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Staffed Residential Home	<input type="checkbox"/>	Day	99	365.00	525.29	18981354.15	
Companion Home	<input type="checkbox"/>	Day	91	365.00	203.75	6767556.25	
Contracted Supported Living	<input type="checkbox"/>	Day	3831	365.00	468.97	655767785.55	
Foster Group Care	<input type="checkbox"/>	Month	52	12.00	3162.08	1973137.92	
State-Operated Living Alternatives (SOLA)	<input type="checkbox"/>	Day	195	365.00	778.59	55416143.25	
Family Foster Care	<input type="checkbox"/>	Month	14	12.00	4010.44	673753.92	
Group Training Home	<input type="checkbox"/>	Day	29	365.00	419.31	4438396.35	
Alternative Living	<input type="checkbox"/>	Hour	239	335.00	31.53	2524449.45	
<b>Respite Total:</b>							3147382.56
Respite	<input type="checkbox"/>	Hour	336	293.00	31.97	3147382.56	
<b>Occupational Therapy Total:</b>							1126.48
Occupational Therapy	<input type="checkbox"/>	Each	2	2.00	281.62	1126.48	
<b>Physical Therapy Total:</b>							2243.60
Physical Therapy	<input type="checkbox"/>	Each	1	8.00	280.45	2243.60	
<b>Speech, Hearing, and Language Services Total:</b>							2485.00
Speech, Hearing, and Language Services	<input type="checkbox"/>	Hour	2	17.50	71.00	2485.00	
<b>Assistive Technology Total:</b>							156902.00
Assistive Technology	<input type="checkbox"/>	Each	200	1.00	784.51	156902.00	
<b>Community Engagement Total:</b>							67542.75
Community Engagement	<input type="checkbox"/>	Hour	55	45.00	27.29	67542.75	
<b>Community Transition Total:</b>							60751.18
Community Transition	<input type="checkbox"/>	Each	49	1.00	1239.82	60751.18	
<b>GRAND TOTAL:</b> Total: Services included in capitation: Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: Services not included in capitation: Average Length of Stay on the Waiver:							841360076.13 841360076.13 6000 140226.68 140226.68 342

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
<b>Environmental Adaptations Total:</b>							270868.40
Environmental Adaptations	<input type="checkbox"/>	Each	40	1.00	6771.71	270868.40	
<b>Extermination of Bed Bugs Total:</b>							35056.30
Extermination of Bed Bugs	<input type="checkbox"/>	Each	5	2.00	3505.63	35056.30	
<b>Individualized Technical Assistance Total:</b>							85884.75
Individualized Technical Assistance	<input type="checkbox"/>	Each	49	25.00	70.11	85884.75	
<b>Remote Supports Total:</b>							314079.30
Remote Supports	<input type="checkbox"/>	Hour	45	922.00	7.57	314079.30	
<b>Risk Assessment Total:</b>							40507.20
Risk Assessment	<input type="checkbox"/>	Each	24	1.00	1687.80	40507.20	
<b>Skilled Nursing Total:</b>							8218523.33
Skilled Nursing	<input type="checkbox"/>	Hour	2597	84.30	37.54	8218523.33	
<b>Specialized Equipment and Supplies Total:</b>							57099.84
Specialized Equipment and Supplies	<input type="checkbox"/>	Each	58	1.00	984.48	57099.84	
<b>Specialized Habilitation Total:</b>							80226.90
Specialized Habilitation	<input type="checkbox"/>	Hour	39	30.00	68.57	80226.90	
<b>Stabilization Services - Crisis Diversion Bed Total:</b>							3145399.60
Stabilization Services - Crisis Diversion Bed	<input type="checkbox"/>	Day	37	97.00	876.40	3145399.60	
<b>Stabilization Services - Staff/Family Consultation Services Total:</b>							249594.80
Stabilization Services - Staff/Family Consultation Services	<input type="checkbox"/>	Hour	140	26.00	68.57	249594.80	
<b>GRAND TOTAL:</b>							841360076.13
Total: Services included in capitation:							841360076.13
Total: Services not included in capitation:							6000
Total Estimated Unduplicated Participants:							140226.68
Factor D (Divide total by number of participants):							140226.68
Services included in capitation:							140226.68
Services not included in capitation:							342
Average Length of Stay on the Waiver:							



Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
<b>Stabilization Services-Specialized Habilitation Total:</b>							131928.68
Stabilization Services-Specialized Habilitation	<input type="checkbox"/>	Hour	74	26.00	68.57	131928.68	
<b>Staff/Family Consultation Services Total:</b>							1064055.55
Staff/Family Consultation Services	<input type="checkbox"/>	Hour	333	46.60	68.57	1064055.55	
<b>Supported Parenting Total:</b>							3973.06
Supported Parenting	<input type="checkbox"/>	Hour	5	9.10	87.32	3973.06	
<b>Transportation Total:</b>							34922.16
Transportation	<input type="checkbox"/>	Mile	104	533.00	0.63	34922.16	
<b>Wellness Education Total:</b>							9091.60
Wellness Education	<input type="checkbox"/>	Each	280	8.50	3.82	9091.60	
<b>GRAND TOTAL:</b>							841360076.13
Total: Services included in capitation:							
Total: Services not included in capitation:							841360076.13
Total Estimated Unduplicated Participants:							6000
Factor D (Divide total by number of participants):							140226.68
Services included in capitation:							
Services not included in capitation:							140226.68
Average Length of Stay on the Waiver:							342

## Appendix J: Cost Neutrality Demonstration

### J-2: Derivation of Estimates (7 of 9)

#### d. Estimate of Factor D.

ii. **Concurrent §1915(b)/§1915(c) Waivers, or other concurrent managed care authorities utilizing capitated payment arrangements.** Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. If applicable, check the capitation box next to that service. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

#### Waiver Year: Year 3

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
<b>Community Inclusion</b>							19677012.42
<b>GRAND TOTAL:</b>							909594566.66
Total: Services included in capitation:							
Total: Services not included in capitation:							909594566.66
Total Estimated Unduplicated Participants:							6000
Factor D (Divide total by number of participants):							151599.09
Services included in capitation:							
Services not included in capitation:							151599.09
Average Length of Stay on the Waiver:							341

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
<b>Total:</b>							
Community Inclusion	<input type="checkbox"/>	Hour	1846	129.00	82.63	19677012.42	
<b>Individual Supported Employment/Group Supported Employment Total:</b>							43965329.15
Individual Supported Employment/Group Supported Employment	<input type="checkbox"/>	Hour	1807	200.40	121.41	43965329.15	
<b>Residential Habilitation Total:</b>							827586732.25
Group Home	<input type="checkbox"/>	Day	233	365.00	384.42	32692998.90	
Staffed Residential Home	<input type="checkbox"/>	Day	99	365.00	547.87	19797282.45	
Companion Home	<input type="checkbox"/>	Day	96	365.00	207.72	7278508.80	
Contracted Supported Living	<input type="checkbox"/>	Day	3854	365.00	495.08	696433986.80	
Foster Group Care	<input type="checkbox"/>	Month	56	12.00	3223.74	2166353.28	
State-Operated Living Alternatives (SOLA)	<input type="checkbox"/>	Day	203	365.00	810.04	60019913.80	
Family Foster Care	<input type="checkbox"/>	Month	14	12.00	4088.64	686891.52	
Group Training Home	<input type="checkbox"/>	Day	30	365.00	429.30	4700835.00	
Alternative Living	<input type="checkbox"/>	Hour	346	335.00	32.87	3809961.70	
<b>Respite Total:</b>							3183912.64
Respite	<input type="checkbox"/>	Hour	344	284.00	32.59	3183912.64	
<b>Occupational Therapy Total:</b>							1148.44
Occupational Therapy	<input type="checkbox"/>	Each	2	2.00	287.11	1148.44	
<b>Physical Therapy Total:</b>							2287.36
Physical Therapy	<input type="checkbox"/>	Each	1	8.00	285.92	2287.36	
<b>Speech, Hearing, and Language Services Total:</b>							2533.30
<b>GRAND TOTAL:</b>							909594566.66
Total: Services included in capitation:							
Total: Services not included in capitation:							909594566.66
Total Estimated Unduplicated Participants:							6000
Factor D (Divide total by number of participants):							151599.09
Services included in capitation:							
Services not included in capitation:							151599.09
Average Length of Stay on the Waiver:							341

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Speech, Hearing, and Language Services	<input type="checkbox"/>	Hour	2	17.50	72.38	2533.30	
<b>Assistive Technology Total:</b>							167158.20
Assistive Technology	<input type="checkbox"/>	Each	209	1.00	799.80	167158.20	
<b>Community Engagement Total:</b>							71358.30
Community Engagement	<input type="checkbox"/>	Hour	57	45.00	27.82	71358.30	
<b>Community Transition Total:</b>							65728.00
Community Transition	<input type="checkbox"/>	Each	52	1.00	1264.00	65728.00	
<b>Environmental Adaptations Total:</b>							289957.92
Environmental Adaptations	<input type="checkbox"/>	Each	42	1.00	6903.76	289957.92	
<b>Extermination of Bed Bugs Total:</b>							42887.88
Extermination of Bed Bugs	<input type="checkbox"/>	Each	6	2.00	3573.99	42887.88	
<b>Individualized Technical Assistance Total:</b>							92924.00
Individualized Technical Assistance	<input type="checkbox"/>	Each	52	25.00	71.48	92924.00	
<b>Remote Supports Total:</b>							376176.00
Remote Supports	<input type="checkbox"/>	Hour	50	922.00	8.16	376176.00	
<b>Risk Assessment Total:</b>							43017.75
Risk Assessment	<input type="checkbox"/>	Each	25	1.00	1720.71	43017.75	
<b>Skilled Nursing Total:</b>							8849784.42
Skilled Nursing	<input type="checkbox"/>	Hour	2658	87.00	38.27	8849784.42	
<b>Specialized Equipment and Supplies Total:</b>							61107.20
Specialized Equipment and Supplies	<input type="checkbox"/>	Each	64	1.00	954.80	61107.20	
<b>Specialized Habilitation Total:</b>							85989.30
<b>GRAND TOTAL:</b>							909594566.66
Total: Services included in capitation:							
Total: Services not included in capitation:							909594566.66
Total Estimated Unduplicated Participants:							6000
Factor D (Divide total by number of participants):							151599.09
Services included in capitation:							
Services not included in capitation:							151599.09
Average Length of Stay on the Waiver:							341

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Specialized Habilitation	<input type="checkbox"/>	Hour	41	30.00	69.91	85989.30	
<b>Stabilization Services - Crisis Diversion Bed Total:</b>							3380072.67
Stabilization Services - Crisis Diversion Bed	<input type="checkbox"/>	Day	39	97.00	893.49	3380072.67	
<b>Stabilization Services – Staff/Family Consultation Services Total:</b>							267196.02
Stabilization Services – Staff/Family Consultation Services	<input type="checkbox"/>	Hour	147	26.00	69.91	267196.02	
<b>Stabilization Services-Specialized Habilitation Total:</b>							139959.82
Stabilization Services-Specialized Habilitation	<input type="checkbox"/>	Hour	77	26.00	69.91	139959.82	
<b>Staff/Family Consultation Services Total:</b>							1200865.04
Staff/Family Consultation Services	<input type="checkbox"/>	Hour	371	46.30	69.91	1200865.04	
<b>Supported Parenting Total:</b>							4860.49
Supported Parenting	<input type="checkbox"/>	Hour	6	9.10	89.02	4860.49	
<b>Transportation Total:</b>							26565.76
Transportation	<input type="checkbox"/>	Mile	103	403.00	0.64	26565.76	
<b>Wellness Education Total:</b>							10002.33
Wellness Education	<input type="checkbox"/>	Each	309	8.30	3.90	10002.33	
<b>GRAND TOTAL:</b>							909594566.66
Total: Services included in capitation:							
Total: Services not included in capitation:							909594566.66
Total Estimated Unduplicated Participants:							6000
Factor D (Divide total by number of participants):							151599.09
Services included in capitation:							
Services not included in capitation:							151599.09
Average Length of Stay on the Waiver:							341

## Appendix J: Cost Neutrality Demonstration

### J-2: Derivation of Estimates (8 of 9)

#### d. Estimate of Factor D.

ii. Concurrent §1915(b)/§1915(c) Waivers, or other concurrent managed care authorities utilizing capitated payment arrangements. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. If applicable, check the capitation box next to that

service. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

**Waiver Year: Year 4**

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
<b>Community Inclusion Total:</b>							24747094.26
Community Inclusion	<input type="checkbox"/>	Hour	2254	129.00	85.11	24747094.26	
<b>Individual Supported Employment/Group Supported Employment Total:</b>							45909956.64
Individual Supported Employment/Group Supported Employment	<input type="checkbox"/>	Hour	1832	200.40	125.05	45909956.64	
<b>Residential Habilitation Total:</b>							877580997.65
Group Home	<input type="checkbox"/>	Day	230	365.00	408.61	34302809.50	
Staffed Residential Home	<input type="checkbox"/>	Day	99	365.00	570.45	20613210.75	
Companion Home	<input type="checkbox"/>	Day	101	365.00	211.77	7806901.05	
Contracted Supported Living	<input type="checkbox"/>	Day	3877	365.00	520.88	737099892.40	
Foster Group Care	<input type="checkbox"/>	Month	59	12.00	3286.60	2326912.80	
State-Operated Living Alternatives (SOLA)	<input type="checkbox"/>	Day	212	365.00	835.14	64623133.20	
Family Foster Care	<input type="checkbox"/>	Month	15	12.00	4168.37	750306.60	
Group Training Home	<input type="checkbox"/>	Day	30	365.00	453.28	4963416.00	
Alternative Living	<input type="checkbox"/>	Hour	453	335.00	33.57	5094415.35	
<b>Respite Total:</b>							3216664.00
Respite	<input type="checkbox"/>	Hour	352	275.00	33.23	3216664.00	
<b>Occupational Therapy Total:</b>							1170.84
Occupational Therapy	<input type="checkbox"/>	Each	2	2.00	292.71	1170.84	
<b>Physical Therapy Total:</b>							2332.00
<b>GRAND TOTAL:</b>							967803537.36
Total: Services included in capitation:							
Total: Services not included in capitation:							967803537.36
Total Estimated Unduplicated Participants:							6000
Factor D (Divide total by number of participants):							161300.59
Services included in capitation:							
Services not included in capitation:							161300.59
Average Length of Stay on the Waiver:							341

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Physical Therapy	<input type="checkbox"/>	Each	1	8.00	291.50	2332.00	
<b>Speech, Hearing, and Language Services Total:</b>							2582.65
Speech, Hearing, and Language Services	<input type="checkbox"/>	Hour	2	17.50	73.79	2582.65	
<b>Assistive Technology Total:</b>							179388.00
Assistive Technology	<input type="checkbox"/>	Each	220	1.00	815.40	179388.00	
<b>Community Engagement Total:</b>							76599.00
Community Engagement	<input type="checkbox"/>	Hour	60	45.00	28.37	76599.00	
<b>Community Transition Total:</b>							69587.10
Community Transition	<input type="checkbox"/>	Each	54	1.00	1288.65	69587.10	
<b>Environmental Adaptations Total:</b>							309688.72
Environmental Adaptations	<input type="checkbox"/>	Each	44	1.00	7038.38	309688.72	
<b>Extermination of Bed Bugs Total:</b>							43724.16
Extermination of Bed Bugs	<input type="checkbox"/>	Each	6	2.00	3643.68	43724.16	
<b>Individualized Technical Assistance Total:</b>							98374.50
Individualized Technical Assistance	<input type="checkbox"/>	Each	54	25.00	72.87	98374.50	
<b>Remote Supports Total:</b>							446248.00
Remote Supports	<input type="checkbox"/>	Hour	55	922.00	8.80	446248.00	
<b>Risk Assessment Total:</b>							47365.29
Risk Assessment	<input type="checkbox"/>	Each	27	1.00	1754.27	47365.29	
<b>Skilled Nursing Total:</b>							9481438.58
Skilled Nursing	<input type="checkbox"/>	Hour	2718	89.40	39.02	9481438.58	
<b>Specialized Equipment and Supplies Total:</b>							65114.70
<b>GRAND TOTAL:</b>							967803537.36
Total: Services included in capitation:							
Total: Services not included in capitation:							967803537.36
Total Estimated Unduplicated Participants:							6000
Factor D (Divide total by number of participants):							161300.59
Services included in capitation:							
Services not included in capitation:							161300.59
Average Length of Stay on the Waiver:							341

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Specialized Equipment and Supplies	<input type="checkbox"/>	Each	70	1.00	930.21	65114.70	
<b>Specialized Habilitation Total:</b>							91938.30
Specialized Habilitation	<input type="checkbox"/>	Hour	43	30.00	71.27	91938.30	
<b>Stabilization Services - Crisis Diversion Bed Total:</b>							3622728.84
Stabilization Services - Crisis Diversion Bed	<input type="checkbox"/>	Day	41	97.00	910.92	3622728.84	
<b>Stabilization Services - Staff/Family Consultation Services Total:</b>							285365.08
Stabilization Services - Staff/Family Consultation Services	<input type="checkbox"/>	Hour	154	26.00	71.27	285365.08	
<b>Stabilization Services-Specialized Habilitation Total:</b>							150094.62
Stabilization Services-Specialized Habilitation	<input type="checkbox"/>	Hour	81	26.00	71.27	150094.62	
<b>Staff/Family Consultation Services Total:</b>							1340873.78
Staff/Family Consultation Services	<input type="checkbox"/>	Hour	409	46.00	71.27	1340873.78	
<b>Supported Parenting Total:</b>							4955.50
Supported Parenting	<input type="checkbox"/>	Hour	6	9.10	90.76	4955.50	
<b>Transportation Total:</b>							18150.66
Transportation	<input type="checkbox"/>	Mile	103	267.00	0.66	18150.66	
<b>Wellness Education Total:</b>							11104.49
Wellness Education	<input type="checkbox"/>	Each	337	8.30	3.97	11104.49	
<b>GRAND TOTAL:</b>							967803537.36
Total: Services included in capitation:							
Total: Services not included in capitation:							967803537.36
Total Estimated Unduplicated Participants:							6000
Factor D (Divide total by number of participants):							161300.59
Services included in capitation:							
Services not included in capitation:							161300.59
Average Length of Stay on the Waiver:							341

## Appendix J: Cost Neutrality Demonstration

### J-2: Derivation of Estimates (9 of 9)

#### d. Estimate of Factor D.

**ii. Concurrent §1915(b)/§1915(c) Waivers, or other concurrent managed care authorities utilizing capitated payment arrangements.** Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. If applicable, check the capitation box next to that service. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

**Waiver Year: Year 5**

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
<b>Community Inclusion Total:</b>							27467472.06
Community Inclusion	<input type="checkbox"/>	Hour	2429	129.00	87.66	27467472.06	
<b>Individual Supported Employment/Group Supported Employment Total:</b>							47931992.64
Individual Supported Employment/Group Supported Employment	<input type="checkbox"/>	Hour	1857	200.40	128.80	47931992.64	
<b>Residential Habilitation Total:</b>							927824463.01
Group Home	<input type="checkbox"/>	Day	228	365.00	431.54	35912758.80	
Staffed Residential Home	<input type="checkbox"/>	Day	99	365.00	599.02	21645587.70	
Companion Home	<input type="checkbox"/>	Day	106	365.00	215.90	8353171.00	
Contracted Supported Living	<input type="checkbox"/>	Day	3900	365.00	546.38	777771930.00	
Foster Group Care	<input type="checkbox"/>	Month	62	12.00	3350.69	2492913.36	
State-Operated Living Alternatives (SOLA)	<input type="checkbox"/>	Day	221	365.00	858.19	69225896.35	
Family Foster Care	<input type="checkbox"/>	Month	16	12.00	4249.65	815932.80	
Group Training Home	<input type="checkbox"/>	Day	30	365.00	477.26	5225997.00	
Alternative Living	<input type="checkbox"/>	Hour	560	335.00	34.01	6380276.00	
<b>Respite Total:</b>							3265591.56
Respite	<input type="checkbox"/>	Hour	361	267.00	33.88	3265591.56	
<b>Occupational Therapy Total:</b>							1193.64
Occupational	<input type="checkbox"/>					1193.64	
<b>GRAND TOTAL:</b>							1024015755.17
Total: Services included in capitation:							
Total: Services not included in capitation:							1024015755.17
Total Estimated Unduplicated Participants:							6000
Factor D (Divide total by number of participants):							170669.29
Services included in capitation:							
Services not included in capitation:							170669.29
Average Length of Stay on the Waiver:							340



Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Therapy		Each	2	2.00	298.41		
<b>Physical Therapy Total:</b>							2377.44
Physical Therapy	<input type="checkbox"/>	Each	1	8.00	297.18	2377.44	
<b>Speech, Hearing, and Language Services Total:</b>							2633.05
Speech, Hearing, and Language Services	<input type="checkbox"/>	Hour	2	17.50	75.23	2633.05	
<b>Assistive Technology Total:</b>							192030.30
Assistive Technology	<input type="checkbox"/>	Each	231	1.00	831.30	192030.30	
<b>Community Engagement Total:</b>							81988.20
Community Engagement	<input type="checkbox"/>	Hour	63	45.00	28.92	81988.20	
<b>Community Transition Total:</b>							74885.46
Community Transition	<input type="checkbox"/>	Each	57	1.00	1313.78	74885.46	
<b>Environmental Adaptations Total:</b>							330078.98
Environmental Adaptations	<input type="checkbox"/>	Each	46	1.00	7175.63	330078.98	
<b>Extermination of Bed Bugs Total:</b>							44576.88
Extermination of Bed Bugs	<input type="checkbox"/>	Each	6	2.00	3714.74	44576.88	
<b>Individualized Technical Assistance Total:</b>							105863.25
Individualized Technical Assistance	<input type="checkbox"/>	Each	57	25.00	74.29	105863.25	
<b>Remote Supports Total:</b>							524433.60
Remote Supports	<input type="checkbox"/>	Hour	60	922.00	9.48	524433.60	
<b>Risk Assessment Total:</b>							50077.44
Risk Assessment	<input type="checkbox"/>	Each	28	1.00	1788.48	50077.44	
<b>Skilled Nursing Total:</b>							10104143.87
Skilled Nursing	<input type="checkbox"/>	Hour	2779	91.40	39.78	10104143.87	
<b>GRAND TOTAL:</b>							1024015755.17
Total: Services included in capitation:							
Total: Services not included in capitation:							1024015755.17
Total Estimated Unduplicated Participants:							6000
Factor D (Divide total by number of participants):							170669.29
Services included in capitation:							
Services not included in capitation:							170669.29
Average Length of Stay on the Waiver:							340

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
<b>Specialized Equipment and Supplies Total:</b>							69122.00
Specialized Equipment and Supplies	<input type="checkbox"/>	Each	76	1.00	909.50	69122.00	
<b>Specialized Habilitation Total:</b>							98091.00
Specialized Habilitation	<input type="checkbox"/>	Hour	45	30.00	72.66	98091.00	
<b>Stabilization Services - Crisis Diversion Bed Total:</b>							3873524.28
Stabilization Services - Crisis Diversion Bed	<input type="checkbox"/>	Day	43	97.00	928.68	3873524.28	
<b>Stabilization Services – Staff/Family Consultation Services Total:</b>							306043.92
Stabilization Services – Staff/Family Consultation Services	<input type="checkbox"/>	Hour	162	26.00	72.66	306043.92	
<b>Stabilization Services-Specialized Habilitation Total:</b>							160578.60
Stabilization Services-Specialized Habilitation	<input type="checkbox"/>	Hour	85	26.00	72.66	160578.60	
<b>Staff/Family Consultation Services Total:</b>							1477795.41
Staff/Family Consultation Services	<input type="checkbox"/>	Hour	447	45.50	72.66	1477795.41	
<b>Supported Parenting Total:</b>							5052.14
Supported Parenting	<input type="checkbox"/>	Hour	6	9.10	92.53	5052.14	
<b>Transportation Total:</b>							9772.62
Transportation	<input type="checkbox"/>	Mile	102	143.00	0.67	9772.62	
<b>Wellness Education Total:</b>							11973.83
Wellness Education	<input type="checkbox"/>	Each	365	8.10	4.05	11973.82	
<b>GRAND TOTAL:</b> Total: Services included in capitation: Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: Services not included in capitation: Average Length of Stay on the Waiver:							1024015755.17 1024015755.17 6000 170669.29 170669.29 340