

Appendix D1. Member Months_5yr

Row # /
Column
Letter

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

Estimated Member Month Calculations
State of Louisiana - Behavioral Health Services Waiver - Initial Submission
Enrollment Projections for the Time Period March 1, 2012 - February 28, 2017

Medicaid Eligibility Group (MEG)	All Regions												
	Base Year (BY)	Projected Quarter 1	Projected Quarter 2	Projected Quarter 3	Projected Quarter 4	Projected Quarter 5	Projected Year 1	Projected Quarter 5	Projected Quarter 6	Projected Quarter 7	Projected Quarter 8	Projected Quarter 9	Projected Year 2
	SFY2009	03/01/12-3/31/12	04/01/12-06/30/12	07/01/12-09/30/12	10/01/12-12/31/12	01/01/13-02/28/13	(P1)	03/01/13-03/31/13	04/01/13-06/30/13	07/01/13-09/30/13	10/01/13-12/31/13	01/01/14-02/28/14	(P2)
Non-Disabled - Child	7,500,455	711,211	2,147,316	2,167,996	2,188,876	1,470,949	8,686,349	739,007	2,231,240	2,252,728	2,274,424	1,623,591	9,120,990
Non-Disabled - Adult	1,792,905	163,154	491,519	494,622	497,745	333,574	1,980,614	167,313	504,050	507,232	510,434	1,197,976	2,887,004
Foster Care & Disabled Child	579,312	49,973	150,308	150,895	151,484	101,318	603,977	50,758	152,670	153,266	153,864	107,913	618,470
Disabled Adult	1,464,706	129,190	389,044	391,266	393,500	263,581	1,566,580	132,166	398,007	400,280	402,566	314,697	1,647,716
CSoC SED 1915(c) Waiver	-	900	2,700	2,700	2,700	1,800	10,800	900	2,700	2,700	2,700	1,800	10,800
Total Member Months	11,337,378	1,054,426	3,180,887	3,207,479	3,234,305	2,171,223	12,848,320	1,090,144	3,288,666	3,316,206	3,343,988	3,245,977	14,284,981
Quarterly % Increase			201.7%	0.8%	0.8%	-32.9%		-49.8%	201.7%	0.8%	0.8%	-2.9%	
Annualized % Increase Base Year to Year 1 to Year 2							3.5%						11.2%

Medicaid Eligibility Group (MEG)	All Regions												
	Projected Year 2	Projected Quarter 9	Projected Quarter 10	Projected Quarter 11	Projected Quarter 12	Projected Quarter 13	Projected Year 3	Projected Quarter 13	Projected Quarter 14	Projected Quarter 15	Projected Quarter 16	Projected Quarter 17	Projected Year 4
	(P2)	03/01/14-3/31/14	04/01/14-06/30/14	07/01/14-09/30/14	10/01/14-12/31/14	01/01/15-02/28/15	(P3)	03/01/15-3/31/15	04/01/15-06/30/15	07/01/15-09/30/15	10/01/15-12/31/15	01/01/16-02/29/16	(P4)
Non-Disabled - Child	9,120,990	815,694	2,462,777	2,486,495	2,510,442	1,687,046	9,962,454	847,574	2,559,030	2,583,675	2,608,558	1,752,981	10,351,818
Non-Disabled - Adult	2,887,004	600,876	1,810,208	1,821,636	1,833,137	1,228,516	7,294,373	616,194	1,856,356	1,868,076	1,879,869	1,259,835	7,480,330
Foster Care & Disabled Child	618,470	54,062	162,607	163,242	163,880	109,609	653,400	54,911	165,162	165,807	166,455	111,331	663,666
Disabled Adult	1,647,716	157,797	475,192	477,906	480,635	321,947	1,913,476	161,432	486,140	488,916	491,708	329,365	1,957,562
CSoC SED 1915(c) Waiver	10,800	900	2,700	2,700	1,800	2,700	10,800	900	2,700	2,700	2,700	1,800	10,800
Total Member Months	14,284,981	1,629,328	4,913,484	4,951,980	4,989,894	3,349,818	19,834,504	1,681,011	5,069,388	5,109,175	5,149,291	3,455,311	20,464,176
Quarterly % Increase		-49.8%	201.6%	0.8%	0.8%	-32.9%		-49.8%	201.6%	0.8%	0.8%	-32.9%	
Annualized % Increase Year 2 to Year 3 to Year 4							38.8%						3.2%

Medicaid Eligibility Group (MEG)	All Regions							
	Projected Year 4	Projected Quarter 17	Projected Quarter 18	Projected Quarter 19	Projected Quarter 20	Projected Quarter 21	Projected Year 5	Total Projected for Y1 through 5
	(P4)	03/01/16-3/31/16	04/01/16-06/30/16	07/01/16-09/30/16	10/01/16-12/31/16	01/01/17-02/28/17	(P5)	
Non-Disabled - Child	10,351,818	880,700	2,659,045	2,684,653	2,710,509	1,821,493	10,756,399	48,878,010
Non-Disabled - Adult	7,480,330	631,902	1,903,680	1,915,699	1,927,793	1,291,952	7,671,026	27,313,348
Foster Care & Disabled Child	663,666	55,774	167,757	168,412	169,070	113,080	674,094	3,213,608
Disabled Adult	1,957,562	165,152	497,341	500,181	503,037	336,953	2,002,664	9,087,898
CSoC SED 1915(c) Waiver	10,800	900	2,700	2,700	2,700	1,800	10,800	54,000
Total Member Months	20,464,176	1,734,428	5,230,523	5,271,645	5,313,109	3,565,278	21,114,983	88,546,964
Quarterly % Increase		-49.8%	201.6%	0.8%	0.8%	-32.9%		
Annualized % Increase Year 4 to Year 5							3.2%	

Modify Line items as necessary to fit the MEGs of the program.
State Completion Sections
Ignore Years 3-5 for 2 Year Waiver Applications

State of Louisiana

Appendix D2.S Services in Waiver Cos_5yr

Row # / Column Letter B C D E F G H I J K L

Services in Actual Waiver Cost (Comprehensive and Expedited)
 State of Louisiana - Behavioral Health Services Waiver - Initial Submission
 Base Year Initial Waiver

Row # / Column Letter	State Plan Services	Non-Disabled and Foster Care Disabled MEGs				CSoC SED 1915(c) Waiver MEG					
	Service Category	State Plan Approved Services	1915(b)(3) Services	PIHP Capitated Reimbursement	PIHP Non-Risk Reimbursement	FFS services Impacted by PIHP	State Plan Approved Services	1915(b)(3) Services	PIHP Capitated Reimbursement	PIHP Non-Risk Reimbursement	FFS services Impacted by PIHP
10	Inpatient Hospital (psych)	X		X - for adults	X - for children		X			X - for children	
11	Inpatient Hospital (Alcohol and Drug Abuse)	X - effective March 2012		X - for adults	X - for children		X - effective March 2012			X - for children	
12	Inpatient Psych for Under age 21	X		X - for adults	X - for children		X			X - for children	
13	Outpatient hospital (psych)	X		X - for adults	X - for children		X			X - for children	
14	Psychiatrist	X		X - for adults	X - for children		X			X - for children	
15	Prescribed Drugs (psych)	X				X	X				X
16	Other Practitioners (psych)	X		X - for adults	X - for children		X			X - for children	
17	Clinic Services	X		X - for adults	X - for children		X			X - for children	
18	Rehabilitation Services (Psych)	X		X - for adults	X - for children		X			X - for children	
19	Rehabilitation Services (Alcohol and Drug Abuse)	X - effective March 2012		X - for adults	X - for children		X - effective March 2012			X - for children	
20	CSoC SED Waiver Services (listed in rows 23-27)									X - for children	
21	Crisis Stabilization						X - effective March 2012			X - for children	
22	Independent Living/Skills Building						X - effective March 2012			X - for children	
23	Parent Support and Training						X - effective March 2012			X - for children	
24	Respite Care						X - effective March 2012			X - for children	
25	Youth Support and Training						X - effective March 2012			X - for children	
26	Physician Consultation (Case Conference)		X	X - for adults	X - for children			X		X - for children	
27	ICF-DD for Children	X - for children					X - for children			X - for children	
28	CSoC SED Waiver Services - Optional State Plan Services to individuals eligible for the CSoC SED Waiver, but not enrolled (listed in rows 23-27)		X		X - for children						
29											
30	Modify Line items as necessary to fit the services of the program.										
31	State Completion Sections										

Row # /
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FFS Administration in Actual Waiver Cost (Comprehensive and Expedited)

State of Louisiana - Behavioral Health Services Waiver - Initial Submission

Base Year Initial Waiver

CMS 64.10 line Item	CMS 64.10 Explanation	Contract	Match Rate	BY Expenses
1	FAMILY PLANNING		90% FFP	\$ -
2	DESIGN DEVELOPMENT OR INSTALLATION OF MMIS*		90% FFP	\$ -
A.	COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER STATE AGENCIES AND INSTITUTIONS		90% FFP	\$ -
B.	COST OF PRIVATE SECTOR CONTRACTORS		90% FFP	\$ 37,579.12
C.	DRUG CLAIMS SYSTEM		90% FFP	\$ -
3	SKILLED PROFESSIONAL MEDICAL PERSONNEL		75% FFP	\$ 698,924.56
4	OPERATION OF AN APPROVED MMIS*:		75% FFP	\$ -
A.	COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER STATE AGENCIES AND INSTITUTIONS		75% FFP	\$ 18,951.52
B.	COST OF PRIVATE SECTOR CONTRACTORS		75% FFP	\$ 2,076,770.24
5	MECHANIZED SYSTEMS, NOT APPROVED UNDER MMIS PROCEDURES:		50% FFP	\$ -
A.	COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER STATE AGENCIES AND INSTITUTIONS		50% FFP	\$ -
B.	COST OF PRIVATE SECTOR CONTRACTORS		50% FFP	\$ -
6	PEER REVIEW ORGANIZATIONS (PRO)		75% FFP	\$ -
7. A.	THIRD PARTY LIABILITY RECOVERY PROCEDURE - BILLING OFFSET		50% FFP	\$ 1,581.20
B.	ASSIGNMENT OF RIGHTS - BILLING OFFSET		50% FFP	\$ 1,496.16
8	IMMIGRATION STATUS VERIFICATION SYSTEM COSTS		100% FFP	\$ -
9	NURSE AIDE TRAINING COSTS		50% FFP	\$ 7,779.04
10	PREADMISSION SCREENING COSTS		75% FFP	\$ 11,735.60
11	RESIDENT REVIEW ACTIVITIES COSTS		75% FFP	\$ -
12	DRUG USE REVIEW PROGRAM		75% FFP	\$ -
13	OUTSTATIONED ELIGIBILITY WORKERS		50% FFP	\$ -
14.	TANF BASE		90% FFP	\$ -
15.	TANF SECONDARY 90%		90% FFP	\$ -
16.	TANF SECONDARY 75%		75% FFP	\$ -
17.	EXTERNAL REVIEW		75% FFP	\$ -
18.	ENROLLMENT BROKERS		50% FFP	\$ -
19.	OTHER FINANCIAL PARTICIPATION		50% FFP	\$ 11,301,120.32
20	Total			\$ 14,155,938

*Allocation basis is 8.0% of Medicaid costs

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

Row # /
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B C D E F G H I J

Actual Waiver Cost Initial Waiver Comprehensive Version
State of Louisiana - Behavioral Health Services Waiver - Initial Submission

Medicaid Eligibility Group (MEG)	Base Year Member Months	Base Year (BY) Aggregate Costs						
		MCO/PIHP Capitated Costs (Including incentives and risksharing payouts/withholds or PCCM Case Management Fees) (0 in initial waiver unless converting voluntary to mandatory)	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 (will be 0 in Initial Waiver)	Administration Costs (Attach list using CMS 64.10 Waiver schedule categories)	Total Actual Waiver Costs (F+G+H+I)
Non-Disabled - Child	7,500,455		\$ 89,583,245	\$ 89,583,245			\$ 9,365,126	\$ 98,948,371
Non-Disabled - Adult	1,792,905		\$ 27,802,658	\$ 27,802,658			\$ 2,238,635	\$ 30,041,293
Foster Care & Disabled Child	579,312		\$ 80,024,369	\$ 80,024,369			\$ 723,333	\$ 80,747,702
Disabled Adult	1,464,706		\$ 138,253,395	\$ 138,253,395			\$ 1,828,843	\$ 140,082,238
CSoC SED 1915(c) Waiver	-		\$ -	\$ -			\$ -	\$ -
Total	11,337,378	\$ -	\$ 335,663,666	\$ 335,663,666	\$ -	\$ -	\$ 14,155,938	\$ 349,819,604
BY Overall PMPM for BY (BY MMs)		\$ -	\$ 29.61	\$ 29.61	\$ -	\$ -	\$ 1.25	\$ 30.86

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

State Completion Sections

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B K L M N O

Actual Waiver Cost Conversion Initial Comprehensive Version
State of Louisiana - Behavioral Health Services Waiver - Initial Submission

Medicaid Eligibility Group (MEG)	Base Year (BY) Per Member Per Month (PMPM) Costs				
	State Plan Service Costs (F/C)	Incentive Costs (G/C)	1915(b)(3) Service Costs (H/C)	Administration Costs (I/C)	Total Actual Waiver Costs (J/C)
Non-Disabled - Child	\$ 11.94	\$ -	\$ -	\$ 1.25	\$ 13.19
Non-Disabled - Adult	\$ 15.51	\$ -	\$ -	\$ 1.25	\$ 16.76
Foster Care & Disabled Child	\$ 138.14	\$ -	\$ -	\$ 1.25	\$ 139.39
Disabled Adult	\$ 94.39	\$ -	\$ -	\$ 1.25	\$ 95.64
CSoC SED 1915(c) Waiver	\$ -	\$ -	\$ -	\$ -	\$ -
Total					
BY Overall PMPM for BY (BY MM)	\$ 29.61	\$ -	\$ -	\$ 1.25	\$ 30.86

Modify Line items as necessary to f
State Completion Sections

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**Adjustments and Services in Waiver Cost Projection (Comprehensive and Expedited)
State of Louisiana - Behavioral Health Services Waiver - Initial Submission
Prospective Years 1 through 5 (P1 - P5)
Initial Waiver**

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Adjustments to the Waiver Cost Projection	Adjustments Made	Location of Adjustment
State Plan Trend	x	Tab: D5; Column: J; Row: 13-17, 31-35, 46-50, 60-64, 74-78
State Plan Programmatic/policy/pricing changes Rx Rebates Adjustment State Plan Amendment for Behavioral Health Services Cost Settlements Adjustment (MH Clinic and Psych Hospital)	x	Tab: D5; Column: L; Row: 13-17, 31-35, 46-50, 60-64, 74-78
Inclusion of CSoC SED Waiver Population	x	Tab: D5; Cloumn: N; Row: 13-17, 31-35, 46-50, 60-64, 74-78
Managed Care Savings	x	Tab: D5; Column: P; Row: 13-17, 31-35, 46-50, 60-64, 74-78
1915(b)(3) Services Cost Projection	x	Tab: D5; Column: AB; Row: 13-17, 31-35, 46-50, 60-64, 74-78
Administrative Cost Inflation Adjustment	x	Tab: D5; Column: AD; Row: 13-17, 31-35, 46-50, 60-64, 74-78
Administrative Cost PIHP Adjustment	x	Tab: D5; Column: AF; Row: 13-17, 31-35, 46-50, 60-64, 74-78

State Completion Sections

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Waiver Cost Projection Initial Comprehensive Version
 State of Louisiana - Behavioral Health Services Waiver - Initial Submission
 Note: Complete this Appendix for all Prospective Years
 Waiver Cost Projection

Medicaid Eligibility Group (MEG)	Base Year (BY) Member Months	Base Year 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*	Base Year PMPM State Plan Service Costs* (Same as D13-D18)	State Plan Inflation Adjustment 44-Month Trend (Preprint Explains)	PMPM Effect of Inflation Adjustment (IxJ)	Program Adjustment Remove Rx Rebates, Adj for SPA Service Additions	PMPM Effect of Program Adjustment ((I+K)xL)	CSoc SED Waiver Population Service Costs (Preprint explains)	PMPM Effect of CSoc SED Waiver Adjustment on Base Service Costs ((I+K+M)xN)	Managed Care Adjustment Utilization Mgmt Savings (Preprint Explains)	PMPM Effect of Managed Care Adjustment ((I+K+M+O)xP)	Aggregate PMPM Effect of State Plan Service Adj. (K+M+O+Q)	Total P1 PMPM State Plan Service Cost Projection (I+R)
		Non-Disabled - Child	7,500,455	\$ 11.94	\$ -	\$ -	\$ 1.25	\$ 13.19	\$ 11.94	40.1%	\$ 4.79	58.5%	\$ 9.79	-2.9%	\$ (0.77)	-12.3%	\$ (3.18)
Non-Disabled - Adult	1,792,905	\$ 15.51	\$ -	\$ -	\$ 1.25	\$ 16.76	\$ 15.51	40.1%	\$ 6.21	0.3%	\$ 0.06	0.0%	\$ -	-12.8%	\$ (2.79)	\$ 3.49	\$ 18.99
Foster Care & Disabled Child	579,312	\$ 138.14	\$ -	\$ -	\$ 1.25	\$ 139.39	\$ 138.14	40.1%	\$ 55.35	63.9%	\$ 123.65	-2.4%	\$ (7.51)	-13.9%	\$ (42.98)	\$ 128.50	\$ 266.64
Disabled Adult	1,464,706	\$ 94.39	\$ -	\$ -	\$ 1.25	\$ 95.64	\$ 94.39	40.1%	\$ 37.82	2.8%	\$ 3.88	0.0%	\$ -	-13.4%	\$ (18.15)	\$ 23.36	\$ 117.74
CSoc SED 1915(c) Waiver	10,800	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ 1,625.61	-4.0%	\$ (64.41)	\$ 1,561.20	\$ 1,561.20
Total	11,348,178																
P1 PMPM Casemix for BY (BY MMs)		\$ 29.61	\$ -	\$ -	\$ 1.25	\$ 30.86	\$ 29.61	40.0%	\$ 11.85	32.0%	\$ 13.27	1.2%	\$ 0.66	-12.9%	\$ (7.14)	\$ 18.64	\$ 48.22

* 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.
 ** 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)	Base Year (BY) Member Months	P1 Per Member Per Month (PMPM) Costs					Prospective Year 2 (P2) Projection for State Plan Services**										
		State Plan Service Costs (same as S13-S17)	Incentive Service Costs (same as W13-W17)	1915(b)(3) Service Costs (same as AB13-AB17)	Administration Service Costs (same as AH13-AH17)	Total Actual Waiver Costs (same as AI13-AI17)	State Plan Service Cost Projection (Same as D31-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)	Inclusion of CSoc SED Waiver Population Service Costs (Preprint explains)	PMPM Effect of CSoc SED Waiver Adjustment on Base Service Costs ((I+K+M)xN)	Managed Care Adjustment [Enter Description Here] (Preprint Explains)	PMPM Effect of Program Adjustment ((I+K+M+O)xP)	Aggregate PMPM Effect of State Plan Service Adj. (K+M+O+Q)	Total P2 PMPM State Plan Service Cost Projection (I+R)
		Non-Disabled - Child	7,500,455	\$ 22.58	\$ -	\$ 0.82	\$ 7.06	\$ 30.46	\$ 22.58	8.0%	\$ 1.81	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -
Non-Disabled - Adult	1,792,905	\$ 18.99	\$ -	\$ 0.72	\$ 7.06	\$ 26.77	\$ 18.99	8.0%	\$ 1.52	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	\$ 1.52	\$ 20.51
Foster Care & Disabled Child	579,312	\$ 266.64	\$ -	\$ 11.12	\$ 7.06	\$ 284.81	\$ 266.64	8.0%	\$ 21.33	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	\$ 21.33	\$ 287.97
Disabled Adult	1,464,706	\$ 117.74	\$ -	\$ 4.70	\$ 7.06	\$ 129.49	\$ 117.74	8.0%	\$ 9.42	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	\$ 9.42	\$ 127.15
CSoc SED 1915(c) Waiver	10,800	\$ 1,561.20	\$ -	\$ -	\$ 7.06	\$ 1,568.25	\$ 1,561.20	8.0%	\$ 124.90	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	\$ 124.90	\$ 1,686.09
Total	11,348,178																
P2 PMPM Casemix for BY (BY MMs)		\$ 48.22	\$ -	\$ 1.83	\$ 7.06	\$ 57.11	\$ 48.22	8.0%	\$ 3.86	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	\$ 3.86	\$ 52.07

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Actual Waiver Cost Initial Waiver Comprehensive Version
 State of Louisiana - Behavioral Health Services Waiver - Initial Submission
 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
	Base Year PMPM	Incentive Cost	PMPM Effect of	Total P1 PMPM	PMPM amount of	1915(b)(3) Service Costs	PMPM Effect of	Adjustment for use of	Total P1 PMPM	Base Year PMPM	Administration Costs	PMPM Effect of	Administration Costs	PMPM Effect of	Total P1 PMPM	
	Incentive Costs* (Same as E13-E18)	Inflation Adjustment (Annual Year 1) (Preprint Explains)	Inflation Adjustment (UxT)	Incentive Cost Projection (T+V)	1915(b)(3) Service Costs* (Preprint Explains)	Inflation Adjustment (Annual Year 1) (Preprint Explains)	Inflation Adjustment (XxY)	MC savings to finance (B)(3) (Preprint Explains)	1915(b)(3) Service Cost Projection (X+Z+AA)	Administration Costs* (Same as G13-G18)	44-Month Trend	Inflation Adjustment (ACxAD)	PHIP Adjustment (Annual Year 1) (Preprint Explains)	PHIP Adjustment (AB+AD)xAF)	Administration Cost (AC+AE+AG)	
Non-Disabled - Child	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ 0.82	\$ 0.82	\$ 1.25	40.1%	\$ 0.50	303.5%	\$ 5.31	\$ 7.06	\$ 30.46
Non-Disabled - Adult	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ 0.72	\$ 0.72	\$ 1.25	40.1%	\$ 0.50	303.5%	\$ 5.31	\$ 7.06	\$ 26.77
Foster Care & Disabled Child	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ 11.12	\$ 11.12	\$ 1.25	40.1%	\$ 0.50	303.5%	\$ 5.31	\$ 7.06	\$ 284.81
Disabled Adult	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ 4.70	\$ 4.70	\$ 1.25	40.1%	\$ 0.50	303.5%	\$ 5.31	\$ 7.06	\$ 129.49
CSoc SED 1915(c) Waiver	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	\$ -	\$ 1.25	40.1%	\$ 0.50	303.5%	\$ 5.31	\$ 7.06	\$ 1,568.25
Total																
P1 PMPM Casemix for BY (BY MMs)	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ 1.83	\$ 1.83	\$ 1.25	40.1%	\$ 0.50	303.5%	\$ 5.31	\$ 7.06	\$ 57.11

* For comprehensive waivers, Columns
 22 Sum the CMS 84-10 WAV forms and di
 ** If additional columns are needed in or

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
	P1 PMPM	Incentive Cost	PMPM Effect of	Total P2 PMPM	P1 PMPM	1915(b)(3) Service Costs	PMPM Effect of	Adjustment for use of	Total P2 PMPM	P1 PMPM	Administration Costs	PMPM Effect of	Administration Costs	PMPM Effect of	Total P2 PMPM	
	Incentive Cost Projection (Same as E31-E35)	Inflation Adjustment (Annual Year 2) (Preprint Explains)	Inflation Adjustment (UxT)	Incentive Cost Projection (T+V)	1915(b)(3) Service Cost Projection (Same as F31-F35)	Inflation Adjustment (Annual Year 2) (Preprint Explains)	Inflation Adjustment (XxY)	MC savings to finance (B)(3) (Preprint Explains)	1915(b)(3) Service Cost Projection (X+Z+AA)	Administration Cost Projection (Same as G31-G35)	Inflation Adjustment (Annual Year 2)	Inflation Adjustment (ACxAD)	PHIP Adjustment (Annual Year 2) (Preprint Explains)	PHIP Adjustment (AB+AD)xAF)	Administration Cost Projection (AC+AE+AG)	
Non-Disabled - Child	\$ -	0.0%	\$ -	\$ -	\$ 0.82	8.0%	\$ 0.07	\$ -	\$ 0.89	\$ 7.06	8.0%	\$ 0.56	0.0%	\$ -	\$ 7.62	\$ 32.89
Non-Disabled - Adult	\$ -	0.0%	\$ -	\$ -	\$ 0.72	8.0%	\$ 0.06	\$ -	\$ 0.78	\$ 7.06	8.0%	\$ 0.56	0.0%	\$ -	\$ 7.62	\$ 28.91
Foster Care & Disabled Child	\$ -	0.0%	\$ -	\$ -	\$ 11.12	8.0%	\$ 0.89	\$ -	\$ 12.01	\$ 7.06	8.0%	\$ 0.56	0.0%	\$ -	\$ 7.62	\$ 307.60
Disabled Adult	\$ -	0.0%	\$ -	\$ -	\$ 4.70	8.0%	\$ 0.38	\$ -	\$ 5.07	\$ 7.06	8.0%	\$ 0.56	0.0%	\$ -	\$ 7.62	\$ 139.85
CSoc SED 1915(c) Waiver	\$ -	0.0%	\$ -	\$ -	\$ -	8.0%	\$ -	\$ -	\$ -	\$ 7.06	8.0%	\$ 0.56	0.0%	\$ -	\$ 7.62	\$ 1,693.71
Total																
P2 PMPM Casemix for BY (BY MMs)	\$ -	0.0%	\$ -	\$ -	\$ 1.83	8.0%	\$ 0.15	\$ -	\$ 1.98	\$ 7.06	8.0%	\$ 0.56	0.0%	\$ -	\$ 7.62	\$ 61.67

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Waiver Cost Projection Initial Comprehensive Version																		
State of Louisiana - Behavioral Health Services Waiver - Initial Submission																		
Medicaid Eligibility Group (MEG)	Base Year (BY) Member Months	P2 Per Member Per Month (PMPM) Costs					Prospective Year 3 (P3) Projection for State Plan Services**											
		P2 PMPM	P2 PMPM	P2 PMPM	P2 PMPM	P2 PMPM	P2 PMPM	State Plan	PMPM Effect of	Program Adjustment	PMPM Effect of	Inclusion of CSoc SED Waiver Population Service Costs	PMPM Effect of	Managed Care Adjustment	PMPM Effect of	Aggregate PMPM	Total P3 PMPM	
		State Plan Service Costs (same as S31-S35)	Incentive Service Costs (same as W31-W35)	1915(b)(3) Service Costs (same as AB31-AB35)	Administration Service Costs (same as AH31-AH35)	Total Actual Waiver Costs (same as AI31-AI35)	State Plan Service Cost Projection (Same as D46-D50)	Inflation Adjustment (Annual Year 3) (Preprint Explains)	Inflation Adjustment (IxJ)	[Enter Description Here] (Preprint Explains)	Program Adjustment (I+K)xL	(Preprint explains)	CSoc SED Waiver Adjustment on (I+K+M)xN	[Enter Description Here] (Preprint Explains)	Program Adjustment (I+K+M+O)xP	Effect of State Plan Service Adj. (K+M+O+Q)	Cost Projection (I+R)	
Non-Disabled - Child	7,500,455	\$ 24.39	\$ -	\$ 0.89	\$ 7.62	\$ 32.89	\$ 24.39	8.0%	\$ 1.95	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	1.95	\$ 26.34	
Non-Disabled - Adult	1,792,905	\$ 20.51	\$ -	\$ 0.78	\$ 7.62	\$ 28.91	\$ 20.51	8.0%	\$ 1.64	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	1.64	\$ 22.15	
Foster Care & Disabled Child	579,312	\$ 287.97	\$ -	\$ 12.01	\$ 7.62	\$ 307.60	\$ 287.97	8.0%	\$ 23.04	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	23.04	\$ 311.01	
Disabled Adult	1,464,706	\$ 127.15	\$ -	\$ 5.07	\$ 7.62	\$ 139.85	\$ 127.15	8.0%	\$ 10.17	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	10.17	\$ 137.33	
CSoc SED 1915(c) Waiver	10,800	\$ 1,686.09	\$ -	\$ -	\$ 7.62	\$ 1,693.71	\$ 1,686.09	8.0%	\$ 134.89	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	134.89	\$ 1,820.98	
Total	11,348,178																	
P3 PMPM Casemix for BY (BY MMs)		\$ 52.07	\$ -	\$ 1.98	\$ 7.62	\$ 61.67	\$ 52.07	8.0%	\$ 4.17	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	4.17	\$ 56.24	

P3 Per Member Per Month (PMPM) Costs																		
Prospective Year 4 (P4) Projection for State Plan Services**																		
Medicaid Eligibility Group (MEG)	Base Year (BY) Member Months	P3 PMPM	P3 PMPM	P3 PMPM	P3 PMPM	P3 PMPM	P3 PMPM	State Plan	PMPM Effect of	Program Adjustment	PMPM Effect of	Inclusion of CSoc SED Waiver Population Service Costs	PMPM Effect of	Managed Care Adjustment	PMPM Effect of	Aggregate PMPM	Total P4 PMPM	
		State Plan Service Costs (same as S46-S50)	Incentive Service Costs (same as W46-W50)	1915(b)(3) Service Costs (same as AB46-AB50)	Administration Service Costs (same as AH46-AH50)	Total Actual Waiver Costs (same as AI46-AI50)	State Plan Service Cost Projection (Same as D60-D64)	Inflation Adjustment (Annual Year 4) (Preprint Explains)	Inflation Adjustment (IxJ)	[Enter Description Here] (Preprint Explains)	Program Adjustment (I+K)xL	(Preprint explains)	CSoc SED Waiver Adjustment on (I+K+M)xN	[Enter Description Here] (Preprint Explains)	Program Adjustment (I+K+M+O)xP	Effect of State Plan Service Adj. (K+M+O+Q)	Cost Projection (I+R)	
		Non-Disabled - Child	7,500,455	\$ 26.34	\$ -	\$ 0.96	\$ 8.23	\$ 35.53	\$ 26.34	8.0%	\$ 2.11	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	2.11
Non-Disabled - Adult	1,792,905	\$ 22.15	\$ -	\$ 0.84	\$ 8.23	\$ 31.23	\$ 22.15	8.0%	\$ 1.77	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	1.77	\$ 23.93	
Foster Care & Disabled Child	579,312	\$ 311.01	\$ -	\$ 12.97	\$ 8.23	\$ 332.21	\$ 311.01	8.0%	\$ 24.88	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	24.88	\$ 335.89	
Disabled Adult	1,464,706	\$ 137.33	\$ -	\$ 5.48	\$ 8.23	\$ 151.03	\$ 137.33	8.0%	\$ 10.99	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	10.99	\$ 148.31	
CSoc SED 1915(c) Waiver	10,800	\$ 1,820.98	\$ -	\$ -	\$ 8.23	\$ 1,829.21	\$ 1,820.98	8.0%	\$ 145.68	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	145.68	\$ 1,966.66	
Total	11,348,178																	
P4 PMPM Casemix for BY (BY MMs)		\$ 56.24	\$ -	\$ 2.14	\$ 8.23	\$ 66.61	\$ 56.24	8.0%	\$ 4.50	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	4.50	\$ 60.74	

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Waiver Cost Projection Initial Comprehensive Version
 State of Louisiana - Behavioral Health Services Waiver - Initial Submission

Medicaid Eligibility Group (MEG)	Base Year (BY) Member Months	P4 Per Member Per Month (PMPM) Costs					Prospective Year 5 (P5) Projection for State Plan Services**										
		P4 PMPM State Plan Service Costs (same as S60-S64)	P4 PMPM Incentive Service Costs (same as W60-W64)	P4 PMPM 1915(b)(3) Service Costs (same as AB60-AB64)	P4 PMPM Administration Service Costs (same as AH60-AH64)	P4 PMPM Total Actual Waiver Costs (same as AI60-AI64)	P4 PMPM State Plan Service Cost Projection (Same as D74-D78)	State Plan Inflation Adjustment (Annual Year 5) (Preprint Explains)	PMPM Effect of Inflation Adjustment (IxJ)	Program Adjustment [Enter Description Here] (Preprint Explains)	PMPM Effect of Program Adjustment (I+K)xL	Inclusion of CSoc SED Waiver Population Service Costs (Preprint explains)	PMPM Effect of CSoc SED Waiver Adjustment on Base Service Costs (I+K+M)xN	Managed Care Adjustment [Enter Description Here] (Preprint Explains)	PMPM Effect of Program Adjustment (I+K+M+O)xP	Aggregate PMPM Plan Service Adj. (K+M+O+Q)	Total P5 PMPM State Plan Service Cost Projection (I+R)
Non-Disabled - Child	7,500,455	\$ 28.44	\$ -	\$ 1.04	\$ 8.89	\$ 38.37	\$ 28.44	8.0%	\$ 2.28	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	2.28	\$ 30.72
Non-Disabled - Adult	1,792,905	\$ 23.93	\$ -	\$ 0.91	\$ 8.89	\$ 33.72	\$ 23.93	8.0%	\$ 1.91	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	1.91	\$ 25.84
Foster Care & Disabled Child	579,312	\$ 335.89	\$ -	\$ 14.01	\$ 8.89	\$ 358.78	\$ 335.89	8.0%	\$ 26.87	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	26.87	\$ 362.76
Disabled Adult	1,464,706	\$ 148.31	\$ -	\$ 5.92	\$ 8.89	\$ 163.12	\$ 148.31	8.0%	\$ 11.86	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	11.86	\$ 160.18
CSoc SED 1915(c) Waiver	10,800	\$ 1,966.66	\$ -	\$ -	\$ 8.89	\$ 1,975.55	\$ 1,966.66	8.0%	\$ 157.33	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	157.33	\$ 2,123.99
Total	11,348,178																
P5 PMPM Casemix for BY (BY MMs)		\$ 60.74	\$ -	\$ 2.31	\$ 8.89	\$ 71.94	\$ 60.74	8.0%	\$ 4.86	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	\$ 4.86	\$ 65.60

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

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

Actual Waiver Cost Initial Waiver Comprehensive Version
 State of Louisiana - Behavioral Health Services Waiver - Initial Submission

Medicaid Eligibility Group (MEG)	P5 Projection for Incentive Costs not Included in Capitation Rates**				P5 Projection for 1915(b)(3) Service Costs**					P5 Projection for Administration Costs**						Total P5 PMPM
	P4 PMPM	Incentive Cost	PMPM Effect of	Total P5 PMPM	P4 PMPM	1915(b)(3) Service Costs	PMPM Effect of	Adjustment for use of	Total P5 PMPM	P4 PMPM	Administration Costs	PMPM Effect of	Administration Costs	PMPM Effect of	Total P5 PMPM	
	Incentive Cost Projection (Same as E74-E78)	Inflation Adjustment (Annual Year 5) (Preprint Explains)	Inflation Adjustment (UxT)	Incentive Cost Projection (T+V)	1915(b)(3) Service Cost Projection (Same as F74-F78)	Inflation Adjustment (Annual Year 5) (Preprint Explains)	Inflation Adjustment (XxY)	MC savings to finance (B)(3) services (Preprint Explains)	1915(b)(3) Service Cost Projection (X+Z+AA)	Administration Cost Projection (Same as G74-G78)	Inflation Adjustment (Annual Year 5)	Inflation Adjustment (ACxAD)	PHP Adjustment (Annual Year 5) (Preprint Explains)	PHP Adjustment (AB+AD)xAF)	Administration Cost Projection (AC+AE+AG)	Projected Waiver Costs (S+W+AB+AH)
Non-Disabled - Child	\$ -	0.0%	\$ -	\$ -	\$ 1.04	8.0%	\$ 0.08	\$ -	\$ 1.12	\$ 8.89	8.0%	\$ 0.71	0.0%	\$ -	\$ 9.60	\$ 41.44
Non-Disabled - Adult	\$ -	0.0%	\$ -	\$ -	\$ 0.91	8.0%	\$ 0.07	\$ -	\$ 0.98	\$ 8.89	8.0%	\$ 0.71	0.0%	\$ -	\$ 9.60	\$ 36.42
Foster Care & Disabled Child	\$ -	0.0%	\$ -	\$ -	\$ 14.01	8.0%	\$ 1.12	\$ -	\$ 15.13	\$ 8.89	8.0%	\$ 0.71	0.0%	\$ -	\$ 9.60	\$ 387.49
Disabled Adult	\$ -	0.0%	\$ -	\$ -	\$ 5.92	8.0%	\$ 0.47	\$ -	\$ 6.39	\$ 8.89	8.0%	\$ 0.71	0.0%	\$ -	\$ 9.60	\$ 176.17
cSoC SED 1915(c) Waiver	\$ -	0.0%	\$ -	\$ -	\$ -	8.0%	\$ -	\$ -	\$ -	\$ 8.89	8.0%	\$ 0.71	0.0%	\$ -	\$ 9.60	\$ 2,133.59
Total																
P5 PMPM Casemix for BY (BY MMs)	\$ -	0.0%	\$ -	\$ -	\$ 2.31	8.0%	\$ 0.18		\$ 2.49	\$ 8.89	8.0%	\$ 0.71		\$ -	\$ 9.60	\$ 77.69

Modify Line Items as necessary to fit the State Completion Sections

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Quarterly CMS Targets for RO CMS-64 Review Initial Waiver
State of Louisiana - Behavioral Health Services Waiver - Initial Submission

Projected Year 1

Medicaid Eligibility Group (MEG)	Total Projected Year 1 Member Months (P1)	P1 Projected PMPM Costs (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		
		Non-Disabled - Child	8,086,249	\$ 22.58	\$ -	\$ 0.82	\$ 7.06	
Non-Disabled - Adult	1,980,874	\$ 18.39	\$ -	\$ 0.72	\$ 7.06	\$ 26.77	\$ 18.71	
Foster Care & Disabled Child	603,977	\$ 288.64	\$ -	\$ 11.12	\$ 7.06	\$ 284.81	\$ 277.74	
Disabled Adult	1,566,580	\$ 117.74	\$ -	\$ 4.70	\$ 7.06	\$ 129.49	\$ 122.43	
CSiC SED 1915(c) Waiver	10,800	\$ 1,561.20	\$ -	\$ -	\$ 7.06	\$ 1,568.26	\$ 1,561.20	
Total	12,848,320							
P1 PMPM Casemix for P1 (P1 MMs)		\$ 48.39	\$ -	\$ 1.76	\$ 7.06	\$ 55.21		

Medicaid Eligibility Group (MEG)	Q1 (03/01/2012 - 03/31/2012) Quarterly Projected Costs				Q2 (04/12 - 06/12) Quarterly Projected Costs				Q3 (07/12 - 09/12) Quarterly Projected Costs				Q4 (10/12 - 12/12) Quarterly Projected Costs				Q5 (01/13 - 02/13) Quarterly Projected Costs				Total P1 Projected Waiver Costs
	Member Months Projections	64.9WAV/64.21UWAV Service Costs include incentives	64.10 WAV Administration Costs	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs include incentives	64.10 WAV Administration Costs	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs include incentives	64.10 WAV Administration Costs	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs include incentives	64.10 WAV Administration Costs	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs include incentives	64.10 WAV Administration Costs		
	Non-Disabled - Child	711,211	\$ 16,642,605	\$ 5,019,196	\$ 2,147,316	\$ 50,248,216	\$ 15,154,162	\$ 2,167,996	\$ 50,732,144	\$ 15,300,108	2,188,876	\$ 51,220,732	\$ 15,447,459	1,470,949	\$ 34,420,915	\$ 10,380,868	\$ 264,566,454				
Non-Disabled - Adult	163,154	\$ 3,216,403	\$ 1,151,416	\$ 491,515	\$ 9,689,792	\$ 3,468,777	\$ 484,822	\$ 9,790,968	\$ 3,480,876	497,745	\$ 9,812,526	\$ 3,512,714	333,574	\$ 6,576,076	\$ 2,354,121	\$ 53,023,486					
Foster Care & Disabled Child	49,973	\$ 13,880,287	\$ 352,869	\$ 150,305	\$ 41,748,101	\$ 1,660,762	\$ 165,895	\$ 41,912,138	\$ 1,664,904	151,484	\$ 42,075,804	\$ 1,669,062	101,316	\$ 28,141,778	\$ 715,023	\$ 172,821,490					
Disabled Adult	129,190	\$ 15,816,802	\$ 911,728	\$ 389,044	\$ 47,630,947	\$ 2,745,582	\$ 391,264	\$ 47,902,858	\$ 2,761,261	393,500	\$ 48,176,525	\$ 2,777,030	263,581	\$ 32,270,438	\$ 1,860,159	\$ 202,863,427					
CSiC SED 1915(c) Waiver	900	\$ 1,495,077	\$ 6,392	\$ 2,700	\$ 4,215,232	\$ 19,050	\$ 2,700	\$ 4,215,232	\$ 19,050	2,700	\$ 4,215,232	\$ 19,050	1,800	\$ 2,810,165	\$ 12,700	\$ 16,937,148					
Total	1,054,426	\$ 50,961,194	\$ 7,441,058	\$ 3,180,887	\$ 153,533,288	\$ 22,448,337	\$ 3,207,479	\$ 154,513,436	\$ 22,636,004	\$ 3,234,305	\$ 155,500,820	\$ 22,825,330	\$ 2,171,223	\$ 104,219,361	\$ 15,322,878	\$ 709,401,995					

Projected Year 2

Medicaid Eligibility Group (MEG)	Total Projected Year 2 Member Months (P2)	P2 Projected PMPM Costs (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		
		Non-Disabled - Child	9,120,990	\$ 24.39	\$ -	\$ 0.89	\$ 7.62	
Non-Disabled - Adult	2,887,004	\$ 20.51	\$ -	\$ 0.78	\$ 7.62	\$ 28.91	\$ 21.29	
Foster Care & Disabled Child	618,470	\$ 287.97	\$ -	\$ 12.01	\$ 7.62	\$ 307.60	\$ 299.98	
Disabled Adult	1,647,716	\$ 127.15	\$ -	\$ 5.07	\$ 7.62	\$ 139.85	\$ 132.23	
CSiC SED 1915(c) Waiver	10,800	\$ 1,686.09	\$ -	\$ -	\$ 7.62	\$ 1,693.71	\$ 1,686.09	
Total	14,284,980							
P2 PMPM Casemix for P2 (P2 MMs)		\$ 48.12	\$ -	\$ 1.82	\$ 7.62	\$ 57.58		

Medicaid Eligibility Group (MEG)	Q5 (03/01/13 - 03/31/13) Quarterly Projected Costs				Q6 (04/13 - 06/13) Quarterly Projected Costs				Q7 (07/13 - 09/13) Quarterly Projected Costs				Q8 (10/13 - 12/13) Quarterly Projected Costs				Q9 (01/14 - 02/14) Quarterly Projected Costs				Total P2 Projected Waiver Costs
	Member Months Projections	64.9WAV/64.21UWAV Service Costs include incentives	64.10 WAV Administration Costs	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs include incentives	64.10 WAV Administration Costs	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs include incentives	64.10 WAV Administration Costs	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs include incentives	64.10 WAV Administration Costs	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs include incentives	64.10 WAV Administration Costs		
	Non-Disabled - Child	739,007	\$ 18,676,561	\$ 5,632,590	\$ 2,231,240	\$ 56,389,037	\$ 17,006,148	\$ 2,252,728	\$ 56,932,106	\$ 17,169,930	2,274,424	\$ 57,480,405	\$ 17,335,289	1,623,591	\$ 41,032,216	\$ 12,374,745	\$ 300,029,028				
Non-Disabled - Adult	167,313	\$ 3,562,271	\$ 1,275,231	\$ 504,050	\$ 10,731,760	\$ 3,841,763	\$ 507,232	\$ 10,799,512	\$ 3,866,038	510,434	\$ 10,867,692	\$ 3,890,445	1,197,976	\$ 25,506,208	\$ 9,130,779	\$ 83,471,718					
Foster Care & Disabled Child	50,758	\$ 15,226,201	\$ 386,867	\$ 152,670	\$ 45,797,469	\$ 1,163,623	\$ 153,266	\$ 45,976,311	\$ 1,168,167	153,864	\$ 46,155,852	\$ 1,172,728	107,913	\$ 32,371,523	\$ 822,496	\$ 190,241,237					
Disabled Adult	132,166	\$ 17,475,715	\$ 1,007,349	\$ 398,007	\$ 52,626,821	\$ 3,033,546	\$ 400,280	\$ 52,927,164	\$ 3,050,871	402,566	\$ 53,229,422	\$ 3,068,294	314,697	\$ 41,610,845	\$ 2,398,566	\$ 230,428,393					
CSiC SED 1915(c) Waiver	900	\$ 1,517,484	\$ 6,360	\$ 2,700	\$ 4,352,451	\$ 20,570	\$ 2,700	\$ 4,352,451	\$ 20,570	2,700	\$ 4,352,451	\$ 20,570	1,800	\$ 3,034,967	\$ 13,719	\$ 18,292,120					
Total	1,080,144	\$ 56,458,231	\$ 8,308,996	\$ 3,288,666	\$ 170,097,330	\$ 25,965,676	\$ 3,316,206	\$ 171,187,544	\$ 25,275,984	\$ 3,343,986	\$ 172,285,822	\$ 25,487,335	\$ 3,245,977	\$ 143,556,760	\$ 24,740,309	\$ 822,462,497					

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

State Completion Sections

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 2 **Quarterly CMS Targets for RO CMS-64 Review Renewal**
 3 **State of Louisiana - Behavioral Health Services Waiver - Initial Submission**
 4 **Projection for Upcoming Waiver Period**
 5 **Projections for RO CMS-64 Certification - Aggregate Cost**
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Projected Year 1 - 03/01/12 - 02/28/13

Waiver Form	Medicaid Eligibility Group (MEG)	Q1 Quarterly Projected Costs Start 3/1/2012	Q2 Quarterly Projected Costs Start 4/1/2012	Q3 Quarterly Projected Costs Start 7/1/12	Q4 Quarterly Projected Costs Start 10/1/2012	Q5 Quarterly Projected Costs Start 1/1/2013
64.9 Waiver Form	Non-Disabled - Child	\$ 16,642,665	\$ 50,248,216	\$ 50,732,144	\$ 51,220,732	\$ 34,420,915
64.9 Waiver Form	Non-Disabled - Adult	\$ 3,216,403	\$ 9,688,792	\$ 9,750,080	\$ 9,812,326	\$ 6,576,076
64.9 Waiver Form	Foster Care & Disabled Child	\$ 13,980,247	\$ 41,748,101	\$ 41,912,134	\$ 42,076,804	\$ 28,141,779
64.9 Waiver Form	Disabled Adult	\$ 15,816,822	\$ 47,630,847	\$ 47,952,959	\$ 48,176,525	\$ 32,270,436
64.9 Waiver Form	CSoc SED 1915(c) Waiver	\$ 1,405,077	\$ 4,215,232	\$ 4,215,232	\$ 4,215,232	\$ 2,810,155
64.10 Waiver Form		\$ 50,961,194	\$ 153,533,288	\$ 22,636,004	\$ 22,825,320	\$ 15,322,878

Projected Year 2 - 03/01/13 - 02/28/14

Waiver Form	Medicaid Eligibility Group (MEG)	Q5 Quarterly Projected Costs Start 3/1/2013	Q6 Quarterly Projected Costs Start 4/1/2013	Q7 Quarterly Projected Costs Start 7/1/13	Q8 Quarterly Projected Costs Start 10/1/2013	Q9 Quarterly Projected Costs Start 1/1/2014
64.9 Waiver Form	Non-Disabled - Child	\$ 18,676,561	\$ 56,389,037	\$ 56,932,106	\$ 57,480,406	\$ 41,032,216
64.9 Waiver Form	Non-Disabled - Adult	\$ 3,562,271	\$ 10,731,760	\$ 10,799,512	\$ 10,867,692	\$ 25,506,208
64.9 Waiver Form	Foster Care & Disabled Child	\$ 15,226,201	\$ 45,797,469	\$ 45,976,311	\$ 46,155,852	\$ 32,371,523
64.9 Waiver Form	Disabled Adult	\$ 17,475,715	\$ 52,626,621	\$ 52,927,164	\$ 53,229,422	\$ 41,810,846
64.9 Waiver Form	CSoc SED 1915(c) Waiver	\$ 1,517,484	\$ 4,552,451	\$ 4,552,451	\$ 4,552,451	\$ 3,034,967
64.10 Waiver Form		\$ 56,458,231	\$ 170,097,339	\$ 25,275,584	\$ 25,487,335	\$ 24,740,306

Row # / Column Letter W X Y Z AA AB AC AD AE AF AG AH AI AF AG AH AI

Quarterly CMS Targets for RO Cost-Effectiveness Monitoring
 State of Louisiana - Behavioral Health Services Waiver - Initial Submission
 Projection for Upcoming Waiver Period
 Worksheet for RO PMPM Cost-Effectiveness Monitoring

Projected Year 1 - 03/01/12 - 02/28/13

State Completion Section - For Waiver Submission	
Waiver Form	Medicaid Eligibility Group (MEG)
P1 Projected PMPM From Column I (services)	
From Column G (Administration)	
64.9 Waiver Form	Non-Disabled - Child
64.9 Waiver Form	Non-Disabled - Adult
64.9 Waiver Form	Foster Care & Disabled Child
64.9 Waiver Form	Disabled Adult
64.9 Waiver Form	CSoc SED 1915(c) Waiver
64.10 Waiver Form	All MEGS

RO Completion Section - For ongoing monitoring		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			Q5 Quarterly Actual Costs					
Waiver Form	Medicaid Eligibility Group (MEG)	Member Months Actuals Start 3/1/2012	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals Start 4/1/2012	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals Start 7/1/12	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals Start 10/1/2012	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals Start 1/1/2013	Actual Aggregate Waiver Form Costs	Actual PMPM Costs
64.9 Waiver Form	Non-Disabled - Child			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9 Waiver Form	Non-Disabled - Adult			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9 Waiver Form	Foster Care & Disabled Child			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9 Waiver Form	Disabled Adult			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9 Waiver Form	CSoc SED 1915(c) Waiver			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.10 Waiver Form	All MEGS			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

Projected Year 2 - 03/01/13 - 02/28/14

State Completion Section - For Waiver Submission	
Waiver Form	Medicaid Eligibility Group (MEG)
P1 Projected PMPM From Column I (services)	
From Column G (Administration)	
64.9 Waiver Form	Non-Disabled - Child
64.9 Waiver Form	Non-Disabled - Adult
64.9 Waiver Form	Foster Care & Disabled Child
64.9 Waiver Form	Disabled Adult
64.9 Waiver Form	CSoc SED 1915(c) Waiver
64.10 Waiver Form	All MEGS

RO Completion Section - For ongoing monitoring		RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring					
Q6 Quarterly Actual Costs		Q6 Quarterly Actual Costs			Q7 Quarterly Actual Costs			Q8 Quarterly Actual Costs			Q9 Quarterly Actual Costs					
Waiver Form	Medicaid Eligibility Group (MEG)	Member Months Actuals Start 3/1/2013	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals Start 4/1/2013	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals Start 7/1/13	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals Start 10/1/2013	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Member Months Actuals Start 1/1/2014	Actual Aggregate Waiver Form Costs	Actual PMPM Costs
64.9 Waiver Form	Non-Disabled - Child			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9 Waiver Form	Non-Disabled - Adult			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9 Waiver Form	Foster Care & Disabled Child			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9 Waiver Form	Disabled Adult			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.9 Waiver Form	CSoc SED 1915(c) Waiver			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
64.10 Waiver Form	All MEGS			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!

Row # / Column Letter

Quarterly CMS Targets for RO CMS-64 Review Initial Waiver
State of Louisiana - Behavioral Health Services Waiver - Initial Submission

Projected Year 3

Medicaid Eligibility Group (MEG)	Total Projected Year 3 Member Months (P3)	P3 Projected PMPM Costs (Totals weighted on Projected Year 3 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	
Non-Disabled - Child	9,962,454	\$ 26.34	\$ -	\$ 0.96	\$ 8.23	\$ 35.53	\$ 27.29
Non-Disabled - Adult	7,294,373	\$ 22.15	\$ -	\$ 0.84	\$ 8.23	\$ 31.23	\$ 22.99
Foster Care & Disabled Child	653,400	\$ 311.01	\$ -	\$ 12.97	\$ 8.23	\$ 332.21	\$ 323.98
Disabled Adult	1,915,476	\$ 137.33	\$ -	\$ 5.48	\$ 8.23	\$ 151.03	\$ 142.80
CS&C SED 1915(c) Waiver	10,800	\$ 1,820.98	\$ -	\$ -	\$ 8.23	\$ 1,829.21	\$ 1,820.98
Total	19,834,504						
P3 PMPM Casemix for P3 (P3 MMs)		\$ 45.84	\$ -	\$ 1.75	\$ 8.23	\$ 55.84	

Medicaid Eligibility Group (MEG)	Q3 (03/01/14 - 03/31/14) Quarterly Projected Costs			Q4 (04/14 - 06/14) Quarterly Projected Costs			Q1 (07/14-09/14) Quarterly Projected Costs			Q2 (10/14 - 12/14) Quarterly Projected Costs			Q3 (01/15-02/15) Quarterly Projected Costs			Total P3 Projected Waiver Costs
	Member Months Projections	64.9WAV/64.21UWAV Service Costs Include Incentives	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs Include Incentives	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs Include Incentives	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs Include Incentives	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs Include Incentives	64.10 WAV Administration Costs	
Non-Disabled - Child	815,694	\$ 22,263,809	\$ 6,714,455	2,462,777	\$ 67,219,809	\$ 20,272,550	2,486,495	\$ 67,867,119	\$ 20,467,799	2,510,442	\$ 68,520,794	\$ 20,664,917	1,687,046	\$ 48,040,753	\$ 13,887,059	\$ 353,825,138
Non-Disabled - Adult	600,876	\$ 13,816,754	\$ 4,946,167	1,810,208	\$ 41,624,595	\$ 14,900,881	1,821,636	\$ 41,887,362	\$ 14,994,954	1,833,137	\$ 42,151,827	\$ 15,089,621	1,228,516	\$ 28,248,956	\$ 10,112,635	\$ 227,773,761
Foster Care & Disabled Child	54,062	\$ 17,514,717	\$ 445,014	162,607	\$ 52,680,884	\$ 1,338,516	163,242	\$ 52,866,607	\$ 1,343,743	163,880	\$ 53,053,133	\$ 1,348,991	109,609	\$ 35,510,567	\$ 902,253	\$ 217,064,414
Disabled Adult	157,797	\$ 22,533,916	\$ 1,298,918	475,192	\$ 67,858,918	\$ 3,911,581	477,906	\$ 68,246,491	\$ 3,933,920	480,635	\$ 68,636,236	\$ 3,956,386	321,947	\$ 45,975,114	\$ 2,650,135	\$ 289,001,655
CS&C SED 1915(c) Waiver	900	\$ 1,638,882	\$ 7,408	2,700	\$ 4,916,647	\$ 22,225	2,700	\$ 4,916,647	\$ 22,225	1,800	\$ 3,277,766	\$ 14,817	2,700	\$ 4,916,647	\$ 22,225	\$ 19,755,489
Total	1,629,328	\$ 77,768,077	\$ 13,411,950	4,913,484	\$ 234,300,890	\$ 40,445,761	4,951,980	\$ 235,804,300	\$ 40,762,639	4,989,894	\$ 236,679,751	\$ 41,074,731	3,349,818	\$ 160,698,026	\$ 27,574,307	\$ 1,107,520,441

Projected Year 4

Medicaid Eligibility Group (MEG)	Total Projected Year 4 Member Months (P4)	P4 Projected PMPM Costs (Totals weighted on Projected Year 4 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	
Non-Disabled - Child	10,351,818	\$ 28.44	\$ -	\$ 1.04	\$ 8.89	\$ 38.37	\$ 29.48
Non-Disabled - Adult	7,480,330	\$ 23.93	\$ -	\$ 0.91	\$ 8.89	\$ 33.72	\$ 24.83
Foster Care & Disabled Child	663,666	\$ 335.69	\$ -	\$ 14.01	\$ 8.89	\$ 358.78	\$ 349.89
Disabled Adult	1,957,562	\$ 148.31	\$ -	\$ 5.52	\$ 8.89	\$ 163.12	\$ 154.23
CS&C SED 1915(c) Waiver	10,800	\$ 1,866.06	\$ -	\$ -	\$ 8.89	\$ 1,875.95	\$ 1,866.68
Total	26,484,176						
P4 PMPM Casemix for P4 (P4 MMs)		\$ 49.25	\$ -	\$ 1.88	\$ 8.89	\$ 60.02	

Medicaid Eligibility Group (MEG)	Q3 (03/01/15-03/31/15) Quarterly Projected Costs			Q4 (04/15-06/15) Quarterly Projected Costs			Q1 (07/15-09/15) Quarterly Projected Costs			Q2 (10/15-12/15) Quarterly Projected Costs			Q3 (01/16-02/16) Quarterly Projected Costs			Total P4 Projected Waiver Costs
	Member Months Projections	64.9WAV/64.21UWAV Service Costs Include Incentives	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs Include Incentives	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs Include Incentives	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs Include Incentives	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs Include Incentives	64.10 WAV Administration Costs	
Non-Disabled - Child	847,574	\$ 24,984,663	\$ 7,535,028	2,559,030	\$ 75,434,720	\$ 22,750,061	2,583,675	\$ 76,161,213	\$ 22,969,161	2,608,558	\$ 76,894,700	\$ 23,190,371	1,792,981	\$ 51,674,110	\$ 15,584,193	\$ 397,178,227
Non-Disabled - Adult	616,194	\$ 15,302,504	\$ 5,478,030	1,856,356	\$ 46,100,594	\$ 16,603,211	1,868,076	\$ 46,391,638	\$ 16,607,400	1,879,869	\$ 46,684,520	\$ 16,712,246	1,259,835	\$ 31,286,638	\$ 11,200,072	\$ 252,266,856
Foster Care & Disabled Child	54,911	\$ 19,213,101	\$ 488,167	165,162	\$ 57,789,296	\$ 1,468,311	165,807	\$ 58,014,967	\$ 1,474,045	166,455	\$ 58,241,520	\$ 1,479,801	111,331	\$ 38,853,979	\$ 989,743	\$ 238,112,930
Disabled Adult	161,432	\$ 24,897,339	\$ 1,435,153	486,140	\$ 74,976,208	\$ 4,321,839	488,916	\$ 75,404,385	\$ 4,346,521	491,708	\$ 75,835,007	\$ 4,371,343	329,365	\$ 50,797,120	\$ 2,928,089	\$ 319,313,003
CS&C SED 1915(c) Waiver	900	\$ 1,769,993	\$ 8,001	2,700	\$ 3,309,979	\$ 24,003	2,700	\$ 3,309,979	\$ 24,003	2,700	\$ 3,309,979	\$ 24,003	1,800	\$ 3,539,986	\$ 16,002	\$ 21,335,928
Total	1,681,011	\$ 86,167,601	\$ 14,944,377	5,069,386	\$ 259,610,797	\$ 45,067,425	5,109,175	\$ 261,282,183	\$ 45,421,130	5,149,291	\$ 262,965,729	\$ 45,777,765	3,455,311	\$ 176,251,838	\$ 30,719,100	\$ 1,228,206,845

Projected Year 5

Medicaid Eligibility Group (MEG)	Total Projected Year 5 Member Months (P5)	P5 Projected PMPM Costs (Totals weighted on Projected Year 5 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	
Non-Disabled - Child	10,756,399	\$ 30.72	\$ -	\$ 1.12	\$ 9.60	\$ 41.44	\$ 31.84
Non-Disabled - Adult	7,671,026	\$ 25.84	\$ -	\$ 0.98	\$ 9.60	\$ 36.42	\$ 28.82
Foster Care & Disabled Child	674,094	\$ 362.76	\$ -	\$ 15.13	\$ 9.60	\$ 387.49	\$ 377.89
Disabled Adult	2,002,864	\$ 160.18	\$ -	\$ 6.39	\$ 9.60	\$ 176.17	\$ 166.57
CS&C SED 1915(c) Waiver	10,800	\$ 2,129.89	\$ -	\$ -	\$ 9.60	\$ 2,139.59	\$ 2,129.99
Total	21,114,983						
P5 PMPM Casemix for P5 (P5 MMs)		\$ 53.19	\$ -	\$ 2.03	\$ 9.60	\$ 64.82	

Medicaid Eligibility Group (MEG)	Q17 (03/01/16-03/31/16) Quarterly Projected Costs			Q18 (04/16-06/16) Quarterly Projected Costs			Q19 (07/16-09/16) Quarterly Projected Costs			Q20 (10/16-12/16) Quarterly Projected Costs			Q21 (01/17-02/17) Quarterly Projected Costs			Total P5 Projected Waiver Costs
	Member Months Projections	64.9WAV/64.21UWAV Service Costs Include Incentives	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs Include Incentives	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs Include Incentives	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs Include Incentives	64.10 WAV Administration Costs	Member Months Projections	64.9WAV/64.21UWAV Service Costs Include Incentives	64.10 WAV Administration Costs	
Non-Disabled - Child	880,700	\$ 28,038,033	\$ 8,455,880	2,859,045	\$ 84,953,578	\$ 25,530,340	2,884,653	\$ 85,468,894	\$ 25,776,216	2,710,509	\$ 81,291,989	\$ 26,024,460	1,821,493	\$ 57,889,196	\$ 17,488,734	\$ 445,717,279
Non-Disabled - Adult	631,932	\$ 15,348,022	\$ 5,067,097	1,903,885	\$ 51,057,893	\$ 18,277,844	1,915,895	\$ 51,380,250	\$ 18,393,238	1,927,793	\$ 51,708,628	\$ 18,509,857	1,291,952	\$ 34,650,870	\$ 12,404,445	\$ 279,203,756
Foster Care & Disabled Child	55,774	\$ 21,076,176	\$ 535,504	167,757	\$ 63,393,063	\$ 1,610,692	168,412	\$ 63,640,620	\$ 1,616,862	169,070	\$ 63,889,141	\$ 1,623,296	113,080	\$ 42,731,307	\$ 1,085,718	\$ 261,202,500
Disabled Adult	165,152	\$ 27,598,646	\$ 1,585,676	497,341	\$ 83,839,934	\$ 4,775,127	500,181	\$ 84,313,020	\$ 4,802,397	503,017	\$ 84,788,807	\$ 4,829,622	336,953	\$ 56,124,872	\$ 3,235,195	\$ 352,803,495
CS&C SED 1915(c) Waiver	900	\$ 1,911,892	\$ 8,611	2,700	\$ 5,734,777	\$ 25,924	2,700	\$ 5,734,777	\$ 25,924	2,700	\$ 5,734,777	\$ 25,924	1,800	\$ 6,829,188	\$ 17,282	\$ 23,042,803
Total	1,734,428	\$ 65,482,469	\$ 16,652,788	5,230,923	\$ 287,619,264	\$ 80,219,828	5,271,843	\$ 289,537,523	\$ 80,614,754	5,313,109	\$ 291,409,330	\$ 81,012,859	3,965,276	\$ 156,319,620	\$ 34,231,974	\$ 1,364,159,833

Row # / Column Letter P Q R S T U V
 2 Quarterly CMS Targets for RO CMS-64 Review Renewal
 3 State of Louisiana - Behavioral Health Services Waiver - Initial Submission
 4 Projection for Upcoming Waiver Period
 5 Projections for RO CMS-64 Certification - Aggregate Cost
 6
 7
 8
 9
 10
 11
 12
 13
 14
 15
 16

17 Projected Year 3 - 03/01/14 - 02/28/15

Waiver Form	Medicaid Eligibility Group (MEG)	Q9 Quarterly Projected Costs Start 3/1/2014	Q10 Quarterly Projected Costs Start 4/1/2014	Q11 Quarterly Projected Costs Start 7/1/14	Q12 Quarterly Projected Costs Start 10/1/2014	Q13 Quarterly Projected Costs Start 1/1/2015
64.9 Waiver Form	Non-Disabled - Child	\$ 22,263,809	\$ 67,219,805	\$ 67,867,182	\$ 68,520,794	\$ 46,046,753
64.9 Waiver Form	Non-Disabled - Adult	\$ 13,816,754	\$ 41,624,595	\$ 41,887,382	\$ 42,151,827	\$ 29,248,956
64.9 Waiver Form	Foster Care & Disabled Child	\$ 17,514,717	\$ 52,680,884	\$ 52,886,607	\$ 53,093,133	\$ 35,510,557
64.9 Waiver Form	Disabled Adult	\$ 22,533,916	\$ 67,858,959	\$ 68,246,491	\$ 68,636,235	\$ 45,975,114
64.9 Waiver Form	CSoc SED 1915(c) Waiver	\$ 1,638,882	\$ 4,916,647	\$ 4,916,647	\$ 3,277,765	\$ 4,916,647
64.10 Waiver Form		\$ 77,768,077	\$ 40,445,761	\$ 40,762,639	\$ 41,074,731	\$ 27,574,307

41 Projected Year 4 - 03/01/15 - 02/28/16

Waiver Form	Medicaid Eligibility Group (MEG)	Q13 Quarterly Projected Costs Start 3/1/2015	Q14 Quarterly Projected Costs Start 4/1/2015	Q15 Quarterly Projected Costs Start 7/1/2015	Q16 Quarterly Projected Costs Start 10/1/15	Q17 Quarterly Projected Costs Start 1/1/2016
64.9 Waiver Form	Non-Disabled - Child	\$ 24,984,663	\$ 75,434,720	\$ 76,161,213	\$ 76,894,703	\$ 51,674,115
64.9 Waiver Form	Non-Disabled - Adult	\$ 15,302,504	\$ 46,100,595	\$ 46,381,639	\$ 46,664,520	\$ 31,286,638
64.9 Waiver Form	Foster Care & Disabled Child	\$ 19,213,101	\$ 57,789,296	\$ 58,014,967	\$ 58,241,520	\$ 38,953,979
64.9 Waiver Form	Disabled Adult	\$ 24,897,339	\$ 74,976,208	\$ 75,494,385	\$ 75,835,007	\$ 50,797,120
64.9 Waiver Form	CSoc SED 1915(c) Waiver	\$ 1,769,993	\$ 5,309,979	\$ 5,309,979	\$ 5,309,979	\$ 3,539,986
64.10 Waiver Form		\$ 86,167,601	\$ 45,067,425	\$ 45,421,130	\$ 45,777,765	\$ 30,718,100

67 Projected Year 5 - 03/01/16 - 02/28/17

Waiver Form	Medicaid Eligibility Group (MEG)	Q17 Quarterly Projected Costs Start 3/1/2016	Q18 Quarterly Projected Costs Start 4/1/2016	Q19 Quarterly Projected Costs Start 7/1/16	Q20 Quarterly Projected Costs Start 10/1/2016	Q21 Quarterly Projected Costs Start 1/1/2017
64.9 Waiver Form	Non-Disabled - Child	\$ 28,038,033	\$ 84,653,578	\$ 85,468,856	\$ 86,291,985	\$ 57,989,198
64.9 Waiver Form	Non-Disabled - Adult	\$ 16,848,022	\$ 51,057,909	\$ 51,360,290	\$ 51,704,626	\$ 34,650,970
64.9 Waiver Form	Foster Care & Disabled Child	\$ 21,076,176	\$ 63,393,065	\$ 63,640,620	\$ 63,889,141	\$ 42,731,307
64.9 Waiver Form	Disabled Adult	\$ 27,508,646	\$ 82,839,934	\$ 83,313,020	\$ 83,788,807	\$ 56,124,872
64.9 Waiver Form	CSoc SED 1915(c) Waiver	\$ 1,911,292	\$ 5,734,777	\$ 5,734,777	\$ 5,734,777	\$ 3,823,185
64.10 Waiver Form		\$ 85,482,469	\$ 50,219,925	\$ 50,614,724	\$ 51,012,859	\$ 34,231,374

Row # / Column Letter	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AF	AG	AH	AI	
Quarterly CMS Targets for RO Cost-Effectiveness Monitoring State of Louisiana - Behavioral Health Services Waiver - Initial Submission Projection for Upcoming Waiver Period Worksheet for RO PMPM Cost-Effectiveness Monitoring																		
Projected Year 3 - 03/01/14 - 02/28/15																		
State Completion Section - For Waiver Submission																		
7	Waiver Form	Medicaid Eligibility Group (MEG)	P3 Projected PMPM From Column I (services)															
8			From Column G (Administration)															
9	64.9 Waiver Form	Non-Disabled - Child	\$	27.29														
10	64.9 Waiver Form	Non-Disabled - Adult	\$	22.99														
11	64.9 Waiver Form	Foster Care & Disabled Child	\$	323.96														
12	64.9 Waiver Form	Disabled Adult	\$	323.96														
13	64.9 Waiver Form	CSoc SED 1915(c) Waiver	\$	1,620.99														
14	64.10 Waiver Form	All MEGS	\$	8.23														
15	Projected Year 3 - 03/01/14 - 02/28/15																	
RO Completion Section - For ongoing monitoring																		
Q9 Quarterly Projected Costs																		
Q10 Quarterly Projected Costs																		
Q11 Quarterly Projected Costs																		
Q12 Quarterly Projected Costs																		
Q13 Quarterly Projected Costs																		
18	Waiver Form	Medicaid Eligibility Group (MEG)	Member Months Actuals	Actual Aggregate	Actual PMPM Costs	Member Months Actuals	Actual Aggregate	Actual PMPM Costs	Member Months Actuals	Actual Aggregate	Actual PMPM Costs	Member Months Actuals	Actual Aggregate	Actual PMPM Costs	Member Months Actuals	Actual Aggregate	Actual PMPM Costs	
19			Start 3/1/2014	Waiver Form Costs		Start 4/1/2014	Waiver Form Costs		Start 7/1/14	Waiver Form Costs		Start 10/1/2014	Waiver Form Costs		Start 1/1/2015	Waiver Form Costs		
20	64.9 Waiver Form	Non-Disabled - Child			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!	
21	64.9 Waiver Form	Non-Disabled - Adult			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!	
22	64.9 Waiver Form	Foster Care & Disabled Child			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!	
23	64.9 Waiver Form	Disabled Adult			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!	
24	64.9 Waiver Form	CSoc SED 1915(c) Waiver			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!	
25	64.10 Waiver Form	All MEGS			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!	
26	Projected Year 4 - 03/01/15 - 02/28/16																	
State Completion Section - For Waiver Submission																		
27	Waiver Form	Medicaid Eligibility Group (MEG)	P4 Projected PMPM From Column I (services)															
28			From Column G (Administration)															
29	64.9 Waiver Form	Non-Disabled - Child	\$	29.48														
30	64.9 Waiver Form	Non-Disabled - Adult	\$	24.83														
31	64.9 Waiver Form	Foster Care & Disabled Child	\$	349.89														
32	64.9 Waiver Form	Disabled Adult	\$	349.89														
33	64.9 Waiver Form	CSoc SED 1915(c) Waiver	\$	1,966.66														
34	64.10 Waiver Form	All MEGS	\$	8.93														
35	Projected Year 4 - 03/01/15 - 02/28/16																	
RO Completion Section - For ongoing monitoring																		
Q13 Quarterly Projected Costs																		
Q14 Quarterly Projected Costs																		
Q15 Quarterly Projected Costs																		
Q16 Quarterly Projected Costs																		
Q17 Quarterly Projected Costs																		
38	Waiver Form	Medicaid Eligibility Group (MEG)	Member Months Actuals	Actual Aggregate	Actual PMPM Costs	Member Months Actuals	Actual Aggregate	Actual PMPM Costs	Member Months Actuals	Actual Aggregate	Actual PMPM Costs	Member Months Actuals	Actual Aggregate	Actual PMPM Costs	Member Months Actuals	Actual Aggregate	Actual PMPM Costs	
39			Start 3/1/2015	Waiver Form Costs		Start 4/1/2015	Waiver Form Costs		Start 7/1/2015	Waiver Form Costs		Start 10/1/15	Waiver Form Costs		Start 1/1/2016	Waiver Form Costs		
40	64.9 Waiver Form	Non-Disabled - Child			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!	
41	64.9 Waiver Form	Non-Disabled - Adult			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!	
42	64.9 Waiver Form	Foster Care & Disabled Child			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!	
43	64.9 Waiver Form	Disabled Adult			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!	
44	64.9 Waiver Form	CSoc SED 1915(c) Waiver			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!	
45	64.10 Waiver Form	All MEGS			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!	
46	Projected Year 5 - 03/01/16 - 02/28/17																	
State Completion Section - For Waiver Submission																		
47	Waiver Form	Medicaid Eligibility Group (MEG)	P5 Projected PMPM From Column I (services)															
48			From Column G (Administration)															
49	64.9 Waiver Form	Non-Disabled - Child	\$	31.84														
50	64.9 Waiver Form	Non-Disabled - Adult	\$	26.82														
51	64.9 Waiver Form	Foster Care & Disabled Child	\$	377.89														
52	64.9 Waiver Form	Disabled Adult	\$	377.89														
53	64.9 Waiver Form	CSoc SED 1915(c) Waiver	\$	2,123.99														
54	64.10 Waiver Form	All MEGS	\$	9.60														
55	Projected Year 5 - 03/01/16 - 02/28/17																	
RO Completion Section - For ongoing monitoring																		
Q17 Quarterly Projected Costs																		
Q18 Quarterly Projected Costs																		
Q19 Quarterly Projected Costs																		
Q20 Quarterly Projected Costs																		
Q21 Quarterly Projected Costs																		
58	Waiver Form	Medicaid Eligibility Group (MEG)	Member Months Actuals	Actual Aggregate	Actual PMPM Costs	Member Months Actuals	Actual Aggregate	Actual PMPM Costs	Member Months Actuals	Actual Aggregate	Actual PMPM Costs	Member Months Actuals	Actual Aggregate	Actual PMPM Costs	Member Months Actuals	Actual Aggregate	Actual PMPM Costs	
59			Start 3/1/2016	Waiver Form Costs		Start 4/1/2016	Waiver Form Costs		Start 7/1/16	Waiver Form Costs		Start 10/1/2016	Waiver Form Costs		Start 1/1/2017	Waiver Form Costs		
60	64.9 Waiver Form	Non-Disabled - Child			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!	
61	64.9 Waiver Form	Non-Disabled - Adult			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!	
62	64.9 Waiver Form	Foster Care & Disabled Child			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!	
63	64.9 Waiver Form	Disabled Adult			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!	
64	64.9 Waiver Form	CSoc SED 1915(c) Waiver			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!	
65	64.10 Waiver Form	All MEGS			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!	

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Cost Effectiveness Summary Sheet Initial Waiver
State of Louisiana - Behavioral Health Services Waiver - Initial Submission

Medicaid Eligibility Group (MEG)	Base Year Member Months	Base Year Per Member Per Month (PMPM) Costs				
		BY PMPM State Plan Service Costs	BY PMPM Incentive Costs	BY PMPM 1915(b)(3) Service Costs (\$ in initial)	BY PMPM Administration Costs	BY PMPM Total Actual Waiver Costs
Non-Disabled - Child	7,500,455	\$ 11.94	\$ -	\$ -	\$ 1.25	\$ 13.19
Non-Disabled - Adult	1,792,905	\$ 15.51	\$ -	\$ -	\$ 1.25	\$ 16.76
Foster Care & Disabled Child	579,312	\$ 138.14	\$ -	\$ -	\$ 1.25	\$ 139.39
Disabled Adult	1,464,705	\$ 94.39	\$ -	\$ -	\$ 1.25	\$ 95.64
CSoc SED 1915(c) Waiver	-	\$ -	\$ -	\$ -	\$ -	\$ -
Total	11,337,378					
BY Overall PMPM for BY (BY MMs)		\$ 29.61	\$ -	\$ -	\$ 1.25	\$ 30.86
Total Base Year Expenditures						\$349,819,604

Medicaid Eligibility Group (MEG)	Projected Year 1 Member Months (P1)	P1 Projected PMPM Costs (Totals weighted on Projected Year 1 Member Months)					Overall BY 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	
Non-Disabled - Child	8,686,349	\$ 22.58	\$ -	\$ 0.82	\$ 7.06	\$ 30.46	25.6%
Non-Disabled - Adult	1,980,614	\$ 18.99	\$ -	\$ 0.72	\$ 7.06	\$ 26.77	13.6%
Foster Care & Disabled Child	603,977	\$ 266.64	\$ -	\$ 11.12	\$ 7.06	\$ 284.81	21.5%
Disabled Adult	1,566,580	\$ 117.74	\$ -	\$ 4.70	\$ 7.06	\$ 129.49	8.6%
CSoc SED 1915(c) Waiver	10,800	\$ 1,561.20	\$ -	\$ -	\$ 7.06	\$ 1,568.25	0.0%
Total	12,848,320						
P1 Weighted Average PMPM Casemix for BY (BY MMs)		\$ 46.78	\$ -	\$ 1.83	\$ 7.06	\$ 55.67	17.5%
P1 Weighted Average PMPM Casemix for P1 (P1 MMs)		\$ 46.39	\$ -	\$ 1.76	\$ 7.06	\$ 55.21	17.2%
Total Projected Waiver Expenditures P1 including casemix							\$709,401,995

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)	Overall BY to P2 Change (monthly)	Overall BY to P2 Change (annualized)
		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			
Non-Disabled - Child	9,120,990	\$ 24.39	\$ -	\$ 0.89	\$ 7.62	\$ 32.89	8.0%	1.6%	21.6%
Non-Disabled - Adult	2,887,004	\$ 20.51	\$ -	\$ 0.78	\$ 7.62	\$ 28.91	8.0%	1.0%	12.4%
Foster Care & Disabled Child	618,470	\$ 287.97	\$ -	\$ 12.01	\$ 7.62	\$ 307.60	8.0%	1.4%	18.5%
Disabled Adult	1,847,716	\$ 127.15	\$ -	\$ 5.07	\$ 7.62	\$ 139.85	8.0%	0.7%	8.5%
CSoc SED 1915(c) Waiver	10,800	\$ 1,686.09	\$ -	\$ -	\$ 7.62	\$ 1,693.71	8.0%	0.0%	0.0%
Total	14,284,981								
P2 Weighted Average PMPM Casemix for BY (BY MMs)		\$ 50.52	\$ -	\$ 1.98	\$ 7.62	\$ 60.12	8.0%	1.2%	15.4%
P2 Weighted Average PMPM Casemix for P2 (P2 MMs)		\$ 48.12	\$ -	\$ 1.83	\$ 7.62	\$ 57.58	4.3%	1.1%	14.3%
Total Projected Waiver Expenditures P2 including casemix									\$822,462,497

Medicaid Eligibility Group (MEG)	Projected Year 3 Member Months (P3)	P3 Projected PMPM Costs (Totals weighted on Projected Year 3 Member Months)					Overall P2 to P3 Change (annual)	Overall BY to P3 Change (monthly)	Overall BY to P3 Change (annualized)
		P3 PMPM State Plan Service Cost Projection	P3 PMPM Incentive Cost Projection	P3 PMPM 1915(b)(3) Service Cost Projection	P3 PMPM Administration Cost Projection	P3 PMPM Projected Waiver Costs			
Non-Disabled - Child	9,962,454	\$ 26.34	\$ -	\$ 0.96	\$ 8.23	\$ 35.53	8.0%	1.5%	19.1%
Non-Disabled - Adult	7,294,373	\$ 22.15	\$ -	\$ 0.84	\$ 8.23	\$ 31.23	8.0%	0.9%	11.6%
Foster Care & Disabled Child	653,400	\$ 311.01	\$ -	\$ 12.97	\$ 8.23	\$ 332.21	8.0%	1.3%	16.6%
Disabled Adult	1,913,476	\$ 137.33	\$ -	\$ 5.48	\$ 8.23	\$ 151.03	8.0%	0.7%	8.4%
CSoc SED 1915(c) Waiver	10,800	\$ 1,820.98	\$ -	\$ -	\$ 8.23	\$ 1,829.21	8.0%	0.0%	0.0%
Total	19,834,504								
P3 Weighted Average PMPM Casemix for BY (BY MMs)		\$ 54.56	\$ -	\$ 2.14	\$ 8.23	\$ 64.93	8.0%	1.1%	14.0%
P3 Weighted Average PMPM Casemix for P3 (P3 MMs)		\$ 45.86	\$ -	\$ 1.75	\$ 8.23	\$ 55.84	-3.0%	0.9%	11.0%
Total Projected Waiver Expenditures P3 including casemix									\$1,107,520,446

Medicaid Eligibility Group (MEG)	Projected Year 4 Member Months (P4)	P4 Projected PMPM Costs (Totals weighted on Projected Year 4 Member Months)					Overall P3 to P4 Change (annual)	Overall BY to P4 Change (monthly)	Overall BY to P4 Change (annualized)
		P4 PMPM State Plan Service Cost Projection	P4 PMPM Incentive Cost Projection	P4 PMPM 1915(b)(3) Service Cost Projection	P4 PMPM Administration Cost Projection	P4 PMPM Projected Waiver Costs			
Non-Disabled - Child	10,351,818	\$ 28.44	\$ -	\$ 1.04	\$ 8.89	\$ 38.37	8.0%	1.3%	17.4%
Non-Disabled - Adult	7,480,330	\$ 23.93	\$ -	\$ 0.91	\$ 8.89	\$ 33.72	8.0%	0.9%	11.1%
Foster Care & Disabled Child	663,666	\$ 335.89	\$ -	\$ 14.01	\$ 8.89	\$ 358.78	8.0%	1.2%	15.2%
Disabled Adult	1,957,562	\$ 148.31	\$ -	\$ 5.92	\$ 8.89	\$ 163.12	8.0%	0.7%	8.3%
CSoc SED 1915(c) Waiver	10,800	\$ 1,966.66	\$ -	\$ -	\$ 8.89	\$ 1,975.55	8.0%	0.0%	0.0%
Total	20,464,176								
P4 Weighted Average PMPM Casemix for BY (BY MMs)		\$ 58.92	\$ -	\$ 2.31	\$ 8.89	\$ 70.12	8.0%	1.0%	13.1%
P4 Weighted Average PMPM Casemix for P4 (P4 MMs)		\$ 49.25	\$ -	\$ 1.88	\$ 8.89	\$ 60.02	7.5%	0.8%	10.5%
Total Projected Waiver Expenditures P4 including casemix									\$1,228,206,945

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Cost Effectiveness Summary Sheet Initial Waiver
State of Louisiana - Behavioral Health Services Waiver - Initial Submission

74 75 76 77 78 79 80 81 82 83 84 85 86 87	B Medicaid Eligibility Group (MEG)	C Projected Year 5 Member Months (P5)	D P5 Projected PMPM Costs (Totals weighted on Projected Year 5 Member Months)					E Overall P4 to P5 Change (annual)	F Overall BY to P5 Change (monthly)	G Overall BY to P5 Change (annualized)
			H P5 PMPM State Plan Service Cost Projection	I P5 PMPM Incentive Cost Projection	J P5 PMPM 1915(b)(3) Service Cost Projection	K P5 PMPM Administration Cost Projection	L P5 PMPM Projected Waiver Costs			
78	Non-Disabled - Child	10,756,399	\$ 30.72	\$ -	\$ 1.12	\$ 9.60	\$ 41.44	8.0%	1.3%	16.1%
79	Non-Disabled - Adult	7,671,026	\$ 25.84	\$ -	\$ 0.98	\$ 9.60	\$ 36.42	8.0%	0.8%	10.7%
80	Foster Care & Disabled Child	674,094	\$ 362.76	\$ -	\$ 15.13	\$ 9.60	\$ 387.49	8.0%	1.1%	14.3%
81	Disabled Adult	2,002,664	\$ 160.18	\$ -	\$ 6.39	\$ 9.60	\$ 176.17	8.0%	0.7%	8.3%
82	CSoc SED 1915(c) Waiver	10,800	\$ 2,123.99	\$ -	\$ -	\$ 9.60	\$ 2,133.59	8.0%	0.0%	0.0%
83	Total	21,114,983								
84	P5 Weighted Average PMPM Casemix for BY (BY MMs)		\$ 63.64	\$ -	\$ 2.49	\$ 9.60	\$ 75.73	8.0%	1.0%	12.4%
85	P5 Weighted Average PMPM Casemix for P5 (P5 MMs)		\$ 52.90	\$ -	\$ 2.01	\$ 9.60	\$ 64.51	7.5%	0.8%	10.1%
86	Total Projected Waiver Expenditures P5 including casemix									\$1,362,159,832
88										
89										
90										
91										
92	Non-Disabled - Child	48,878,010								
93	Non-Disabled - Adult	27,313,348								
94	Foster Care & Disabled Child	3,213,608								
95	Disabled Adult	9,087,998								
96	CSoc SED 1915(c) Waiver	54,000								
97	Total	88,546,964								
98										
99										
100	Total Projected Waiver Expenditures P1 + P2 + P3 + P4 + P5 including casemix									\$5,229,751,714