

Appendix CC

Medicaid Home and Community Based Services Waivers for Adults with Developmental Disabilities

Derivation of the D Value with Services and Projections of Enrollment, Unit Costs and Total Values

Illinois, New Hampshire, New York, Ohio, Oregon, Pennsylvania, Tennessee, Vermont and Washington

July 2007

ILLINOIS

Waiver Year: Year 2					
Waiver Service	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Total Cost
Adult Day Health (Adult Day Care)	Hour	25	800	\$9	\$180,000
Residential Habilitation	Day	8,430	335	\$102	\$288,451,750
Day Habilitation (Developmental Training)	Hour	10,750	950	\$10	\$102,125,000
Supported Employment – Individual	Hour	475	525	\$13	\$3,241,875
Supported Employment - Group	Hour	150	425	\$11	\$701,250
Service Facilitation	Hour	1,720	35	\$39	\$2,347,800
Personal Support	Hour	1,570	900	\$11	\$15,543,000
Home Accessibility Modifications	Per Item	25	1	\$7,800	\$585,000
Vehicle Modifications	Per Item	75	1	\$13,600	\$340,000
Non-Medical Transportation	Per Item	470	140	\$12	\$789,600
Adaptive Equipment	Per Item	25	1	\$3,200	\$80,000
Assistive Technology	Per Item	25	1	\$3,000	\$75,000
Emergency Home Response System (EHRs)	Per Month (One Time Installation Fee)	25	10	\$30	\$7,500
Counseling Services for Unpaid Caregivers	Hour	25	36	\$30	\$27,000
Training Services for Unpaid Caregivers	Per Event	50	1	\$200	\$10,000
Behavior Intervention and Treatment	Hour	1,725	60	\$65	\$6,727,500
Behavioral Services - Psychotherapy – Individual	Hour	700	25	\$37	\$647,500
Behavioral Services - Psychotherapy - Group	Hour	500	25	\$12	\$150,000
Behavioral Services - Counseling – Individual	Hour	350	25	\$30	\$262,500
Behavioral Services - Counseling – Group	Hour	200	25	\$10	\$50,000
Skilled Nursing	Hour	25	80	\$31	\$62,000
Crisis Services	Hour	50	360	\$11	\$198,000
Physical Therapy	Hour	100	25	\$37	\$92,500
Occupational Therapy	Hour	200	25	\$37	\$185,000
Speech Therapy	Hour	100	25	\$37	\$92,500

Waiver Year: Year 2					
Waiver Service	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Total Cost
GRAND TOTAL:					\$422,972,275
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)					14,000
FACTOR D (Divide grand total by number of participants)					\$30,212
AVERAGE LENGTH OF STAY ON THE WAIVER					335

NEW HAMPSHIRE

Waiver Year: Year 3					
Waiver Service	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Total Cost
Case Management	Monthly	3,150	12	\$282.30	\$10,670,940
Day Habilitation	Hourly	1,670	1,350	\$19.22	\$43,339,647
Supported Employment	Hourly	340	1,230	\$21.88	\$10,093,220
Personal Care Services	Daily	1,650	305	\$175.17	\$88,156,124
Consolidated Developmental Services	Daily	105	305	\$84.61	\$2,709,571
Respite Care Services	Hourly	835	400	\$12.03	\$4,017,686
Environmental and Vehicle Modifications	Each	115	1	\$6,602	\$759,284
Crisis Response Services	Hourly	45	1,050	\$26.00	\$1,228,500
Community Support Services	Hourly	275	400	\$20.09	\$2,210,120
Assistive Technology Support Services	15 Minute	315	120	\$22.98	\$868,667
Specialty Services	15 Minute	265	40	\$28.75	\$304,750
GRAND TOTAL:					\$163,416,476
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)					3,210
FACTOR D (Divide grand total by number of participants)					\$50,909
AVERAGE LENGTH OF STAY ON THE WAIVER					300

NEW YORK

2

Demonstration of Factor D estimates

Waiver Year	1	2	3	4	X	5	
Waiver Service	# Undup. Recips (users)	Avg. # Annual Units/User	Avg. Unit Cost	Total			
Column A	Column B	Column C	Column D	Column E			*Unit of Service
1A. PLAN OF CARE SUPPORT	1,653	1.82	\$262.27	\$789,029			Cost per Semi-Annual Unit
1B. FAMILY EDUCATION & TRAINING	3,698	2	\$106.95	\$791,002			
2. TOTAL RESIDENTIAL HABIL.	43,277	312.03	\$235.18	\$3,175,528,240			Cost per day
A. CERTIFIED PROG. INTENS VE RH	22,812	11.76	\$10,088.35	\$2,706,392,777			Cost per month
B1. CERTIFIED PROG. SUPPORTIVE RH	10,313	11.88	\$2,793.68	\$345,158,438			Cost per month
B2. AT HOME RES HAB.	10,142	468.00	\$26.08	\$123,535,037			Cost per hour
C. LIVE IN CARE GIVER	10.00	12.00	\$1,166.57	\$139,988			Cost per month
3. TOTAL DAY HABILITATION	50,359	798.76	\$29.83	\$1,203,660,807			Cost per hour
A1. DAY HABILITATION	10,514	192.35	\$171.32	\$346,472,069			Cost per day
A2. DAY HABILITATION	20,554	964.93	\$34.29	\$680,679,441			Cost per hour
B. PREVOCATIONAL	9,473	214.63	\$57.79	\$117,496,050			Cost per day
C. SUPPORTED EMPLOYMENT	9,818	11.61	\$524.72	\$59,811,248			Cost per month
4. ENVIRONMENTAL MOD.	1,313	NA	\$9,668.88	\$12,695,238			NA
5. ADAPTIVE TECHNOLOGIES	616	NA	\$5,801.11	\$3,450,284			NA
6A. RESIDENTIAL RESPITE	2,038	12.27	\$168.71	\$4,218,806			Cost per day
7. NON-RESIDENTIAL RESPITE	8,650	114.12	\$22.58	\$22,269,833			Cost per hour
7. TRANSITIONAL SUPPORTS	300	1.00	\$4,000.00	\$1,200,000			Cost per Transition
8. FISCAL EMP. AGENT SERVICES	370	12.00	\$522.98	\$2,321,942			Cost per month
9. CONSOLIDATED SUPPORT	370	12.00	\$5,229.57	\$23,219,291			Cost per month
9A. CSS RESIDENTIAL HABILITATION	270	12.00	\$3,704.25	\$12,001,770			Cost per month
B. CSS LIVE-IN CARE GIVER	15	12.00	\$1,142.77	\$205,699			Cost per month
C. CSS DAY HABILITATION	300	12.00	\$2,571.98	\$9,259,128			Cost per month
D. CSS PREVOCATIONAL SERVICES	15	12.00	\$1,634.05	\$294,129			Cost per month
E. CSS SUPPORTED EMPLOYMENT	56	12.00	\$1,557.83	\$1,046,727			Cost per month
F. CSS ENVIRONMENTAL MODS	16	12.00	\$87.99	\$17,638			Cost per month
G. CSS ADAPTIVE TECHNOLOGIES	56	12.00	\$354.33	\$238,110			Cost per month
H. CSS RESPITE	30	12.00	\$248.87	\$89,953			Cost per month
I. CSS TRANSITIONAL SUPPORTS	15	12.00	\$367.45	\$66,137			Cost per month
GRAND TOTAL (SUM OF COLUMN E)				\$4,450,342,474			
TOTAL ESTIMATED UNDUPLICATED RECIPIENTS				70,572			
FACTOR D (Divide total by number of recipients):				\$63,061			
AVERAGE LENGTH OF STAY:		341					

OHIO

Waiver Year: Year 4					
Waiver Service	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Total Cost
Homemaker-Personal Care-Hour	Hour	6987	1198	\$21.88	\$183,144,921
Homemaker-Personal Care- Day	Day	10209	188	\$133.46	\$272,030,984
Adult Foster Care	Day	633	175	\$104.35	\$11,559,371
Social Work/Counseling	Hour	3374	39	\$44.21	\$5,817,417
Home-Delivered Meals	1 meal	14	198	\$6.65	\$18,434
Transportation	Mile	10473	1442	\$0.50	\$7,551,033
Interpreter	Hour	43	718	\$18.43	\$569,008
Nutrition	Hour	154	21	\$57.29	\$185,276
Supported Employment	Hour	0	0	\$0.00	\$0
Adaptive/Assistive Equipment	Item	1433	2	\$11,472.35	\$32,879,755
Environmental Modification	Item	711	1	\$5,015.44	\$3,565,978
Respite-Day	Day	272	29	\$178.70	\$1,409,586
Day Habilitation	Day	12085	0	\$0.00	\$0
Supported Employment-Community	Hour	2417	660	\$24.00	\$38,285,280
Supported Employment-Enclave	Day	47	110	\$52.05	\$269,099
Supported Employment-Adapted Equipment	Item	168	1	\$5,015.44	\$842,594
Vocational Habilitation	Day	9668	42	\$59.75	\$24,261,846
Adult Day Supports	Day	9668	144	\$59.75	\$83,183,472
Non-medical transportation	1 Way Trip	13039	372	\$19.41	\$94,148,360
GRAND TOTAL:					\$759,722,414
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)					13755
FACTOR D (Divide grand total by number of participants)					\$55,232
AVERAGE LENGTH OF STAY ON THE WAIVER					346

Note: As of October 1, 2006, the services Supported Employment and Day Habilitation will begin to phase-out, with these services ending on ~~June 30, 2007~~ 12/31/2007.

State Factor D Pages

OREGON

APPENDIX G-2

FACTOR D

LOC: ICF/MR

Demonstration of Factor D estimates:

Waiver Year 1 _____ 2 _____ 3 _____ 4 7/2007-6-2008 5 _____

Waiver Service as defined in Appendix B-1	#Undup. Recipients (users)	Avg. # Annual Units/ User	Avg. Unit Cost Column D	Total (Column B x Column C x Column D) = Column E
Column A	Column B	Column C		
1.Supported Employment	792	392 hrs	\$21.96	\$6,817,789
2.Residential Habilitation	4,109	354 days	\$121.62	\$176,906,749
3.Day Habilitation	3,146	1,049 hr	\$10.04	\$33,133,546
4.Skilled Nursing	2,935	50 hrs	\$29.50	\$4,329,125
5.Transportation	3,938	178 days	\$8.87	\$6,217,551
6.Specialized Medical Equip. and Supplies	1,658	8 Months	\$138.88	\$1,842,104
7.Behavioral Services	951	41 hrs	\$43.28	\$1,687,530
8.Dental	3,292	3 Visits	\$131.63	\$1,299,978
9.Vision	1,073	1 Visit	\$148.54	\$159,383

GRAND TOTAL(sum of Column E): \$232,393,755

TOTAL ESTIMATED UNDUPLICATED RECIPIENTS: 4,109

FACTOR D (Divide total by number of recipients): \$56,557

AVERAGE LENGTH OF STAY: 354

PENNSYLVANIA

Appendix J: Cost Neutrality Demonstration HCBS Waiver Application Version 3.3 – October 2005

Waiver Year: Year 2 (2007-2008)					
Waiver Service	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Total Cost
Home and Community Habilitation	Quarter Hour	4,015	2,366 Quarter Hours	\$6.65	\$63,171,609
Day Habilitation – Licensed Day Habilitation Services	½ Day	7,389	153 Half Days	\$54.38	\$61,477,514
Residential Habilitation – Licensed Residential Habilitation	½ Month	10,985	23 Half Months	\$3,701.23	\$935,134,266
Environmental Accessibility Adaptations	Year	1,252	1/Year	\$4,833.48	\$6,051,517
Transportation	Day	6,065	229 Days	\$10.83	\$15,041,625
Therapies/Nurse	Quarter Hour	2,499	260 Quarter Hours	\$14.48	\$9,408,235
Prevocational Services	½ Day	6,160	196 Half Days	\$29.89	\$36,087,990
Supported Employment	Quarter Hour	806	137 Quarter Hours	\$11.51	\$1,270,957
Transitional Work Services	Quarter Hour	645	465 Quarter Hours	\$5.19	\$1,556,611
Home Finding	Quarter Hour	50	200 Quarter Hours	\$12.41	\$124,100
Personal Support Services	Quarter Hour	2,892	78 Quarter Hours	\$6.21	\$1,400,827
Homemaker/Chore	Hour	753	94 Hours	\$10.34	\$731,886
Permanency Planning Services	Quarter Hour	24	1,500 Quarter Hours	\$8.27	\$297,720
Adaptive Appliances/Equipment	Year	329	5/Year	\$124.12	\$204,177
Education	Year	150	1/Year	\$3,043.94	\$456,591
Respite Care – Overnight	Day	742	10 Days	\$259.54	\$1,925,787
Respite Care – Temporary	Quarter Hour	1,419	1,086 Quarter Hours	\$4.38	\$6,749,729
GRAND TOTAL:					\$1,141,091,141
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)					15,000
FACTOR D (Divide grand total by number of participants)					76,073
AVERAGE LENGTH OF STAY ON THE WAIVER					342 Days

TENNESSEE

APPENDIX

G-2

FACTOR D

LOC: ICF/MR

Demonstration of Factor D
estimates:

	FY starting 5/1/07
WAIVER YEAR	3

Waiver Service		Type of Unit	Number Undup. Users	Average # Annual Units/User	Average Unit Cost	Total
Column A			Column B	Column C	Column D	Column E
Adult Dental Services						
		Procedure	4300	16	100.00	\$6,880,000.00
Behavioral Respite Services						
		Day	50	30	504.70	\$757,050.00
Behavior Services						
	Psychiatrist	Evaluation	35	1	515.00	\$18,025.00
	Psychologist	Evaluation	30	1	309.00	\$9,270.00
	Behavior Analyst Assessment	15 minutes	1550	31	19.25	\$924,962.50
	Behavior Analyst Plan Development and Staff Training	15 minutes	1550	16	19.25	\$477,400.00
	Behavior Analyst Presentation at Meetings	15 minutes	1550	13	19.25	\$387,887.50
	Behavior Analyst Other Service	15 minutes	1550	333	19.25	\$9,935,887.50
	Behavior Specialist Service	15 minutes	800	200	6.89	\$1,102,400.00
Day Services						
	Facility-Based Day					
	Rate 1	Day	310	60	\$31.57	\$587,202.00
	Rate 2	Day	1200	60	\$39.60	\$2,851,200.00
	Rate 3	Day	1050	60	\$53.35	\$3,361,050.00
	Rate 4	Day	1025	60	\$77.20	\$4,747,800.00
	Rate 5	Day	50	60	\$129.42	\$388,260.00
	Community-Based Day					
	Rate 1	Day	3700	107	61.18	\$24,221,162.00
	Rate 2	Day	2100	117	95.17	\$23,383,269.00
	Rate 3	Day	135	117	132.05	\$2,085,729.75
	Supported Employment					

Environmental Accessibility Modifications	Rate 1	Day	425	100	\$45.78	\$1,945,650.00
	Rate 2	Day	550	83	\$79.57	\$3,632,370.50
	Rate 3	Day	500	80	\$110.83	\$4,433,200.00
	Rate 4	Day	25	43	\$132.05	\$141,953.75
		Modification	240	1	4,635.00	\$1,112,400.00
Waiver Service		Type of Unit	Number Undup. Users	Average # Annual Units/User	Average Unit Cost	Total
Family Model Residential Support						
	Rate 1	Day	25	240	43.78	\$262,680.00
	Rate 2	Day	40	240	51.50	\$494,400.00
	Rate 3	Day	120	240	71.59	\$2,061,792.00
	Rate 4	Day	75	240	115.36	\$2,076,480.00
	Rate 5	Day	45	240	223.51	\$2,413,908.00
Individual Transportation Services						
		Day	900	187	7.28	\$1,225,224.00
Medical Residential Services						
	Rate 1	Day	15	230	\$748.81	\$2,583,394.50
	Rate 2	Day	30	230	\$563.01	\$3,884,769.00
	Rate 3	Day	30	230	\$427.58	\$2,950,302.00
	Rate 4	Day	12	230	\$313.48	\$865,204.80
	Special Adjustment	Day	12	230	61.80	\$170,568.00
Nursing Services						
	RN	15 minutes	60	1600	8.68	\$833,280.00
	LPN	15 minutes	850	2533	6.12	\$13,176,666.00
Nutrition Services						
	Assessment and Plan Development Rate 1	Visit	725	1	213.42	\$154,729.50
	Assessment and Plan Development Rate 2	Visit	810	1	283.84	\$229,910.40
	Assessment and Plan Development Rate 3	Visit	200	1	319.05	\$63,810.00
	Other Service Rate 1	Visit	725	16	\$80.03	\$928,348.00
	Other Service Rate 2	Visit	810	16	\$132.85	\$1,721,736.00
	Other Service Rate 3	Visit	200	16	\$168.07	\$537,824.00
Occupational Therapy						
	Assessment and Plan Development Rate 1	Day	900	1	296.64	\$266,976.00
	Assessment and Plan Development Rate 2	Day	1075	1	394.53	\$424,119.75
	Assessment and Plan Development Rate 3	Day	250	1	443.48	\$110,870.00
	Therapy Rate 1	15 minutes	900	217	18.54	\$3,620,862.00
	Therapy Rate 2	15 minutes	1075	217	24.72	\$5,766,558.00
	Therapy Rate 3	15 minutes	250	217	27.81	\$1,508,692.50

Assessment & Plan Dev. Rate 1 Assistive Technology/Spec. Medical Equip	Day	18	1	296.64	\$5,339.52
Assessment & Plan Dev. Rate 2 Assistive Technology/Spec. Medical Equip	Day	18	1	394.53	\$7,101.54
Assessment & Plan Dev. Rate 3 Assistive Technology/Spec. Medical Equip	Day	7	1	443.48	\$3,104.36

Waiver Service		Type of Unit	Number Undup. Users	Average # Annual Units/User	Average Unit Cost	Total
	Therapy Rate 1 Assistive Technology/Spec. Medical Equip	15 minutes	15	67	18.54	\$18,632.70
	Therapy Rate 2 Assistive Technology/Spec. Medical Equip	15 minutes	15	67	24.72	\$24,843.60
	Therapy Rate 3 Assistive Technology/Spec. Medical Equip	15 minutes	7	67	27.81	\$13,042.89
Orientation and Mobility Training						
	Assessment and Plan Development Rate 1	Day	22	1	267.80	\$5,891.60
	Assessment and Plan Development Rate 2	Day	27	1	350.20	\$9,455.40
	Assessment and Plan Development Rate 3	Day	8	1	399.64	\$3,197.12
	Other Service Rate 1	15 minutes	22	117	\$17.77	\$45,739.98
	Other Service Rate 2	15 minutes	27	117	\$29.49	\$93,158.91
	Other Service Rate 3	15 minutes	8	117	\$37.31	\$34,922.16
Personal Assistance						
	PA Rate – 1 staff	15 minutes	825	7200	3.80	\$22,572,000.00
	PA Enhanced Rate – 1 staff	15 minutes	300	3093	4.31	\$3,999,249.00
	PA Rate – 2 staff	15 minutes	65	2567	6.82	\$1,137,951.10
	PA Day Rate 1	Day	30	167	200.85	\$1,006,258.50
Personal Emergency Response System						
	Installation/Testing	Event	30	1	206.00	\$6,180.00
	Monitoring	Month	45	7	77.25	\$24,333.75
Physical Therapy						
	Assessment and Plan Development Rate 1	Day	800	1	\$309.00	\$247,200.00

	Assessment and Plan Development Rate 2	Day	950	1	\$410.97	\$390,421.50
	Assessment and Plan Development Rate 3	Day	215	1	\$461.96	\$99,321.40
	Therapy Rate 1	15 minutes	800	217	19.31	\$3,352,216.00
	Therapy Rate 2	15 minutes	950	217	32.05	\$6,607,107.50
	Therapy Rate 3	15 minutes	215	217	40.55	\$1,891,860.25
	Assessment & Plan Dev. Rate 1 Assistive Technology/Spec. Medical Equip	Day	30	1	\$309.00	\$9,270.00
	Assessment & Plan Dev. Rate 2 Assistive Technology/Spec. Medical Equip	Day	30	1	\$410.97	\$12,329.10
	Assessment & Plan Dev. Rate 3 Assistive Technology/Spec. Medical Equip	Day	30	1	\$461.96	\$13,858.80
Waiver Service		Type of Unit	Number Undup. Users	Average # Annual Units/User	Average Unit Cost	Total
	Therapy Rate 1 Assistive Technology/Spec. Medical Equip	15 minutes	25	67	\$19.31	\$32,344.25
	Therapy Rate 2 Assistive Technology/Spec. Medical Equip	15 minutes	25	67	\$32.05	\$53,683.75
	Therapy Rate 3 Assistive Technology/Spec. Medical Equip	15 minutes	25	67	\$40.55	\$67,921.25
Residential Habilitation						
	Level 1	Day	85	230	72.10	\$1,409,555.00
	Level 2	Day	390	230	88.58	\$7,945,626.00
	Level 3	Day	410	230	119.48	\$11,266,964.00
	Level 4	Day	210	230	199.82	\$9,651,306.00
	Level 6	Day	4	230	401.70	\$369,564.00
	Special Adjustment 1	Day	100	80	20.60	\$164,800.00
	Special Adjustment 2	Day	65	80	61.80	\$321,360.00
Respite						
	Overnight					
	Overnight Level 1	Day	20	13	65.41	\$17,006.60
	Overnight Level 2	Day	30	13	200.85	\$78,331.50
	Overnight Level 3	Day	35	17	237.93	\$141,568.35
	Sitter Rate	15 minutes	35	347	3.80	\$46,151.00
Specialized Medical Equipment, Supplies, and Assistive Technology						
	Item		60	1	772.50	\$46,350.00

Speech, Language, and Hearing Services						
	Assessment and Plan Development Rate 1	Day	600	1	\$284.28	\$170,568.00
	Assessment and Plan Development Rate 2	Day	650	1	\$378.09	\$245,758.50
	Assessment and Plan Development Rate 3	Day	150	1	\$425.00	\$63,750.00
	Therapy Rate 1	15 minutes	525	153	\$17.77	\$1,427,375.25
	Therapy Rate 2	15 minutes	600	153	\$29.49	\$2,707,182.00
	Therapy Rate 3	15 minutes	140	153	\$37.31	\$799,180.20
	Assessment & Plan Dev. Rate 1 Assistive Technology/Spec. Medical Equip	Day	40	1	\$284.28	\$11,371.20
	Assessment & Plan Dev. Rate 2 Assistive Technology/Spec. Medical Equip	Day	40	1	\$378.09	\$15,123.60
	Assessment & Plan Dev. Rate 3 Assistive Technology/Spec. Medical Equip	Day	40	1	\$425.00	\$17,000.00

Waiver Service		Type of Unit	Number Undup. Users	Average # Annual Units/User	Average Unit Cost	Total
	Therapy Rate 1 Assistive Technology/Spec. Medical Equip	15 minutes	35	67	\$17.77	\$41,670.65
	Therapy Rate 2 Assistive Technology/Spec. Medical Equip	15 minutes	35	67	\$29.49	\$69,154.05
	Therapy Rate 3 Assistive Technology/Spec. Medical Equip	15 minutes	35	67	\$37.31	\$87,491.95
Support Coordination						
	Level 1	Month	6351	12	238.96	\$18,211,619.52
Supported Living						
	Level 1	Day	150	227	144.20	\$4,910,010.00
	Level 2	Day	600	227	201.88	\$27,496,056.00
	Level 3	Day	850	227	267.80	\$51,672,010.00
	Level 4	Day	800	227	351.23	\$63,783,368.00
	Level 6	Day	110	227	674.65	\$16,846,010.50
	Special Adjustment	Day	150	133	61.80	\$1,232,910.00
Transitional Case Management						
	Transition Rate 1	episode	1	1	\$238.96	\$238.96

	Transition Rate 2	episode	1	1	\$477.92	\$477.92
	Transition Rate 3	episode	1	1	\$716.88	\$716.88
	Transition Rate 4	episode	2	1	\$955.84	\$1,911.68
	Transition Rate 5	episode	5	1	\$1,194.80	\$5,974.00
	Transition Rate 6	episode	20	1	\$1,433.76	\$28,675.20
Vehicle Accessibility Modifications						
	Modification		60	1	4,120.00	\$247,200.00

Grand Total	\$405,056,556.39
Total Estimated Unduplicated Recipients	6351
Factor D (divide total by number of recipients)	\$63,778.39
Average Length of Stay	320

VERMONT

Service	Description	Year 1	Year 2	Year 3	Year 4	Year 5
Service Planning & Coordination (Case Mgmt.)	# Undup. Ind.	2,100	2,250	2,400	2,550	2,70
	Avg. Annual Units	15	15	15	15	1
	Avg. Unit Cost	\$374	\$395	\$417	\$440	\$46
	Total Cost	\$11,781,000	\$13,329,360	\$15,014,191	\$16,845,922	\$18,835,72
Respite Care	# Undup. Ind.	1,638	1,755	1,872	1,989	2,10
	Avg. Annual Units	54	54	54	54	5
	Avg. Unit Cost	\$100	\$106	\$112	\$118	\$12
	Total Cost	\$8,845,200	\$10,007,712	\$11,272,687	\$12,647,955	\$14,141,90
Housing & Home Supports (Residential Hab.)	# Undup. Ind.	1,281	1,373	1,464	1,556	1,64
	Avg. Annual Units	365	365	365	365	36
	Avg. Unit Cost	\$85.67	\$90.47	\$95.53	\$100.88	\$106.5
	Total Cost	\$40,056,294	\$45,320,835	\$51,049,389	\$57,277,414	\$64,042,88
Community Supports (Day Hab.)	# Undup. Ind.	1,281	1,373	1,464	1,556	1,64
	Avg. Annual Units	260	260	260	260	26
	Avg. Unit Cost	\$66.17	\$69.88	\$73.79	\$77.92	\$82.2
	Total Cost	\$22,038,580	\$24,935,079	\$28,086,873	\$31,513,472	\$35,235,76
Work Supports (Supported Employ.)	# Undup. Ind.	483	518	552	587	62
	Avg. Annual Units	208	208	208	208	20
	Avg. Unit Cost	\$66.17	\$69.88	\$73.79	\$77.92	\$82.2
	Total Cost	\$6,647,703	\$7,521,401	\$8,472,106	\$9,505,703	\$10,628,49
Clinical Interventions	# Undup. Ind.	1,113	1,193	1,272	1,352	1,43
	Avg. Annual Units	17	17	17	17	1
	Avg. Unit Cost	\$125	\$132	\$139	\$147	\$15
	Total Cost	\$2,365,125	\$2,675,970	\$3,014,213	\$3,381,947	\$3,781,41
Crisis Services	# Undup. Ind.	2,100	2,250	2,400	2,550	2,70
	Avg. Annual Units	3	3	3	3	
	Avg. Unit Cost	\$358.40	\$378.47	\$399.66	\$422.05	\$445.6
	Total Cost	\$2,257,920	\$2,554,675	\$2,877,586	\$3,228,652	\$3,610,01
GRAND TOTALS		\$93,991,822	\$106,345,032	\$119,787,045	\$134,401,064	\$150,276,20
Individuals		2,100	2,250	2,400	2,550	2,70
Cost/Individual		\$44,758	\$47,264	\$49,911	\$52,706	\$55,65

WASHINGTON

Appendix J: Cost Neutrality Demonstration HCBS Waiver Application Version 3.3 - October 2005

Waiver Year: Year 3					
Waiver Service	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Total Cost
Habilitation					
<i>-Residential Habilitation</i>					
Contracted Supported Living	Day	372	359	\$276.09	\$36,871,267
State Staffed Supported Living (SOLA)	Day	5	359	\$319.65	\$573,772
<i>-Day Habilitation</i>					
Person to Person	Month	27	11	\$634.88	\$188,559
Expanded Habilitation					
Prevocational	Month	51	11	\$489.99	\$274,884
Supported Employment	Month	215	12	\$674.33	\$1,739,771
Behavior Management and Consultation	Hour	348	51	\$73.14	\$1,298,089
Staff/Family Consultation and Training	Hour	1	86	\$25.50	\$2,193
Environmental Accessibility Adaptations	Each	1	2	\$3,896.95	\$7,794
Transportation	Mile	1	1,889	.31	\$586
Specialized Medical Equipment and Supplies	Each	1	2	\$390.02	\$780
Community Transition	Each	0	0	0	0
Skilled Nursing	Hour	1	14	\$33.55	\$470
Sexual Deviancy Evaluation	Each	23	1	\$510.87	\$11,750
Specialized Psychiatric	Hour	0	0	0	0
Mental Health Stabilization					
Behavior Management and Consultation	Hour	96	12	\$114.21	\$134,311
Mental Health Crisis Diversion Bed	Day	2	15	\$285.11	\$8,553
Skilled Nursing	Hour	0	0	0	0
Specialized Psychiatric	Hour	29	4	\$220.38	\$25,564
Extended State Plan Services					
Occupational Therapy	Hour	1	65	\$17.07	\$1,110
Speech, Hearing and Language	Hour	1	77	\$15.75	\$1,213
Physical Therapy	Hour	2	6	\$81.95	\$983
GRAND TOTAL:					\$41,141,649
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)					378
FACTOR D (Divide grand total by number of participants)					\$108,840
AVERAGE LENGTH OF STAY ON THE WAIVER					359

WASHINGTON 2

Appendix J: Cost Neutrality Demonstration
HCBS Waiver Application Version 3.3 – October 2005

Waiver Year: Year 2					
Waiver Service	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Total Cost
Personal Care	Hour	2,484	1,319	\$10.84	\$35,516,133
Habilitation					
-Day Habilitation					
Community Access	Month	133	12	\$407.67	\$650,641
Person to Person	Month	74	8	\$483.42	\$286,185
Expanded Habilitation					
Prevocational	Month	142	12	\$449.24	\$765,505
Supported Employment	Month	654	12	\$465.70	\$3,654,814
Respite	Hour	1,045	127	\$9.14	\$1,213,015
Behavior Management and Consultation	Hour	98	11	\$81.13	\$87,458
Staff/Family Consultation and Training	Hour	3	24	\$15.46	\$1,113
Community Guide	Each	56	11	\$18.23	\$11,230
Environmental Accessibility Adaptations	Each	11	2	\$896.55	\$19,724
Transportation	Mile	312	676	.31	\$65,383
Specialized Medical Equipment and Supplies	Each	40	3	\$205.35	\$24,642
Emergency Assistance	Each	8	3	\$645.37	\$15,489
Sexual Deviancy Evaluation	Each	6	1	\$1,091.44	\$6,549
Specialized Psychiatric	Hour	3	7	\$221.87	\$4,659
Mental Health Stabilization					
Behavior Management and Consultation	Hour	20	38	\$113.45	\$86,222
Mental Health Crisis Diversion Bed	Day	17	15	\$323.46	\$82,482
Skilled Nursing	Hour	3	6	\$26.84	\$478
Specialized Psychiatric	Hour	20	3	\$332.80	\$19,968
Extended State Plan Services					
Occupational Therapy	Hour	6	20	\$53.85	\$6,462
Speech, Hearing and Language	Hour	11	6	\$99.57	\$6,572
Physical Therapy	Hour	3	4	\$92.81	\$1,114
GRAND TOTAL:					\$42,525,838
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)					2,821
FACTOR D (Divide grand total by number of participants)					\$15,075
AVERAGE LENGTH OF STAY ON THE WAIVER					352

WASHINGTON 3

Appendix J: Cost Neutrality Demonstration HCBS Waiver Application Version 3.3 - October 2005

Waiver Year: Year 3					
Waiver Service	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Total Cost
Personal Care	Hour	686	1,570	\$11.07	\$11,922,611
Habilitation					
<i>-Residential Habilitation</i>					
Contracted Supported Living	Day	2,554	360	\$170.49	\$156,755,326
State Staffed Supported Living (SOLA)	Day	94	360	\$295.69	\$10,006,150
Companion Home	Day	32	360	\$131.78	\$1,518,106
Group Home	Day	320	360	\$124.71	\$14,366,592
Group Training Home	Day	19	360	\$83.77	\$572,987
Child Placing Agency	Month	18	11	\$3,207.74	\$635,133
Family Foster Care	Month	150	12	\$1,637.02	\$2,946,636
Staffed Residential Home	Day	73	360	\$217.14	\$5,706,439
Foster Group Care	Month	14	12	\$4,022.92	\$675,851
Alternative Living	Hour	287	413	\$13.60	\$1,612,022
<i>-Day Habilitation</i>					
Community Access	Month	835	12	\$499.68	\$5,006,794
Person to Person	Month	336	10	\$657.11	\$2,207,890
Expanded Habilitation					
Prevocational	Month	484	12	\$541.11	\$3,142,767
Supported Employment	Month	1,050	12	\$525.22	\$6,617,772
Respite	Hour	410	1,126	\$10.17	\$4,695,082
Behavior Management and Consultation	Hour	260	46	\$52.78	\$631,249
Staff/Family Consultation and Training	Hour	37	86	\$25.50	\$81,141
Community Guide	Each	4	9	\$15.33	\$552
Environmental Accessibility Adaptations	Each	7	2	\$3,896.95	\$54,557
Transportation	Mile	387	1,894	.31	\$227,223
Specialized Medical Equipment and Supplies	Each	26	2	\$390.02	\$20,281
Community Transition	Each	0	0	0	0
Skilled Nursing	Hour	1,288	47	\$25.89	\$1,567,277
Sexual Deviancy Evaluation	Each	20	1	\$897.79	\$17,956
Specialized Psychiatric	Hour	4	10	\$114.10	\$4,564
Mental Health Stabilization					
Behavior Management and Consultation	Hour	123	31	\$122.98	\$468,923
Mental Health Crisis Diversion Bed	Day	59	18	\$285.11	\$302,787
Skilled Nursing	Hour	4	8	\$25.89	\$828
Specialized Psychiatric	Hour	152	5	\$171.07	\$130,013