



**DRAFT FOR PUBLIC COMMENT**

**June 27, 2013**

Jennifer Sheer  
Project Officer  
Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
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Baltimore, MD 21244-1850

Mr. James Scott  
Associate Regional Administrator  
Centers for Medicare & Medicaid Services  
Kansas City Regional Office  
Division of Medicaid and Children's Health Operations  
601 East 12th Street, Room 355  
Kansas City, MO 64106

RE: Amendment to the KanCare Medicaid Section 1115 Demonstration, 11-W-00283/7

Dear Ms. Sheer and Mr. Scott:

The State of Kansas, Department of Health and Environment (KDHE) requests approval of an amendment to the KanCare Section 1115 demonstration project (11-W-00283/7), which was approved by the Centers for Medicare & Medicaid Services (CMS) on December 27, 2012. The KanCare demonstration is effective from January 1, 2013, through December 31, 2017.

As required by the KanCare Special Terms and Conditions (STCs), this request includes: (i) a detailed description of the proposed amendment, including the impact on beneficiaries, the changes to evaluation design, and the necessary waiver and expenditure authority; (ii) an explanation of the public process used by the State to reach a decision regarding the requested amendment; and (iii) a data analysis that identifies the specific "with waiver" impact of the proposed amendment on the current budget neutrality agreement. Because the proposed changes will not affect children in the CHIP program, KDHE is not including a CHIP Allotment Neutrality Worksheet.

**I. Proposed Amendment**

The State requests CMS approval to implement three changes to KanCare, effective January 1, 2014: (1) provide long term supports and services (LTSS) for individuals with intellectual or developmental disabilities through KanCare managed care plans; (2) establish three pilot programs to support employment and alternatives

to Medicaid; and (3) change the timeline for the Delivery System Reform Incentive Payment (DSRIP) Pool. Each initiative is detailed below.

#### A. Long Term Services and Supports for Individuals with Intellectual or Developmental Disabilities

Under the current waiver, specialized services for individuals with intellectual or developmental disabilities are carved out from the Medicaid managed care organization (MCO) benefit package and are paid on a fee-for-service basis. The carved-out services are LTSS authorized through the Intellectual Disabilities/Developmental Disabilities (ID/DD) waiver (KS-0224) and State Plan Targeted Case Management (TCM), screening services, and positive behavioral supports for the ID/DD population.

The current waiver also authorizes KDHE to operate a voluntary ID/DD Services pilot program in demonstration year (DY) 1 to help prepare members, providers, and the MCOs transition to the provision of LTSS through KanCare. The pilot has functioned well in its first few months and appears to be meeting objectives. Working with a steering committee of stakeholders, the State plans to expand the pilot in July to include a collaborative service planning process.

The State now requests CMS approval to no longer carve out these specialized services and to provide LTSS to individuals with intellectual or developmental disabilities through the KanCare managed care plans. Inclusion in managed care will provide a more robust set of care management resources and more complete integration of all services (LTSS as well as physical and behavioral health).

Kansas state law provides several protections to ensure a smooth transition for individuals with intellectual or developmental disabilities enrolled in KanCare. For example, under state law adopted this legislative session covering state fiscal years 2014 and 2015, enrollees may keep their targeted case managers, provided those case managers are employed with the community developmental disabilities organizations (CDDOs) or CDDO subcontractors. In addition, as required by state law:

- Enrollees may keep current LTSS providers on their approved service plans, even if those providers are not in the network, for 180 days from January 1, 2014, or until a service plan is completed and either agreed upon by the enrollee or resolved through the appeals or a fair hearing process and implemented.
- Enrollees using ID/DD residential providers may access those providers up to one year from January 1, 2014, regardless of contracting status.
- The MCOs must comply with the specific powers and duties of the CDDOs provided in Kansas law. They also must contract with at least two providers serving each county for each covered LTSS in the benefit package for the enrollees with intellectual or developmental disabilities (unless the county has an insufficient number of providers), and must make at least three contract offers to all LTSS providers to such enrollees at or above the state-set fee for service rate.
- In 2014, the State will conduct an educational tour to provide information for enrollees with intellectual or developmental disabilities and LTSS providers. The State also will review, in the first 180 days of 2014, each MCO's ID/DD service planning process, and will conduct, in 2014 and 2015, training for each MCO to ensure that they understand the DD services system.
- The Kansas Department for Aging and Disabilities Services (KDADS) will, in fiscal years 2014 and 2015, review and approve all plans of care for ID/DD waiver members for which a reduction, suspension or termination of services is proposed.

The State believes that including these services in KanCare will result in better access to services and improved quality of care for KanCare enrollees with intellectual or developmental disabilities. Moreover, it will result in

stable reimbursement rates for providers and will give the MCOs a compelling financial incentive to keep individuals in a home environment rather than a more costly acute-care facility.

The draft KanCare evaluation design submitted to CMS in April incorporated measures related to LTSS for members with intellectual or developmental disabilities. For more information, please see the draft evaluation design at [www.kancare.ks.gov/download/KanCare\\_Draft\\_Evaluation\\_Design.pdf](http://www.kancare.ks.gov/download/KanCare_Draft_Evaluation_Design.pdf).

## **B. Pilot Programs to Support Employment and Alternatives to Medicaid**

KDHE requests CMS approval to implement three pilot programs designed to support Kansans who might otherwise be enrolled in Medicaid. These programs will aid in the transition from Medicaid to independence, while preserving relationships with providers.

### *i. Social Security Alternative Pilot*

KDHE will establish a pilot program to provide health care coverage and employment support services to individuals who meet Social Security Administration (SSA) criteria for disability, as an alternative to Social Security benefits and Medicaid. The pilot is designed to provide the supports necessary to enable these individuals to become employed, maintain employment, and avoid long-term dependence on the Social Security system.

**Target Population.** The Social Security Alternative Pilot will enroll up to 200 individuals over the age of 18 who meet the SSA criteria for disability, but who have not yet been determined eligible for Supplemental Security Income (SSI) or Social Security Disability (SSDI) cash benefits or Medicaid coverage.

**Services.** The program will offer the following services:

- Benefits planning through the Kansas Medicaid Buy-in program, *Working Healthy*. Benefits specialists will be available to discuss the pilot and other options, provide individual benefit plans, and explain the impact of employment on benefits.
- For individuals with a demonstrated need, funding for personal care and employment support services in the form of a monthly allocation, capped at \$1,500 per month, which will allow participants to directly manage their funds and give them flexibility in purchasing support services that best meet their needs.
- “Medicaid-like” health care coverage while seeking employment with the same physical, behavioral, and pharmaceutical benefits provided to Medicaid eligible individuals under the Kansas Medicaid State Plan.
- Assistance in obtaining employment, provided by Kansas Rehabilitation Services (Vocational Rehabilitation) and Kansas Workforce Centers.

**Eligibility.** Participants in the Pilot must be individuals age 18 and above who meet the Social Security disability criteria as determined by a Presumptive Medical Disability Team (PMDT) who are employed or willing to seek employment. Once employed, a participant in the Pilot must earn at least the federal minimum wage or greater, have Federal Insurance Contributions Act (FICA) taxes withheld, and have gross monthly earnings that equal or exceed the SSA Substantial Gainful Activity (SGA) level. Self-employed individuals must have net earnings that equal or exceed the SSA SGA level and demonstrate proof of paying the Self-Employment Contributions Act (SECA) tax. Participants must also be eligible for, or enrolled in, an employer provided health insurance plan or, if self-employed, must be enrolled in a private health insurance plan. They also must be employed in a competitive, integrated work setting, as defined by the State.

**Cost sharing.** Cost sharing will be consistent with *Working Healthy*.

**Safety Net.** Pilot participants who do not meet these minimum employment levels within six months will be removed from the waiver and will receive an expedited PMDT determination for other medical program eligibility. Those who become too ill to continue working will also receive an expedited PMDT determination. Participants who become unemployed but intend to return to work may be eligible to remain in the program for four months after the employment ends.

**Evaluation.** KDHE will evaluate the Social Security Alternative Pilot by measuring income compared to SSI/SSDI cash benefits; cost avoidance to the Social Security system; improved health and quality of life as reported by participants; and program satisfaction.

*ii. SSI Employment Support Pilot*

KDHE will establish a pilot program to promote employment for individuals with intellectual disabilities, developmental disabilities, and physical disabilities, by providing personal and employment support services to those individuals who are employed.

**Eligibility.** The SSI Employment Support Pilot will be available to up to 400 individuals between the ages of 16 and 60 who are currently on the waiting lists for the Home and Community-Based Services (HCBS) ID/DD and the Physical Disability (PD) waivers. Participants in the program must be employed in a competitive, integrated work setting (as defined by the State) for at least 40 hours per month, earn at least federal minimum wage or better, and have FICA withheld from earnings. Those who are self-employed must have net earnings equal to or greater than the federal minimum wage times 40 hours per month and show proof of paying SECA.

**Services.** The program will offer the following services (similar to the Social Security Alternative Pilot):

- Benefits planning through the Kansas Medicaid Buy-in program, *Working Healthy*. Benefits specialists will be available to discuss the pilot and other options, provide individual benefit plans, and explain the impact of employment on benefits.
- Funding for personal care and employment support services in the form of a monthly allocation of \$1,500, which will allow participants to directly manage their funds and give them flexibility in purchasing services that best meet their needs.
- Medicaid services under KanCare or, if eligible for employer-sponsored health insurance, Medicaid wrap-around services as long as the participant remains eligible for Medicaid. Pilot participants whose income results in a loss of SSI benefits will be able to access *Working Healthy* and personal/employment support services through the Work Opportunities Reward Kansans Program (*WORK*).
- Assistance in obtaining employment, which will be provided by Kansas Rehabilitation Services (Vocational Rehabilitation), Community Developmental Disability Organizations, Centers for Independent Living, and Kansas Workforce Centers.

**Cost Sharing.** Because participants are SSI recipients, there will be no premium, cost-sharing, or spenddown required.

**Safety Net.** Participants who leave the pilot for any reason will return to the HCBS waiting list with the same request date he or she had prior to joining the pilot. If individuals from the waiting list with the same date are now accepted into the waiver, the pilot participants will also be offered waiver services. Pilot participants who

become unemployed, but intend to return to work, may retain program eligibility for four months after the employment ends.

**Evaluation.** KDHE will evaluate the SSI Employment Support Pilot by assessing whether the pilot results in lower physical and behavioral health costs; improved health and quality of life as reported by participants; increased earnings and taxes paid; decreased reliance on benefits; and program satisfaction.

### *iii. Health Account Pilot*

KDHE also seeks to implement a pilot program that offers an alternative to transitional Medicaid, using a Health Account model, to determine whether this model more effectively transitions participants to private health insurance through KanCare MCOs or health benefit exchanges.

**Description.** The Health Account Pilot will provide up to 500 individuals eligible for TransMed, the Kansas transitional Medicaid program, the option of purchasing health care with a pre-loaded debit card worth \$2,000 instead of enrolling in TransMed. Participants can use the debit card to purchase qualifying health services or pay health insurance premiums, co-pays, and deductibles. Participants may also purchase basic health coverage through a KanCare MCO.

**Eligibility and Enrollment.** The option to join the Health Account Pilot would be available at the time of an individual's Medicaid open enrollment. Only individuals who have lost eligibility for Family Medical Assistance because of an increase in earnings, but who retain eligibility for TransMed, would be able to enroll in the Pilot. Participants can renew the debit cards annually during open enrollment for up to three years of funding, for a total of \$6,000. Moreover, participants would retain the balance in their accounts even if their income would make them otherwise ineligible for Medicaid during the time they are participating.

**Waiver and Safety Net.** Individuals who elect this option would waive their right to Medicaid eligibility for one year after their participation in the pilot ends. However, there would be exceptions to the waiver for certain qualifying events, such as loss of employment or change in household composition, including pregnancy. If the participant becomes disabled and receives SSI or SSDI or turns age 65, they may qualify for Medicaid under the Kansas Medicare Savings program.

**Evaluation.** KDHE will evaluate the Health Account Pilot by assessing whether participants successfully transition to employer-based health insurance.

### C. Timeline for Delivery System Reform Incentive Payment (DSRIP) Pool

Under the current waiver, CMS has approved a DSRIP Pool of funds in DY 2 through DY 5 (2014-2017) for the development of a program of activity that supports participating hospitals' efforts to enhance access to health care, quality of care, and the health of the patients and families they serve. KDHE proposes delaying the implementation of the DSRIP Pool for one year, from DY 2 (2014) to DY 3 (2015), to allow the State and CMS to focus on other critical activities related to the KanCare demonstration.

Specifically, Kansas proposes the following:

- Delay implementation of DSRIP payments for one year, to begin January 1, 2015 in DY 3;
- Continue Uncompensated Care (UC) pool payments into DY 2 to participating DSRIP hospitals with a total UC payment limit for the Border City Children's Hospital (BCCH)/Large Public Teaching Hospital (LPTH) pool of \$39,856,550 in DY 2;
- Begin DSRIP pool payments in DY 3, with increasing funds allocated through DSRIP and decreasing funds allocated through UC in DYs 4 and 5. Proposed pool limits are listed below.

	DY 1 (CY 2013)	DY 2 (CY 2014)	DY 3 (CY 2015)	DY 4 (CY 2016)	DY 5 (CY 2017)	Total
UC Pool: HCAIP	\$41,000,000	\$41,000,000	\$41,000,000	\$41,000,000	\$41,000,000	\$205,000,000
UC Pool: BCCH/ LPTH	\$39,856,550	\$39,856,550	\$29,856,550	\$19,856,550	\$9,856,550	\$139,282,750
DSRIP	N/A	N/A	\$10,000,000	\$20,000,000	\$30,000,000	\$60,000,000
% UC Pool	100%	100%	87.6%	75.3%	62.9%	---
% DSRIP	N/A	N/A	12.4%	24.7%	37.1%	---
Total	\$80,856,550	\$80,856,550	\$80,856,550	\$80,856,550	\$80,856,550	\$404,282,750

- Allow the previously submitted required documentation (including proposed focus areas and draft Planning and Funding and Mechanics protocols) to fulfill the requirements of STC 69 (b, e and f).
- Shift reporting and outcome measure requirements by one DY. For example, the previous DSRIP requirements for DY 2 will now be fulfilled in DY3; DY 3 requirements will now be fulfilled in DY 4.
- Eliminate the previously stipulated DY 5 DSRIP requirements. DY 5 will now be devoted to achieving the previous requirements stipulated for DY 4.

#### D. Waiver and Expenditure Authority

KDHE has not identified any additional waiver or expenditure authority that would be needed to implement the changes regarding LTSS for individuals with developmental or intellectual disabilities and the DSRIP Pool. With respect to the pilot programs to support employment and alternatives to Medicaid, KDHE requests the following additional waivers of provisions of Section 1902 of the Social Security Act and costs not otherwise matchable under Section 1903.

#### ***Waivers***

- Section 1902(a)(32) (direct payment to providers) to enable Kansas to provide a monthly funding allocation to certain participants in the Social Security Alternative Pilot and all participants in the SSI Employment Support Pilot, to pay for personal and employment support services.
- Section 1902(a)(10)(A) (mandatory eligibility groups) to enable Kansas to require participants in the Health Account Pilot to waive Medicaid eligibility for the 12 months following participation in the pilot. The waiver of eligibility would not apply to certain participants who become disabled and receive SSI or SSDI, or turn age 65.
- Sections 1902(a)(3) and 1902(a)(8) (reasonable promptness) to enable Kansas to not enroll participants in the Health Account Pilot in Medicaid for the 12 months following participation in the pilot.

#### ***Costs Not Otherwise Matchable***

- Expenditures to provide employment assistance and Medicaid-like coverage to participants in the Social Security Alternative Pilot.
- Expenditures to provide employment assistance and Medicaid coverage and/or wrap-around coverage to participants in the SSI Employment Support Pilot.
- Expenditures to provide pre-loaded debit cards to participants in the Health Account Pilot, which can be used to purchase health services or pay health insurance premiums, co-pays, and deductibles.

## ***Medicaid Requirements Not Applicable***

- Sections 1916 and 1916A (premiums and cost sharing) to allow Kansas to charge premiums for the Social Security Alternative Pilot consistent with the *Working Healthy* program.

## **II. State Public Notice Process**

### **a. Notice Regarding the Proposed Amendment**

The State published an abbreviated public notice of this proposed amendment in the June 27, 2013, *Kansas Register*. The same day, a full public notice and the draft amendment letter were posted on the KanCare website for public comment, and an email notification was sent to stakeholder distribution lists. Comments on the draft amendment will be accepted through July 29, 2013.

In addition, the State scheduled two public meetings specifically for the purpose of seeking comment on the KanCare amendment:

- July 15, 2013, at 2 p.m.  
Wichita State University Metroplex, Multipurpose Room  
5015 E. 29<sup>th</sup> St. N  
Wichita, KS
- July 16, 2013, at 10 a.m.  
Downtown Ramada, Madison Ball Room  
420 SE 6<sup>th</sup> St.  
Topeka, KS

The State will provide teleconference access for the July 16 meeting. The participant dial-in number for the event will be 866-491-3158.

Any individual with a disability may request accommodation in order to participate in either meeting. Requests for accommodation should be made at least two working days in advance of the meeting by contacting KanCare@kdheks.gov or by calling Rita Haverkamp at (785) 296-5107.

### **b. Tribal Notice**

The State also distributed an initial notice of its intent to amend the KanCare 1115 demonstration to tribal governments and Indian Health Service, Tribal Organization, and Urban Indian Organization providers (I/T/U providers) on June 7, 2013. KDHE and members of the Tribal Technical Advisory Group (TTAG) will discuss the amendment at the next TTAG meeting on July 9 in Topeka. The State, tribal governments and I/T/U providers also intend to hold two in-person consultation meetings, on July 17 in White Cloud and on July 23 in Mayetta.

### **c. Public Discussion Regarding the ID/DD LTSS Initiative**

KDADS and KDHE have made a concentrated effort to address concerns about the inclusion of ID/DD LTSS in KanCare voiced by consumers, their families, providers and advocates. In addition to the ID/DD pilot project, the effort has included the development of a KanCare ID/DD Friends and Family Workgroup to assist the State in educating consumers and their families. KDADS Secretary Shawn Sullivan and staff have spoken at dozens of ID/DD-specific forums and town meetings, as well as broader HCBS forums across the state.

KDADS has written and published articles about the inclusion of ID/DD LTSS in KanCare in newspapers around the state. Articles from national experts about providing HCBS services for these consumers have appeared in state newspapers as well.

Family members and guardians with connections to an ID/DD consumer have received an informational letter regarding the inclusion (or carve-in) of LTSS in KanCare and how it will function. In addition, KDADS regularly posts ID/DD information on its agency website, including a lengthy fact sheet and FAQs.

As a result of these ongoing efforts, substantially fewer objections have been raised regarding the inclusion of ID/DD services in KanCare than was the case before KanCare was launched in January 2013. The State is committed to continuing the dialogue to address remaining concerns.

### **III. Budget Neutrality**

Enclosed are several documents detailing the effect of the proposed amendment on budget neutrality.

Per the KanCare STCs, KDHE has included summary and detailed projections of the change in the “with waiver” expenditure total as a result of the proposed amendment. Budget neutrality documents submitted last year in the demonstration proposal assumed the inclusion of LTSS for ID/DD consumers beginning January 1, 2014. As a result, the attached budget neutrality amendment summary does not reflect a change in the “with waiver” totals for Medicaid Population 5, “DD Waiver.” An analysis of inclusion of LTSS for ID/DD consumers is provided in the attachment “DD LTSS Analysis.”

An update to the safety net care pool table at STC 70 is attached. A similar table is proposed to be included in the STCs for the three pilots and is attached for your review.

The State appreciates your consideration of this amendment request, and looks forward to working with CMS to accomplish these changes. If you have any questions or would like to discuss this request, please contact Kari Bruffett, Director of the Division of Health Care Finance, at (785) 296-3512.

Sincerely,

Susan Mosier, MD  
Medicaid Director

Enclosures



Budget Neutrality Summary

With-Waiver Total Expenditures - Original<sup>1</sup>

		DEMONSTRATION YEARS					TOTAL
		CY13	CY14	CY15	CY16	CY17	
Medicaid Pop 1	ABD/SD Dual	\$ 48,579,348	\$ 51,255,157	\$ 54,335,409	\$ 59,281,166	\$ 62,647,147	\$ 276,098,228
Medicaid Pop 2	ABD/SD Non Dual	\$ 376,599,264	\$ 398,697,805	\$ 424,106,447	\$ 464,293,346	\$ 491,292,958	\$ 2,154,989,819
Medicaid Pop 3	Adults	\$ 243,977,526	\$ 255,620,704	\$ 268,592,948	\$ 290,402,295	\$ 305,204,118	\$ 1,363,797,590
Medicaid Pop 4	Children	\$ 495,389,669	\$ 519,244,077	\$ 545,750,301	\$ 590,238,158	\$ 620,772,548	\$ 2,771,394,754
Medicaid Pop 5	DD Waiver	\$ 434,439,279	\$ 433,191,764	\$ 457,088,774	\$ 496,371,206	\$ 520,541,119	\$ 2,341,632,142
Medicaid Pop 6	LTC	\$ 912,768,880	\$ 946,886,510	\$ 985,898,240	\$ 1,056,510,763	\$ 1,100,574,749	\$ 5,002,639,142
Medicaid Pop 7	MN Dual	\$ 39,567,879	\$ 41,360,604	\$ 43,433,731	\$ 46,932,439	\$ 49,389,018	\$ 220,683,670
Medicaid Pop 8	MN Non Dual	\$ 29,241,209	\$ 30,498,011	\$ 31,955,518	\$ 34,452,876	\$ 36,175,501	\$ 162,323,115
Medicaid Pop 9	Waiver	\$ 176,139,615	\$ 185,454,775	\$ 196,191,243	\$ 213,603,074	\$ 224,583,645	\$ 995,972,351
Pool 1	UC Pool : HCAIP	\$ 41,000,000	\$ 41,000,000	\$ 41,000,000	\$ 41,000,000	\$ 41,000,000	\$ 205,000,000
Pool 2	UC Pool : BCCH/LPH	\$ 39,856,550	\$ 29,856,550	\$ 19,856,550	\$ 9,856,550	\$ -	\$ 99,426,200
Pool 3	DSRIP	\$ -	\$ 10,000,000	\$ 20,000,000	\$ 30,000,000	\$ 39,856,550	\$ 99,856,550
Pilot 1	Social Security Alternative Pilot						
Pilot 2	SSI Employment Support Pilot						
Pilot 3	Health Account Pilot						
TOTAL - Original		\$ 2,837,559,218	\$ 2,943,065,958	\$ 3,088,209,159	\$ 3,332,941,872	\$ 3,492,037,353	\$ 15,693,813,561

With-Waiver Total Expenditures - Amendment<sup>2</sup>

		DEMONSTRATION YEARS					TOTAL
		CY13	CY14	CY15	CY16	CY17	
Medicaid Pop 1	ABD/SD Dual	\$ 48,579,348	\$ 51,255,157	\$ 54,335,409	\$ 59,281,166	\$ 62,647,147	\$ 276,098,228
Medicaid Pop 2	ABD/SD Non Dual	\$ 376,599,264	\$ 393,887,201	\$ 419,209,487	\$ 459,166,659	\$ 486,074,254	\$ 2,134,936,864
Medicaid Pop 3	Adults	\$ 243,977,526	\$ 255,620,704	\$ 268,592,948	\$ 290,402,295	\$ 305,204,118	\$ 1,363,797,590
Medicaid Pop 4	Children	\$ 495,389,669	\$ 519,244,077	\$ 545,750,301	\$ 590,238,158	\$ 620,772,548	\$ 2,771,394,754
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Medicaid Pop 6	LTC	\$ 912,768,880	\$ 946,886,510	\$ 985,898,240	\$ 1,056,510,763	\$ 1,100,574,749	\$ 5,002,639,142
Medicaid Pop 7	MN Dual	\$ 39,567,879	\$ 41,360,604	\$ 43,433,731	\$ 46,932,439	\$ 49,389,018	\$ 220,683,670
Medicaid Pop 8	MN Non Dual	\$ 29,241,209	\$ 30,498,011	\$ 31,955,518	\$ 34,452,876	\$ 36,175,501	\$ 162,323,115
Medicaid Pop 9	Waiver	\$ 176,139,615	\$ 185,454,775	\$ 196,191,243	\$ 213,603,074	\$ 224,583,645	\$ 995,972,351
Pool 1	UC Pool : HCAIP	\$ 41,000,000	\$ 41,000,000	\$ 41,000,000	\$ 41,000,000	\$ 41,000,000	\$ 205,000,000
Pool 2	UC Pool : BCCH/LPH	\$ 39,856,550	\$ 39,856,550	\$ 29,856,550	\$ 19,856,550	\$ 9,856,550	\$ 139,282,750
Pool 3	DSRIP	\$ -	\$ -	\$ 10,000,000	\$ 20,000,000	\$ 30,000,000	\$ 60,000,000
Pilot 1	Social Security Alternative Pilot	\$ -	\$ 1,999,263	\$ 4,005,679	\$ 4,024,710	\$ 4,032,333	\$ 14,061,986
Pilot 2	SSI Employment Support Pilot	\$ -	\$ 12,010,605	\$ 12,096,960	\$ 12,326,686	\$ 12,418,704	\$ 48,852,955
Pilot 3	Health Account Pilot	\$ -	\$ 600,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 3,600,000
TOTAL - Amendment		\$ 2,837,559,218	\$ 2,952,865,220	\$ 3,100,414,838	\$ 3,345,166,583	\$ 3,504,269,687	\$ 15,740,275,546

With-Waiver Total Expenditures - Net: Amendment - Original

		DEMONSTRATION YEARS					TOTAL
		CY13	CY14	CY15	CY16	CY17	
Medicaid Pop 1	ABD/SD Dual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medicaid Pop 2	ABD/SD Non Dual	\$ -	\$ (4,810,605)	\$ (4,896,960)	\$ (5,126,686)	\$ (5,218,704)	\$ (20,052,955)
Medicaid Pop 3	Adults	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medicaid Pop 4	Children	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medicaid Pop 5	DD Waiver	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medicaid Pop 6	LTC	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medicaid Pop 7	MN Dual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medicaid Pop 8	MN Non Dual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medicaid Pop 9	Waiver	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pool 1	UC Pool : HCAIP	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pool 2	UC Pool : BCCH/LPH	\$ -	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 9,856,550	\$ 39,856,550
Pool 3	DSRIP	\$ -	\$ (10,000,000)	\$ (10,000,000)	\$ (10,000,000)	\$ (9,856,550)	\$ (39,856,550)
Pilot 1	Social Security Alternative Pilot	\$ -	\$ 1,999,263	\$ 4,005,679	\$ 4,024,710	\$ 4,032,333	\$ 14,061,986
Pilot 2	SSI Employment Support Pilot	\$ -	\$ 12,010,605	\$ 12,096,960	\$ 12,326,686	\$ 12,418,704	\$ 48,852,955
Pilot 3	Health Account Pilot	\$ -	\$ 600,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 3,600,000
TOTAL - Net: Amendment - Original		\$ -	\$ 9,799,263	\$ 12,205,679	\$ 12,224,710	\$ 12,232,333	\$ 46,461,986

Notes

<sup>1</sup> "With-Waiver Total Expenditures - Original" - includes DD LTSS in KanCare for CY14-17.

<sup>2</sup> "With-Waiver Total Expenditures - Amendment" - SSI Employment Support Pilot includes acute care costs for ABD/SD Non Dual members enrolled in this pilot.

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**DD LTSS Analysis**

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	DY1 (CY 2013)	DY2 (CY2014)	DY3 (CY2015)	DY4 (CY2016)	DY5 (CY2017)	Total
<b>DD Without Amendment</b>	\$ 434,439,279	\$ 464,757,090	\$ 490,917,587	\$ 518,910,025	\$ 544,756,492	\$ 2,453,780,475
<b>DD With Amendment</b>	\$ 434,439,279	\$ 433,191,764	\$ 457,088,774	\$ 496,371,206	\$ 520,541,119	\$ 2,341,632,142
<b>Savings</b>	\$ -	\$ 31,565,326	\$ 33,828,814	\$ 22,538,819	\$ 24,215,374	\$ 112,148,332

**Pools Summary**

	DY1 (CY 2013)	DY2 (CY2014)	DY3 (CY2015)	DY4 (CY2016)	DY5 (CY2017)
<b>UC Pool : HCAIP</b>	\$ 41,000,000	\$ 41,000,000	\$ 41,000,000	\$ 41,000,000	\$ 41,000,000
<b>UC Pool : BCCH/LPH</b>	\$ 39,856,550	\$ 39,856,550	\$ 29,856,550	\$ 19,856,550	\$ 9,856,550
<b>DSRIP</b>	\$ -	\$ -	\$ 10,000,000	\$ 20,000,000	\$ 30,000,000
<b>% UC Pool</b>	100.0%	100.0%	87.6%	75.3%	62.9%
<b>% DSRIP</b>	N/A	N/A	12.4%	24.7%	37.1%
<b>Total</b>	\$ 80,856,550	\$ 80,856,550	\$ 80,856,550	\$ 80,856,550	\$ 80,856,550

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**Pilots Summary**

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	DY1 (CY 2013)	DY2 (CY2014)	DY3 (CY2015)	DY4 (CY2016)	DY5 (CY2017)
<b>Social Security Alternative Pilot</b>	\$ -	\$ 1,999,263	\$ 4,005,679	\$ 4,024,710	\$ 4,032,333
<b>SSI Employment Support Pilot</b>	\$ -	\$ 12,010,605	\$ 12,096,960	\$ 12,326,686	\$ 12,418,704
<b>Health Account Pilot</b>	\$ -	\$ 600,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
<b>Total</b>	\$ -	\$ 14,609,867	\$ 17,102,639	\$ 17,351,397	\$ 17,451,037