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**Renewal Waiver
Estimated Member Month Calculations**

State: **New Hampshire**

Actual Enrollment for the Time Period - R1 = 4/1/18 through 3/31/19 R2 = 4/1/19 through 3/31/20 **R1 and R2 include actual data and dates used in conversion - no estimates
 Enrollment Projections for the Time Period - P1 = 4/1/20 through 3/31/21 P2 = 4/1/21 through 3/31/22 *Projections start on Quarter and include data for requested waiver period

Medicaid Eligibility Group (MEG)	Retrospective Year 1 (R1) 3/31/19	Retrospective Year 2 (R2) 3/31/20	Projected Quarter 1 4/1/20	Projected Quarter 2 7/1/20	Projected Quarter 3 9/30/20	Projected Quarter 4 12/31/20	Projected Year 1 (P1)	Projected Quarter 5 4/1/21	Projected Quarter 6 6/30/21	Projected Quarter 7 9/29/21	Projected Quarter 8 12/30/21	Projected Year 2 (P2)	Total Projected (H+M)
Foster Care / Adoption	31,499	31,978	7,961	7,953	7,945	7,938	31,797	7,930	7,922	7,914	7,906	31,672	63,470
Severely Disabled Children	46,363	46,497	11,648	11,636	11,625	11,613	46,522	11,602	11,591	11,579	11,568	46,339	92,862
Dual Eligibles	190,870	195,908	49,085	49,036	48,988	48,940	196,050	48,892	48,844	48,796	48,748	195,279	391,329
Federally Recognized Tribe Members	10,501	10,485	2,605	2,603	2,600	2,598	10,406	2,595	2,593	2,590	2,587	10,365	20,771
Total Member Months	279,233	284,868	71,299	71,229	71,159	71,089	284,776	71,019	70,949	70,879	70,809	283,656	568,431
Quarterly % Increase				-0.1%	-0.1%	-0.1%		-0.1%	-0.1%	-0.1%	-0.1%		
Annualized % Increase R1 to R2 to P1 to P2		2.0%					0.0%					-0.4%	

Modify Line items as necessary to fit the MEGs of the program.

State Completion Sections

To modify the formulas as necessary to fit the length of the program complete this section. The formulas will automatically update given this data.

Use Quarter Starting Dates on Appendix D1. Appendix D6 will automatically become Quarter Ending Dates to sync with CMS-64.

NUMBER OF DAYS OF DATA	
R2	365.00
Gap (end of R2 to P1)	-1.00
P1	364.00
P2	364.00
TOTAL R2 to P2	1092
(Days-365)	727
TOTAL R2 to P1	728
(Days-364)	363

State of

Appendix D2.S Services in Waiver Cost

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B C D E F G H I

Services in Actual Waiver Cost (Comprehensive and Expedited)

State: New Hampshire

Renewal Waiver

Instructions: Modify columns as applicable to the waiver entity type and structure to note services in different MEGs.

* Please note with a * if there are any proposed changes.

State Plan Services									
Service Category	State Plan Approved Services	1915(b)(3) Services	MCO Capitated Reimbursement	FFS services Impacted by MCO	PCCM Fee-for Service Reimbursement	PIHP Capitated Reimbursement	PIHP Fee-for Service Reimbursement	PAHP Capitated Reimbursement	PAHP Fee-for Service Reimbursement
Inpatient Hospital	X		X						
Outpatient Hospital	X		X						
Inpatient Psychiatric Facility for those under age 22	X		X						
Physician Services	X		X						
Advanced Practical Registered Nurse	X		X						
Rural Health Clinic and FQHC Services	X		X						
Prescribed Drugs	X		X						
Community Mental Health Center Services	X		X						
Psychology	X		X						
Ambulatory Surgical Center	X		X						
Laboratory	X		X						
X-Ray Services	X		X						
Family Planning Services	X		X						
Medical Services Clinic	X		X						
Physical Therapy	X		X						
Occupational Therapy	X		X						
Speech Therapy	X		X						
Audiology Services	X		X						
Podiatrist Services	X		X						
Home Health Services	X		X						
Private Duty Nursing	X		X						
Adult Medical Day Care	X		X						
Personal Care Services	X		X						
Hospice	X		X						
Optometric Services Eyeglasses	X		X						
Furnished Medical Supplies and Durable Medical Equipment	X		X						
Non Emergent Medical Transportation	X		X						
Ambulance Services	X		X						
Wheelchair Van	X		X						
Independent Case Management	X		X						
Home Visiting Services	X		X						
Maternity and Newborn	X		X						

State of

Appendix D2.S Services in Waiver Cost

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44	Applied Behavior Analysis	X		X					
45	Skilled Nursing Facility	X			X				
46	Intermediate Care Facility	X			X				
47	Dental	X			X				
48	Day Habilitation Center	X			X				
49	Crisis Intervention	X			X				
50	Intensive Home and Community Service	X			X				
51	Child Health Support Service	X			X				
52	Home Based Therapy	X			X				
53	Placement Services	X			X				
54	Private Non-Medical Institution for Children	X			X				
55	Partners in Health	X			X				
56	Early Intervention	X			X				
57	Targeted Case Management	X			X				
58	BEAS Case Management	X			X				
59	Community Transition	X			X				
60	Consolidated Services	X			X				
61	Home delivered Meals	X			X				
62	Clinic Services - Medicaid to School Program	X			X				

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Administration in Actual Waiver Cost (Comprehensive and Expedited)

State: New Hampshire

Renewal Waiver

Instructions: Modify columns as applicable to the waiver entity type and structure to note administration in different MEGs, etc.

CMS 64.10 line Item	CMS 64.10 Explanation	Contract	Match Rate	BY Expenses
1	Family Planning		N/A - No Expenditures	0
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities		90% FFP	39,052
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors		90% FFP	2,809,877
3A	Skilled Professional Medical Personnel-Single State Agency		75% FFP	2,748,676
3B	Skilled Professional Medical Personnel - Other Agency		N/A - No Expenditures	0
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions		75% FFP	1,027,836
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors		75% FFP	19,635,928
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities		50% FFP	94,518
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors		N/A - No Expenditures	0
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency		N/A - No Expenditures	0
6	Quality Improvement Organizations		75% FFP	225,919
7A	Third Party Liability: Recovery Procedure - Billing Offset		N/A - No Expenditures	0
7B	Third Party Liability: Assignment Of Rights - Billing Offset		N/A - No Expenditures	0
8	Immigration Status Verification System Costs (100% FFP)		N/A - No Expenditures	0
9	Nurse Aide Training Costs		50% FFP	368,547
10	Preadmission Screening Costs		75% FFP	57,132
11	Resident Review Activities Costs		N/A - No Expenditures	0
12	Drug Use Review Program		N/A - No Expenditures	0
13	Outstationed Eligibility Workers		50% FFP	249,764
14	TANF Base		N/A - No Expenditures	0
15	TANF Secondary 90%		N/A - No Expenditures	0
16	TANF Secondary 75%		N/A - No Expenditures	0
17	External Review		71% FFP	327,783
18	Enrollment Brokers		N/A - No Expenditures	0
19	School Based Administration		N/A - No Expenditures	0
20	Program Integrity/Fraud, Waste, and Abuse Activities		50% FFP	745,957
21	County/Local ADM Costs		N/A - No Expenditures	0
22	Interagency Costs (State Level)		50% FFP	131,043
23	Translation and Interpretation		N/A - No Expenditures	0
24	Health Information Technology Administration		0	0
24A	HIT: Planning: Cost of In-house Activities		N/A - No Expenditures	0
24B	HIT: Planning: Cost of Private Contractors		N/A - No Expenditures	0
24C	HIT: Implementation and Operation: Cost of In-house Activities		N/A - No Expenditures	0
24D	HIT: Implementation and Operation: Cost of Private Contractors		N/A - No Expenditures	0
24E	HIT Incentive Payments - Eligible Professionals		N/A - No Expenditures	0
24F	HIT Incentive Payments - Eligible Hospitals		N/A - No Expenditures	0
25	Citizenship Verification Technology - CHIPRA		0	0
25A	CVT Development - CHIPRA		N/A - No Expenditures	0
25B	CVT Operation - CHIPRA		N/A - No Expenditures	0
26	Planning for Health Homes for Enrollees with Chronic Conditions		N/A - No Expenditures	0
27	Recovery Audit Contractors State Administration		N/A - No Expenditures	0
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. - Cost of In-house Activities		90% FFP	421,764
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. - Cost of Private Sec. Contractors		90% FFP	17,128,764
28C	Operation of an Approved Medicaid Eligibility Determination Systems - Cost of In-house Activities		N/A - No Expenditures	0
28D	Operation of an Approved Medicaid Eligibility Determination Sys. - Cost of Private Sec. Contractors		N/A - No Expenditures	0
28E	Eligibility Determination Staff - Cost of In-house Activities		75% FFP	15,310,791
28F	Eligibility Determination Staff - Cost of Private Sector Contractors		N/A - No Expenditures	0
28G	Eligibility Determination Staff - Cost of In-house Activities - 50% FFP		50% FFP	8,308,457
28H	Eligibility Determination Staff - Cost of Private Sector Contractors - 50% FFP		N/A - No Expenditures	0
29	Non-Emergency Medical Transportation		50% FFP	717,741
49	Other Financial Participation		50% FFP	22,750,233
50	Total			\$ 93,099,782

*Allocation basis is _X_% of Medicaid costs OR ___% of Medicaid eligibles OR ___ other, please explain:

Add multiple line items as necessary to fit the administration of the program (i.e. if you have more than one contract on line 19, detail the contracts separately).

State Completion Sections

Appendix D3. Actual Waiver Cost

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Actual Waiver Cost Renewal Comprehensive Version
State: New Hampshire

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Medicaid Eligibility Group (MEG)	R1 Member Months	Retrospective Year 1 (R1) Aggregate Costs							Total Actual Waiver Costs (F+G+H+I)
		MCO/PIHP Capitated Costs (Including incentives and risksharing payouts/withholds) or PCCM Case Management Fees	Fee-for-Service Costs	State Plan Service Costs (D+E)	FFS Incentive Costs (not included in capitation rates, provide documentation)	1915(b)(3) service costs (provide documentation)	Administration Costs		
Foster Care / Adoption	31,499	\$ 12,593,736	\$ 32,893,258	\$ 45,486,994	\$ -	\$ -	\$ 4,843,710	\$ 50,330,705	
Severely Disabled Children	46,363	\$ 25,864,336	\$ 19,848,259	\$ 45,712,595	\$ -	\$ -	\$ 5,007,692	\$ 50,720,287	
Dual Eligibles	190,870	\$ 81,261,833	\$ 307,198,286	\$ 388,460,120	\$ -	\$ -	\$ 39,913,101	\$ 428,373,221	
Federally Recognized Tribe Members	10,501	\$ 3,044,979	\$ 464,584	\$ 3,509,564	\$ -	\$ -	\$ 410,177	\$ 3,919,740	
Total	279,233	\$ 122,764,885	\$ 360,404,388	\$ 483,169,273	\$ -	\$ -	\$ 50,174,681	\$ 533,343,954	
R1 Overall PMPM Casemix for R1 (R1 MMs)									

Medicaid Eligibility Group (MEG)	R2 Member Months	Retrospective Year 2 (R2) Aggregate Costs							Total Actual Waiver Costs (F+G+H+I)
		MCO/PIHP Capitated Costs (Including incentives and risksharing payouts/withholds) or PCCM Case Management Fees	Fee-for-Service Costs	State Plan Service Costs (D+E)	FFS Incentive Costs (not included in capitation rates, provide documentation)	1915(b)(3) service costs (provide documentation)	Administration Costs (Attach list using CMS 64.10 Waiver schedule categories)		
Foster Care / Adoption	31,978	\$ 13,679,259	\$ 35,169,293	\$ 48,848,552	\$ -	\$ -	\$ 4,265,050	\$ 53,113,602	
Severely Disabled Children	46,497	\$ 25,454,358	\$ 20,991,855	\$ 46,446,213	\$ -	\$ -	\$ 4,186,745	\$ 50,632,958	
Dual Eligibles	195,908	\$ 85,729,278	\$ 324,818,801	\$ 410,548,079	\$ -	\$ -	\$ 34,138,848	\$ 444,686,927	
Federally Recognized Tribe Members	10,485	\$ 3,299,243	\$ 439,753	\$ 3,738,996	\$ -	\$ -	\$ 334,458	\$ 4,073,454	
Total	284,868	\$ 128,162,137	\$ 381,419,703	\$ 509,581,840	\$ -	\$ -	\$ 42,925,102	\$ 552,506,941	
R2 Overall PMPM Casemix for R2 (R2 MMs)									

Modify Line items as necessary to fit the MEGs of the program.
State Completion Sections

Note: The States completing the Expedited Test will only attach the most recent waiver Schedule D, and the corresponding quarters of waiver forms from the CMS-64.9 Waiver and CMS-64.21U Waiver and CMS 64.10 Waiver. Completion of this Appendix is not necessary for expedited waivers.

Note: The States completing the Comprehensive Test will attach the most recent waiver Schedule D, and the corresponding quarters of waiver forms from the CMS-64.9 Waiver and CMS-64.21U Waiver and CMS 64.10 Waiver. Completion of this Appendix is required for Comprehensive Waivers.

Appendix D3. Actual Waiver Cost

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Actual Waiver Cost Renewal Comprehensive Version
State: New Hampshire

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Medicaid Eligibility Group (MEG)	R1 Member Months	R1 Per Member Per Month (PMPM) Costs					Total Actual Waiver Costs (J/C)
		State Plan Service Costs (F/C)	Incentive Costs (G/C)	1915(b)(3) Service Costs (H/C)	Administration Costs (I/C)		
Foster Care / Adoption	31,499	\$ 1,444.06	\$ -	\$ -	\$ 153.77	\$ 1,597.83	
Severely Disabled Children	46,363	\$ 985.98	\$ -	\$ -	\$ 108.01	\$ 1,093.99	
Dual Eligibles	190,870	\$ 2,035.21	\$ -	\$ -	\$ 209.11	\$ 2,244.32	
Federally Recognized Tribe Members	10,501	\$ 334.20	\$ -	\$ -	\$ 39.06	\$ 373.26	
Total	279,233						
R1 Overall PMPM Casemix for R1 (R1 MMs)		\$ 1,730.34	\$ -	\$ -	\$ 179.69	\$ 1,910.03	

Medicaid Eligibility Group (MEG)	R2 Member Months	R2 Per Member Per Month (PMPM) Costs					Total Actual Waiver Costs (J/C)
		State Plan Service Costs (F/C)	Incentive Costs (G/C)	1915(b)(3) Service Costs (H/C)	Administration Costs (I/C)		
Foster Care / Adoption	31,978	\$ 1,527.56	\$ -	\$ -	\$ 133.37	\$ 1,660.93	
Severely Disabled Children	46,497	\$ 998.91	\$ -	\$ -	\$ 90.04	\$ 1,088.96	
Dual Eligibles	195,908	\$ 2,095.61	\$ -	\$ -	\$ 174.26	\$ 2,269.87	
Federally Recognized Tribe Members	10,485	\$ 356.62	\$ -	\$ -	\$ 31.90	\$ 388.52	
Total	284,868						
R2 Overall PMPM Casemix for R2 (R2 MMs)		\$ 1,788.84	\$ -	\$ -	\$ 150.68	\$ 1,939.52	

Modify Line items as necessary to fit the MEGs of the program.
State Completion Sections

Row # /
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Adjustments and Services in Waiver Cost Projection (Comprehensive and Expedited)

State: New Hampshire

Prospective Years 1 and 2 (P1 and P2)

Renewal Waiver

*** If a change please note**

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Adjustments to the Waiver Cost Projection	Adjustments Made	Location of Adjustment
State Plan Trend	X	Tab:D5; Column:J; Row:13-16, 30-33
State Plan Programmatic/policy/pricing changes	X	Tab:D5; Column:L; Row:13-16, 30-33
Administrative Cost Adjustment	X	Tab:D5; Column:Y; Row:13-16, 30-33
1915(b)(3) service Trend		
Incentives (not in cap payment) Adjustments		
Payments/Recoupments not processed through MMIS	X	Tab:D5; Column:L; Row:13-16, 30-33
Third Party Liability	X	Tab:D5; Column:L; Row:13-16, 30-33
Pharmacy Rebate Factor Adjustment	X	Tab:D5; Column:L; Row:13-16, 30-33
Population Biased Selection (Voluntary Populations)	X	Tab:D5; Column:L; Row:13-16, 30-33
Other	X	Tab:D5; Column:L; Row:13-16, 30-33

State Completion Sections

Appendix D5. Waiver Cost Projection

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B C D E F G H I J K L M N O

State: **Waiver Cost Projection Renewal Waiver Comprehensive Version**
New Hampshire
Note: Complete this Appendix for all Prospective Years
Waiver Cost Projection

Medicaid Eligibility Group (MEG)	Retrospective Year 2 (R2) Member Months	R2 Per Member Per Month (PMPM) Costs					Prospective Year 1 (P1) Projection for State Plan Services**						
		State Plan Service Costs*	Incentive Costs*	1915(b)(3) Service Costs*	Administration Costs*	Total Actual Waiver Costs*	R2 PMPM State Plan Service Costs* (Same as D13-D18)	State Plan Inflation Adjustment (Annual Year 1) (Preprint Explains)	PMPM Effect of Inflation Adjustment (IxJ)	Program Adjustment [Enter Description Here] (Preprint Explains)	PMPM Effect of Program Adjustment ((I+K)xL)	Aggregate PMPM Effect of State Plan Service Adj. (K+M)	Total P1 PMPM State Plan Service Cost Projection (I+N)
Foster Care / Adoption	31,978	\$ 1,527.56	\$ -	\$ -	\$ 133.37	\$ 1,660.93	\$ 1,527.56	7.6%	\$ 116.61	0.5%	\$ 8.67	\$ 125.27	\$ 1,652.83
Severely Disabled Children	46,497	\$ 998.91	\$ -	\$ -	\$ 90.04	\$ 1,088.96	\$ 998.91	6.8%	\$ 68.13	1.5%	\$ 16.33	\$ 84.46	\$ 1,083.38
Dual Eligibles	195,908	\$ 2,095.61	\$ -	\$ -	\$ 174.26	\$ 2,269.87	\$ 2,095.61	5.5%	\$ 114.30	1.4%	\$ 30.99	\$ 145.29	\$ 2,240.90
Federally Recognized Tribe Members	10,485	\$ 356.62	\$ -	\$ -	\$ 31.90	\$ 388.52	\$ 356.62	6.8%	\$ 24.09	3.4%	\$ 13.13	\$ 37.22	\$ 393.83
Total	284,868												
P1 PMPM Casemix for R2 (R2 MMs)		\$ 1,788.84	\$ -	\$ -	\$ 150.68	\$ 1,939.52	\$ 1,788.84	5.8%	\$ 103.71	1.3%	\$ 25.43	\$ 129.14	\$ 1,917.97

* For comprehensive waivers, Columns D, E, F, G and H are columns K, L, M, N, and O from the Actual Waiver Cost Spreadsheet D3. For expedited waivers, sum the CMS-64.9 WAV and 64.21UWAV forms and divide by the member months for column D. Sum the CMS 64.10 WAV forms and divide by the member months for Column G. Sum D+G for Column H.
** If additional columns are needed in order to identify all of the adjustments being made, please insert the appropriate number of columns and label them accordingly.

Medicaid Eligibility Group (MEG)	Retrospective Year 2 (R2) Member Months	P1 Per Member Per Month (PMPM) Costs					Prospective Year 2 (P2) Projection for State Plan Services**						
		P1 PMPM State Plan Service Costs (same as O13-O18)	P1 PMPM Incentive Service Costs (same as S13-S18)	P1 PMPM 1915(b)(3) Service Costs (same as W13-W18)	P1 PMPM Administration Service Costs (same as AA13-AA18)	P1 PMPM Total Actual Waiver Costs (same as AB13-AB18)	P1 PMPM State Plan Service Cost Projection (Same as D30-D35)	State Plan Inflation Adjustment (Annual Year 2) (Preprint Explains)	PMPM Effect of Inflation Adjustment (IxJ)	Program Adjustment [Enter Description Here] (Preprint Explains)	PMPM Effect of Program Adjustment ((I+K)xL)	Aggregate PMPM Effect of State Plan Service Adj. (K+M)	Total P2 PMPM State Plan Service Cost Projection (I+N)
Foster Care / Adoption	31,978	\$ 1,652.83	\$ -	\$ -	\$ 143.55	\$ 1,796.39	\$ 1,652.83	6.0%	\$ 99.81	0.0%	\$ 0.34	\$ 100.15	\$ 1,752.99
Severely Disabled Children	46,497	\$ 1,083.38	\$ -	\$ -	\$ 96.19	\$ 1,179.56	\$ 1,083.38	6.1%	\$ 66.50	0.0%	\$ 0.10	\$ 66.60	\$ 1,149.98
Dual Eligibles	195,908	\$ 2,240.90	\$ -	\$ -	\$ 183.76	\$ 2,424.67	\$ 2,240.90	4.4%	\$ 98.99	0.1%	\$ 2.48	\$ 101.48	\$ 2,342.38
Federally Recognized Tribe Members	10,485	\$ 393.83	\$ -	\$ -	\$ 34.05	\$ 427.89	\$ 393.83	5.8%	\$ 22.94	0.1%	\$ 0.44	\$ 23.38	\$ 417.21
Total	284,868												
P2 PMPM Casemix for R2 (R2 MMs)		\$ 1,917.97	\$ -	\$ -	\$ 159.45	\$ 2,077.42	\$ 1,917.97	4.7%	\$ 90.98	0.1%	\$ 1.78	\$ 92.76	\$ 2,010.73

Modify Line items as necessary to fit the MEGs of the program.

State of

Appendix D5. Waiver Cost Projection

Row # / Column Letter

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2 State: Actual Waiver Cost Conversion Renewal Comprehensive Version
 State: New Hampshire
 Note: Complete this Appendix for all Prospective Years
 Waiver Cost Projection

Medicaid Eligibility Group (MEG)	P1 Projection for Incentive Costs not Included in Capitation Rates**				P1 Projection for 1915(b)(3) Service Costs**				P1 Projection for Administration Costs**				Total P1 PMPM Projected Waiver Costs (O+S+W+AA)
	R2 PMPM Incentive Costs* (Same as E13-E18)	Incentive Cost Inflation Adjustment (Annual Year 1) (Preprint Explains)	PMPM Effect of Inflation Adjustment (PxQ)	Total P1 PMPM Incentive Cost Projection (P+R)	R2 PMPM 1915(b)(3) Service Costs* (Same as F13-F18)	1915(b)(3) Service Costs Inflation Adjustment (Annual Year 1) (Preprint Explains)	PMPM Effect of Inflation Adjustment (TxU)	Total P1 PMPM 1915(b)(3) Service Cost Projection (T+V)	R2 PMPM Administration Costs* (Same as G13-G18)	Administration Costs Inflation Adjustment (Annual Year 1) (Preprint Explains)	PMPM Effect of Inflation Adjustment (XxY)	Total P1 PMPM Administration Cost Projection (X+Z)	
	Foster Care / Adoption	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	\$ 133.37	7.6%	\$ 10.18	
Severely Disabled Children	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	\$ 90.04	6.8%	\$ 6.14	\$ 96.19	\$ 1,179.56
Dual Eligibles	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	\$ 174.26	5.5%	\$ 9.50	\$ 183.76	\$ 2,424.67
Federally Recognized Tribe Members	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	\$ 31.90	6.8%	\$ 2.15	\$ 34.05	\$ 427.89
Total													
P1 PMPM Casemix for R2 (R2 MMs)	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	\$ 150.68	5.8%	\$ 8.76	\$ 159.45	\$ 2,077.42

Medicaid Eligibility Group (MEG)	P2 Projection for Incentive Costs not Included in Capitation Rates**				P2 Projection for 1915(b)(3) Service Costs**				P2 Projection for Administration Costs**				Total P2 PMPM Projected Waiver Costs (O+S+W+AA)
	P1 PMPM Incentive Cost Projection (Same as E30-E35)	Incentive Cost Inflation Adjustment (Annual Year 2) (Preprint Explains)	PMPM Effect of Inflation Adjustment (PxQ)	Total P2 PMPM Incentive Cost Projection (P+R)	P1 PMPM 1915(b)(3) Service Cost Projection (Same as F30-F35)	1915(b)(3) Service Costs Inflation Adjustment (Annual Year 2) (Preprint Explains)	PMPM Effect of Inflation Adjustment (TxU)	Total P2 PMPM 1915(b)(3) Service Cost Projection (T+V)	P1 PMPM Administration Cost Projection (Same as G30-G35)	Administration Costs Inflation Adjustment (Annual Year 2) (Preprint Explains)	PMPM Effect of Inflation Adjustment (XxY)	Total P2 PMPM Administration Cost Projection (X+Z)	
	Foster Care / Adoption	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	\$ 143.55	6.0%	\$ 8.67	
Severely Disabled Children	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	\$ 96.19	6.1%	\$ 5.90	\$ 102.09	\$ 1,252.07
Dual Eligibles	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	\$ 183.76	4.4%	\$ 8.12	\$ 191.88	\$ 2,534.26
Federally Recognized Tribe Members	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	\$ 34.05	5.8%	\$ 1.98	\$ 36.04	\$ 453.25
Total													
P2 PMPM Casemix for R2 (R2 MMs)	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	\$ 159.45	4.8%	\$ 7.59	\$ 167.04	\$ 2,177.77

Modify Line items as necessary to fit the MEGs of the program.

Row # / Column Letter

B C D E F G H I J K L M N O

Quarterly CMS Targets for RO Monitoring

State: New Hampshire

Projection for Upcoming Waiver Period

Projected Year 1

Medicaid Eligibility Group (MEG)	Total Projected Year 1 Member Months (P1)	P1 Projected PMPM Costs from Appendix D5 (Totals weighted on Projected Year 1 Member Months)					Total PMPM Projected Service Costs (Column H-G)
		Total PMPM State Plan Service Cost Projection	Total PMPM Incentive Cost Projection	Total PMPM 1915(b)(3) Service Cost Projection	Total PMPM Administration Cost Projection	Total PMPM Projected Waiver Costs	
		Foster Care / Adoption	31,797	\$ 1,652.83	\$ -	\$ -	
Severely Disabled Children	46,522	\$ 1,083.38	\$ -	\$ -	\$ 96.19	\$ 1,179.56	\$ 1,083.38
Dual Eligibles	196,050	\$ 2,240.90	\$ -	\$ -	\$ 183.76	\$ 2,424.67	\$ 2,240.90
Federally Recognized Tribe Members	10,406	\$ 393.83	\$ -	\$ -	\$ 34.05	\$ 427.89	\$ 393.83
Total	284,776						
P1 Weighted Average PMPM Casemix for P1 (P1 MMs)		\$ 1,918.65	\$ -	\$ -	\$ 159.50	\$ 2,078.14	

Medicaid Eligibility Group (MEG)	Q1 Quarterly Projected Costs			Q2 Quarterly Projected Costs			Q3 Quarterly Projected Costs			Q4 Quarterly Projected Costs			Total P1 Projected Waiver Costs
	Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	
Foster Care / Adoption	7,961	\$ 13,158,359.54	\$ 1,142,853.64	7,953	\$ 13,145,401.70	\$ 1,141,728.20	7,945	\$ 13,132,495.33	\$ 1,140,607.24	7,938	\$ 13,119,578.76	\$ 1,139,485.38	\$ 57,120,509.80
Severely Disabled Children	11,648	\$ 12,618,913.48	\$ 1,120,348.48	11,636	\$ 12,606,486.87	\$ 1,119,245.21	11,625	\$ 12,594,109.62	\$ 1,118,146.31	11,613	\$ 12,581,722.58	\$ 1,117,046.55	\$ 54,876,019.10
Dual Eligibles	49,085	\$ 109,994,268.91	\$ 9,020,030.21	49,036	\$ 109,885,950.82	\$ 9,011,147.63	48,988	\$ 109,778,063.04	\$ 9,002,300.35	48,940	\$ 109,670,089.95	\$ 8,993,446.06	\$ 475,355,296.98
Federally Recognized Tribe Members	2,605	\$ 1,026,059.64	\$ 88,722.72	2,603	\$ 1,025,049.22	\$ 88,635.35	2,600	\$ 1,024,042.81	\$ 88,548.33	2,598	\$ 1,023,035.60	\$ 88,461.24	\$ 4,452,554.91
Total	71,299	\$ 136,797,601.58	\$ 11,371,955.06	71,229	\$ 136,662,888.60	\$ 11,360,756.39	71,159	\$ 136,528,710.80	\$ 11,349,602.22	71,089	\$ 136,394,426.90	\$ 11,338,439.23	\$ 591,804,380.78

Projected Year 2

Medicaid Eligibility Group (MEG)	Total Projected Year 2 Member Months (P2)	P2 Projected PMPM Costs from Appendix D5 (Totals weighted on Projected Year 2 Member Months)					Total PMPM Projected Service Costs (Column H-G)
		Total PMPM State Plan Service Cost Projection	Total PMPM Incentive Cost Projection	Total PMPM 1915(b)(3) Service Cost Projection	Total PMPM Administration Cost Projection	Total PMPM Projected Waiver Costs	
		Foster Care / Adoption	31,672	\$ 1,752.99	\$ -	\$ -	
Severely Disabled Children	46,339	\$ 1,149.98	\$ -	\$ -	\$ 102.09	\$ 1,252.07	\$ 1,149.98
Dual Eligibles	195,279	\$ 2,342.38	\$ -	\$ -	\$ 191.88	\$ 2,534.26	\$ 2,342.38
Federally Recognized Tribe Members	10,365	\$ 417.21	\$ -	\$ -	\$ 36.04	\$ 453.25	\$ 417.21
Total	283,656						
P2 Weighted Average PMPM Casemix for P2 (P2 MMs)		\$ 2,011.42	\$ -	\$ -	\$ 167.09	\$ 2,178.51	

Medicaid Eligibility Group (MEG)	Q5 Quarterly Projected Costs			Q6 Quarterly Projected Costs			Q7 Quarterly Projected Costs			Q8 Quarterly Projected Costs			Total P2 Projected Waiver Costs
	Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	Member Months Projections	64.9W /64.21U W Service Costs include incentives	64.10 Waiver Administration Costs	
Foster Care / Adoption	7,930	\$ 13,900,860.64	\$ 1,207,108.52	7,922	\$ 13,887,164.83	\$ 1,205,919.22	7,914	\$ 13,873,482.52	\$ 1,204,731.09	7,906	\$ 13,859,813.69	\$ 1,203,544.13	\$ 60,342,624.62
Severely Disabled Children	11,602	\$ 13,342,065.73	\$ 1,184,444.57	11,591	\$ 13,328,920.47	\$ 1,183,277.60	11,579	\$ 13,315,788.17	\$ 1,182,111.78	11,568	\$ 13,302,668.81	\$ 1,180,947.10	\$ 58,020,224.22
Dual Eligibles	48,892	\$ 114,523,348.90	\$ 9,381,486.45	48,844	\$ 114,410,514.91	\$ 9,372,243.35	48,796	\$ 114,297,792.09	\$ 9,363,009.36	48,748	\$ 114,185,180.34	\$ 9,353,784.47	\$ 494,887,359.86
Federally Recognized Tribe Members	2,595	\$ 1,082,692.06	\$ 93,520.81	2,593	\$ 1,081,625.34	\$ 93,428.67	2,590	\$ 1,080,559.67	\$ 93,336.62	2,587	\$ 1,079,495.05	\$ 93,244.66	\$ 4,697,902.87
Total	71,019	\$ 142,848,967.32	\$ 11,866,560.35	70,949	\$ 142,708,225.55	\$ 11,854,868.83	70,879	\$ 142,567,622.45	\$ 11,843,188.84	70,809	\$ 142,427,157.88	\$ 11,831,520.35	\$ 617,948,111.58

P Q R S T U

Quarterly CMS Targets for RO CMS-64 Review Renewal
 State: New Hampshire
 Projection for Upcoming Waiver Period
 Projections for RO CMS-64 Certification - Aggregate Cost

Projected Year 1 4/1/20 through 3/31/21

Waiver Form	Medicaid Eligibility Group (MEG)	Q1 Quarterly Projected Costs 6/30/20	Q2 Quarterly Projected Costs 9/29/20	Q3 Quarterly Projected Costs 12/30/20	Q4 Quarterly Projected Costs 3/31/21
64.21U Waiver Form	Foster Care / Adoption	\$ 13,158,359.54	\$ 13,145,401.70	\$ 13,132,495.33	\$ 13,119,578.76
64.21U Waiver Form	Severely Disabled Children	\$ 12,618,913.48	\$ 12,606,486.87	\$ 12,594,109.62	\$ 12,581,722.58
64.9 Waiver Form	Dual Eligibles	\$ 109,994,268.91	\$ 109,885,950.82	\$ 109,778,063.04	\$ 109,670,089.95
64.9 Waiver Form	Federally Recognized Tribe Members	\$ 1,026,059.64	\$ 1,025,049.22	\$ 1,024,042.81	\$ 1,023,035.60
64.10 Waiver Form		\$ 11,371,955.06	\$ 11,360,756.39	\$ 11,349,602.22	\$ 11,338,439.23

Projected Year 1 4/1/21 through 3/31/22

Waiver Form	Medicaid Eligibility Group (MEG)	Q5 Quarterly Projected Costs 6/29/21	Q6 Quarterly Projected Costs 9/28/21	Q7 Quarterly Projected Costs 12/29/21	Q8 Quarterly Projected Costs 3/31/22
64.21U Waiver Form	Foster Care / Adoption	\$ 13,900,860.64	\$ 13,887,164.83	\$ 13,873,482.52	\$ 13,859,813.69
64.21U Waiver Form	Severely Disabled Children	\$ 13,342,065.73	\$ 13,328,920.47	\$ 13,315,788.17	\$ 13,302,668.81
64.9 Waiver Form	Dual Eligibles	\$ 114,523,348.90	\$ 114,410,514.91	\$ 114,297,792.09	\$ 114,185,180.34
64.9 Waiver Form	Federally Recognized Tribe Members	\$ 1,082,692.06	\$ 1,081,625.34	\$ 1,080,559.67	\$ 1,079,495.05
64.10 Waiver Form		\$ 11,866,560.35	\$ 11,854,868.83	\$ 11,843,188.84	\$ 11,831,520.35

V W X Y Z AA AB AC AD AE AF AG AH AI

Quarterly CMS Targets for RO Cost-Effectiveness Monitoring

State: New Hampshire

Projection for Upcoming Waiver Period

Worksheet for RO PMPM Cost-Effectiveness Monitoring

Projected Year 1

Waiver Form	Medicaid Eligibility Group (MEG)	State Completion Section - For Waiver Submission	
		P1 Projected PMPM From Column I (services)	From Column G (Administration)
64.21U Waiver Form	Foster Care / Adoption	\$ 1,652.83	
64.21U Waiver Form	Severely Disabled Children	\$ 1,083.38	
64.9 Waiver Form	Dual Eligibles	\$ 2,240.90	
64.9 Waiver Form	Federally Recognized Tribe Members	\$ 393.83	
64.10 Waiver Form	All MEGS	\$ 159.50	

Waiver Form	Medicaid Eligibility Group (MEG)	RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring		
		Q1 Quarterly Actual Costs			Q2 Quarterly Actual Costs			Q3 Quarterly Actual Costs			Q4 Quarterly Actual Costs		
		Member Months Actuals	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals	Actual Aggregate Waiver Form Costs	Actual PMPM Costs
64.21U Waiver Form	Foster Care / Adoption	6/30/2020		#DIV/0!	9/29/2020		#DIV/0!	12/30/2020		#DIV/0!	3/31/2021		#DIV/0!
64.21U Waiver Form	Severely Disabled Children			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9 Waiver Form	Dual Eligibles			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9 Waiver Form	Federally Recognized Tribe Members			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.10 Waiver Form	All MEGS			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

Projected Year 1

Waiver Form	Medicaid Eligibility Group (MEG)	State Completion Section - For Waiver Submission	
		P1 Projected PMPM From Column I (services)	From Column G (Administration)
64.21U Waiver Form	Foster Care / Adoption	\$ 1,752.99	
64.21U Waiver Form	Severely Disabled Children	\$ 1,149.98	
64.9 Waiver Form	Dual Eligibles	\$ 2,342.38	
64.9 Waiver Form	Federally Recognized Tribe Members	\$ 417.21	
64.10 Waiver Form	All MEGS	\$ 167.09	

Waiver Form	Medicaid Eligibility Group (MEG)	RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring		
		Q5 Quarterly Actual Costs			Q6 Quarterly Actual Costs			Q7 Quarterly Actual Costs			Q8 Quarterly Actual Costs		
		Member Months Actuals	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals	Actual Aggregate Waiver Form Costs	Actual PMPM Costs
64.21U Waiver Form	Foster Care / Adoption	6/29/2021		#DIV/0!	9/28/2021		#DIV/0!	12/29/2021		#DIV/0!	3/31/2022		#DIV/0!
64.21U Waiver Form	Severely Disabled Children			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9 Waiver Form	Dual Eligibles			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9 Waiver Form	Federally Recognized Tribe Members			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.10 Waiver Form	All MEGS			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

Row # / Column Letter

B C D E F G H I J K L M N

Summary
State: New Hampshire

Costs to be input below are from the prior waiver submission. Compare the prospective years from the prior waiver submission to the retrospective years of the current waiver submission.

Retrospective Period	Medicaid Eligibility Group (MEG)	R1 Member Months	R1 Per Member Per Month (PMPM) Costs				
			R1 PMPM State Plan Service Costs	R1 PMPM Incentive Costs	R1 PMPM 1915(b)(3) Service Costs	R1 PMPM Administration Costs	R1 PMPM Total Actual Waiver Costs
			Foster Care / Adoption	31,499	\$ 1,444.06	\$ -	\$ -
Severely Disabled Children	46,363	\$ 985.98	\$ -	\$ -	\$ 108.01	\$ 1,093.99	
Dual Eligibles	190,870	\$ 2,035.21	\$ -	\$ -	\$ 209.11	\$ 2,244.32	
Federally Recognized Tribe Members	10,501	\$ 334.20	\$ -	\$ -	\$ 39.06	\$ 373.26	
Total	279,233						
R1 Overall PMPM Casemix for R1 (R1 MMs)		\$ 1,730.34	\$ -	\$ -	\$ 179.69	\$ 1,910.03	
Total R1 Expenditures						\$533,343,954	

P1 Per Member Per Month (PMPM) Costs from the prior waiver submission				
P1 PMPM State Plan Service Costs	P1 PMPM Incentive Costs	P1 PMPM 1915(b)(3) Service Costs	P1 PMPM Administration Costs	P1 PMPM Total Actual Waiver Costs
\$ 1,422.71	\$ -	\$ -	\$ 87.45	\$ 1,510.16
\$ 1,382.50	\$ -	\$ -	\$ 83.96	\$ 1,466.46
\$ 2,066.33	\$ -	\$ -	\$ 127.11	\$ 2,193.45
\$ 383.27	\$ -	\$ -	\$ 22.77	\$ 406.05
\$ 1,810.05	\$ -	\$ -	\$ 111.55	\$ 1,921.61
Total Previous P1 Projection using R1 member months				\$536,576,458

Retrospective Period	Medicaid Eligibility Group (MEG)	R2 Member Months	R2 Per Member Per Month (PMPM) Costs (Totals weighted on Retrospective Year 2 Member Months)					Overall R1 to R2 Change (annual)
			R2 PMPM State Plan Service Costs	R2 PMPM Incentive Costs	R2 PMPM 1915(b)(3) Service Costs	R2 PMPM Administration Costs	R2 PMPM Total Actual Waiver Costs	
			Foster Care / Adoption	31,978	\$ 1,527.56	\$ -	\$ -	
Severely Disabled Children	46,497	\$ 998.91	\$ -	\$ -	\$ 90.04	\$ 1,088.96	-0.5%	
Dual Eligibles	195,908	\$ 2,095.61	\$ -	\$ -	\$ 174.26	\$ 2,269.87	1.1%	
Federally Recognized Tribe Members	10,485	\$ 356.62	\$ -	\$ -	\$ 31.90	\$ 388.52	4.1%	
Total	284,868							
R2 Weighted Average PMPM Casemix for R1 (R1 MMs)		\$ 1,784.04	\$ -	\$ -	\$ 150.31	\$ 1,934.35	1.3%	
R2 Overall PMPM Casemix for R2 (R2 MMs)		\$ 1,788.84	\$ -	\$ -	\$ 150.68	\$ 1,939.52	1.5%	
Total R2 Expenditures						\$552,506,941		

P2 Per Member Per Month (PMPM) Costs from the prior waiver submission				
P2 PMPM State Plan Service Costs	P2 PMPM Incentive Costs	P2 PMPM 1915(b)(3) Service Costs	P2 PMPM Administration Costs	P2 PMPM Total Actual Waiver Costs
\$ 1,496.47	\$ -	\$ -	\$ 91.84	\$ 1,588.31
\$ 1,455.51	\$ -	\$ -	\$ 88.18	\$ 1,543.69
\$ 2,152.33	\$ -	\$ -	\$ 132.85	\$ 2,285.18
\$ 403.59	\$ -	\$ -	\$ 23.92	\$ 427.51
\$ 1,900.61	\$ -	\$ -	\$ 116.95	\$ 2,017.55
Total Previous P2 Projection using R2 member months				\$574,736,257

Total Previous Waiver Period Expenditures (Casemix for R1 and R2)						\$1,085,850,895
Total Difference between Projections and Actual Waiver Cost for Previous Waiver Period						\$25,461,820

Total Previous P2 Projection using R2 member months				\$1,111,312,715
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Prospective Period	Medicaid Eligibility Group (MEG)	Projected Year 1 Member Months (P1)	P1 Projected PMPM Costs (Totals weighted on Projected Year 1 Member Months)					Overall R2 to P1 Change (annual)
			P1 PMPM State Plan Service Cost Projection	P1 PMPM Incentive Cost Projection	P1 PMPM 1915(b)(3) Service Cost Projection	P1 PMPM Administration Cost Projection	P1 PMPM Projected Waiver Costs	
			Foster Care / Adoption	31,797	\$ 1,652.83	\$ -	\$ -	
Severely Disabled Children	46,522	\$ 1,083.38	\$ -	\$ -	\$ 96.19	\$ 1,179.56	8.3%	
Dual Eligibles	196,050	\$ 2,240.90	\$ -	\$ -	\$ 183.76	\$ 2,424.67	6.8%	
Federally Recognized Tribe Members	10,406	\$ 393.83	\$ -	\$ -	\$ 34.05	\$ 427.89	10.1%	
Total	284,776							
P1 Weighted Average PMPM Casemix for R2 (R2 MMs)		\$ 1,917.97	\$ -	\$ -	\$ 159.45	\$ 2,077.42	7.1%	
P1 Weighted Average PMPM Casemix for P1 (P1 MMs)		\$ 1,918.65	\$ -	\$ -	\$ 159.50	\$ 2,078.14	7.1%	
Total Projected Waiver Expenditures P1 (P1 MMs)						\$591,804,381		

Prospective Period	Medicaid Eligibility Group (MEG)	Projected Year 2 Member Months (P2)	P2 Projected PMPM Costs (Totals weighted on Projected Year 2 Member Months)					Overall P1 to P2 Change (annual)
			P2 PMPM State Plan Service Cost Projection	P2 PMPM Incentive Cost Projection	P2 PMPM 1915(b)(3) Service Cost Projection	P2 PMPM Administration Cost Projection	P2 PMPM Projected Waiver Costs	
			Foster Care / Adoption	31,672	\$ 1,752.99	\$ -	\$ -	
Severely Disabled Children	46,339	\$ 1,149.98	\$ -	\$ -	\$ 102.09	\$ 1,252.07	6.1%	
Dual Eligibles	195,279	\$ 2,342.38	\$ -	\$ -	\$ 191.88	\$ 2,534.26	4.5%	
Federally Recognized Tribe Members	10,365	\$ 417.21	\$ -	\$ -	\$ 36.04	\$ 453.25	5.9%	
Total	283,656							
P2 Weighted Average PMPM Casemix for P1 (P1 MMs)		\$ 2,011.42	\$ -	\$ -	\$ 167.09	\$ 2,178.51	4.8%	
P2 Weighted Average PMPM Casemix for P2 (P2 MMs)		\$ 2,011.42	\$ -	\$ -	\$ 167.09	\$ 2,178.51	4.8%	
Total Projected Waiver Expenditures P2 (P2 MMs)						\$617,948,112		

Prospective Period	Medicaid Eligibility Group (MEG)	Projected Year 1 and 2 Member Months (P1 + P2)	Overall R1 to P2 Change (monthly)	Overall R1 to P2 Change (annualized)				
					Foster Care / Adoption	63,470	0.0%	0.3%
					Severely Disabled Children	92,862	0.0%	0.2%
Dual Eligibles	391,329	0.0%	0.2%					
Federally Recognized Tribe Members	20,771	0.0%	0.3%					
Total	568,431							
P2 Weighted Average PMPM Casemix for R1 (R1 MMs)			0.0%	0.2%				
P2 Weighted Average PMPM Casemix for P2 (P2 MMs)			0.0%	0.2%				
Total Projected Waiver Expenditures P2 + P1 (Casemix for P1 and P2)				\$1,209,752,492				

Modify Line items as necessary to fit the MEGs of the program.
 State Completion Sections
 To modify the formulas as necessary to fit the length of the program complete this section. The formulas will automatically update given this data.
 PMPM from previously approved waiver.