, the results compared nationally are mixed.

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

Type	Total	Timely Resolved* # (%)	Resolved in Favor of Beneficiaries** # (%)
Grievances	526	422 (97.7%)	223 (51.6%)
Appeals	288	169 (95.5%)	28 (28.0%)***

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

V. Budget Neutrality and Financial Reporting Requirements

A. Financial Performance of the Demonstration

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

B. Updated Budget Neutrality Workbook

The Budget Neutrality Workbook for the quarter ending 12/31/2023 will be submitted by the 2/29/2024 deadline. The Budget Neutrality Workbook for the quarter ending 9/30/2023 is attached (Attachment B).

C. Quarterly and Annual Expenditures

Expenditures for the quarter ending 12/31/2023 were reported on the CMS-64 and certified on 1/31/2024. A summary of expenditures is shown on the attached Schedule C for the quarter ending 12/31/2023.

D. Administrative Costs

There have been no significant increases in Hawaii's administrative costs for the quarter ending 12/31/2023. Cumulative administrative expenditures can be found on the attached Schedule C.

VI. Evaluation Activities and Interim Findings

A. Current Results of the Demonstration per the Evaluation Hypotheses

See B.3 for results and findings.

B. Progress Summary of Evaluation Activities

1. Key Milestones Accomplished

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

- UH completed the interim evaluation report which will be submitted to CMS along with the next 1115 waiver. This is currently going under internal review.

- The UH Evaluation Team held a Rapid Cycle Assessment presentation for Health Plans, providers, and MQD on Q2 2023 on December 1, 2023. A corresponding report was submitted to MQD. The team also submitted feedback on individual Health Plan reports using the Review Tool.

2. Challenges Encountered and How They Were Addressed

Data quality among evaluation reports remained a challenge for Health Plans. During this quarter many reports moved into production meaning the Health Plans consistently met data quality standards. These have informed ongoing monitoring of demonstration populations as well as inform the development of the 1115 waiver interim evaluation report.

3. Interim Findings (when available)

Subject	**Successes in Implementation**	**Barriers in implementation**
CIS	• Data quality continues to slowly improve. • MQD restructured its "Core Team" to discuss and launch a CIS 2.0 that responded to the challenges raised by the providers, HPs, and Evaluation Team. Daily meetings often include members of the Eval Team, local government, and other homelessness experts. • MQD restructured CIS payments to bundled payments to make billing easier; and to pay for outreach services regardless of if member ends up consenting to compensate providers for time	Challenges to enrolling members is largely due to provider capacity, limited affordable housing, and lack of coordination between HPs and providers.
LTSS	The analysis shows that the level of care (LOC) scores for LTSS members in the home setting are stable as they progress during the years in the program suggesting effectiveness of HCBS.	The analysis shows that the level of care (LOC) scores for LTSS in the nursing home or foster homes deteriorate over the years they stay in the program.
SHCN	Through individualized meetings and technical assistance, MQD and UH are now receiving health care services data extracts directly from HP care coordination system to help identify the breadth and depth of services provided to waiver target populations and other populations of members.	Unstandardized documentation across Health Plans makes it difficult to integrate data of all members and determine the impact of care coordination services for SHCN member

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

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

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

Contract with University of Hawaii Evaluation team has been extended into CY2024.

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

N/A

6. Status of Study Participant Recruitment (if applicable)

N/A

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

Subject	**Result or Impact**
CIS	CIS was implemented and demonstrates that Medicaid can develop innovative programs to address SDOH. Two hundred fifty-five members were in pre-tenancy at some point during the waiver period and so far 33% (n=100) had transitioned to tenancy at exit. Of those members who received tenancy services, the majority remained housed at exit.

	The UH Evaluation Team is currently assessing ER visits, hospitalizations, and total cost of care data for CIS members. This analysis will be completed and available in the upcoming interim evaluation report. The RCAs have proven to be an effective evaluation tool to assist MQD, Health Plans, and service providers with identifying successes and barriers in real time to allow for the development of solutions or shared lessons learned. The MQD Core Team continues to meet weekly with members of the State and City governments, housing service providers, and other housing experts to ensure integration with existing housing services.
HCBS/LTSS	Data is available in the interim evaluation report.
SHCN	Data is available in the interim evaluation report
SDOH	In the Social Determinants of Health (SDOH) work plan, Health Plans proposed or implemented quality activities focusing on reducing emergency room visits, improving maternal health, improving patients' education, reducing isolation, and expanding alternative medicine practice. Other quality activities focusing on addressing COVID-19 recovery, homeless, and food insecurity. At a higher level, Health Plans also proposed or implemented quality activities that aim to improve SDOH understanding and SDOH screening and documentation of SDOH data. Few Health Plans have some plan on collaborating with other parties and utilizing measurement and progress during these quality activities.
PC	So far, Health Plans have some changes in primary care spending over time. report documents small changes in spending over time
VBP	Impact of the implemented models is being evaluated Current evaluation opens up avenues for new research questions for further investigation into implementation of VBC arrangements and APM by health plans. Future investigation needs to include qualitative analyses of the implementation, barriers and facilitators and expansion of initiatives currently in place

VII. Med-QUEST Division Contact

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Budget Neutrality Summary

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

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

Actuals + Projected

Without-Waiver Total Expenditures

			26	27	28	29	30	Total
Medicaid Per Capita								
EG 1 - Children	1	**Total**	$ 629,445,268	$ 697,320,596	$ 743,256,554	$ 772,575,033	$ 796,466,688	
		PMPM	$448.48	$452.96	$457.49	$462.07	$466.69	
		Mem-Mon	1,403,508	1,539,475	1,624,640	1,671,987	1,706,629	
EG 2 - Adults	2	**Total**	$ 389,312,838	$ 472,902,030	$ 534,517,133	$ 596,385,573	$ 592,854,097	
		PMPM	$925.47	$959.72	$995.23	$1,032.05	$1,070.24	
		Mem-Mon	420,665	492,750	537,079	577,865	553,945	
EG 3 - Aged	3	**Total**	$ 658,889,243	$ 764,674,765	$ 883,519,979	$ 984,337,721	$ 760,156,997	
		PMPM	$1,939.17	$2,005.11	$2,073.28	$2,143.77	$2,216.66	
		Mem-Mon	339,779	381,363	426,146	459,162	342,929	
EG 4 – Blind/Disabled	4	**Total**	$ 757,508,006	$ 846,263,757	$ 901,246,138	$ 936,220,364	$ 1,034,360,778	
		PMPM	$2,646.76	$2,763.22	$2,884.80	$3,011.73	$3,144.25	
		Mem-Mon	286,202	306,260	312,412	310,858	328,969	
TOTAL			**$ 2,435,155,354**	**$ 2,781,161,148**	**$ 3,062,539,803**	**$ 3,289,518,691**	**$ 3,183,838,560**	**$ 14,752,213,557**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Medicaid Per Capita								
EG 1 - Children	1		$ 384,578,861	$ 403,028,644	$ 414,050,918	$ 457,435,339	$ 447,307,253	$5,565,733,573
EG 2 - Adults	2		$ 164,506,990	$ 199,476,569	$ 217,933,363	$ 273,327,708	$ 262,281,700	$3,170,721,148
EG 3 - Aged	3		$ 395,821,135	$ 454,004,979	$ 495,551,818	$ 508,752,622	$ 502,750,842	$6,265,542,569
EG 4 – Blind/Disabled	4		$ 476,057,764	$ 522,267,712	$ 485,171,166	$ 487,643,240	$ 685,289,061	$6,812,349,707
TOTAL			**$ 1,420,964,749**	**$ 1,578,777,904**	**$ 1,612,707,265**	**$ 1,727,158,909**	**$ 1,897,628,855**	**$ 8,237,237,682**

Savings Phase-Down

Medicaid Per Capita			26	27	28	29	30	TOTAL
		Savings Phase-Down						
EG 1 - Children	1	**Without Waiver**	$ 629,445,268	$ 697,320,596	$ 743,256,554	$ 772,575,033	$ 796,466,688	
		With Waiver	$ 384,578,861	$ 403,028,644	$ 414,050,918	$ 457,435,339	$ 447,307,253	
		Difference	$ 244,866,407	$ 294,291,952	$ 329,205,636	$ 315,139,694	$ 349,159,435	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 183,649,805	$ 220,718,964	$ 246,904,227	$ 236,354,771	$ 261,869,576	
		Savings Phase-Down						
EG 2 - Adults	2	**Without Waiver**	$ 389,312,838	$ 472,902,030	$ 534,517,133	$ 596,385,573	$ 592,854,097	
		With Waiver	$ 164,506,990	$ 199,476,569	$ 217,933,363	$ 273,327,708	$ 262,281,700	
		Difference	$ 224,805,848	$ 273,425,461	$ 316,583,770	$ 323,057,865	$ 330,572,397	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 168,604,386	$ 205,069,096	$ 237,437,828	$ 242,293,399	$ 247,929,298	
		Savings Phase-Down						
EG 3 - Aged	3	**Without Waiver**	$ 658,889,243	$ 764,674,765	$ 883,519,979	$ 984,337,721	$ 760,156,997	
		With Waiver	$ 395,821,135	$ 454,004,979	$ 495,551,818	$ 508,752,622	$ 502,750,842	
		Difference	$ 263,068,109	$ 310,669,786	$ 387,968,161	$ 475,585,098	$ 257,406,156	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 197,301,082	$ 233,002,340	$ 290,976,120	$ 356,688,824	$ 193,054,617	
		Savings Phase-Down						
EG 4 – Blind/Disabled	4	**Without Waiver**	$ 757,508,006	$ 846,263,757	$ 901,246,138	$ 936,220,364	$ 1,034,360,778	
		With Waiver	$ 476,057,764	$ 522,267,712	$ 485,171,166	$ 487,643,240	$ 685,289,061	
		Difference	$ 281,450,242	$ 323,996,045	$ 416,074,972	$ 448,577,125	$ 349,071,717	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 211,087,681	$ 242,997,034	$ 312,056,229	$ 336,432,843	$ 261,803,788	
Total Reduction			**$ 760,642,954**	**$ 901,787,433**	**$ 1,087,374,403**	**$ 1,171,769,837**	**$ 964,657,279**	**$ 4,886,231,906**

BASE VARIANCE			**$ 253,547,651**	**$ 300,595,811**	**$ 362,458,134**	**$ 390,589,946**	**$ 321,552,426**	**$ 1,628,743,969**
Excess Spending from Hypotheticals								$ (5,811,563)
1115A Dual Demonstration Savings (state preliminary estimate)								$ -
1115A Dual Demonstration Savings (OACT certified)								$ -
Carry-Forward Savings From Prior Period								
NET VARIANCE								**$ 1,622,932,405**

Cumulative Target Limit

			26	27	28	29	30	
Cumulative Target Percentage (CTP)			2.0%	1.5%	1.0%	0.5%		
Cumulative Budget Neutrality Limit (CBNL)			$ 1,674,512,401	$ 3,553,886,115	$ 5,529,051,515	$ 7,646,800,370	$ 9,865,981,651	
Allowed Cumulative Variance (= CTP X CBNL)			$ 33,490,248	$ 53,308,292	$ 55,290,515	$ 38,234,002	$ -	
Actual Cumulative Variance (Positive = Overspending)			$ (253,547,651)	$ (554,143,462)	$ (916,601,597)	$ (1,307,191,542)	$ (1,628,743,969)	
Is a Corrective Action Plan needed?								

HYPOTHETICALS TEST 1

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita								
EG 5 – Group VIII	1	**Total**	$ 1,269,058,737	$ 1,712,257,751	$ 2,065,875,689	$ 2,336,210,374	$ 1,826,368,919	
		PMPM	$899.37	$942.54	$987.78	$1,035.20	$1,084.89	
		Mem-Mon	1,411,053	1,816,642	2,091,433	2,256,772	1,683,460	
TOTAL			**$1,269,058,737**	**$1,712,257,751**	**$2,065,875,689**	**$2,336,210,374**	**$1,826,368,919**	**$9,209,771,470**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita								
EG 5 – Group VIII	1		$623,834,372	$829,242,625	$923,762,214	$1,062,460,612	$1,023,835,987	
TOTAL			**$ 623,834,372**	**$ 829,242,625**	**$ 923,762,214**	**$ 1,062,460,612**	**$ 1,023,835,987**	**$ 4,463,135,810**

HYPOTHETICALS VARIANCE 1			**$ 645,224,365**	**$ 883,015,126**	**$ 1,142,113,475**	**$ 1,273,749,762**	**$ 802,532,933**	**$ 4,746,635,660**

HYPOTHETICALS TEST 2

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1	**Total**	$ -	$ -	$ -	$ -	$ 4,850,773	
		PMPM	$1,184.76	$1,241.63	$1,301.23	$1,363.69	$1,429.15	
		Mem-Mon					3,394	
TOTAL			**$ -**	**$ -**	**$ -**	**$ -**	**$ 4,850,773**	**$ 4,850,773**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1		$ -	$ -	$ -	$ -	$ 10,662,337	
TOTAL			**$ -**	**$ -**	**$ -**	**$ -**	**$ 10,662,337**	**$ 10,662,337**

HYPOTHETICALS VARIANCE 2			**$ -**	**$ -**	**$ -**	**$ -**	**$ (5,811,563)**	**$ (5,811,563)**

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**	$ -	$ -	$ -	$ -	$ 13,229,342	
		PMPM	$3,231.17	$3,386.27	$3,548.81	$3,719.15	$3,897.67	
		Mem-Mon					3,394	
TOTAL			**$ -**	**$ -**	**$ -**	**$ -**	**$ 13,229,342**	**$ 13,229,342**

With-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita								
EG 7 – CIS Community Transition Pilot	1		$ -	$ -	$ -	$ -	$ 12,872,659	
TOTAL			**$ -**	**$ -**	**$ -**	**$ -**	**$ 12,872,659**	**$ 12,872,659**

HYPOTHETICALS VARIANCE 3			**$ -**	**$ -**	**$ -**	**$ -**	**$ 356,683**	**$ 356,683**

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:	7/28/2023	Reporting DY	29
For the Time Period Through:	6/30/2023	Reporting Quarter	4

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

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

MAP Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
1,115	0	70,981,761	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	70,981,761	70,981,761
1902 R 2	0	173,206,589	0	0	0	0	(28,108)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	320,756,715	330,020,536	561,530,649	367,923,292	389,277,035	403,817,961	416,541,562	67,724,529	5,177,749,894	5,177,749,894
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,424,989	17,555,107	24,914,002	19,728,957	24,483,589	14,925,306	37,994,810	48,712,306	46,522,053	55,480,932	85,594,832	64,235,284	100,574,662	126,389,189	127,125,685	19,850,107	816,511,610	816,511,610
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(473,188)	(505,165)	(397,775)	(598,936)	(490,186)	(103,305)	(181,177)	0	0	(2,749,732)	(2,749,732)
Aged without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(14,668)	(44,822)	(62,495)	(43,976)	(17,253)	(7,376)	(12,760)	0	0	(203,350)	(203,350)
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(17,808)	31,794,652	74,760,519	81,089,359	77,493,096	88,201,319	49,105,356	98,847,286	163,362,887	158,539,932	154,606,976	248,116,345	150,408,628	162,140,429	167,297,918	168,574,591	27,032,456	1,901,353,941	1,901,353,941
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(28,991)	81,514,842	211,664,665	248,689,322	257,012,282	282,670,355	148,440,400	290,201,052	285,336,958	310,333,575	340,588,439	475,546,496	329,583,534	363,440,241	321,570,609	322,938,698	50,250,457	4,319,752,934	4,319,752,934
Blind/Disable without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(324,738)	(333,645)	(370,635)	(399,762)	(294,330)	(47,087)	(88,165)	0	0	(1,858,362)	(1,858,362)
Blind/Disabled with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(61,110)	(74,223)	(153,925)	(230,511)	(81,788)	(24,234)	(38,633)	0	0	(664,424)	(664,424)
Breast Cervical Cancer Treatment (BCCT)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(2)	4,053	545,332	904,018	750,145	365,104	585,588	277,616	222,869	103,847	107,702	6,122	35,643	10,376	0	0	3,918,413	3,918,413
Current	0	493,934,086	0	0	0	0	1,661,326	159,616,917	75,521,154	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	730,733,483	730,733,483
CURRENT POP	0	272,778,438	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	272,778,438	272,778,438
Current-Hawaii Quest	0	0	0	0	0	0	0	0	40,064,795	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	40,064,795	40,064,795
Demo Elig Adults	0	0	0	0	0	0	0	0	134,638	1,995	51,709	318,560	127,982,800	129,456,848	154,209,257	177,392,619	201,628,981	238,945,778	244,752,485	227,394,498	43,952,301	52,948	(5,724)	735	0	0	0	0	0	0	0	1,546,270,428	1,546,270,428
EG 6 - CIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,821,898	5,821,898	5,821,898
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	191,848,117	343,651,347	477,118,034	536,616,690	783,549,550	509,228,078	672,538,817	824,545,891	877,843,807	147,793,457	5,364,733,788	5,364,733,788
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	91,499	83,366	94,158	137,403	73,022	176,324	173,482	703,614	618,274	885,664	1,318,600	2,348,338	1,739,142	2,028,257	1,912,070	1,931,712	359,366	14,674,291	14,674,291
HawaiiQuest-1902(R)(2)	0	700,529	107,270	2,484,576	1,636,854	860,335	1,594,466	0	0	284	34,836	438,582	0	0	33,061	26,332	8,001	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,925,126	7,925,126
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	135,520	683,159	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	818,679	818,679
HealthQuest-Current	0	3,884,748	350,430	12,121,771	10,002,019	7,377,643	10,651,130	9,373,702	64,428,704	230,593,470	268,955,153	392,471,288	(2,325,152)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,007,884,906	1,007,884,906
HealthQuest-Others	0	1,783,163	215,685	5,322,833	3,698,445	2,678,918	3,915,013	3,306,673	21,010,550	63,645,959	99,234,046	93,729,117	(621,643)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	297,918,759	297,918,759
HI-02	0	0	0	0	0	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)	0	(5)	(5)
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	56,504	120,767	115,693	58,345	117,005	109,837	8,305	0	0	0	0	0	0	0	0	0	0	0	0	586,456	586,456
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,715	3,960	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11,675	11,675
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	122,839	581,513	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	704,352	704,352
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,331	216,960,871	165,225,916	110,071,474	126,802,403	190,895,331	114,606,294	156,732,123	99,216,323	184,616,805	28,942,281	1,394,071,152	1,394,071,152
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,100,418	16,199,737	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21,300,155	21,300,155
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	76,678	103,084	80,075	257,166	253,182	31	0	0	0	0	0	0	0	0	0	0	0	0	0	770,216	770,216
Others	0	288,512,308	0	0	0	0	786,332	56,430,712	30,507,680	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	376,237,032	376,237,032
Others-Hawaii Quest	0	0	0	0	0	0	0	0	13,142,103	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13,142,103	13,142,103
OthersX	0	(15,309,727)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(15,309,727)	(15,309,727)
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(2,751)	798,681	5,696,094	14,348,747	23,867,636	30,465,656	27,968,205	76,432,838	26,173,447	99,296	0	0	0	0	0	0	0	0	0	205,847,849	205,847,849
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,862,479	17,432,949	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25,295,428	25,295,428
St Pl Adults-Preg Immig/COFAs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24,990	2,628,840	2,628,927	2,873,646	987,921	1,532,245	1,448,764	2,048,646	2,315,023	4,043,498	3,127,056	2,106,507	1,646,061	0	0	27,412,124	27,412,124
State Plan Adults	0	0	0	0	0	0	0	0	(10)	218	99	39,158	111,982,730	118,021,622	109,034,691	128,225,118	131,863,143	123,596,289	112,747,766	130,113,272	80,834,871	202,315,960	172,913,238	168,886,698	182,568,405	255,652,778	161,373,812	197,334,419	216,276,926	273,327,708	45,899,964	2,923,008,875	2,923,008,875
State Plan Children	0	0	0	0	0	0	0	(41)	(9,403)	2,008	878	2,541,467	181,803,051	179,672,723	155,392,585	168,853,209	202,959,370	213,968,923	187,753,000	215,942,601	106,595,461	248,491,959	306,184,193	316,078,896	371,659,472	594,738,462	382,839,719	401,002,545	412,138,848	455,503,627	70,199,352	5,174,312,905	5,174,312,905
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	7,500,002	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,500,002	7,500,002
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	17,822,210	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17,822,210	17,822,210
UCC-Governmental	0	0	0	0	0	0	0	0	0	0	0	0	15,688,221	22,546,108	18,919,184	16,356,580	24,507,605	34,064,491	48,859,842	12,164,879	5,856,911	10,090,466	6,184,588	981,179	0	0	0	0	0	0	0	216,220,054	216,220,054
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	609,561	0	0	0	0	0	0	0	0	0	0	0	0	609,561	609,561
UCC-Private	0	0	0	0	0	0	0	0	0	0	0	0	10,056,500	3,403,710	7,500,000	7,500,000	7,500,000	7,500,000	0	38,818,619	39,694,442	82,153,936	85,515,739	66,000,000	0	0	0	0	0	0	0	355,642,946	355,642,946
																																32,704,187,779	32,704,187,779

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)	81,134,508	211,362,743	229,319,379	165,433,841	179,767,116	95,671,244	189,594,079	162,182,080	173,893,185	181,132,557	304,987,760	210,391,951	230,764,068	241,318,818	255,135,657	39,659,483	2,951,748,270	2,951,748,270
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,622,988	11,822,762	16,022,396	9,984,628	12,621,590	7,728,650	19,714,968	25,630,796	25,187,586	30,413,798	46,345,705	36,817,355	62,790,398	85,392,273	77,811,095	11,624,223	481,531,211	481,531,211
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(249,679)	(273,613)	(218,333)	(324,766)	(277,623)	(61,321)	(107,931)	0	0	(1,513,266)	(1,513,266)
Aged without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(7,720)	(24,377)	(34,310)	(23,817)	(9,392)	(4,368)	(7,590)	0	0	(111,574)	(111,574)
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(11,688)	21,277,328	49,857,636	52,547,252	39,123,227	45,400,574	25,392,157	51,341,230	86,036,126	85,918,149	84,837,353	134,761,019	85,955,612	96,125,747	99,966,703	103,249,093	15,830,205	1,077,607,723	1,077,607,723
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(19,525)	54,511,233	141,799,152	161,274,589	130,199,593	145,622,789	76,872,883	150,336,274	149,646,906	167,605,052	186,505,120	256,712,500	188,136,954	214,688,794	191,311,364	197,185,280	29,426,667	2,441,815,625	2,441,815,625
Blind/Disable without Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(171,495)	(180,813)	(203,447)	(216,481)	(166,339)	(27,967)	(52,527)	0	0	(1,019,069)	(1,019,069)
Blind/Disabled with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(32,236)	(40,358)	(84,504)	(125,175)	(45,986)	(14,361)	(23,031)	0	0	(365,651)	(365,651)
Breast Cervical Cancer Treatment (BCCT)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(1)	2,754	361,286	592,247	495,478	241,945	376,274	201,477	152,695	77,771	62,536	1,667	20,529	8,609	0	0	2,595,267	2,595,267
Current	0	247,684,665	0	0	0	0	904,176	83,526,544	40,668,142	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	372,783,527	372,783,527
CURRENT POP	0	136,389,220	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	136,389,220	136,389,220
Current-Hawaii Quest	0	0	0	0	0	0	0	0	22,572,505	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22,572,505	22,572,505
Demo Elig Adults	0	0	0	0	0	0	0	0	79,127	1,144	30,236	186,922	75,196,276	74,766,107	87,642,204	114,378,784	135,452,513	154,819,222	123,131,082	116,746,929	22,523,089	27,511	(3,183)	397	0	0	0	0	0	0	0	904,978,360	904,978,360
EG 6 - CIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3,409,303	3,409,303	3,409,303
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	457,732,367	497,743,046	731,854,979	469,051,981	618,935,528	741,847,766	789,789,568	133,014,113	4,914,044,825	4,914,044,825
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	51,916	53,413	63,415	89,013	36,291	90,804	89,632	365,633	326,044	480,663	723,548	1,274,696	993,347	1,204,322	1,145,791	1,183,977	210,445	8,382,950	8,382,950
HawaiiQuest-1902(R)(2)	0	353,988	53,702	1,242,907	818,930	430,573	808,769	0	0	166	20,369	256,468	0	0	18,679	19,755	5,389	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,029,695	4,029,695
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	76,578	438,797	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	515,375	515,375
HealthQuest-Current	0	1,963,002	175,736	6,063,866	5,004,058	3,692,366	5,386,340	4,903,637	36,087,606	132,768,282	165,985,082	231,578,381	(1,365,848)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	592,242,508	592,242,508
HealthQuest-Others	0	901,053	107,974	2,662,739	1,849,641	1,340,727	1,981,352	1,733,011	11,768,154	36,642,802	60,584,431	55,313,761	(363,962)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	174,521,683	174,521,683
HI-02	0	0	0	0	0	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)	0	(3)	(3)
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	110,030,961	120,504,841	178,669,104	104,503,491	141,036,025	89,255,849	166,103,995	26,048,053	1,318,322,203	1,318,322,203
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,881,647	10,235,011	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13,116,658	13,116,658
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	44,819	59,404	45,487	166,217	170,408	21	0	0	0	0	0	0	0	0	0	0	0	0	0	486,356	486,356
Others	0	144,525,295	0	0	0	0	426,612	29,580,209	16,428,385	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	190,960,501	190,960,501
Others-Hawaii Quest	0	0	0	0	0	0	0	0	7,404,260	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,404,260	7,404,260
OthersX	0	(7,809,492)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(7,809,492)	(7,809,492)
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(1,583)	454,606	3,232,556	9,373,768	16,050,472	19,640,154	13,856,685	39,331,445	13,397,540	51,580	0	0	0	0	0	0	0	0	0	115,387,223	115,387,223
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,442,944	10,922,768	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15,365,712	15,365,712
St Pl Adults-Preg Immig/COFAs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16,829	1,707,938	1,317,977	1,473,988	508,843	795,482	764,288	1,111,786	1,270,634	2,194,658	1,792,664	1,249,446	983,773	0	0	15,188,306	15,188,306
State Plan Adults	0	0	0	0	0	0	0	0	(6)	125	52	22,986	65,812,117	68,288,552	61,892,816	82,540,889	88,651,957	80,730,594	56,344,000	66,741,334	41,647,789	104,818,328	90,882,653	91,132,426	100,067,003	138,551,846	93,312,391	117,505,323	129,264,283	166,957,776	26,879,017	1,672,044,251	1,672,044,251
State Plan Children	0	0	0	0	0	0	0	(23)	(5,530)	1,173	507	1,494,521	106,725,591	103,797,242	88,086,005	108,850,847	136,539,237	138,140,612	92,615,888	110,463,383	54,513,107	128,897,369	161,395,546	171,256,712	203,868,788	322,731,820	219,081,932	237,954,521	247,051,604	278,863,492	41,108,740	2,953,433,084	2,953,433,084
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	4,385,251	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,385,251	4,385,251
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	10,614,749	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10,614,749	10,614,749
UCC-Governmental	0	0	0	0	0	0	0	0	0	0	0	0	9,212,484	13,041,165	10,762,501	10,040,250	16,505,872	22,280,473	24,838,917	6,249,536	3,037,111	5,240,639	3,261,810	529,641	0	0	0	0	0	0	0	125,000,399	125,000,399
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	307,706	0	0	0	0	0	0	0	0	0	0	0	0	307,706	307,706
UCC-Private	0	0	0	0	0	0	0	0	0	0	0	0	5,787,516	1,958,835	4,237,500	4,959,750	5,051,250	4,697,250	0	20,131,336	20,583,506	42,677,271	45,049,870	35,626,800	0	0	0	0	0	0	0	190,760,884	190,760,884
																																20,941,119,472	20,941,119,472

ADM Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
ADM	0	0	0	0	0	0	0	0	0	0	0	0	7,241,969	42,748,419	39,312,729	11,586,429	43,993,148	59,479,815	54,588,745	85,205,753	62,594,608	82,954,286	118,530,760	105,382,868	96,942,056	139,266,156	92,612,419	115,574,568	94,134,996	77,613,642	13,123,635	1,342,887,001	1,342,887,001
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	755,748	34,375,214	12,833,291	0	0	0	0	0	0	0	0	0	0	0	0	0	0	47,964,253	47,964,253
Total	0	0	0	0	0	0	0	0	0	0	0	0	7,241,969	42,748,419	40,068,477	45,961,643	56,826,439	59,479,815	54,588,745	85,205,753	62,594,608	82,954,286	118,530,760	105,382,868	96,942,056	139,266,156	92,612,419	115,574,568	94,134,996	77,613,642	13,123,635	1,390,851,254	1,390,851,254

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Total Less Non-Adds
ADM	0	0	0	0	0	0	0	0	0	0	0	0	3,679,980	22,272,827	20,907,343	6,121,891	25,253,918	34,488,282	31,963,518	59,588,869	48,414,408	61,342,106	93,307,850	78,500,894	71,333,202	98,697,486	64,043,270	77,060,475	63,072,834	50,969,763	8,501,488	919,520,404	919,520,404
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	377,874	17,784,187	6,534,554	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24,696,615	24,696,615
Total	0	0	0	0	0	0	0	0	0	0	0	0	3,679,980	22,272,827	21,285,217	23,906,078	31,788,472	34,488,282	31,963,518	59,588,869	48,414,408	61,342,106	93,307,850	78,500,894	71,333,202	98,697,486	64,043,270	77,060,475	63,072,834	50,969,763	8,501,488	944,217,019	944,217,019

C Report Grouper

MAP Waivers Only

Total Computable

MEG Names		C Report Waiver Names	26	27	28	29	30
Medicaid Per Capita							
EG 1 - Children	1	FosterCare(19-20)	$1,739,142	$2,028,257	$1,912,070	$1,931,712	$359,366
EG 1 - Children	1	State Plan Children	$382,839,719	$401,002,545	$412,138,848	$455,503,627	$70,199,352
EG 2 - Adults	2	State Plan Adults	$161,373,812	$197,334,419	$216,276,926	$273,327,708	$45,899,964
EG 2 - Adults	2	Breast Cervical Cancer Treatment (BCCT)	$6,122	$35,643	$10,376		
EG 2 - Adults	2	St Pl Adults-Preg Immig/COFAs	$3,127,056	$2,106,507	$1,646,061		
EG 3 - Aged	3	Aged w/Mcare	$367,923,292	$389,277,035	$403,817,961	$416,541,562	$67,724,529
EG 3 - Aged	3	Aged w/o Mcare	$64,235,284	$100,574,662	$126,389,189	$127,125,685	$19,850,107
EG 3 - Aged	3	Aged with Medicare - MFP	($490,186)	($103,305)	($181,177)		
EG 3 - Aged	3	Aged without Medicare - MFP	($17,253)	($7,376)	($12,760)		
EG 4 – Blind/Disabled	4	B/D w/Mcare	$150,408,628	$162,140,429	$167,297,918	$168,574,591	$27,032,456
EG 4 – Blind/Disabled	4	B/D w/o Mcare	$329,583,534	$363,440,241	$321,570,609	$322,938,698	$50,250,457
EG 4 – Blind/Disabled	4	Blind/Disable without Medicare - MFP	($294,330)	($47,087)	($88,165)		
EG 4 – Blind/Disabled	4	Blind/Disabled with Medicare - MFP	($81,788)	($24,234)	($38,633)		
Hypothetical 1 Per Capita							
EG 5 – Group VIII	1	VIII-Like Group					
EG 5 – Group VIII	1	Expansion State Adults	$509,228,078	$672,538,817	$824,545,891	$877,843,807	$147,793,457
EG 5 – Group VIII	1	Newly Eligible Adults	$114,606,294	$156,732,123	$99,216,323	$184,616,805	$28,942,281
Hypothetical 2 Per Capita							
EG 6 - CIS	1	EG 6 - CIS					$5,821,898
Hypothetical 3 Per Capita							
EG 7 – CIS Community Transition Pilot	1	EG 7 – CIS Community Transition Pilot					
TOTAL			$2,084,187,404	$2,447,028,676	$2,574,501,437	$2,828,404,195	$463,873,867

Adjustments made to the reported expenditures

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

		26	27	28	29	30	Description (type of collection, time period, CMS-64 reporting line, etc.)
Medicaid Per Capita							
EG 1 - Children	1		-$2,158				Cost share
EG 2 - Adults	2						
EG 3 - Aged	3	-$35,830,002	-$35,736,037	-$34,461,395	-$34,914,625	-$5,844,646	Cost share
EG 4 – Blind/Disabled	4	-$3,558,280	-$3,241,637	-$3,570,563	-$3,870,049	-$627,441	Cost share
Hypothetical 1 Per Capita							
EG 5 – Group VIII	1		-$28,315				Cost share
Hypothetical 2 Per Capita							
EG 6 - CIS	1						
Hypothetical 3 Per Capita							
EG 7 – CIS Community Transition Pilot	1						

WW Spending - Actual

Total Computable

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	$384,578,861	$403,028,644	$414,050,918	$457,435,339	$70,558,718
EG 2 - Adults	2	$164,506,990	$199,476,569	$217,933,363	$273,327,708	$45,899,964
EG 3 - Aged	3	$395,821,135	$454,004,979	$495,551,818	$508,752,622	$81,729,990
EG 4 – Blind/Disabled	4	$476,057,764	$522,267,712	$485,171,166	$487,643,240	$76,655,472
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	$623,834,372	$829,242,625	$923,762,214	$1,062,460,612	$176,735,738
Hypothetical 2 Per Capita						
EG 6 - CIS	1					$5,821,898
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1					
TOTAL		**$ 2,044,799,121**	**$ 2,408,020,529**	**$ 2,536,469,479**	**$ 2,789,619,521**	**$ 457,401,780**

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					$376,748,535
EG 2 - Adults	2					$216,381,736
EG 3 - Aged	3					$421,020,852
EG 4 – Blind/Disabled	4					$608,633,589
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1					$847,100,249
Hypothetical 2 Per Capita						
EG 6 - CIS	1					$4,840,439
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1					$12,872,659

WW Spending - Total

Total Computable

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	$384,578,861	$403,028,644	$414,050,918	$457,435,339	$447,307,253
EG 2 - Adults	2	$164,506,990	$199,476,569	$217,933,363	$273,327,708	$262,281,700
EG 3 - Aged	3	$395,821,135	$454,004,979	$495,551,818	$508,752,622	$502,750,842
EG 4 – Blind/Disabled	4	$476,057,764	$522,267,712	$485,171,166	$487,643,240	$685,289,061
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	$623,834,372	$829,242,625	$923,762,214	$1,062,460,612	$1,023,835,987
Hypothetical 2 Per Capita						
EG 6 - CIS	1					$10,662,337
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1					$12,872,659
TOTAL		**$ 2,044,799,121**	**$ 2,408,020,529**	**$ 2,536,469,479**	**$ 2,789,619,521**	**$ 2,944,999,837**

Member Months - Actual

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

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	1403508	1539475	1624640	1671987	264577
EG 2 - Adults	2	420665	492750	537079	577865	106970
EG 3 - Aged	3	339779	381363	426146	459162	76093
EG 4 – Blind/Disabled	4	286202	306260	312412	310858	49091
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	1411053	1816642	2091433	2256772	350122
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					1442052
EG 2 - Adults	2					446975
EG 3 - Aged	3					266836
EG 4 – Blind/Disabled	4					279878
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1					1333338
Hypothetical 2 Per Capita						
EG 6 - CIS	1					3394
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1					3394

Member Months - Total

		26	27	28	29	30
Medicaid Per Capita						
EG 1 - Children	1	1,403,508	1,539,475	1,624,640	1,671,987	1,706,629
EG 2 - Adults	2	420,665	492,750	537,079	577,865	553,945
EG 3 - Aged	3	339,779	381,363	426,146	459,162	342,929
EG 4 – Blind/Disabled	4	286,202	306,260	312,412	310,858	328,969
Hypothetical 1 Per Capita						
EG 5 – Group VIII	1	1,411,053	1,816,642	2,091,433	2,256,772	1,683,460
Hypothetical 2 Per Capita						
EG 6 - CIS	1					3,394
Hypothetical 3 Per Capita						
EG 7 – CIS Community Transition Pilot	1					3,394

Budget Neutrality Summary

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

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

Actuals + Projected

Without-Waiver Total Expenditures

			26	27	28	29	30	Total
Medicaid Per Capita								
EG 1 - Children	1	**Total**	$ 629,445,268	$ 697,320,596	$ 743,256,554	$ 772,575,033	$ 796,466,688	
		PMPM	$448.48	$452.96	$457.49	$462.07	$466.69	
		Mem-Mon	1,403,508	1,539,475	1,624,640	1,671,987	1,706,629	
EG 2 - Adults	2	**Total**	$ 389,312,838	$ 472,902,030	$ 534,517,133	$ 596,385,573	$ 592,854,097	
		PMPM	$925.47	$959.72	$995.23	$1,032.05	$1,070.24	
		Mem-Mon	420,665	492,750	537,079	577,865	553,945	
EG 3 - Aged	3	**Total**	$ 658,889,243	$ 764,674,765	$ 883,519,979	$ 984,337,721	$ 760,156,997	
		PMPM	$1,939.17	$2,005.11	$2,073.28	$2,143.77	$2,216.66	
		Mem-Mon	339,779	381,363	426,146	459,162	342,929	
EG 4 – Blind/Disabled	4	**Total**	$ 757,508,006	$ 846,263,757	$ 901,246,138	$ 936,220,364	$ 1,034,360,778	
		PMPM	$2,646.76	$2,763.22	$2,884.80	$3,011.73	$3,144.25	
		Mem-Mon	286,202	306,260	312,412	310,858	328,969	
TOTAL			**$ 2,435,155,354**	**$ 2,781,161,148**	**$ 3,062,539,803**	**$ 3,289,518,691**	**$ 3,183,836,560**	**$ 14,752,213,557**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Medicaid Per Capita							
EG 1 - Children	1	$ 384,578,861	$ 403,028,644	$ 414,050,918	$ 457,435,339	$ 447,307,253	$5,565,733,573
EG 2 - Adults	2	$ 164,506,990	$ 199,476,569	$ 217,933,363	$ 273,327,708	$ 262,281,700	$3,170,721,148
EG 3 - Aged	3	$ 395,821,135	$ 454,004,979	$ 495,551,818	$ 508,752,622	$ 502,750,842	$6,265,542,569
EG 4 – Blind/Disabled	4	$ 476,057,764	$ 522,267,712	$ 485,171,166	$ 487,643,240	$ 685,289,061	$6,812,349,707
TOTAL		**$ 1,420,964,749**	**$ 1,578,777,904**	**$ 1,612,707,265**	**$ 1,727,158,909**	**$ 1,897,628,855**	**$ 8,237,237,682**

Savings Phase-Down

Medicaid Per Capita			26	27	28	29	30	TOTAL
		Savings Phase-Down						
EG 1 - Children	1	**Without Waiver**	$ 629,445,268	$ 697,320,596	$ 743,256,554	$ 772,575,033	$ 796,466,688	
		With Waiver	$ 384,578,861	$ 403,028,644	$ 414,050,918	$ 457,435,339	$ 447,307,253	
		Difference	$ 244,866,407	$ 294,291,952	$ 329,205,636	$ 315,139,694	$ 349,159,435	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 183,649,805	$ 220,718,964	$ 246,904,227	$ 236,354,771	$ 261,869,576	
		Savings Phase-Down						
EG 2 - Adults	2	**Without Waiver**	$ 389,312,838	$ 472,902,030	$ 534,517,133	$ 596,385,573	$ 592,854,097	
		With Waiver	$ 164,506,990	$ 199,476,569	$ 217,933,363	$ 273,327,708	$ 262,281,700	
		Difference	$ 224,805,849	$ 273,425,461	$ 316,583,770	$ 323,057,865	$ 330,572,397	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 168.604.386	$ 205.069.096	$ 237.437.828	$ 242.293.399	$ 247.929.298	
		Savings Phase-Down						
EG 3 - Aged	3	**Without Waiver**	$ 658,889,243	$ 764,674,765	$ 883,519,979	$ 984,337,721	$ 760,156,997	
		With Waiver	$ 395,821,135	$ 454,004,979	$ 495,551,818	$ 508,752,622	$ 502,750,842	
		Difference	$ 263.068.109	$ 310.669.786	$ 387.968.161	$ 475.585.098	$ 257.406.156	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 197,301,082	$ 233,002,340	$ 290,976,120	$ 356,688,824	$ 193,054,617	
		Savings Phase-Down						
EG 4 – Blind/Disabled	4	**Without Waiver**	$ 757,508,006	$ 846,263,757	$ 901,246,138	$ 936,220,364	$ 1,034,360,778	
		With Waiver	$ 476,057,764	$ 522,267,712	$ 485,171,166	$ 487,643,240	$ 685,289,061	
		Difference	$ 281,450,242	$ 323,996,045	$ 416,074,972	$ 448,577,125	$ 349,071,717	
		Phase-Down Percentage	25%	25%	25%	25%	25%	
		Savings Reduction	$ 211.087.681	$ 242.997.034	$ 312.056.229	$ 336.432.843	$ 261.803.788	
Total Reduction			**$ 760,642,954**	**$ 901,787,433**	**$ 1,087,374,403**	**$ 1,171,769,837**	**$ 964,657,279**	**$ 4,886,231,906**

BASE VARIANCE			**$ 253,547,651**	**$ 300,595,811**	**$ 362,458,134**	**$ 390,589,946**	**$ 321,552,426**	**$ 1,628,743,969**
Excess Spending from Hypotheticals								$ (5,811,563)
1115A Dual Demonstration Savings (state preliminary estimate)								$ -
1115A Dual Demonstration Savings (OACT certified)								$ -
Carry-Forward Savings From Prior Period								
NET VARIANCE								**$ 1,622,932,405**

Cumulative Target Limit

		26	27	28	29	30
Cumulative Target Percentage (CTP)		2.0%	1.5%	1.0%	0.5%	
Cumulative Budget Neutrality Limit (CBNL)		$ 1,674,512,401	$ 3,553,886,115	$ 5,529,051,515	$ 7,646,800,370	$ 9,865,981,651
Allowed Cumulative Variance (= CTP X CBNL)		$ 33,490,248	$ 53,308,292	$ 55,290,515	$ 38,234,002	$ -
Actual Cumulative Variance (Positive = Overspending)		$ (253,547,651)	$ (554,143,462)	$ (916,601,597)	$ (1,307,191,542)	$ (1,628,743,969)
Is a Corrective Action Plan needed?						

HYPOTHETICALS TEST 1

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita								
EG 5 – Group VIII	1	**Total**	$ 1,269,058,737	$ 1,712,257,751	$ 2,065,875,689	$ 2,336,210,374	$ 1,826,368,919	
		PMPM	$899.37	$942.54	$987.78	$1,035.20	$1,084.89	
		Mem-Mon	1,411,053	1,816,642	2,091,433	2,256,772	1,683,460	
TOTAL			**$1,269,058,737**	**$1,712,257,751**	**$2,065,875,689**	**$2,336,210,374**	**$1,826,368,919**	**$9,209,771,470**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Hypothetical 1 Per Capita							
EG 5 – Group VIII	1	$623,834,372	$829,242,625	$923,762,214	$1,062,460,612	$1,023,835,987	
TOTAL		**$ 623,834,372**	**$ 829,242,625**	**$ 923,762,214**	**$ 1,062,460,612**	**$ 1,023,835,987**	**$ 4,463,135,810**

HYPOTHETICALS VARIANCE 1			**$ 645,224,365**	**$ 883,015,126**	**$ 1,142,113,475**	**$ 1,273,749,762**	**$ 802,532,933**	**$ 4,746,635,660**

HYPOTHETICALS TEST 2

Without-Waiver Total Expenditures

			26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita								
EG 6 - CIS	1	**Total**	$ -	$ -	$ -	$ -	$ 4,850,773	
		PMPM	$1,184.76	$1,241.63	$1,301.23	$1,363.69	$1,429.15	
		Mem-Mon					3,394	
TOTAL			**$ -**	**$ -**	**$ -**	**$ -**	**$ 4,850,773**	**$ 4,850,773**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Hypothetical 2 Per Capita							
EG 6 - CIS	1	$ -	$ -	$ -	$ -	$ 10,662,337	
TOTAL		**$ -**	**$ -**	**$ -**	**$ -**	**$ 10,662,337**	**$ 10,662,337**

HYPOTHETICALS VARIANCE 2			**$ -**	**$ -**	**$ -**	**$ -**	**$ (5,811,563)**	**$ (5,811,563)**

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**	$ -	$ -	$ -	$ -	$ 13,229,342	
		PMPM	$3,231.17	$3,386.27	$3,548.81	$3,719.15	$3,897.67	
		Mem-Mon					3,394	
TOTAL			**$ -**	**$ -**	**$ -**	**$ -**	**$ 13,229,342**	**$ 13,229,342**

With-Waiver Total Expenditures

		26	27	28	29	30	TOTAL
Hypothetical 3 Per Capita							
EG 7 – CIS Community Transition Pilot	1	$ -	$ -	$ -	$ -	$ 12,872,659	
TOTAL		**$ -**	**$ -**	**$ -**	**$ -**	**$ 12,872,659**	**$ 12,872,659**

HYPOTHETICALS VARIANCE 3			**$ -**	**$ -**	**$ -**	**$ -**	**$ 356,683**	**$ 356,683**

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
$ 1,622,932,405

Schedule C
CMS 64 Waiver Expenditure Report
Cumulative Data Ending Quarter/Year : 1/2024

State: Hawaii

Summary of Expenditures by Waiver Year
Waiver: 11W00000

MAP Waivers

Total Computable

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

Federal Share

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

ADM Waivers

Total Computable

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

Federal Share

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

Summary of Expenditures by Waiver Year
Waiver: 11W00001

MAP Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
1,115	0	70,981,761	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	70,981,761	70,981,761
1902 R 2	0	173,206,589	0	0	0	0	(28,108)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	173,178,481	173,178,481
1902 R 2X	0	(8,243,749)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(8,243,749)	(8,243,749)
1902R2	0	121,392	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	121,392	121,392
AFDC	0	148,069,654	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	148,069,654	148,069,654
Aged w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(295)	121,279,464	314,952,648	350,714,627	326,518,117	349,156,948	184,750,729	364,919,440	307,865,937	320,756,715	330,020,536	561,530,649	367,923,292	388,632,973	397,188,046	413,193,158	173,782,844	0	0	0	0	0	0	0	0	0	0	5,273,185,828	5,273,185,828
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,424,989	17,555,107	24,914,002	19,728,957	24,483,589	14,925,306	37,994,810	48,712,106	46,522,053	55,480,932	85,594,832	64,235,284	100,469,709	124,855,050	122,785,765	53,173,928	0	0	0	0	0	0	0	0	0	0	843,856,419	843,856,419
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(473,188)	(505,165)	(397,775)	(598,936)	(490,186)	(103,305)	(181,177)	0	0	0	0	0	0	0	0	0	0	0	0	(2,749,732)	(2,749,732)
Aged without Medicare - MF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(14,668)	(44,822)	(62,495)	(43,976)	(17,253)	(7,376)	(12,760)	0	0	0	0	0	0	0	0	0	0	0	0	(203,350)	(203,350)
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(17,808)	31,794,652	74,760,519	81,089,359	77,493,096	88,201,319	49,105,356	98,847,286	163,362,887	158,539,932	154,606,976	248,116,345	150,408,421	161,890,243	166,750,686	168,284,941	69,946,543	0	0	0	0	0	0	0	0	0	0	1,943,180,753	1,943,180,753
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(28,991)	81,514,842	211,664,665	248,689,322	257,012,282	282,670,355	148,440,400	290,201,052	285,336,958	310,333,575	340,588,439	475,546,496	329,583,534	363,109,955	277,950,050	291,605,628	130,085,163	0	0	0	0	0	0	0	0	0	0	4,324,303,725	4,324,303,725
Blind/Disable without Medic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(324,738)	(333,645)	(370,635)	(399,762)	(294,330)	(47,087)	(88,165)	0	0	0	0	0	0	0	0	0	0	0	0	(1,858,362)	(1,858,362)
Blind/Disabled with Medicar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(61,110)	(74,223)	(153,925)	(230,511)	(81,788)	(24,234)	(38,633)	0	0	0	0	0	0	0	0	0	0	0	0	(664,424)	(664,424)
Breast Cervical Cancer Treatr	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(2)	4,053	545,332	904,018	750,145	365,104	585,588	277,616	222,869	103,847	107,702	6,122	35,643	10,376	0	0	0	0	0	0	0	0	0	0	0	0	3,918,413	3,918,413
Current	0	493,934,086	0	0	0	0	1,661,326	159,616,917	75,521,154	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	730,733,483	730,733,483
CURRENT POP	0	272,778,438	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	272,778,438	272,778,438
Current-Hawaii Quest	0	0	0	0	0	0	0	0	40,064,795	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	40,064,795	40,064,795
Demo Elig Adults	0	0	0	0	0	0	0	0	134,638	1,995	51,709	318,560	127,982,800	129,456,848	154,209,257	177,392,619	201,628,981	238,945,778	244,752,485	227,394,498	43,952,301	52,948	(5,724)	735	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,546,270,428	1,546,270,428
EG-6 CIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,861,497	(2,638,513)	7,915,826	0	0	0	0	0	0	0	0	0	0	7,138,810	7,138,810
Expansion State Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	191,848,117	343,651,347	477,118,034	536,616,690	783,549,343	509,227,664	669,629,342	810,749,906	863,214,983	390,152,618	0	0	0	0	0	0	0	0	0	0	5,575,758,044	5,575,758,044
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	91,499	83,366	94,158	137,403	73,022	176,324	173,482	703,614	618,274	885,664	1,318,600	2,348,338	1,739,142	2,028,257	1,992,996	1,993,759	935,774	0	0	0	0	0	0	0	0	0	0	15,393,672	15,393,672
HawaiiQuest-1902(R)(2)	0	700,529	107,270	2,484,576	1,636,854	860,335	1,594,466	0	0	284	34,836	438,582	0	0	33,061	26,332	8,001	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,925,126	7,925,126
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	135,520	683,159	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	818,679	818,679
HealthQuest-Current	0	3,884,748	350,430	12,121,771	10,002,019	7,377,643	10,651,130	9,373,702	64,428,704	230,593,470	268,955,153	392,471,288	(2,325,152)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,007,884,906	1,007,884,906
HealthQuest-Others	0	1,783,163	215,685	5,322,833	3,698,445	2,678,918	3,915,013	3,306,673	21,010,550	63,645,959	99,234,046	93,729,117	(621,643)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	297,918,759	297,918,759
HI-02	0	0	0	0	0	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)	0	0	0	0	0	0	0	0	0	0	0	(5)	(5)
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	56,504	120,767	115,693	58,345	117,005	109,837	8,305	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	586,456	586,456
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,715	3,960	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11,675	11,675
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	122,839	581,513	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	704,352	704,352
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,331	216,960,871	165,225,916	110,071,474	126,802,403	190,895,331	114,606,294	156,109,060	406,375	127,071,472	78,301,189	0	0	0	0	0	0	0	0	0	0	1,286,451,716	1,286,451,716
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,100,418	16,199,737	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21,300,155	21,300,155
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	76,678	103,084	80,075	257,166	253,182	31	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	770,216	770,216
Others	0	288,512,308	0	0	0	0	786,332	56,430,712	30,507,680	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	376,237,032	376,237,032
Others-Hawaii Quest	0	0	0	0	0	0	0	0	13,142,103	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13,142,103	13,142,103
OthersX	0	(15,309,727)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(15,309,727)	(15,309,727)
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(2,751)	798,681	5,696,094	14,348,747	23,867,636	30,465,656	27,968,205	76,432,838	26,173,447	99,296	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	205,847,849	205,847,849
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,862,479	17,432,949	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25,295,428	25,295,428
St Pl Adults-Preg Immig/COF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24,990	2,628,840	2,628,927	2,873,646	987,921	1,532,245	1,448,764	2,048,646	2,315,023	4,043,498	3,127,056	2,106,507	1,646,061	0	0	0	0	0	0	0	0	0	0	0	0	27,412,124	27,412,124
State Plan Adults	0	0	0	0	0	0	0	0	(10)	218	99	39,158	111,982,730	118,021,622	109,034,691	128,225,118	131,863,143	123,596,289	112,747,766	130,113,272	80,834,871	202,315,960	172,913,238	168,886,698	182,568,405	255,652,571	161,373,398	196,409,110	191,023,434	256,676,934	127,604,881	0	0	0	0	0	0	0	0	0	0	2,961,883,596	2,961,883,596
State Plan Children	0	0	0	0	0	0	0	(41)	(9,403)	2,008	878	2,541,467	181,803,051	179,672,723	155,392,585	168,853,209	202,959,370	213,968,923	187,753,000	215,942,601	106,595,461	248,491,959	306,184,193	316,078,896	371,659,070	594,738,255	382,839,305	398,126,972	392,923,474	445,715,808	192,505,646	0	0	0	0	0	0	0	0	0	0	5,264,739,410	5,264,739,410
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	7,500,002	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,500,002	7,500,002
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	17,822,210	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17,822,210	17,822,210
UCC-Governmental	0	0	0	0	0	0	0	0	0	0	0	0	15,688,221	22,546,108	18,919,184	16,356,580	24,507,605	34,064,491	48,859,842	12,164,879	5,856,911	10,090,466	6,184,588	981,179	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	216,220,054	216,220,054
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	609,561	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	609,561	609,561
UCC-Private	0	0	0	0	0	0	0	0	0	0	0	0	10,056,500	3,403,710	7,500,000	7,500,000	7,500,000	7,500,000	0	38,818,619	39,694,442	82,153,936	85,515,739	66,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	355,642,946	355,642,946
VIII-Like Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	71,468,225	(8,863)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	71,459,362	71,459,362
Total	0	1,430,419,192	673,385	19,929,180	15,337,318	10,916,896	18,580,159	228,727,963	244,800,211	294,243,934	368,276,721	514,860,384	444,696,938	454,123,543	464,246,301	785,020,500	1,211,765,023	1,357,369,890	1,307,057,583	1,449,179,033	773,325,287	1,746,788,725	1,886,418,135	1,977,488,615	2,101,096,091	3,200,850,175	2,084,185,955	2,438,365,769	2,367,037,216	2,687,903,930	1,224,404,412	0	0	0	0	0	0	0	0	0	0	33,108,088,464	33,108,088,464

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
1,115	0	35,490,882	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	35,490,882	35,490,882
1902 R 2	0	86,769,823	0	0	0	0	(14,054)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	86,755,769	86,755,769
1902 R 2X	0	(4,205,136)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(4,205,136)	(4,205,136)
1902R2	0	60,696	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	60,696	60,696
AFDC	0	74,034,827	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	74,034,827	74,034,827
Aged w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(199)	81,134,508	211,362,743	229,319,379	165,433,841	179,767,116	95,671,244	189,594,079	162,182,080	173,893,185	181,132,557	304,987,760	210,391,951	230,382,654	237,356,490	253,075,372	103,356,850	0	0	0	0	0	0	0	0	0	0	3,009,041,610	3,009,041,610
Aged w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,622,988	11,822,762	16,022,396	9,984,628	12,621,590	7,728,650	19,714,968	25,630,796	25,187,586	30,413,798	46,345,705	36,817,355	62,728,245	84,478,229	75,096,759	31,638,110	0	0	0	0	0	0	0	0	0	0	497,854,565	497,854,565
Aged with Medicare - MFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(249,679)	(273,613)	(218,333)	(324,766)	(277,623)	(61,321)	(107,931)	0	0	0	0	0	0	0	0	0	0	0	0	(1,513,266)	(1,513,266)
Aged without Medicare - MF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(7,720)	(24,377)	(34,310)	(23,817)	(9,392)	(4,368)	(7,590)	0	0	0	0	0	0	0	0	0	0	0	0	(111,574)	(111,574)
B/D w/Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(11,688)	21,277,328	49,857,636	52,547,252	39,123,227	45,400,574	25,392,157	51,341,230	86,036,126	85,918,149	84,837,353	134,761,019	85,955,488	95,977,587	99,635,041	103,052,163	41,603,011	0	0	0	0	0	0	0	0	0	0	1,102,703,653	1,102,703,653
B/D w/o Mcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(19,525)	54,511,233	141,799,152	161,274,589	130,199,593	145,622,789	76,872,883	150,336,274	149,646,906	167,605,052	186,505,120	256,712,500	188,136,954	214,493,199	165,238,899	177,696,359	77,370,763	0	0	0	0	0	0	0	0	0	0	2,444,002,740	2,444,002,740
Blind/Disable without Medic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(171,495)	(180,813)	(203,447)	(216,481)	(166,339)	(27,967)	(52,527)	0	0	0	0	0	0	0	0	0	0	0	0	(1,019,069)	(1,019,069)
Blind/Disabled with Medicar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(32,236)	(40,358)	(84,504)	(125,175)	(45,986)	(14,361)	(23,031)	0	0	0	0	0	0	0	0	0	0	0	0	(365,651)	(365,651)
Breast Cervical Cancer Treatr	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(1)	2,754	361,286	592,247	495,478	241,945	376,274	201,477	152,695	77,771	62,536	1,667	20,529	8,609	0	0	0	0	0	0	0	0	0	0	0	0	2,595,267	2,595,267
Current	0	247,684,665	0	0	0	0	904,176	83,526,544	40,668,142	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	372,783,527	372,783,527
CURRENT POP	0	136,389,220	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	136,389,220	136,389,220
Current-Hawaii Quest	0	0	0	0	0	0	0	0	22,572,505	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22,572,505	22,572,505
Demo Elig Adults	0	0	0	0	0	0	0	0	79,127	1,144	30,236	186,922	75,196,276	74,766,107	87,642,204	114,378,784	135,452,513	154,819,222	123,131,082	116,746,929	22,523,089	27,511	(3,183)	397	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	904,978,360	904,978,360
EG-6 CIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,090,135	(1,544,457)	4,654,563	0	0	0	0	0	0	0	0	0	0	4,200,241	4,200,241
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	457,732,367	497,743,046	731,854,786	469,051,595	616,317,001	729,432,520	776,478,629	351,137,360	0	0	0	0	0	0	0	0	0	0	5,103,822,781	5,103,822,781
FosterCare(19-20)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	51,916	53,413	63,415	89,013	36,291	90,804	89,632	365,633	326,044	480,663	723,548	1,274,696	993,347	1,204,322	1,194,217	1,221,935	556,635	0	0	0	0	0	0	0	0	0	0	8,815,524	8,815,524
HawaiiQuest-1902(R)(2)	0	353,988	53,702	1,242,907	818,930	430,573	808,769	0	0	166	20,369	256,468	0	0	18,679	19,755	5,389	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,029,695	4,029,695
HCCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	76,578	438,797	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	515,375	515,375
HealthQuest-Current	0	1,963,002	175,736	6,063,866	5,004,058	3,692,366	5,386,340	4,903,637	36,087,606	132,768,282	165,985,082	231,578,381	(1,365,848)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	592,242,508	592,242,508
HealthQuest-Others	0	901,053	107,974	2,662,739	1,849,641	1,340,727	1,981,352	1,733,011	11,768,154	36,642,802	60,584,431	55,313,761	(363,962)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	174,521,683	174,521,683
HI-02	0	0	0	0	0	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)	0	0	0	0	0	0	0	0	0	0	0	(3)	(3)
Med Needy Adults	0	0	0	0	0	0	0	0	0	0	0	0	32,497	68,553	68,082	38,985	78,049	64,590	4,238	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	354,994	354,994
Med Needy Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,196	2,666	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,862	7,862
MFCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	69,404	368,050	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	437,454	437,454
Newly Eligible Adults	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,331	216,942,873	165,225,680	110,030,961	120,504,841	178,669,104	104,503,491	140,475,268	327,118	114,285,429	70,471,071	0	0	0	0	0	0	0	0	0	0	1,221,437,167	1,221,437,167
NH w/o W	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,881,647	10,235,011	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13,116,658	13,116,658
Opt St Pl Children	0	0	0	0	0	0	0	0	0	0	0	0	44,819	59,404	45,487	166,217	170,408	21	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	486,356	486,356
Others	0	144,525,295	0	0	0	0	426,612	29,580,209	16,428,385	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	190,960,501	190,960,501
Others-Hawaii Quest	0	0	0	0	0	0	0	0	7,404,260	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,404,260	7,404,260
OthersX	0	(7,809,492)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(7,809,492)	(7,809,492)
QUEST ACE	0	0	0	0	0	0	0	0	0	0	0	0	(1,583)	454,606	3,232,556	9,373,768	16,050,472	19,640,154	13,856,685	39,331,445	13,397,540	51,580	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	115,387,223	115,387,223
RAACP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,442,944	10,922,768	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15,365,712	15,365,712
St Pl Adults-Preg Immig/COF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16,829	1,707,938	1,317,977	1,473,988	508,843	795,482	764,288	1,111,786	1,270,634	2,194,658	1,792,664	1,249,446	983,773	0	0	0	0	0	0	0	0	0	0	0	0	15,188,306	15,188,306
State Plan Adults	0	0	0	0	0	0	0	0	(6)	125	52	22,986	65,812,117	68,288,552	61,892,816	82,540,889	88,651,957	80,730,594	56,344,000	66,741,334	41,647,789	104,818,328	90,882,653	91,132,426	100,067,003	138,551,734	93,312,156	116,957,355	115,005,822	157,209,432	75,943,582	0	0	0	0	0	0	0	0	0	0	1,696,553,696	1,696,553,696
State Plan Children	0	0	0	0	0	0	0	(23)	(5,530)	1,173	507	1,494,521	106,725,591	103,797,242	88,086,005	108,850,847	136,539,237	138,140,612	92,615,888	110,463,383	54,513,107	128,897,369	161,395,546	171,256,712	203,868,568	322,731,708	219,081,697	236,251,607	235,737,225	272,881,786	114,553,460	0	0	0	0	0	0	0	0	0	0	3,007,878,238	3,007,878,238
Supp. - Private	0	0	0	0	0	0	0	0	0	0	0	4,385,251	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,385,251	4,385,251
Supp. - State Gov.	0	0	0	0	0	0	0	0	0	0	0	10,614,749	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10,614,749	10,614,749
UCC-Governmental	0	0	0	0	0	0	0	0	0	0	0	0	9,212,484	13,041,165	10,762,501	10,040,250	16,505,872	22,280,473	24,838,917	6,249,536	3,037,111	5,240,639	3,261,810	529,641	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	125,000,399	125,000,399
UCC-GOVT LTC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	307,706	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	307,706	307,706
UCC-Private	0	0	0	0	0	0	0	0	0	0	0	0	5,787,516	1,958,835	4,237,500	4,959,750	5,051,250	4,697,250	0	20,131,336	20,583,506	42,677,271	45,049,870	35,626,800	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	190,760,884	190,760,884
VIII-Like Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	37,060,184	(4,595)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	37,055,589	37,055,589
Total	0	716,158,823	337,412	9,969,512	7,672,629	5,463,666	9,493,195	119,743,378	135,002,643	169,413,692	226,620,677	303,853,039	261,079,907	262,434,464	263,476,907	510,938,536	813,433,104	881,694,769	657,786,320	745,136,302	399,269,011	1,068,686,328	1,206,703,028	1,320,139,259	1,406,603,645	2,117,455,967	1,409,539,025	1,715,949,196	1,670,296,999	1,929,453,404	871,285,405	0	0	0	0	0	0	0	0	0	0	21,215,090,242	21,215,090,242

ADM Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
ADM	0	0	0	0	0	0	0	0	0	0	0	0	7,241,969	42,748,419	39,312,729	11,586,429	43,993,148	59,479,815	54,588,745	85,205,753	62,594,608	82,954,286	118,530,760	105,382,868	96,942,056	139,266,156	92,612,419	115,554,225	100,473,037	81,145,637	40,005,895	0	0	0	0	0	0	0	0	0	0	1,379,618,954	1,379,618,954
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	755,748	34,375,214	12,833,291	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	47,964,253	47,964,253
Total	0	0	0	0	0	0	0	0	0	0	0	0	7,241,969	42,748,419	40,068,477	45,961,643	56,826,439	59,479,815	54,588,745	85,205,753	62,594,608	82,954,286	118,530,760	105,382,868	96,942,056	139,266,156	92,612,419	115,554,225	100,473,037	81,145,637	40,005,895	0	0	0	0	0	0	0	0	0	0	1,427,583,207	1,427,583,207

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
ADM	0	0	0	0	0	0	0	0	0	0	0	0	3,679,980	22,272,827	20,907,343	6,121,891	25,253,918	34,488,282	31,963,518	59,588,869	48,414,408	61,342,106	93,307,850	78,500,894	71,333,202	98,697,486	64,043,270	77,050,303	66,533,004	52,735,762	27,092,330	0	0	0	0	0	0	0	0	0	0	943,327,243	943,327,243
HealthQuest-Current	0	0	0	0	0	0	0	0	0	0	0	0	0	0	377,874	17,784,187	6,534,554	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24,696,615	24,696,615
Total	0	0	0	0	0	0	0	0	0	0	0	0	3,679,980	22,272,827	21,285,217	23,906,078	31,788,472	34,488,282	31,963,518	59,588,869	48,414,408	61,342,106	93,307,850	78,500,894	71,333,202	98,697,486	64,043,270	77,050,303	66,533,004	52,735,762	27,092,330	0	0	0	0	0	0	0	0	0	0	968,023,858	968,023,858

Schedule C
CMS 64 Waiver Expenditure Report
Cumulative Data Ending Quarter/Year : 1/2024

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	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
1915(c) Waiver Expenditures	0	4,351,455	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,955,760	2,972,460	0	0	0	0	0	0	0	0	0	0	0	9,279,675	9,279,675
HCBS Waiver LOC Timelines	0	11,379,367	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,826,695	7,607,389	0	0	0	0	0	0	0	0	0	0	0	21,813,451	21,813,451
Retainer Payments	0	3,000,822	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3,000,822	3,000,822
Total	**0**	**18,731,644**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**4,782,455**	**10,579,849**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**34,093,948**	**34,093,948**

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	31	32	33	34	35	36	37	38	39	40	Total	Total Less Non-Adds
1915(c) Waiver Expenditures	0	2,693,693	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,165,619	1,259,562	0	0	0	0	0	0	0	0	0	0	0	5,058,152	5,058,152
HCBS Waiver LOC Timelines	0	6,867,991	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,691,056	6,808,920	0	0	0	0	0	0	0	0	0	0	0	15,368,068	15,368,068
Retainer Payments	0	1,800,514	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,800,514	1,800,514
Total	**0**	**11,362,219**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2,856,675**	**8,068,482**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**20,861,992**	**20,861,992**