

HEALTH INSURANCE FLEXIBILITY AND ACCOUNTABILITY DEMONSTRATION COST DATA

DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS								
ELIGIBILITY GROUP	BASE YEAR	TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WOW
	DY 00		DY 01	DY 02	DY 03	DY 04	DY 05	
<b>Hypo 1 - Services</b>								
<b>Pop Type:</b>								
Eligible Member Months								\$ -
PMPM Cost								
Total Expenditure			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Hypo 2 - Planning and Implementation (Non-Services)</b>								
<b>Pop Type:</b>								
Total Expenditure								\$ -

DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION: COVERAGE COSTS  
FOR POPULATIONS

ELIGIBILITY GROUP	BASE YEAR DY 00	TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WW
			DY 01	DY 02	DY 03	DY 04	DY 05	
<b>Hypo 1 - Services</b>								
<b>Pop Type:</b>	Hypothetical							
Eligible Member Months			-	-	-	-	-	-
PMPM Cost			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditure			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Hypo 2 - Planning and Implementation (Non-Services)</b>								
<b>Pop Type:</b>	Hypothetical							
Total Expenditure			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Budget Neutrality Summary

HYPOTHETICALS ANALYSIS

<u>Without-Waiver Total Expenditures</u>	DEMONSTRATION YEARS (DY)					TOTAL
	DY 01	DY 02	DY 03	DY 04	DY 05	
Hypo 1 - Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Hypo 2 - Planning and Implementation (Non-Services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

<u>With-Waiver Total Expenditures</u>	DEMONSTRATION YEARS (DY)					TOTAL
	DY 01	DY 02	DY 03	DY 04	DY 05	
Hypo 1 - Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Hypo 2 - Planning and Implementation (Non-Services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

<b>HYPOTHETICALS VARIANCE</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Reentry Budget Neutrality Supplemental Information Tables

Instructions: Please complete Table 1 to provide supporting information demonstrating how the proposed per member per month limit was established. When completing the table: 1. Include the facilities and pre-release services that the state is proposing to include in its Reentry Initiative; 2. Indicate the year of Medicaid rates used (most recent); 3. To calculate the single blended PMPM, use a weighted formula based on percent of population in each facility type.

Table 1: Projected Costs by Pre-Release Service Per Member

Facility Type	Pre-Release Service	Medicaid Rate*	Monthly Utilization	Monthly Total
<b>Prisons</b>	Case Management			\$0
	Medication Assisted Treatment (MAT) Services			\$0
	Practitioner Office Visit			\$0
	Diagnostic Services			\$0
	Additional Prescribed Drugs and Medication Administration			\$0
	Treatment for Hepatitis C			\$0
	Treatment for HIV			\$0
	Treatment for TB			\$0
	Treatment for Other Conditions			\$0
	Medical Equipment and Supplies			\$0
	Family Planning Services and Supplies			\$0
	Services Provided by Community Health Workers			\$0
	Peer Support Services			\$0
	Other (specify)			\$0
			<b>PMPM for Prisons</b>	\$0
<b>Jails</b>	Case Management			\$0
	Medication Assisted Treatment (MAT) Services			\$0
	Practitioner Office Visit			\$0
	Diagnostic Services			\$0
	Additional Prescribed Drugs and Medication Administration			\$0
	Treatment for Hepatitis C			\$0
	Treatment for HIV			\$0
	Treatment for TB			\$0
	Treatment for Other Conditions			\$0
	Medical Equipment and Supplies			\$0
	Family Planning Services and Supplies			\$0
	Services Provided by Community Health Workers			\$0
	Peer Support Services			\$0
	Other (specify)			\$0
			<b>PMPM for Jails</b>	\$0
<b>Youth Correctional Facilities</b>	Case Management			\$0
	Medication Assisted Treatment (MAT) Services			\$0
	Practitioner Office Visit			\$0
	Diagnostic Services			\$0
	Additional Prescribed Drugs and Medication Administration			\$0
	Treatment for Hepatitis C			\$0
	Treatment for HIV			\$0
	Treatment for TB			\$0
	Treatment for Other Conditions			\$0
	Medical Equipment and Supplies			\$0
	Family Planning Services and Supplies			\$0
	Services Provided by Community Health Workers			\$0
	Peer Support Services			\$0
	Other (specify)			\$0
			<b>PMPM for Youth Correctional Facilities</b>	\$0
<b>Tribal Correctional Facilities</b>	Case Management			\$0
	Medication Assisted Treatment (MAT) Services			\$0
	Practitioner Office Visit			\$0
	Diagnostic Services			\$0
	Additional Prescribed Drugs and Medication Administration			\$0
	Treatment for Hepatitis C			\$0
	Treatment for HIV			\$0
	Treatment for TB			\$0
	Treatment for Other Conditions			\$0
	Medical Equipment and Supplies			\$0
	Family Planning Services and Supplies			\$0
	Services Provided by Community Health Workers			\$0
	Peer Support Services			\$0
	Other (specify)			\$0
			<b>PMPM for Tribal Correctional Facilities</b>	\$0
			<b>Total PMPM for All Facility Types (Blended)</b>	

\*Base year period: [enter dates in cell to the right]

Reentry Budget Neutrality Supplemental Information Tables

Instructions: Please provide the source of projected costs (Table 2) and funding recipient (Table 3) information. States must perform a needs assessment to inform projected costs. Only include costs for state relevant categories.

*Table 2: Projected Non-Services Funding by Category*

Category	Proportion of Facilities Anticipated to Require Support	Cost
Technology and IT Services		
Hiring of Staff and Training		
Adoption of Certified Electronic Health Record Technology		
Purchase of Billing Systems		
Development of Protocols and Procedures		
Additional Activities to Promote Collaboration		
Planning focused on developing processes and information sharing protocols		
Other activities to support a milieu appropriate for provision of pre-release services		
	<b>Total Computable</b>	<b>\$0</b>

Instructions: Please provide the source of projected costs (Table 2) and funding recipient (Table 3) information. States must perform a needs assessment to inform projected costs. Please list all facility types, and only those facilities that the state plans to support with Planning and Implementation funding.

*Table 3: Funding Recipients*

Type of Facility	Description	Number of Facilities
Correctional	State prisons	
	County or city jails	
	Youth correctional facilities	
	Tribal correctional facilities	
	Other (specify)	
Other	Probation offices	
	Sheriff's offices	
	State Department of Correction (DOC) and Department of Youth Services (DYS)	
	Community-based organizations (CBO)	
	Other entities as relevant to the needs of justice-involved individuals, including community health centers (CHC) and behavioral health organizations	

**PRA Disclosure Statement:** The goal of this voluntary template is to expedite CMS' reviews and approvals of states' requests for approval of Medicaid Section 1115 Reentry Demonstration Initiative applications, and to support state implementation planning and related transparency, as outlined in Application Procedures Part 42 CFR Section 431.412.

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