

State of Texas

Appendix D1. Member Months

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Estimated Member Month Calculations

State of Texas - MH Rehab Initial Waiver Submission

Enrollment Projections for the Time Period 07/01/11 - 06/30/13 (Year 1 and 2)

Medicaid Eligibility Group (MEG)	All Regions											
	Base Year (BY)	Projected Quarter 1	Projected Quarter 2	Projected Quarter 3	Projected Quarter 4	Projected Year 1	Projected Quarter 5	Projected Quarter 6	Projected Quarter 7	Projected Quarter 8	Projected Year 2	Total Projected
	SFY2009	7/1/11-9/30/11	10/1/11-12/31/11	1/1/12-3/31/12	4/1/12-6/30/12	(P1)	7/1/12-9/30/12	10/1/12-12/31/12	1/1/13-3/31/13	4/1/13-6/30/13	(P2)	(H+M)
MH REHAB	213,399	61,556	62,716	63,897	65,100	253,269	66,327	67,576	68,849	70,146	272,898	526,167
<b>Total Member Months</b>	<b>213,399</b>	<b>61,556</b>	<b>62,716</b>	<b>63,897</b>	<b>65,100</b>	<b>253,269</b>	<b>66,327</b>	<b>67,576</b>	<b>68,849</b>	<b>70,146</b>	<b>272,898</b>	<b>526,167</b>
<b>Quarterly % Increase</b>			1.88%	1.88%	1.88%			1.88%	1.88%	1.88%		
<b>Annualized % Increase Base Year to Year 1 to Year 2</b>						18.68%					7.75%	

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

State Completion Sections

State of [State Name]

Appendix D2.S Services in Waiver Cost

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

State of Texas

Base Year MH Rehab Initial Waiver

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

State Plan Services							
Service Category	State Plan Approved Services	1915(b)(3) Services	MCO Capitated Reimbursement	FFS services Impacted by MCO	Fee-for Service Reimbursement	PIHP Capitated Reimbursement	PIHP Fee-for Service Reimbursement
Inpatient Hospital (includes psych)							
IHS Inpatient							
Mental Health Facility							
Skilled Nursing Home							
ICF-MR Public							
ICF-MR Private							
ICF-Other							
Physician Services (includes psych)							
Outpatient Hospital (includes psych)							
IHS Outpatient							
Prescribed Drugs							
Dental Services							
Other Practitioners (includes psych)							
Clinic Services							
Lab or Radiology (includes psych)							
Home Health Services							
Sterilizations							
EPSDT Screening							
Rural Health Clinic							
FQHC							
Tribal 638							
HCBS Waivers							
Personal Care							
Other Care Services							
Family Planning							
Targeted Case Mgmt - MR Waiver							
Individualized Alternative or Enhanced Services							
PCCM Case Management Fees							
Managed Care Capitated Services							
Targeted Case Mgmt - MH/SA							
Mental Health Rehabilitation	X				X		

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

State Completion Sections

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**FFS Administration in Actual Waiver Cost (Comprehensive and Expedited)**

**State of Texas**

**Base Year MH Rehab Initial 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		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	
C.	DRUG CLAIMS SYSTEM		90% FFP	
3	SKILLED PROFESSIONAL MEDICAL PERSONNEL		75% FFP	
4	OPERATION OF AN APPROVED MMIS*:		75% FFP	
A.	COSTS OF IN-HOUSE ACTIVITIES PLUS OTHER STATE AGENCIES AND INSTITUTIONS		75% FFP	
B.	COST OF PRIVATE SECTOR CONTRACTORS		75% FFP	
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	
B.	ASSIGNMENT OF RIGHTS - BILLING OFFSET		50% FFP	
8	IMMIGRATION STATUS VERIFICATION SYSTEM COSTS		100% FFP	
9	NURSE AIDE TRAINING COSTS		50% FFP	
10	PREADMISSION SCREENING COSTS		75% FFP	
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	
20	Total			1,449,687 2,195,140

\*Allocation basis is \_\_\_% of Medicaid costs OR \_\_\_% of Medicaid eligibles OR \_X\_ other, please explain:See below.

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**

The State allocates the administrative costs based upon all waivers cost as a percentage of the total Medicaid caseload and costs, distributed to waiver/non-waiver, and the type of waiver for unduplicated client counts. These percentages are applied to individual cost categories within the total allocation amount, as applicable to the MH Rehab program.

Row # /  
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Actual Waiver Cost MH Rehab Initial Waiver Comprehensive Version  
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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)
MH REHAB	213,399		\$ 50,330,094	\$ 50,330,094			\$ 2,195,140	\$ 52,525,234
<b>Total</b>	<b>213,399</b>	<b>\$ -</b>	<b>\$ 50,330,094</b>	<b>\$ 50,330,094</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,195,140</b>	<b>\$ 52,525,234</b>
<b>BY Overall PMPM for BY (BY MMs)</b>								

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

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Actual Waiver Cost MH Rehab Initial Waiver Comprehensive Version  
State of Texas

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Medicaid Eligibility Group (MEG)	Base Year Member Months	Base Year (BY) 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)		
MH REHAB	213,399	\$ 235.85	\$ -	\$ -	\$ 10.29	\$ 246.14	
<b>Total</b>	<b>213,399</b>						
<b>BY Overall PMPM for BY (BY MMs)</b>		<b>\$ 235.85</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 10.29</b>	<b>\$ 246.14</b>	

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

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**Adjustments and Services in Waiver Cost Projection (Comprehensive and Expedited)**

**State of Texas**

**Prospective Years 1 and 2 (P1 and P2)**

**MH Rehab Initial Waiver**

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Adjustments to the Waiver Cost Projection	Adjustments Made	Location of Adjustment
State Plan Trend	P1-10.24%, P2-3.5%	Appendix D5, J13 & J30
State Plan Programmatic/policy/pricing changes		
Administrative Cost Adjustment	P1-5.77%, P2-2.0%	Appendix D5, Y13, & Y30
1915(b)(3) Service Trend		
Incentives (not in cap payment) Adjustments		
Changes in GME rates or methodology		
Payments/Recoupments not processed through MMIS		
Copayments		
Third Party Liability		
Pharmacy Rebate Factor Adjustment		
Disproportionate Share Hospital (DSH)		
Population Biased Selection (Voluntary Populations)		
FQHC and RHC Cost-Settlement Exclusion		
Adjustments associated with Special Notes		
Other		

State Completion Sections

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

Actual Waiver Cost MH Rehab Initial Waiver Comprehensive Version

State of Texas

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 (Annual Year 1) (Preprint Explains)	PMPM Effect of Inflation Adjustment (txJ)	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)
MH REHAB	213,399	\$ 235.85	\$ -	\$ -	\$ 10.29	\$ 246.14	\$ 235.85	10.24%	\$ 24.15		\$ -	\$ 24.15	\$ 260.00
Total	213,399												
P1 PMPM Casemix for BY (BY MMs)		\$ 235.85	\$ -	\$ 0.00	\$ 10.29	\$ 246.14	\$ 235.85	10.24%	\$ 24.15	0.0%	\$ -	\$ 24.15	\$ 260.00

\* 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)	Base Year (BY) 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 (txJ)	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)
MEG 1	213,399	\$ 260.00	\$ -	\$ 0.00	\$ 10.88	\$ 270.88	\$ 260.00	3.5%	\$ 9.10		\$ -	\$ 9.10	\$ 269.10
Total	213,399												
P2 PMPM Casemix for BY (BY MMs)		\$ 260.00	\$ -	\$ 0.25	\$ 10.88	\$ 271.14	\$ 260.00	3.5%	\$ 9.10	0.0%	\$ -	\$ 9.10	\$ 269.10

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

Row # / Column Letter                      B                      P                      Q                      R                      S                      T                      U                      V                      W                      X                      Y                      Z                      AA                      AB

Actual Waiver Cost MH Rehab Initial Waiver Comprehensive Version

State of Texas

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)
	Base Year 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)	PMPM amount of Savings from State Plan (Preprint Explains)	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)	Base Year 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)	
MH REHAB	\$ -		\$ -	\$ -	\$ 0.00		\$ -	\$ 0.00	\$ 10.29	5.77%	\$ 0.59	\$ 10.88	\$ 270.88
Total													
P1 PMPM Casemix for BY (BY MMs)	\$ -	0.0%	\$ -	\$ -	\$ 0.25	0.0%	\$ -	\$ 0.25	\$ 10.29	5.77%	\$ 0.59	\$ 10.88	\$ 271.14

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)	PMPM Effect of Inflation Adjustment (XxY)	Total P2 PMPM Administration Cost Projection (X+Z)	
MEG 1	\$ -		\$ -	\$ -	\$ 0.00		\$ -	\$ 0.00	\$ 10.88	2.0%	\$ 0.22	\$ 11.10	\$ 280.20
Total													
P2 PMPM Casemix for BY (BY MMs)	\$ -	0.0%	\$ -	\$ -	\$ 0.25	0.0%	\$ -	\$ 0.25	\$ 10.88	2.0%	\$ 0.22	\$ 11.10	\$ 280.45

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

Row # / Column Letter

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Quarterly CMS Targets for RO CMS-64 Review MH Rehab Initial Waiver  
State of Texas

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	
MH REHAB	253,269	\$ 260.00	\$ -	\$ 0.00	\$ 10.88	\$ 270.88	\$ 260.00
Total	253,269	\$ 260.00	\$ -	\$ 0.00	\$ 10.88	\$ 270.88	
P1 PMPM Casemix for P1 (P1 MMs)		\$ 260.00	\$ -	\$ 0.00	\$ 10.88	\$ 270.88	

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	64.9WAV/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	
MH REHAB	61,556	\$ 16,004,611.96	\$ 669,734.60	62,716	\$ 16,306,212.94	\$ 682,355.50	63,897	\$ 16,613,273.94	\$ 695,204.89	65,100	\$ 16,926,054.95	\$ 708,293.63	\$ 68,605,742.41
Total	61,556	\$ 16,004,611.96	\$ 669,734.60	62,716	\$ 16,306,212.94	\$ 682,355.50	63,897	\$ 16,613,273.94	\$ 695,204.89	65,100	\$ 16,926,054.95	\$ 708,293.63	\$ 68,605,742.41

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	
MH REHAB	272,898	\$ 269.10	\$ -	\$ 0.00	\$ 11.10	\$ 280.20	\$ 269.10
Total	272,898	\$ 269.10	\$ -	\$ 0.00	\$ 11.10	\$ 280.20	
P2 PMPM Casemix for P2 (P2 MMs)		\$ 269.10	\$ -	\$ 0.00	\$ 11.10	\$ 280.20	

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	64.9WAV/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	
MH REHAB	66,327	\$ 17,848,653.39	\$ 736,076.37	67,576	\$ 18,184,760.37	\$ 749,937.38	68,849	\$ 18,527,325.78	\$ 764,064.74	70,146	\$ 18,876,349.61	\$ 778,458.44	\$ 76,465,626.07
Total	66,327	\$ 17,848,653.39	\$ 736,076.37	67,576	\$ 18,184,760.37	\$ 749,937.38	68,849	\$ 18,527,325.78	\$ 764,064.74	70,146	\$ 18,876,349.61	\$ 778,458.44	\$ 76,465,626.07

State of [State Name]

Appendix D6. RO Targets

P Q R S T U

Quarterly CMS Targets for RO CMS-64 Review Renewal

State of Texas

Projection for Upcoming MH Rehab Initial Waiver Period  
 Projections for RO CMS-64 Certification - Aggregate Cost

Projected Year 1 - 07/01/11 - 06/30/12

Waiver Form	Medicaid Eligibility Group (MEG)	Q1 Quarterly Projected Costs Start 7/1/2011	Q2 Quarterly Projected Costs Start 10/1/2011	Q3 Quarterly Projected Costs Start 1/1/2012	Q4 Quarterly Projected Costs Start 4/1/2012
64.9 Waiver Form	MH REHAB	\$ 16,004,611.96	\$ 16,306,212.94	\$ 16,613,273.94	\$ 16,926,054.95
64.10 Waiver Form		\$ 669,734.60	\$ 682,355.50	\$ 695,204.89	\$ 708,293.63

Projected Year 2 - 07/01/12 - 06/30/13

Waiver Form	Medicaid Eligibility Group (MEG)	Q5 Quarterly Projected Costs Start 7/1/2012	Q6 Quarterly Projected Costs Start 10/1/2012	Q7 Quarterly Projected Costs Start 1/1/2013	Q8 Quarterly Projected Costs Start 4/1/2013
64.9 Waiver Form	MH REHAB	\$ 17,848,653.39	\$ 18,184,760.37	\$ 18,527,325.78	\$ 18,876,349.61
64.10 Waiver Form		\$ 736,076.37	\$ 749,937.38	\$ 764,064.74	\$ 778,458.44

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Quarterly CMS Targets for RO Cost-Effectiveness Monitoring

State of Texas

Projection for Upcoming MH Rehab Initial Waiver Period

Projections for RO CMS-64 Certification - Aggregate Cost

Projected Year 1 - 07/01/11 - 06/30/12

Waiver Form	Medicaid Eligibility Group (MEG)	State Completion Section - For Waiver Submission											
		P1 Projected PMPM From Column I (services) From Column G (Administration)			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring		
64.9 Waiver Form	MH REHAB	\$	260.00										
64.10 Waiver Form	All MEGS	\$	10.8										

  

Waiver Form	Medicaid Eligibility Group (MEG)	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 Start 7/1/2011	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Actual Aggregate Waiver Form Costs	Member Months Actuals Start 10/1/2011	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Actual Aggregate Waiver Form Costs	Member Months Actuals Start 1/1/2012	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Actual Aggregate Waiver Form Costs	Member Months Actuals Start 4/1/2012	Actual Aggregate Waiver Form Costs	Actual PMPM Costs
64.9 Waiver Form	MH REHAB			#DIV/0!			#DIV/0!			#DIV/0!				#DIV/0!
64.10 Waiver Form	All MEGS			#DIV/0!			#DIV/0!			#DIV/0!				#DIV/0!

Projected Year 2 - 07/01/12 - 06/30/13

Waiver Form	Medicaid Eligibility Group (MEG)	State Completion Section - For Waiver Submission											
		P1 Projected PMPM From Column I (services) From Column G (Administration)			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring			RO Completion Section - For ongoing monitoring		
64.9 Waiver Form	MH REHAB	\$	269.1										
64.10 Waiver Form	All MEGS	\$	11.1										

  

Waiver Form	Medicaid Eligibility Group (MEG)	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 Start 7/1/2012	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Actual Aggregate Waiver Form Costs	Member Months Actuals Start 10/1/2012	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Actual Aggregate Waiver Form Costs	Member Months Actuals Start 1/1/2013	Actual Aggregate Waiver Form Costs	Actual PMPM Costs	Actual Aggregate Waiver Form Costs	Member Months Actuals Start 4/1/2013	Actual Aggregate Waiver Form Costs	Actual PMPM Costs
64.9 Waiver Form	MH REHAB			#DIV/0!			#DIV/0!			#DIV/0!				#DIV/0!
64.10 Waiver Form	All MEGS			#DIV/0!			#DIV/0!			#DIV/0!				#DIV/0!

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**Cost Effectiveness Summary Sheet MH Rehab Initial Waiver**  
**State of Texas**

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 (0 in initial)	BY PMPM Administration Costs	BY PMPM Total Actual Waiver Costs
MH REHAB	213,399	\$ 235.85	\$ -	\$ -	\$ 10.29	\$ 246.14
<b>Total</b>	<b>213,399</b>					
<b>BY Overall PMPM for BY (BY MMs)</b>		<b>\$ 235.85</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 10.29</b>	<b>\$ 246.14</b>
<b>Total Base Year Expenditures</b>						<b>\$52,525,234</b>

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	
MH REHAB	253,269	\$ 260.00	\$ -	\$ 0.00	\$ 10.88	\$ 270.88	10.1%
<b>Total</b>	<b>253,269</b>						
<b>P1 Weighted Average PMPM Casemix for BY (BY MMs)</b>		<b>\$ 260.00</b>	<b>\$ -</b>	<b>\$ 0.00</b>	<b>\$ 10.88</b>	<b>\$ 270.88</b>	<b>10.1%</b>
<b>P1 Weighted Average PMPM Casemix for P1 (P1 MMs)</b>		<b>\$ 260.00</b>	<b>\$ -</b>	<b>\$ 0.00</b>	<b>\$ 10.88</b>	<b>\$ 270.88</b>	<b>10.1%</b>
<b>Total Projected Waiver Expenditures P1 including casemix</b>							<b>\$68,605,742</b>

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	
MH REHAB	272,898	\$ 269.10	\$ -	\$ 0.00	\$ 11.10	\$ 280.20	3.4%
<b>Total</b>	<b>272,898</b>						
<b>P2 Weighted Average PMPM Casemix for P1 (P1 MMs)</b>		<b>\$ 269.10</b>	<b>\$ -</b>	<b>\$ 0.00</b>	<b>\$ 11.10</b>	<b>\$ 280.20</b>	<b>3.4%</b>
<b>P2 Weighted Average PMPM Casemix for P2 (P2 MMs)</b>		<b>\$ 269.10</b>	<b>\$ -</b>	<b>\$ 0.00</b>	<b>\$ 11.10</b>	<b>\$ 280.20</b>	<b>3.4%</b>
<b>Total Projected Waiver Expenditures P2 including casemix</b>							<b>\$76,465,626</b>

Medicaid Eligibility Group (MEG)	Projected Year 1 and 2 Member Months (P1 + P2)	Overall BY to P2 Change (monthly)	Overall BY to P2 Change (annualized)
MH REHAB	526,167	0.3%	3.4%
<b>Total</b>	<b>526,167</b>		
<b>P2 Weighted Average PMPM Casemix for BY (BY MMs)</b>		<b>0.3%</b>	<b>3.4%</b>
<b>P2 Weighted Average PMPM Casemix for P2 (P2 MMs)</b>		<b>0.3%</b>	<b>3.4%</b>
<b>Total Projected Waiver Expenditures P2 + P1 including casemix</b>			<b>\$145,071,368</b>

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.

NUMBER OF MONTHS OF DATA	
BY	12
Gap (end of BY to P1)	23
P1	12
P2	12
TOTAL	59
(Months-12)	47