

## Appendix J: Cost Neutrality Demonstration

### J-1: Composite Overview and Demonstration of Cost-Neutrality Formula

**Composite Overview.** Complete the fields in Cols. 3, 5 and 6 in the following table for each waiver year. The fields in Cols. 4, 7 and 8 are auto-calculated based on entries in Cols 3, 5, and 6. The fields in Col. 2 are auto-calculated using the Factor D data from the J-2-d Estimate of Factor D tables. Col. 2 fields will be populated ONLY when the Estimate of Factor D tables in J-2-d have been completed.

Level(s) of Care: Hospital, Nursing Facility

Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
Year	Factor D	Factor D'	Total: D+D'	Factor G	Factor G'	Total: G+G'	Difference (Col 7 less Column4)
1	9920.74	11593.70	21514.44	28921.10	10859.34	39780.44	18266.00
2	10126.74	11825.57	21952.31	29499.52	11076.53	40576.05	18623.74
3	10334.57	12062.08	22396.65	30089.51	11298.06	41387.57	18990.92
4	10540.60	12303.32	22843.92	30691.30	11524.02	42215.32	19371.40
5	10750.98	12549.39	23300.37	31305.13	11754.50	43059.63	19759.26

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### J-2: Derivation of Estimates (1 of 9)

- a. **Number Of Unduplicated Participants Served.** Enter the total number of unduplicated participants from Item B-3-a who will be served each year that the waiver is in operation. When the waiver serves individuals under more than one level of care, specify the number of unduplicated participants for each level of care:

Table: J-2-a: Unduplicated Participants

Waiver Year	Total Unduplicated Number of Participants (from Item B-3-a)	Distribution of Unduplicated Participants by Level of Care (if applicable)	
		Level of Care:	Level of Care:
		Hospital	Nursing Facility
Year 1	35	1	34
Year 2	35	1	34
Year 3	35	1	34
Year 4	35	1	34
Year 5	35	1	34

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

- b. **Average Length of Stay.** Describe the basis of the estimate of the average length of stay on the waiver by participants in item J-2-a.

Based on 372 report.

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### J-2: Derivation of Estimates (3 of 9)

- c. **Derivation of Estimates for Each Factor.** Provide a narrative description for the derivation of the estimates of the following factors.

- i. **Factor D Derivation.** The estimates of Factor D for each waiver year are located in Item J-2-d. The basis for these estimates is as follows:

Based on data out of the MMIS with a 2% increase in costs through 2020 and a 2% per year increase is assumed during the renewal periods. Enrollment is projected to be flat.

- ii. **Factor D' Derivation.** The estimates of Factor D' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Based on 372 reports with a 2% increase in costs through 2020. If a Medicaid member is coded as a dual eligible, pharmacy claims are automatically denied for those drugs not included on the Medicare exclusion list. Therefore, if a prescription is payable by Medicare the claim is denied and not included in the costs for D'.

- iii. **Factor G Derivation.** The estimates of Factor G for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Based on the latest MSIS data (2012) with a 2% increase in costs through 2020.

- iv. **Factor G' Derivation.** The estimates of Factor G' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Based on the latest MSIS data (2012) with a 2% increase in costs through 2020.

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**J-2: Derivation of Estimates (4 of 9)**

**Component management for waiver services.** If the service(s) below includes two or more discrete services that are reimbursed separately, or is a bundled service, each component of the service must be listed. Select “*manage components*” to add these components.

Waiver Services	
Adult Day Care	
Homemaker	
Respite	
Home Health Aide	
Nursing	
Financial Management Services	
Independent Support Broker	
Consumer Directed Attendant Care - Skilled	
Consumer-Directed Attendant Care - Unskilled	
Counseling services	
Home Delivered Meals	
Individual Directed Goods and Services	
Self Directed Community Support and Employment	
Self Directed Personal Care	

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**J-2: Derivation of Estimates (5 of 9)**

- d. **Estimate of Factor D.**

i. **Non-Concurrent Waiver.** 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. 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 1**

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
<b>Adult Day Care Total:</b>						0.00
Adult Day Care - Half Day	Half Day	0	0.00	0.01	0.00	
Adult Day Care - Full Day	Day	0	0.00	0.01	0.00	
Adult Day Care - Extended Day	Day	0	0.00	0.01	0.00	
Adult Day Care - 15 Minutes	15 Minutes	0	0.00	0.01	0.00	
<b>Homemaker Total:</b>						2403.12
Homemaker - 15 minutes	15 Minutes	1	408.00	5.89	2403.12	
<b>Respite Total:</b>						0.00
Respite - HHA Group	15 Minutes	0	0.00	0.01	0.00	
Respite - RCF/ID	15 Minutes	0	0.00	0.01	0.00	
Respite - Home Care Agency & Non-Facility, Group	15 Minutes	0	0.00	0.01	0.00	
Respite - Hospital or Nursing Facility/Skilled	15 Minutes	0	0.00	0.01	0.00	
Respite Resident Camp-Weeklong	15 Minutes	0	0.00	0.01	0.00	
Group Summer Day Camp - Group Recreational	15 Minutes	0	0.00	0.01	0.00	
Respite - HHA Specialized	15 Minutes	0	0.00	0.01	0.00	
Respite - Camp	15 Minutes	0	0.00	0.01	0.00	
Teen Day Camp - 13 to 21 Years Old	15 Minutes	0	0.00	0.01	0.00	
Respite - Home Care Agency & Non-Facility, Specialized	15 Minutes	0	0.00	0.01	0.00	
Respite - Child Care Center	15 Minutes	0	0.00	0.01	0.00	
Respite - Nursing Facility	15 Minutes	0	0.00	0.01	0.00	
Respite - HHA Basic Individual	15 Minutes	0	0.00	0.01	0.00	
Respite - ICF/ID	15 Minutes	0	0.00	0.01	0.00	
<b>GRAND TOTAL:</b>						347225.93
Total Estimated Unduplicated Participants:						35
Factor D (Divide total by number of participants):						9920.74
Average Length of Stay on the Waiver:						323

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Group Specialized Summer Day Camp	15 Minutes	0	0.00	0.01	0.00	
Respite - Home Care Agency & Non-Facility, Basic Individual	15 Minutes	0	0.00	0.01	0.00	
<b>Home Health Aide Total:</b>						0.00
Home Health Aide	15 Minutes	0	0.00	0.01	0.00	
<b>Nursing Total:</b>						0.00
Nursing Care in the Home/RN; Per Hour	Visit	0	0.00	0.01	0.00	
Nursing Care in the Home/LPN; Per Hour	Visit	0	0.00	0.01	0.00	
<b>Financial Management Services Total:</b>						0.00
Financial Management Services	Month	0	0.00	0.01	0.00	
<b>Independent Support Broker Total:</b>						0.00
Independent Support Broker	Hour	0	0.00	0.01	0.00	
<b>Consumer Directed Attendant Care - Skilled Total:</b>						224795.64
CDAC-Individual - 15 Minutes	15 Minutes	23	2902.39	3.32	221626.50	
CDAC-Agency - 15 Minutes	15 Minutes	3	185.33	5.70	3169.14	
<b>Consumer-Directed Attendant Care - Unskilled Total:</b>						54482.94
CDAC-Individual - 15 Minutes	15 Minutes	19	336.00	3.45	22024.80	
CDAC-Agency - 15 Minutes	15 Minutes	3	1859.00	5.82	32458.14	
<b>Counseling services Total:</b>						0.00
Counseling - Group - 15 minute units	15 Minutes	0	0.00	0.01	0.00	
Counseling - Individual - 15 minute units	15 Minutes	0	0.00	0.01	0.00	
<b>Home Delivered Meals Total:</b>						65544.23
Noon Meal	Meal	13	26.77	8.71	3031.17	
Evening Meal	Meal	21	343.86	8.55	61740.06	
Morning Meal					249.00	
<b>GRAND TOTAL:</b>						347225.93
Total Estimated Unduplicated Participants:						35
Factor D (Divide total by number of participants):						9920.74
Average Length of Stay on the Waiver:						323

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
	Meal	1	30.00	8.30		
Liquid Supplement	Meal	4	25.00	5.24	524.00	
<b>Individual Directed Goods and Services Total:</b>						0.00
Individual Directed Goods and Services	Month	0	0.00	0.01	0.00	
<b>Self Directed Community Support and Employment Total:</b>						0.00
Self Directed Community Support and Employment	Month	0	0.00	0.01	0.00	
<b>Self Directed Personal Care Total:</b>						0.00
Self Directed Personal Care	Month	0	0.00	0.01	0.00	
<b>GRAND TOTAL:</b>						347225.93
Total Estimated Unduplicated Participants:						35
Factor D (Divide total by number of participants):						9920.74
Average Length of Stay on the Waiver:						323

**Appendix J: Cost Neutrality Demonstration**

**J-2: Derivation of Estimates (6 of 9)**

**d. Estimate of Factor D.**

**i. Non-Concurrent Waiver.** 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. 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 2**

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
<b>Adult Day Care Total:</b>						0.00
Adult Day Care - Half Day	Half Day	0	0.00	0.01	0.00	
Adult Day Care - Full Day	Day	0	0.00	0.01	0.00	
Adult Day Care - Extended Day	Day	0	0.00	0.01	0.00	
Adult Day Care - 15 Minutes	15 Minutes	0	0.00	0.01	0.00	
<b>Homemaker Total:</b>						2452.08
Homemaker - 15 minutes	15 Minutes	1	408.00	6.01	2452.08	
<b>GRAND TOTAL:</b>						354435.90
Total Estimated Unduplicated Participants:						35
Factor D (Divide total by number of participants):						10126.74
Average Length of Stay on the Waiver:						323

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
<b>Respite Total:</b>						0.00
Respite - HHA Group	15 Minutes	0	0.00	0.01	0.00	
Respite - RCF/ID	15 Minutes	0	0.00	0.01	0.00	
Respite - Home Care Agency & Non-Facility, Group	15 Minutes	0	0.00	0.01	0.00	
Respite - Hospital or Nursing Facility/Skilled	15 Minutes	0	0.00	0.01	0.00	
Respite Resident Camp-Weeklong	15 Minutes	0	0.00	0.01	0.00	
Group Summer Day Camp - Group Recreational	15 Minutes	0	0.00	0.01	0.00	
Respite - HHA Specialized	15 Minutes	0	0.00	0.01	0.00	
Respite - Camp	15 Minutes	0	0.00	0.01	0.00	
Teen Day Camp - 13 to 21 Years Old	15 Minutes	0	0.00	0.01	0.00	
Respite - Home Care Agency & Non-Facility, Specialized	15 Minutes	0	0.00	0.01	0.00	
Respite - Child Care Center	15 Minutes	0	0.00	0.01	0.00	
Respite - Nursing Facility	15 Minutes	0	0.00	0.01	0.00	
Respite - HHA Basic Individual	15 Minutes	0	0.00	0.01	0.00	
Respite - ICF/ID	15 Minutes	0	0.00	0.01	0.00	
Group Specialized Summer Day Camp	15 Minutes	0	0.00	0.01	0.00	
Respite - Home Care Agency & Non-Facility, Basic Individual	15 Minutes	0	0.00	0.01	0.00	
<b>Home Health Aide Total:</b>						0.00
Home Health Aide	15 Minutes	0	0.00	0.01	0.00	
<b>Nursing Total:</b>						0.00
Nursing Care in the Home/RN; Per Hour	Visit	0	0.00	0.01	0.00	
Nursing Care in the Home/LPN; Per Hour	Visit	0	0.00	0.01	0.00	
<b>GRAND TOTAL:</b>						354435.90
Total Estimated Unduplicated Participants:						35
Factor D (Divide total by number of participants):						10126.74
Average Length of Stay on the Waiver:						323

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
<b>Financial Management Services Total:</b>						0.00
Financial Management Services	Month	0	0.00	0.01	0.00	
<b>Independent Support Broker Total:</b>						0.00
Independent Support Broker	Hour	0	0.00	0.01	0.00	
<b>Consumer Directed Attendant Care - Skilled Total:</b>						229535.21
CDAC-Individual - 15 Minutes	15 Minutes	23	2902.39	3.39	226299.35	
CDAC-Agency - 15 Minutes	15 Minutes	3	185.33	5.82	3235.86	
<b>Consumer-Directed Attendant Care - Unskilled Total:</b>						55599.06
CDAC-Individual - 15 Minutes	15 Minutes	19	336.00	3.52	22471.68	
CDAC-Agency - 15 Minutes	15 Minutes	3	1859.00	5.94	33127.38	
<b>Counseling services Total:</b>						0.00
Counseling - Group - 15 minute units	15 Minutes	0	0.00	0.01	0.00	
Counseling - Individual - 15 minute units	15 Minutes	0	0.00	0.01	0.00	
<b>Home Delivered Meals Total:</b>						66849.55
Noon Meal	Meal	13	26.77	8.89	3093.81	
Evening Meal	Meal	21	343.86	8.72	62967.64	
Morning Meal	Meal	1	30.00	8.47	254.10	
Liquid Supplement	Meal	4	25.00	5.34	534.00	
<b>Individual Directed Goods and Services Total:</b>						0.00
Individual Directed Goods and Services	Month	0	0.00	0.01	0.00	
<b>Self Directed Community Support and Employment Total:</b>						0.00
Self Directed Community Support and Employment	Month	0	0.00	0.01	0.00	
<b>Self Directed Personal Care Total:</b>						0.00
Self Directed Personal Care					0.00	
<b>GRAND TOTAL:</b>						354435.90
Total Estimated Unduplicated Participants:						35
Factor D (Divide total by number of participants):						10126.74
Average Length of Stay on the Waiver:						323

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
	Month	0	0.00	0.01		
<b>GRAND TOTAL:</b>						354435.90
Total Estimated Unduplicated Participants:						35
Factor D (Divide total by number of participants):						10126.74
Average Length of Stay on the Waiver:						323

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

**d. Estimate of Factor D.**

**i. Non-Concurrent Waiver.** 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. 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	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
<b>Adult Day Care Total:</b>						0.00
Adult Day Care - Half Day	Half Day	0	0.00	0.01	0.00	
Adult Day Care - Full Day	Day	0	0.00	0.01	0.00	
Adult Day Care - Extended Day	Day	0	0.00	0.01	0.00	
Adult Day Care - 15 Minutes	15 Minutes	0	0.00	0.01	0.00	
<b>Homemaker Total:</b>						2501.04
Homemaker - 15 minutes	15 Minutes	1	408.00	6.13	2501.04	
<b>Respite Total:</b>						0.00
Respite - HHA Group	15 Minutes	0	0.00	0.01	0.00	
Respite - RCF/ID	15 Minutes	0	0.00	0.01	0.00	
Respite - Home Care Agency & Non-Facility, Group	15 Minutes	0	0.00	0.01	0.00	
Respite - Hospital or Nursing Facility/Skilled	15 Minutes	0	0.00	0.01	0.00	
Respite Resident Camp-Weeklong	15 Minutes	0	0.00	0.01	0.00	
Group Summer Day Camp - Group Recreational	15 Minutes	0	0.00	0.01	0.00	
<b>GRAND TOTAL:</b>						361710.04
Total Estimated Unduplicated Participants:						35
Factor D (Divide total by number of participants):						10334.57
Average Length of Stay on the Waiver:						323

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Respite - HHA Specialized	15 Minutes	0	0.00	0.01	0.00	
Respite - Camp	15 Minutes	0	0.00	0.01	0.00	
Teen Day Camp - 13 to 21 Years Old	15 Minutes	0	0.00	0.01	0.00	
Respite - Home Care Agency & Non-Facility, Specialized	15 Minutes	0	0.00	0.01	0.00	
Respite - Child Care Center	15 Minutes	0	0.00	0.01	0.00	
Respite - Nursing Facility	15 Minutes	0	0.00	0.01	0.00	
Respite - HHA Basic Individual	15 Minutes	0	0.00	0.01	0.00	
Respite - ICF/ID	15 Minutes	0	0.00	0.01	0.00	
Group Specialized Summer Day Camp	15 Minutes	0	0.00	0.01	0.00	
Respite - Home Care Agency & Non-Facility, Basic Individual	15 Minutes	0	0.00	0.01	0.00	
<b>Home Health Aide Total:</b>						0.00
Home Health Aide	15 Minutes	0	0.00	0.01	0.00	
<b>Nursing Total:</b>						0.00
Nursing Care in the Home/RN; Per Hour	Visit	0	0.00	0.01	0.00	
Nursing Care in the Home/LPN; Per Hour	Visit	0	0.00	0.01	0.00	
<b>Financial Management Services Total:</b>						0.00
Financial Management Services	Month	0	0.00	0.01	0.00	
<b>Independent Support Broker Total:</b>						0.00
Independent Support Broker	Hour	0	0.00	0.01	0.00	
<b>Consumer Directed Attendant Care - Skilled Total:</b>						234269.22
CDAC-Individual - 15 Minutes	15 Minutes	23	2902.39	3.46	230972.20	
CDAC-Agency - 15 Minutes	15 Minutes	3	185.33	5.93	3297.02	
<b>Consumer-Directed Attendant Care - Unskilled Total:</b>						56715.18
<b>GRAND TOTAL:</b>						361710.04
Total Estimated Unduplicated Participants:						35
Factor D (Divide total by number of participants):						10334.57
Average Length of Stay on the Waiver:						323

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
CDAC-Individual - 15 Minutes	15 Minutes	19	336.00	3.59	22918.56	
CDAC-Agency - 15 Minutes	15 Minutes	3	1859.00	6.06	33796.62	
<b>Counseling services Total:</b>						0.00
Counseling - Group - 15 minute units	15 Minutes	0	0.00	0.01	0.00	
Counseling - Individual - 15 minute units	15 Minutes	0	0.00	0.01	0.00	
<b>Home Delivered Meals Total:</b>						68224.60
Noon Meal	Meal	13	26.77	9.06	3152.97	
Evening Meal	Meal	21	343.86	8.90	64267.43	
Morning Meal	Meal	1	30.00	8.64	259.20	
Liquid Supplement	Meal	4	25.00	5.45	545.00	
<b>Individual Directed Goods and Services Total:</b>						0.00
Individual Directed Goods and Services	Month	0	0.00	0.01	0.00	
<b>Self Directed Community Support and Employment Total:</b>						0.00
Self Directed Community Support and Employment	Month	0	0.00	0.01	0.00	
<b>Self Directed Personal Care Total:</b>						0.00
Self Directed Personal Care	Month	0	0.00	0.01	0.00	
<b>GRAND TOTAL:</b>						361710.04
Total Estimated Unduplicated Participants:						35
Factor D (Divide total by number of participants):						10334.57
Average Length of Stay on the Waiver:						323

## Appendix J: Cost Neutrality Demonstration

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

#### d. Estimate of Factor D.

**i. Non-Concurrent Waiver.** 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. 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	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
<b>Adult Day Care Total:</b>						0.00
Adult Day Care - Half Day	Half Day	0	0.00	0.01	0.00	
Adult Day Care - Full Day	Day	0	0.00	0.01	0.00	
Adult Day Care - Extended Day	Day	0	0.00	0.01	0.00	
Adult Day Care - 15 Minutes	15 Minutes	0	0.00	0.01	0.00	
<b>Homemaker Total:</b>						2550.00
Homemaker - 15 minutes	15 Minutes	1	408.00	6.25	2550.00	
<b>Respite Total:</b>						0.00
Respite - HHA Group	15 Minutes	0	0.00	0.01	0.00	
Respite - RCF/ID	15 Minutes	0	0.00	0.01	0.00	
Respite - Home Care Agency & Non-Facility, Group	15 Minutes	0	0.00	0.01	0.00	
Respite - Hospital or Nursing Facility/Skilled	15 Minutes	0	0.00	0.01	0.00	
Respite Resident Camp-Weeklong	15 Minutes	0	0.00	0.01	0.00	
Group Summer Day Camp - Group Recreational	15 Minutes	0	0.00	0.01	0.00	
Respite - HHA Specialized	15 Minutes	0	0.00	0.01	0.00	
Respite - Camp	15 Minutes	0	0.00	0.01	0.00	
Teen Day Camp - 13 to 21 Years Old	15 Minutes	0	0.00	0.01	0.00	
Respite - Home Care Agency & Non-Facility, Specialized	15 Minutes	0	0.00	0.01	0.00	
Respite - Child Care Center	15 Minutes	0	0.00	0.01	0.00	
Respite - Nursing Facility	15 Minutes	0	0.00	0.01	0.00	
Respite - HHA Basic Individual	15 Minutes	0	0.00	0.01	0.00	
Respite - ICF/ID	15 Minutes	0	0.00	0.01	0.00	
<b>GRAND TOTAL:</b>						368921.01
Total Estimated Unduplicated Participants:						35
Factor D (Divide total by number of participants):						10540.60
Average Length of Stay on the Waiver:						323

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Group Specialized Summer Day Camp	15 Minutes	0	0.00	0.01	0.00	
Respite - Home Care Agency & Non-Facility, Basic Individual	15 Minutes	0	0.00	0.01	0.00	
<b>Home Health Aide Total:</b>						0.00
Home Health Aide	15 Minutes	0	0.00	0.01	0.00	
<b>Nursing Total:</b>						0.00
Nursing Care in the Home/RN; Per Hour	Visit	0	0.00	0.01	0.00	
Nursing Care in the Home/LPN; Per Hour	Visit	0	0.00	0.01	0.00	
<b>Financial Management Services Total:</b>						0.00
Financial Management Services	Month	0	0.00	0.01	0.00	
<b>Independent Support Broker Total:</b>						0.00
Independent Support Broker	Hour	0	0.00	0.01	0.00	
<b>Consumer Directed Attendant Care - Skilled Total:</b>						239008.78
CDAC-Individual - 15 Minutes	15 Minutes	23	2902.39	3.53	235645.04	
CDAC-Agency - 15 Minutes	15 Minutes	3	185.33	6.05	3363.74	
<b>Consumer-Directed Attendant Care - Unskilled Total:</b>						57831.30
CDAC-Individual - 15 Minutes	15 Minutes	19	336.00	3.66	23365.44	
CDAC-Agency - 15 Minutes	15 Minutes	3	1859.00	6.18	34465.86	
<b>Counseling services Total:</b>						0.00
Counseling - Group - 15 minute units	15 Minutes	0	0.00	0.01	0.00	
Counseling - Individual - 15 minute units	15 Munites	0	0.00	0.01	0.00	
<b>Home Delivered Meals Total:</b>						69530.93
Noon Meal	Meal	13	26.77	9.24	3215.61	
Evening Meal	Meal	21	343.86	9.07	65495.01	
Morning Meal					264.30	
<b>GRAND TOTAL:</b>						368921.01
Total Estimated Unduplicated Participants:						35
Factor D (Divide total by number of participants):						10540.60
Average Length of Stay on the Waiver:						323

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
	Meal	1	30.00	8.81		
Liquid Supplement	Meal	4	25.00	5.56	556.00	
<b>Individual Directed Goods and Services Total:</b>						0.00
Individual Directed Goods and Services	Month	0	0.00	0.01	0.00	
<b>Self Directed Community Support and Employment Total:</b>						0.00
Self Directed Community Support and Employment	Month	0	0.00	0.01	0.00	
<b>Self Directed Personal Care Total:</b>						0.00
Self Directed Personal Care	Month	0	0.00	0.01	0.00	
<b>GRAND TOTAL:</b>						368921.01
Total Estimated Unduplicated Participants:						35
Factor D (Divide total by number of participants):						10540.60
Average Length of Stay on the Waiver:						323

### Appendix J: Cost Neutrality Demonstration

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

##### d. Estimate of Factor D.

i. **Non-Concurrent Waiver.** 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. 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	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
<b>Adult Day Care Total:</b>						0.00
Adult Day Care - Half Day	Half Day	0	0.00	0.01	0.00	
Adult Day Care - Full Day	Day	0	0.00	0.01	0.00	
Adult Day Care - Extended Day	Day	0	0.00	0.01	0.00	
Adult Day Care - 15 Minutes	15 Minutes	0	0.00	0.01	0.00	
<b>Homemaker Total:</b>						2603.04
Homemaker - 15 minutes	15 Minutes	1	408.00	6.38	2603.04	
<b>GRAND TOTAL:</b>						376284.26
Total Estimated Unduplicated Participants:						35
Factor D (Divide total by number of participants):						10750.98
Average Length of Stay on the Waiver:						323

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
<b>Respite Total:</b>						0.00
Respite - HHA Group	15 Minutes	0	0.00	0.01	0.00	
Respite - RCF/ID	15 Minutes	0	0.00	0.01	0.00	
Respite - Home Care Agency & Non-Facility, Group	15 Minutes	0	0.00	0.01	0.00	
Respite - Hospital or Nursing Facility/Skilled	15 Minutes	0	0.00	0.01	0.00	
Respite Resident Camp-Weeklong	15 Minutes	0	0.00	0.01	0.00	
Group Summer Day Camp - Group Recreational	15 Minutes	0	0.00	0.01	0.00	
Respite - HHA Specialized	15 Minutes	0	0.00	0.01	0.00	
Respite - Camp	15 Minutes	0	0.00	0.01	0.00	
Teen Day Camp - 13 to 21 Years Old	15 Minutes	0	0.00	0.01	0.00	
Respite - Home Care Agency & Non-Facility, Specialized	15 Minutes	0	0.00	0.01	0.00	
Respite - Child Care Center	15 Minutes	0	0.00	0.01	0.00	
Respite - Nursing Facility	15 Minutes	0	0.00	0.01	0.00	
Respite - HHA Basic Individual	15 Minutes	0	0.00	0.01	0.00	
Respite - ICF/ID	15 Minutes	0	0.00	0.01	0.00	
Group Specialized Summer Day Camp	15 Minutes	0	0.00	0.01	0.00	
Respite - Home Care Agency & Non-Facility, Basic Individual	15 Minutes	0	0.00	0.01	0.00	
<b>Home Health Aide Total:</b>						0.00
Home Health Aide	15 Minutes	0	0.00	0.01	0.00	
<b>Nursing Total:</b>						0.00
Nursing Care in the Home/RN; Per Hour	Visit	0	0.00	0.01	0.00	
Nursing Care in the Home/LPN; Per Hour	Visit	0	0.00	0.01	0.00	
<b>GRAND TOTAL:</b>						376284.26
Total Estimated Unduplicated Participants:						35
Factor D (Divide total by number of participants):						10750.98
Average Length of Stay on the Waiver:						323

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
<b>Financial Management Services Total:</b>						0.00
Financial Management Services	Month	0	0.00	0.01	0.00	
<b>Independent Support Broker Total:</b>						0.00
Independent Support Broker	Hour	0	0.00	0.01	0.00	
<b>Consumer Directed Attendant Care - Skilled Total:</b>						243748.35
CDAC-Individual - 15 Minutes	15 Minutes	23	2902.39	3.60	240317.89	
CDAC-Agency - 15 Minutes	15 Minutes	3	185.33	6.17	3430.46	
<b>Consumer-Directed Attendant Care - Unskilled Total:</b>						58947.42
CDAC-Individual - 15 Minutes	15 Minutes	19	336.00	3.73	23812.32	
CDAC-Agency - 15 Minutes	15 Minutes	3	1859.00	6.30	35135.10	
<b>Counseling services Total:</b>						0.00
Counseling - Group - 15 minute units	15 Minutes	0	0.00	0.01	0.00	
Counseling - Individual - 15 minute units	15 Minutes	0	0.00	0.01	0.00	
<b>Home Delivered Meals Total:</b>						70985.45
Noon Meal	Meal	13	26.77	9.43	3281.73	
Evening Meal	Meal	21	343.86	9.26	66867.02	
Morning Meal	Meal	1	30.00	8.99	269.70	
Liquid Supplement	Meal	4	25.00	5.67	567.00	
<b>Individual Directed Goods and Services Total:</b>						0.00
Individual Directed Goods and Services	Month	0	0.00	0.01	0.00	
<b>Self Directed Community Support and Employment Total:</b>						0.00
Self Directed Community Support and Employment	Month	0	0.00	0.01	0.00	
<b>Self Directed Personal Care Total:</b>						0.00
Self Directed Personal Care					0.00	
<b>GRAND TOTAL:</b>						376284.26
Total Estimated Unduplicated Participants:						35
Factor D (Divide total by number of participants):						10750.98
Average Length of Stay on the Waiver:						323

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
	Month	0	0.00	0.01		
<b>GRAND TOTAL:</b>						376284.26
Total Estimated Unduplicated Participants:						35
Factor D (Divide total by number of participants):						10750.98
Average Length of Stay on the Waiver:						323