



Office of Director

P.O. Box 1437, Slot S201 · Little Rock, AR 72203-1437
501-682-8650 · Fax: 501-682-6836 · TDD: 501-682-8820



April 30, 2019

Governor Asa Hutchinson
250 State Capitol
Little Rock, AR 72201

Dear Governor Hutchinson:

I am pleased to submit the Department of Human Services (DHS) Medicaid Transformation Savings Scorecard and Quarterly Report, which covers the third quarter (Q3) of State Fiscal Year 2019 (SFY 2019). We remain on track to achieve the five-year savings target of \$835 million for SFY 2017-2021 you established with the Health Care Task Force (HCTF). The savings target represents a reduction in spending from original spending projections over the five-year period. The cumulative savings for Medicaid Transformation thus far is \$537 million.

The HCTF savings target for SFY 2019 is \$173 million. Actual Medicaid Transformation savings to date in SFY 2019 are \$249 million. We reached another milestone in SFY 2019 Q3 as three PASSEs assumed full risk for approximately 40,000 Medicaid members on March 1. The HCTF did not expect the provider-led model would begin to generate savings and revenue from the premium tax until SFY 2021. As you know, at least 50 percent of the premium tax must be used to reduce the waiver waitlist for persons with developmental disabilities. We expect to begin using the premium tax revenues in SFY 2020 to allow us to add new waiver slots this calendar year, well ahead of the HCTF expectations. Our next quarterly report will include greater details on the PASSE program.

We also are pleased to report our progress in meeting your Executive Order 19-02, "To Establish a Systematic Approach to Reviewing Medicaid Rates on a Regular Cycle." As you have directed, we will report the rates to be reviewed in advance and work with the types of providers in the design of the review. The first round of reviews, which will begin May 1, 2019, are:

- Habilitation services in the Early Intervention Day Treatment (EIDT) and Adult Developmental Day Treatment (ADDT) programs—these services will proceed directly to the necessary actuarial study to rebase rates for these services.
- Personal care
- Dental
- Ambulance
- Physician—primary care

While financial challenges remain, through your leadership, and with the ongoing support of the General Assembly, Medicaid is moving towards becoming financially stable and predictable while ensuring services for those most in need remain intact.

Sincerely,

A handwritten signature in black ink, appearing to read "Cindy Gillespie".

Cindy Gillespie
Director

humanservices.arkansas.gov

Protecting the vulnerable, fostering independence and promoting better health

Medicaid Transformation Savings Scorecard and Quarterly Report

Q3 – SFY2019

A Four Section Report to Track Medicaid and Savings

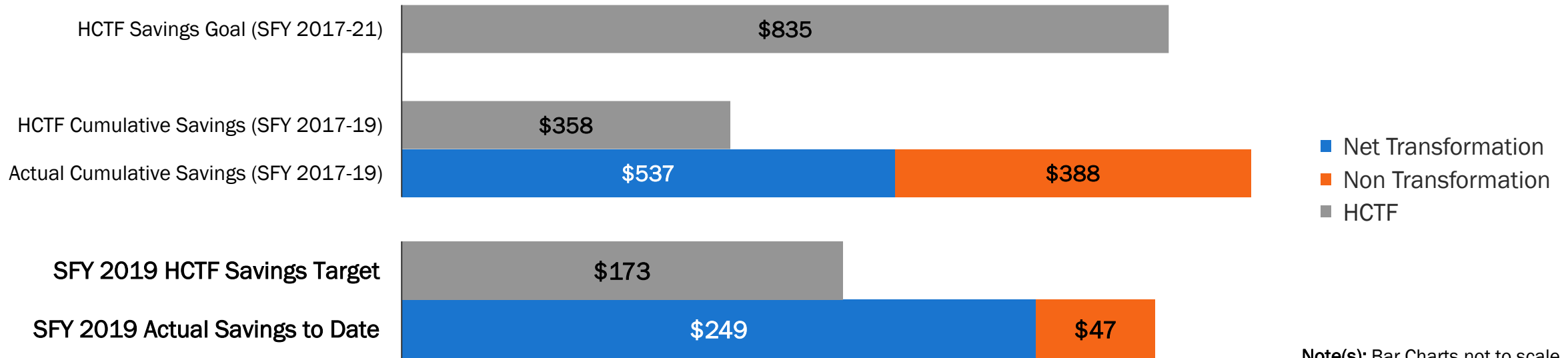
- DHS is obligated to provide a quarterly report beginning with the first quarter of SFY18 that:
 - Includes a dashboard or scorecard to track savings from reforms approved by the Health Care Task Force (HCTF). The reforms target “at least \$835 million” in savings from traditional Medicaid.
 - Reports on all Medicaid programs to monitor spending and savings across the programs.
 - Measures the impact on Medicaid spending and other quality/performance indicators from implementation of provider-led organized care in Arkansas.
- Act 802 requires DHS to submit to the Bureau of Legislative Research an initial report on September 1, 2017, to establish the baseline for the quarterly reports.
- Act 802 further provides:
 - If project (sic) savings in an amount less than five percent (5%) of the goal are not achieved during any two (2) consecutive quarters unrelated to non-claims based performance, the department shall develop additional reforms to achieve the savings goals (emphasis added.)”
 - “If legislative action is required to implement the additional reforms ..., the Department may take the action to the Legislative Council or the Executive Subcommittee of the Legislative Council for immediate action.”
- DHS will submit these quarterly reports to BLR on or before the thirtieth day following the end of a quarter.

SECTION I: MEDICAID TRANSFORMATION SAVINGS SCORECARD

Traditional Medicaid Scorecard

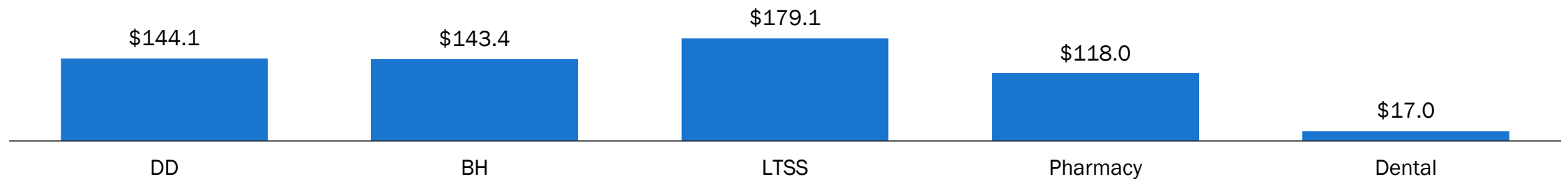
Overall Savings

Savings (\$M)



Note(s): Bar Charts not to scale

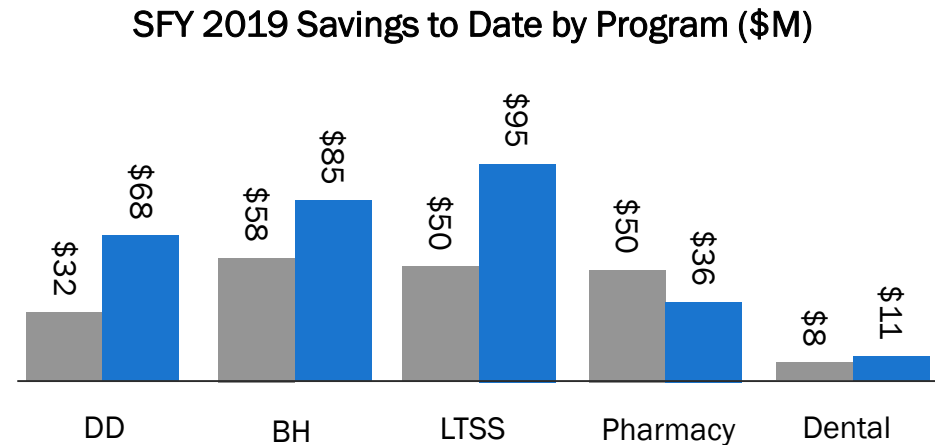
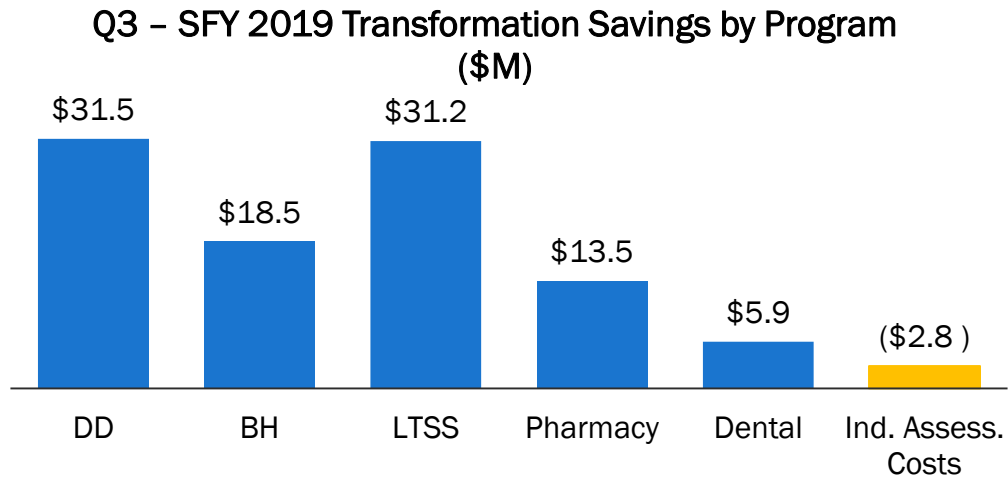
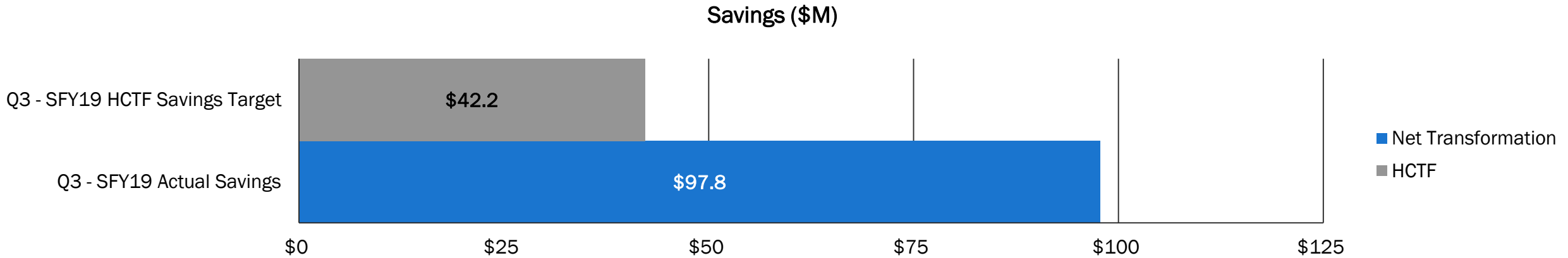
Cumulative Transformation Savings by Program (\$M) (SFY 2017-19)



Note(s): Starting in Q3 - SFY19, the PASSEs assumed full risk and their capitated payments are now calculated as part of non-transformation savings.

Traditional Medicaid Scorecard

SFY 2019



Note(s): Starting in Q3 - SFY19, the PASSEs assumed full risk and their capitated payments are now calculated as part of Non Transformation savings.

HCTF Baseline Spending Models

Spending by Year & Program Dollars in Millions (\$M)	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2017-21
*HCTF Baseline, Traditional Medicaid	\$5,379	\$5,648	\$5,930	\$6,227	\$6,538	\$29,722
‡HCTF “Current Model” Spending Traditional Medicaid only	\$5,302	\$5,495	\$5,757	\$6,026	\$6,322	\$28,902
‡HCTF “Current Model” Net Fiscal Impact of Reforms	(\$77)	(\$153)	(\$173)	(\$201)	(\$216)	(\$820)
‡HCTF “Current Model” with PASSE	\$5,302	\$5,495	\$5,757	\$6,026	\$6,227	\$28,806
**HCTF Net Fiscal Impact of “Current Model” with PASSE	(\$77)	(\$153)	(\$173)	(\$201)	(\$311)	(\$915)

* HCTF assumed 5% annual growth in spending

‡ HCTF “Current Model” reflects revised annual spending based on achieving annual savings targets

** HCTF assumed PASSE would not show savings until SFY21

HCTF Baseline for Net Savings in Targeted Areas

“Current Model” Savings and Costs by Year & Program Dollars in Millions (\$M)	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2017-21
DD Savings – Therapy Caps	\$0	\$18	\$18	\$18	\$18	\$72
DD Savings – Changes to CHMS and DDTCS	\$0	\$14	\$14	\$14	\$14	\$56
DD Savings – Independent Assessment & Tiers/Waiver Changes	\$0	\$0	\$0	\$17	\$17	\$34
DD Cost – Independent Assessment	\$0	\$0	(\$2)	(\$2)	(\$2)	(\$6)
Net DD Savings	\$0	\$32	\$30	\$47	\$47	\$156
BH Savings – Updated Outpatient Benefits Policy	\$12	\$16	\$33	\$33	\$33	\$127
BH Savings – Inpatient	\$0	\$15	\$25	\$35	\$50	\$125
BH Cost – Independent Assessment	\$0	(\$1)	(\$2)	(\$2)	(\$2)	(\$7)
BH Cost – Care Coordination	\$0	(\$15)	(\$21)	(\$21)	(\$21)	(\$78)
Net BH Savings	\$12	\$15	\$35	\$45	\$60	\$167
LTSS (Note: TSG did not model; these numbers were arbitrary)	\$15	\$50	\$50	\$50	\$50	\$215
Pharmacy (These savings were for all FFS, not just Traditional)	\$50	\$50	\$50	\$50	\$50	\$250
Dental Savings – Capitated Managed Care	\$0	\$3	\$5	\$5	\$5	\$18
Dental Premium Tax	\$0	\$3	\$3	\$4	\$4	\$14
Net Dental All-Funds Impact	\$0	\$6	\$8	\$9	\$9	\$32
Net Fiscal Impacts	\$77	\$153	\$173	\$201	\$216	\$820

Total Traditional Medicaid Spend by Quarter

SFY 2018-19

	Q3 SFY 2018 Actual	Q4 SFY 2018 Actual	Q1 SFY 2019 Actual	Q2 SFY 2019 Actual	Q3 SFY 2019 HCTF Baseline (5% Annual Increase)	Q3 SFY 2019 Actual	Q3 SFY 2019 Difference
Total Hospital/Medical Expenditures	\$1,023,582,576	\$1,052,345,571	\$948,288,827	\$981,597,909	\$1,141,756,502	\$1,022,974,059	(\$118,782,443)
Total Prescription Drugs Expenditures	\$99,689,725	\$107,292,180	\$118,584,950	\$108,706,526	\$130,130,163	\$109,261,902	(\$20,868,261)
Total Long-Term Care Expenditures	\$208,684,919	\$222,140,376	\$213,798,332	\$214,947,014	\$251,525,765	\$221,762,527	(\$29,763,238)
Full Risk PASSE Capitated Payments	\$0	\$0	\$0	\$0	\$0	\$133,223,000	\$133,223,000
Total Traditional Medicaid	\$1,331,957,220	\$1,381,778,127	\$1,280,672,109	\$1,305,251,449	\$1,523,412,430	\$1,487,221,488	(\$36,195,512)

- Note(s):
- (1) Includes Contracts and Part D claw backs which are not part of transformation
 - (2) Starting in Q3 – SFY19, the PASSEs assumed full risk and their capitated payments are now calculated as part of non-transformation savings.
 - (3) As the PASSEs pay for Hospital/Medical and Prescription Drugs for their members, there will be corresponding reductions in fee-for-service expenditures.

Medicaid Transformation Spend by Quarter

SFY 2018-19

	Q3 SFY 2018 Actual	Q4 SFY 2018 Actual	Q1 SFY 2019 Actual	Q2 SFY 2019 Actual	Q3 SFY 2019 HCTF Baseline (5% Annual Increase)	Q3 SFY 2019 Actual	Q3 SFY 2019 Difference
Developmentally Disabled (DD)	\$162,508,143	\$194,534,138	\$161,349,272	\$174,811,123	\$192,086,333	\$160,618,005	(\$31,468,328)
Behavioral Health (BH)	\$93,002,034	\$101,254,417	\$71,470,869	\$84,081,370	\$86,395,933	\$67,890,370	(\$18,505,563)
Long Term Services & Supports (LTSS)	\$229,158,090	\$246,166,768	\$236,471,081	\$238,068,185	\$279,494,946	\$248,297,924	(\$31,197,022)
Pharmacy	\$98,602,418	\$89,602,885	\$88,994,409	\$94,754,347	\$107,309,428	\$93,783,736	(\$13,525,692)
Dental	\$39,178,647	\$35,618,779	\$34,765,750	\$34,652,437	\$40,064,643	\$34,202,766	(\$5,861,878)
Grand Total	\$622,449,333	\$667,176,987	\$593,051,381	\$626,367,462	\$705,351,283	\$604,792,801	(\$100,558,483)

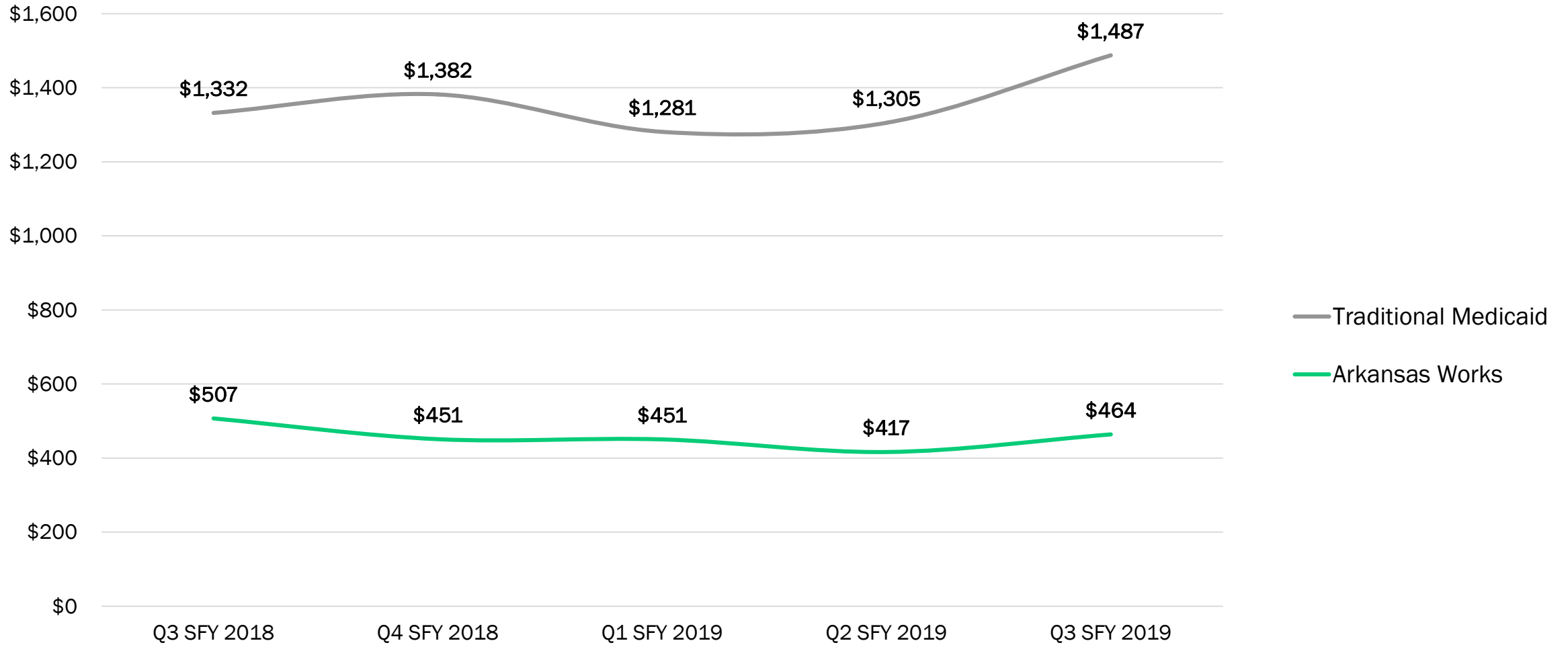
Note(s): (1) Further details of each section can be found in Section III

(2) Long Term Services & Supports numbers contain Assisted Living which was not in last year's Scorecard

SECTION II: ARKANSAS MEDICAID ENROLLMENT & SPENDING REPORT

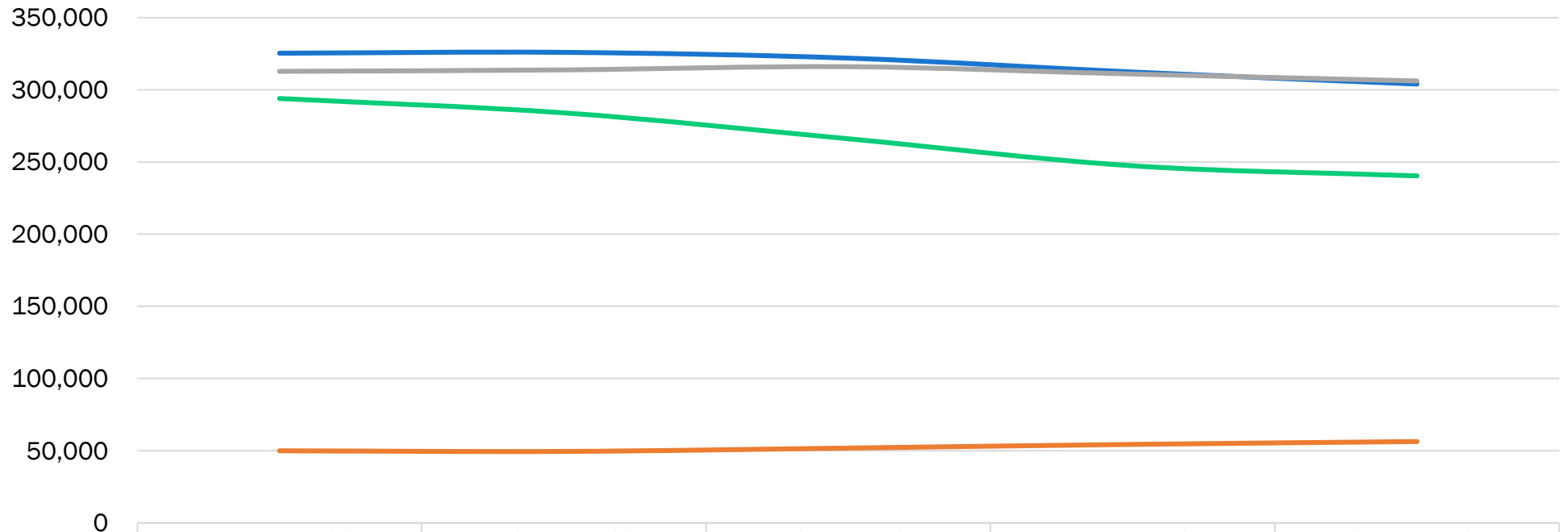
Overall Medicaid Spend by Quarter (\$M)

SFY 2018-19



Medicaid Enrollment by Quarter

SFY 2018-19

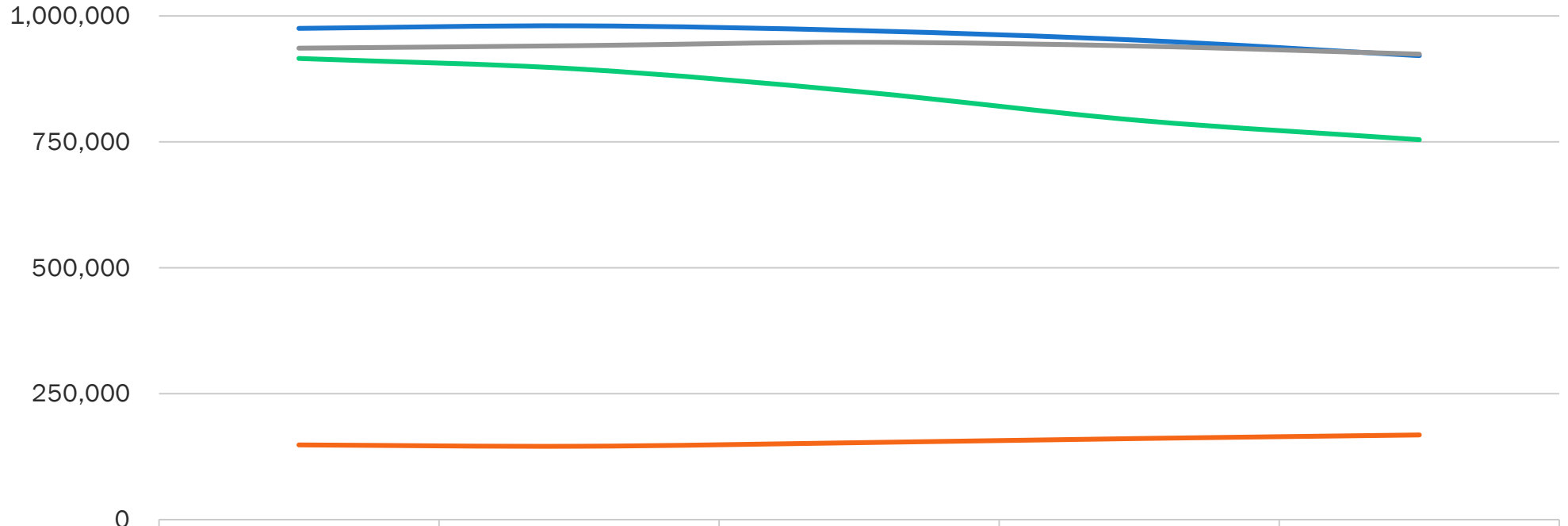


	Q3 SFY 2018	Q4 SFY 2018	Q1 SFY 2019	Q2 SFY 2019	Q3 SFY 2019
ARKids A	325,331	325,911	321,942	312,351	304,060
ARKids B	49,932	49,495	51,824	54,395	56,370
Other Traditional Medicaid	312,796	313,791	316,028	310,888	306,082
ARWorks	293,991	284,031	266,091	247,374	240,394
Total	982,050	973,228	955,885	925,008	906,906

Note(s): This point-in-time report was run on Apr. 11, 2019. Enrollment is counted on the last day of each month. Traditional Medicaid Enrollment includes retro-active eligibility for each month. As a result, Traditional Medicaid Enrollment totals will vary from previous Scorecards. ARWorks enrollment numbers DO NOT include retro-active eligibility for each month and as a result do not change Scorecard to Scorecard.

Medicaid Member Months by Quarter

SFY 2018-19

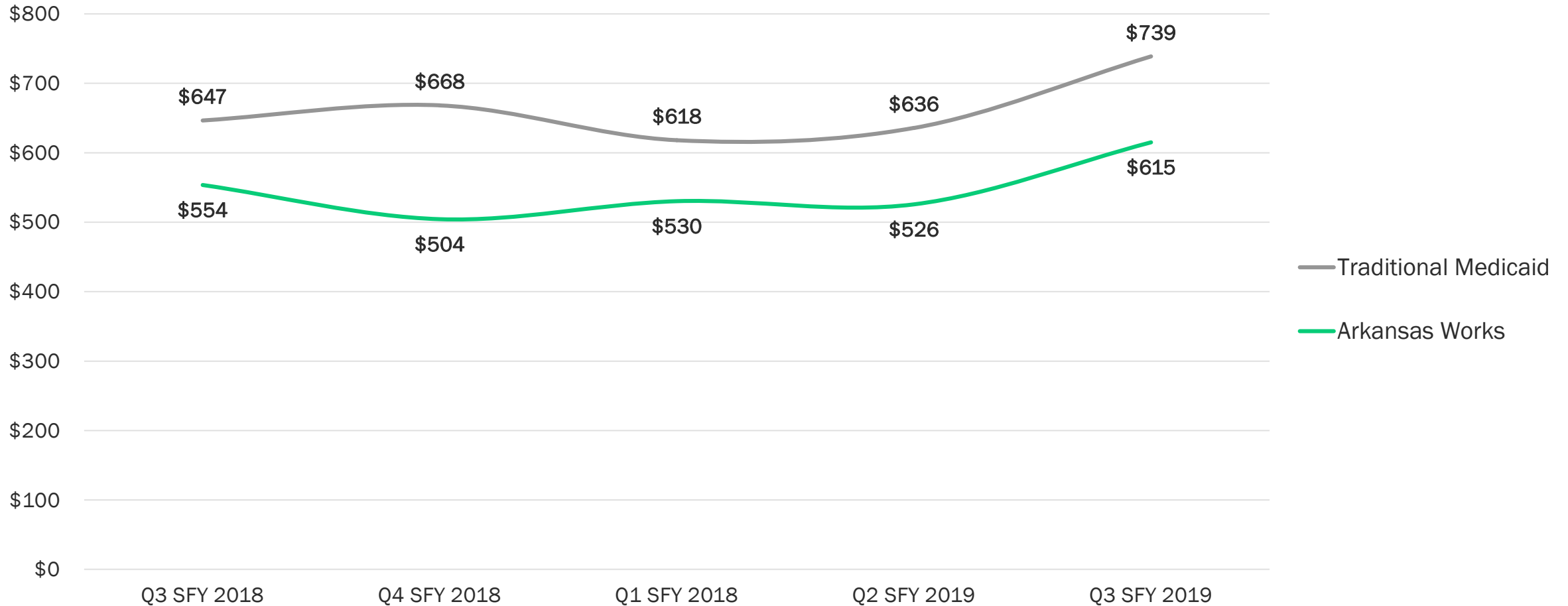


	Q3 SFY 2018	Q4 SFY 2018	Q1 SFY 2019	Q2 SFY 2019	Q3 SFY 2019
AR Kids A	975,524	980,571	971,103	952,008	921,409
AR Kids B	148,440	145,853	152,840	160,908	167,829
Other Traditional Medicaid	936,136	941,191	947,928	940,272	924,200
ARWorks	915,805	894,754	849,817	792,691	754,380
Total	2,975,905	2,962,369	2,921,688	2,845,879	2,767,818

Note(s): This point-in-time report was run on Apr. 11, 2019. Enrollment is counted on the last day of each month and includes retro-active eligibility for each month. As a result, these totals will vary from previous Scorecards.

Medicaid Quarterly Per Member Per Month (PMPM)

SFY 2018-19



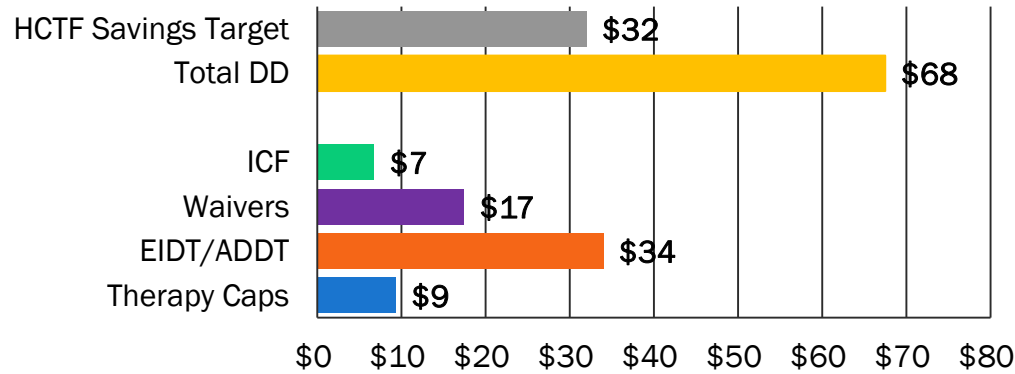
Note(s): This point-in-time report was run on Apr. 11, 2019. Enrollment is counted on the last day of each month and includes retro-active eligibility for each month. As a result, these totals will vary from previous Scorecards.

SECTION III: PROGRAM SCORECARDS

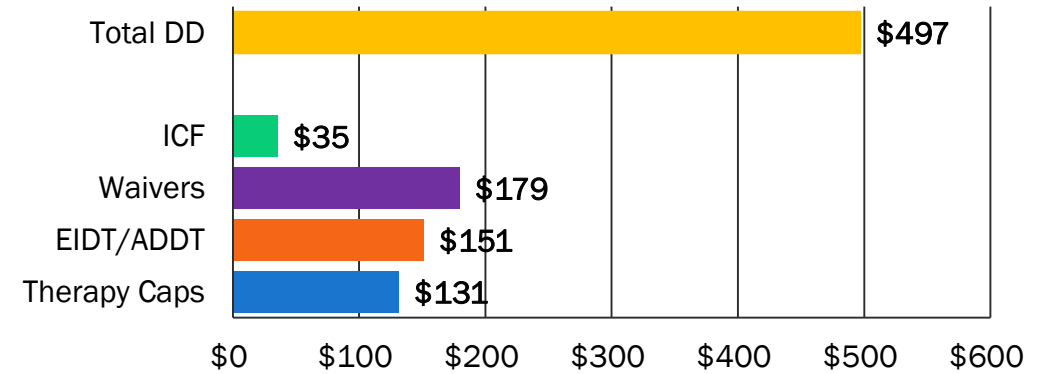
Developmentally Disabled (DD)

SFY 2018-19: Quarterly Scorecard

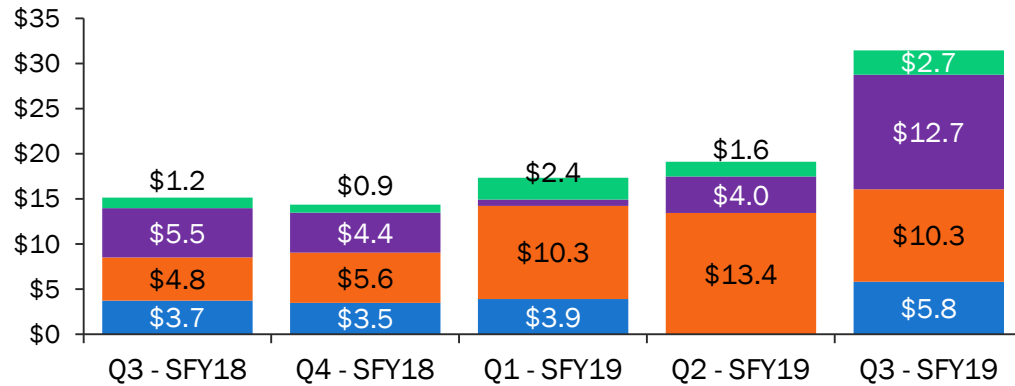
SFY 2019 Savings to Date (\$M)



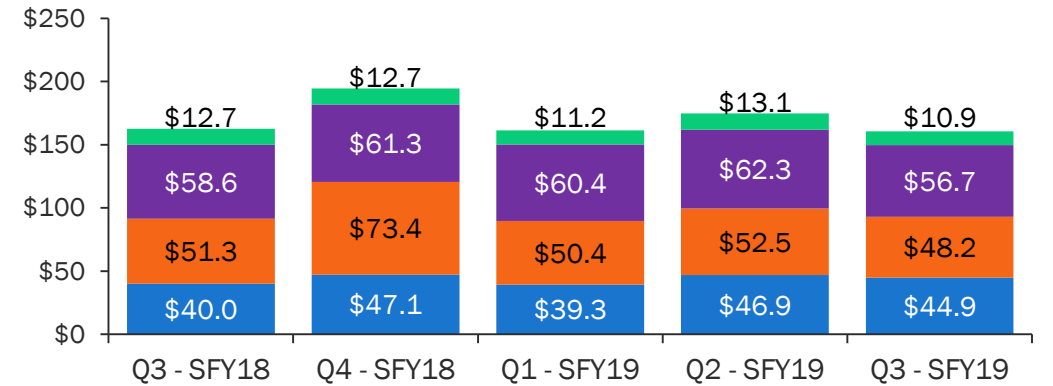
SFY 2019 Spending to Date (\$M)



Savings per Quarter (\$M)



Spending per Quarter (\$M)

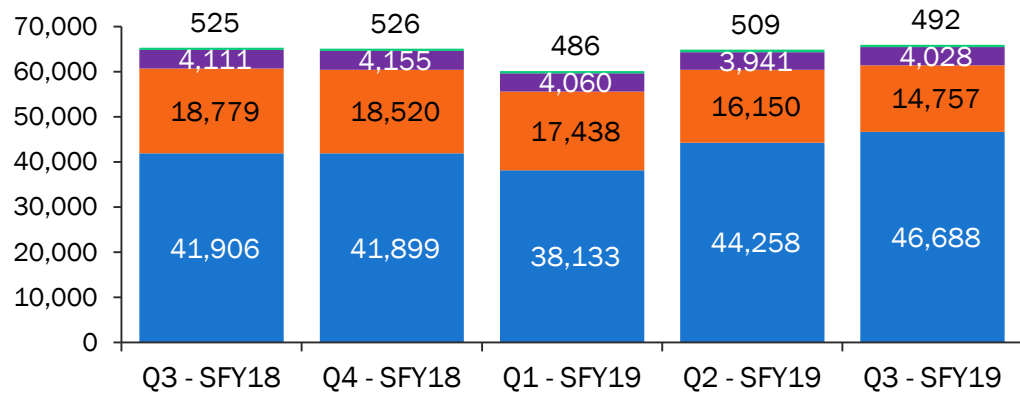


Note(s): EIDT/ADDT was formerly called CHMS/DDTCS in last year's Scorecard

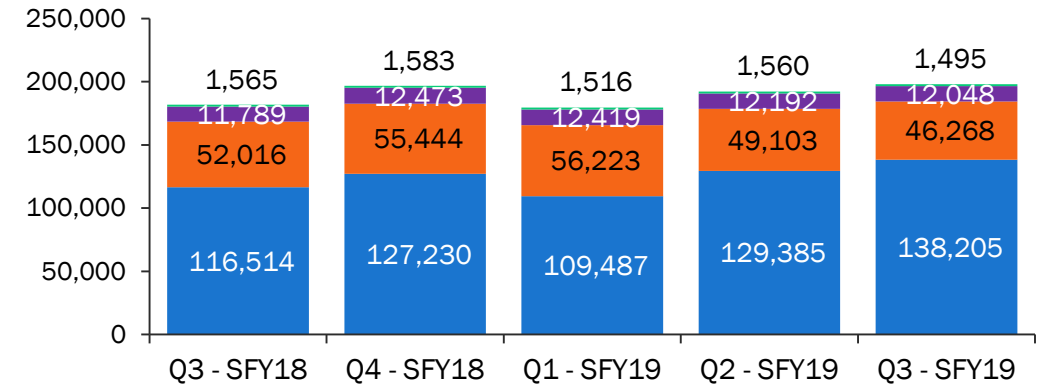
Developmentally Disabled (DD)

SFY 2018-19: Quarterly Scorecard

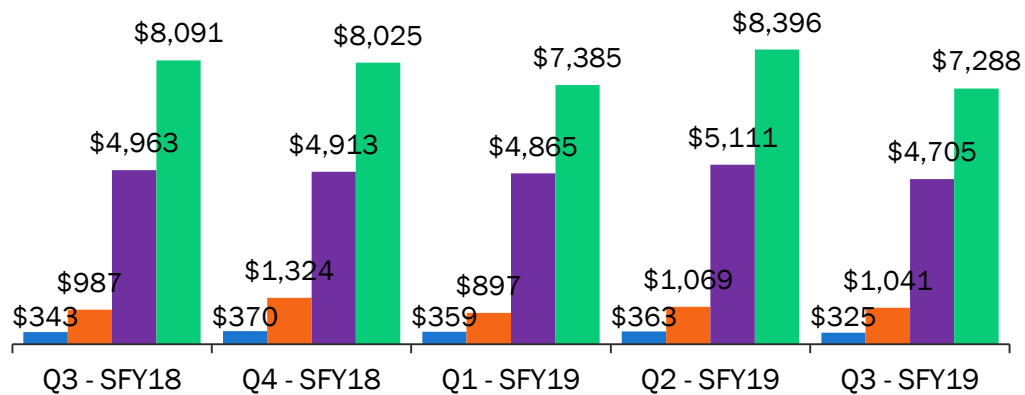
Recipients per Quarter



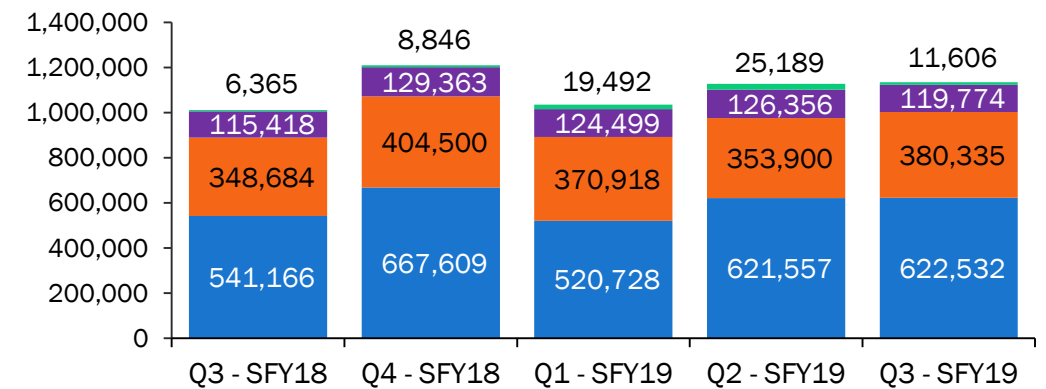
Member Months per Quarter



PMPM per Quarter



Claims per Quarter

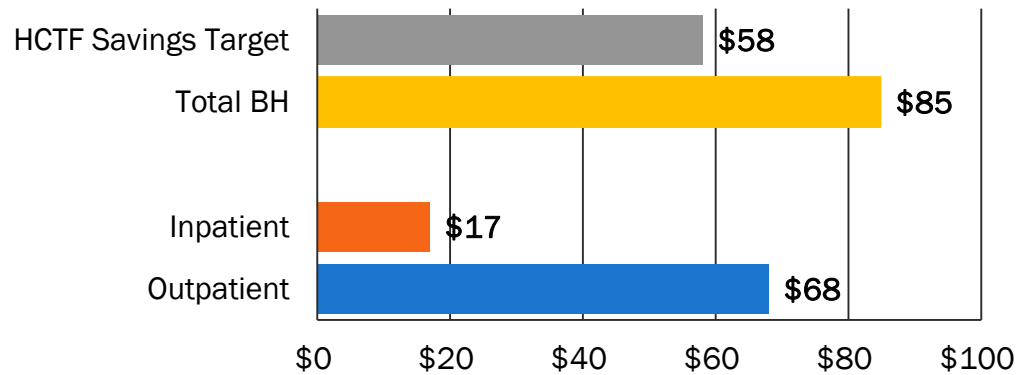


Note(s): EIDT/ADDT was formerly called CHMS/DDTCS in last year's Scorecard

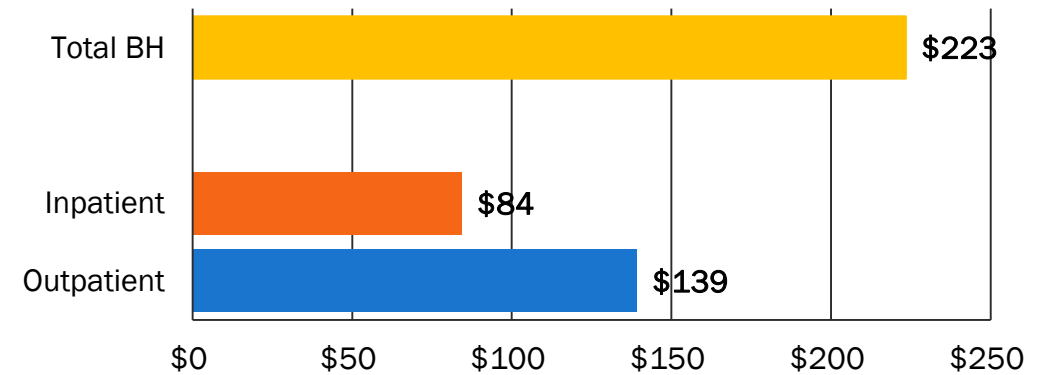
Behavioral Health (BH)

SFY 2018-19: Quarterly Scorecard

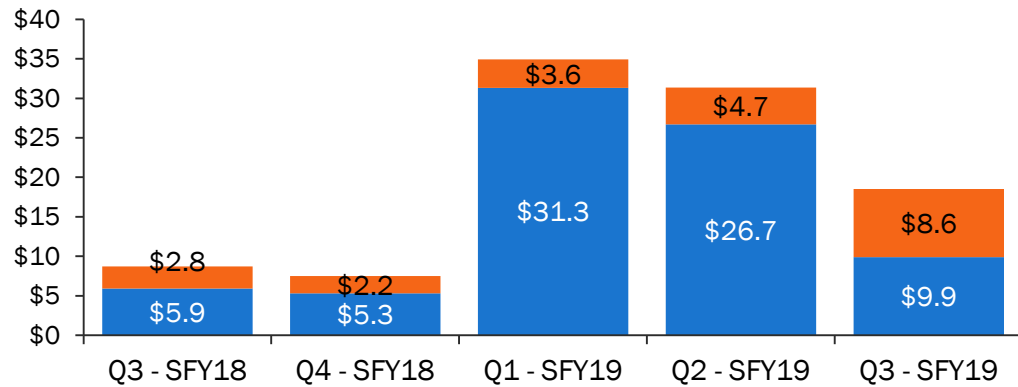
SFY 2019 Savings to Date (\$M)



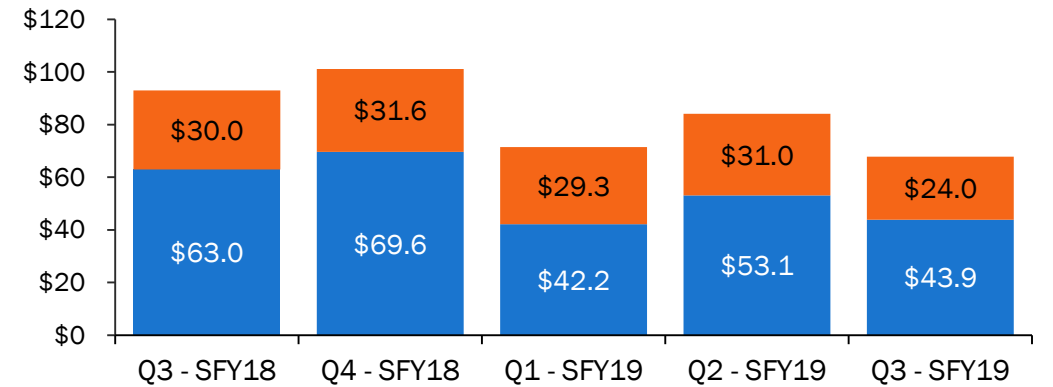
SFY 2019 Spending to Date (\$M)



Savings per Quarter (\$M)



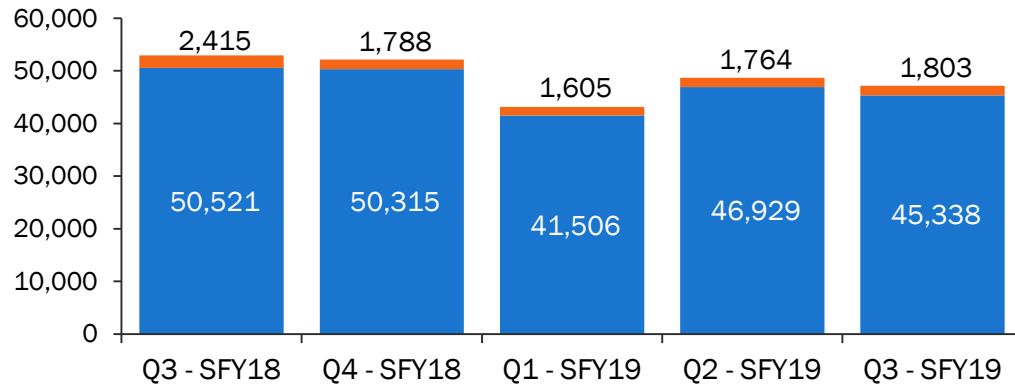
Spending per Quarter (\$M)



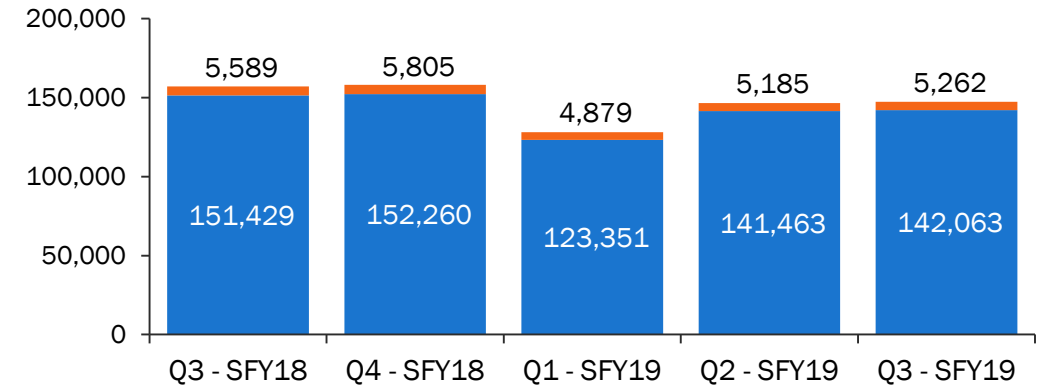
Behavioral Health (BH)

SFY 2018-19: Quarterly Scorecard

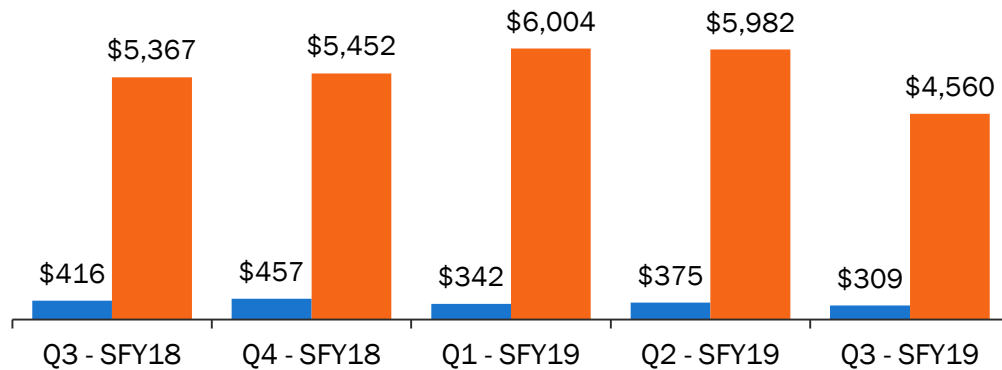
Recipients per Quarter



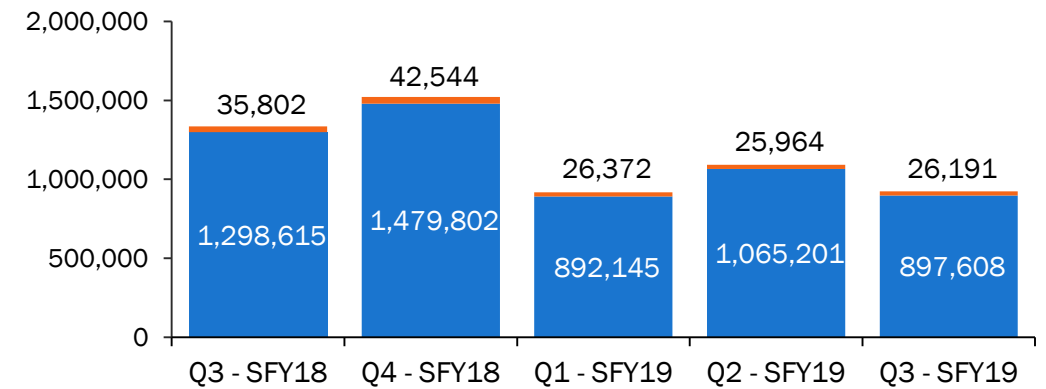
Member Months per Quarter



PMPM per Quarter



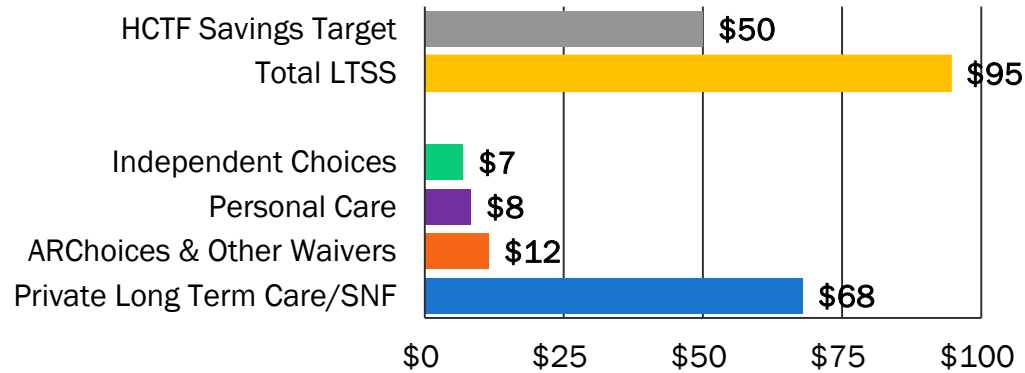
Claims per Quarter



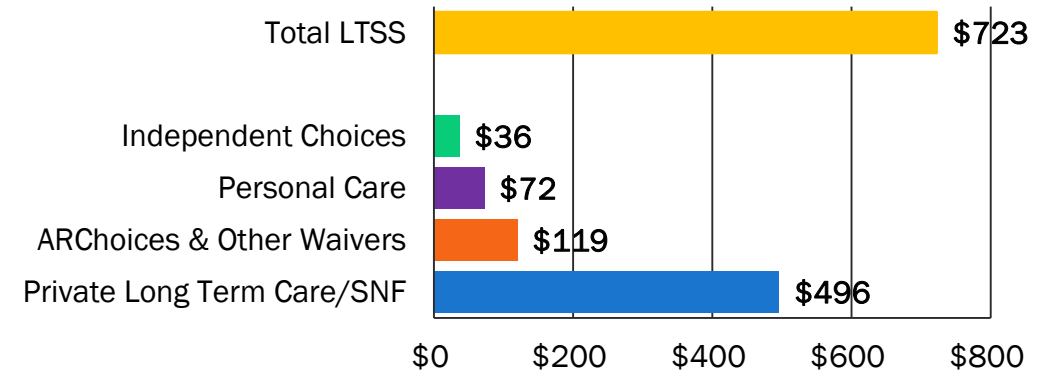
Long Term Services & Supports (LTSS)

SFY 2018-19: Quarterly Scorecard

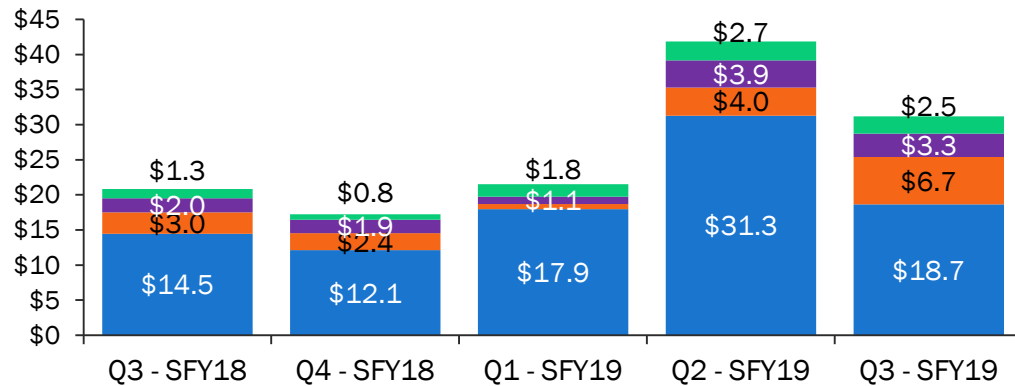
SFY 2019 Savings to Date (\$M)



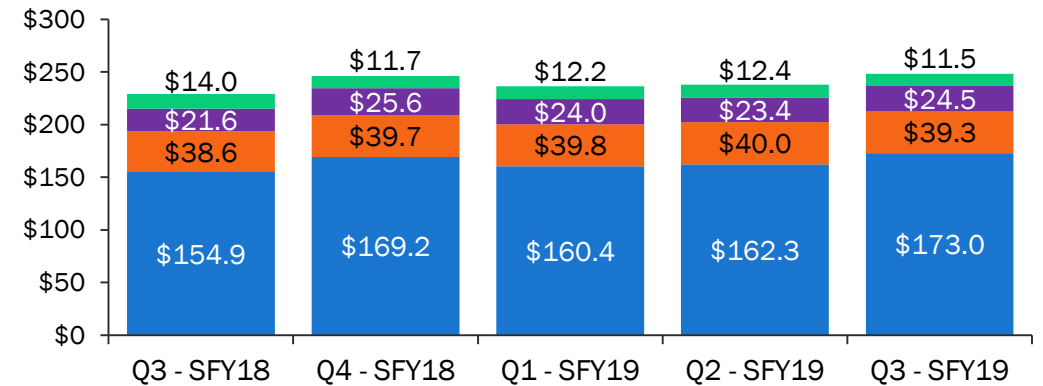
SFY 2019 Spending to Date (\$M)



Savings per Quarter (\$M)



Spending per Quarter (\$M)

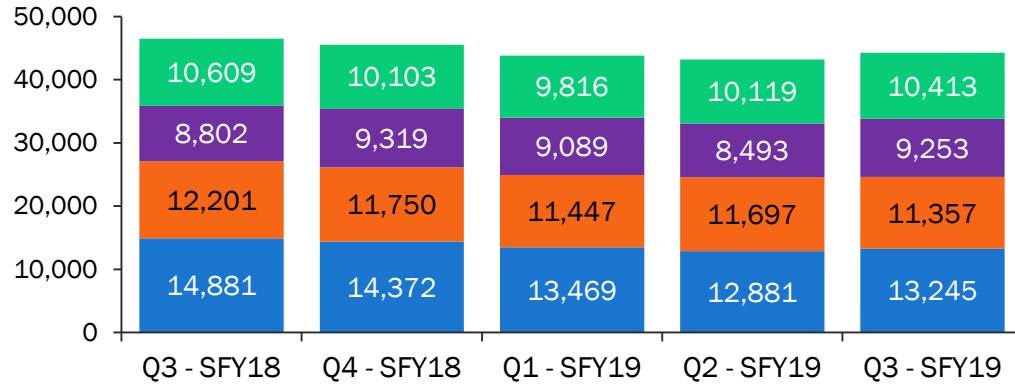


Note(s): During Q3 - SFY18, enrollment of new beneficiaries in ARChoices was frozen due to litigation. Regular enrollment of new beneficiaries did not resume until Q2 - SFY19.

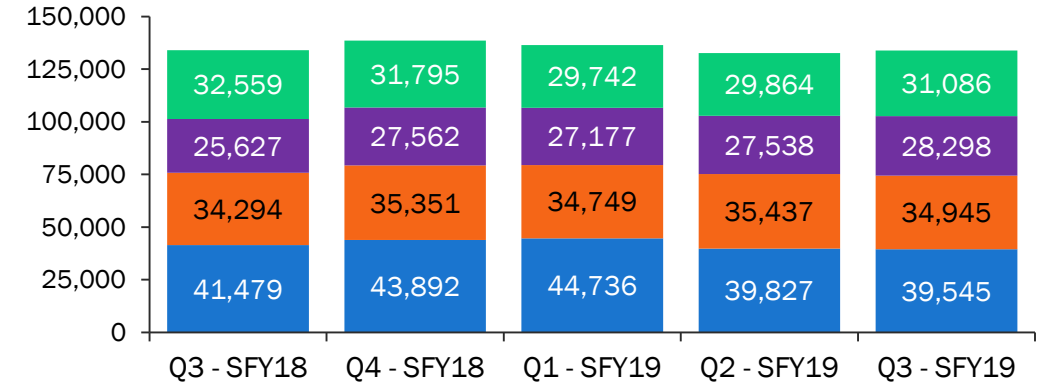
Long Term Services & Supports (LTSS)

SFY 2018-19: Quarterly Scorecard

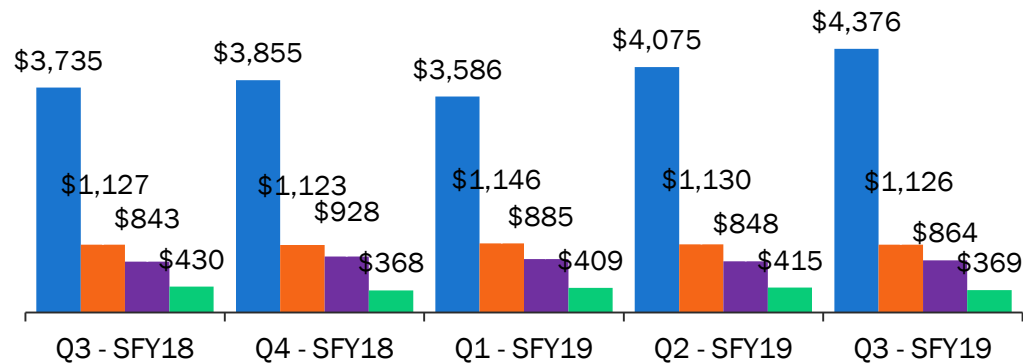
Recipients per Quarter



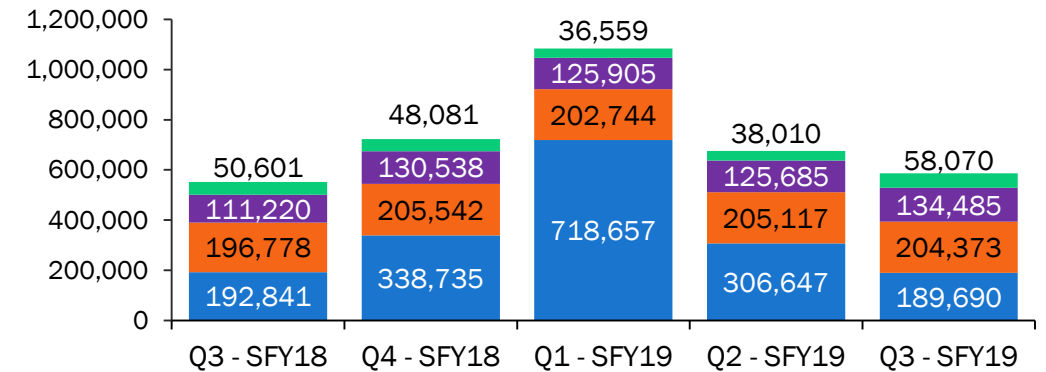
Member Months per Quarter



PMPM per Quarter



Claims per Quarter



- Note(s):**
- (1) During Q3 – SFY18, enrollment of new beneficiaries in ARChoices was frozen due to litigation. Regular enrollment of new beneficiaries did not resume until Q2 – SFY19.
 - (2) The increase in Private Long Term Care/SNF claims in Q1 – SFY19 is due to a mass adjustment of rates for those services

Pharmacy

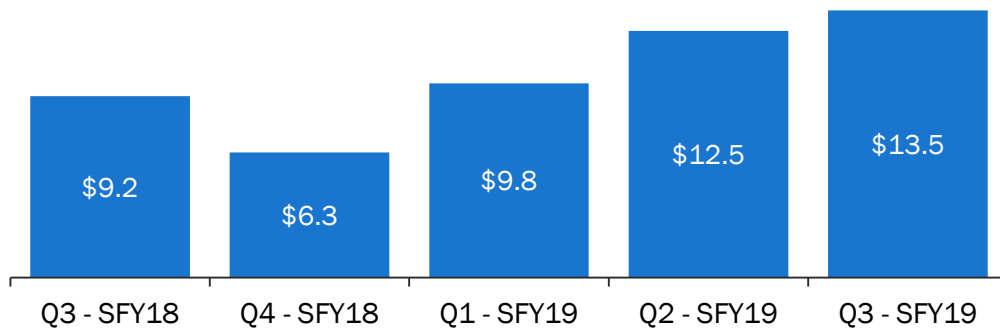
SFY 2018-19: Quarterly Scorecard

SFY 2019 (\$M)

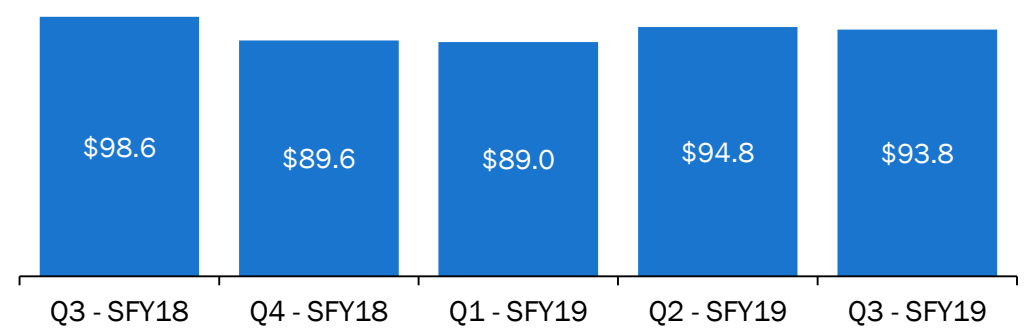


Note(s): Bar Charts not to scale

Savings per Quarter (\$M)



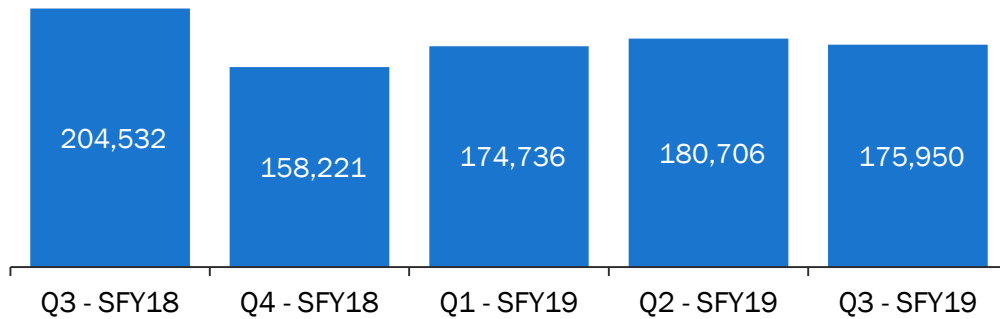
Spending per Quarter (\$M)



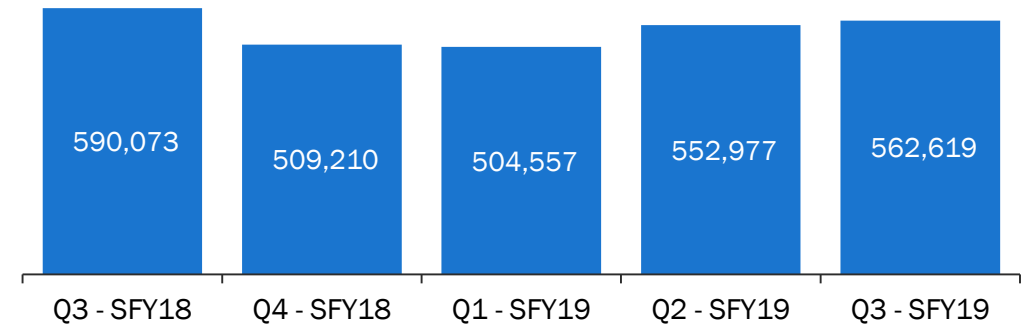
Pharmacy

SFY 2018-19: Quarterly Scorecard

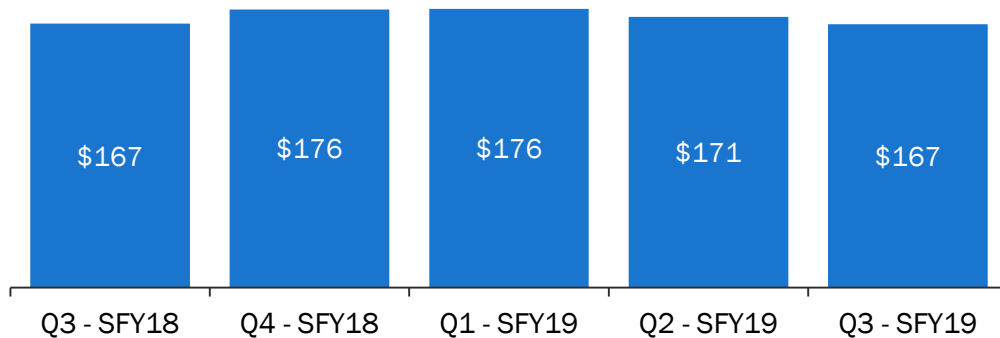
Recipients per Quarter



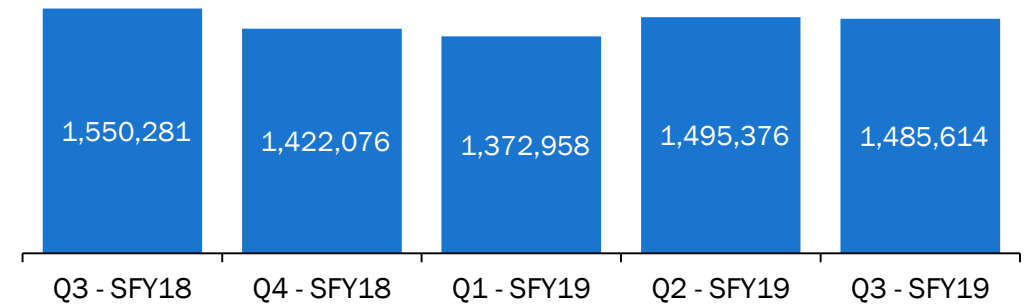
Member Months per Quarter



PMPM per Quarter



Claims per Quarter



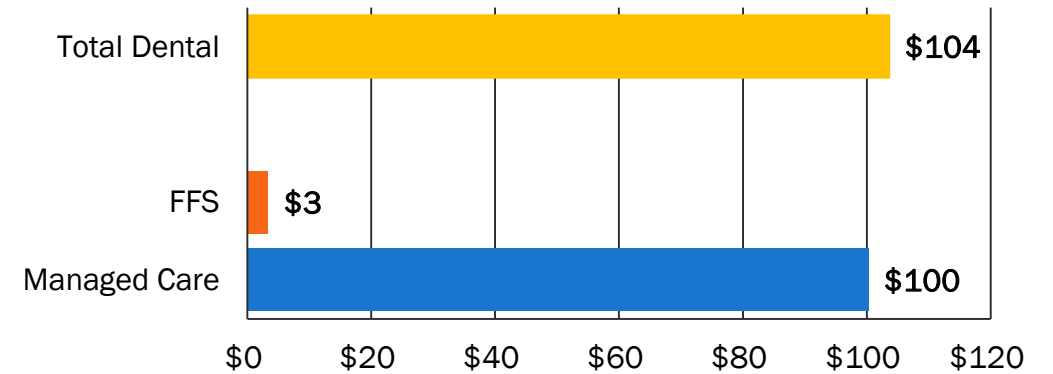
Dental

SFY 2018-19: Quarterly Scorecard

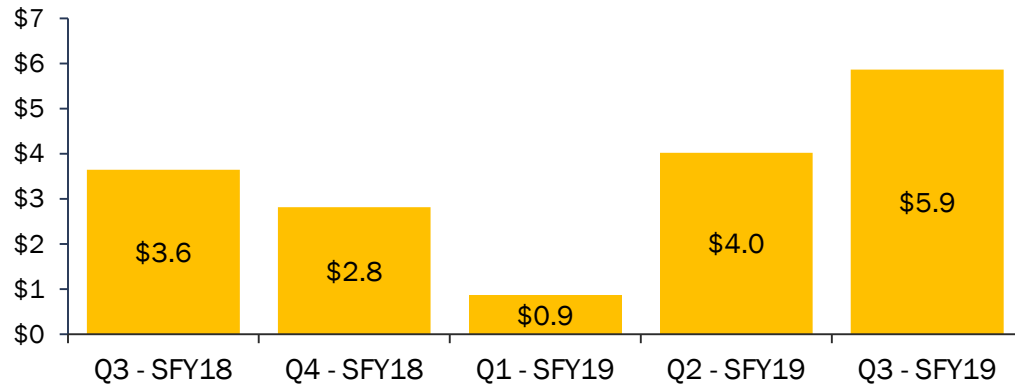
SFY 2019 Savings to Date (\$M)



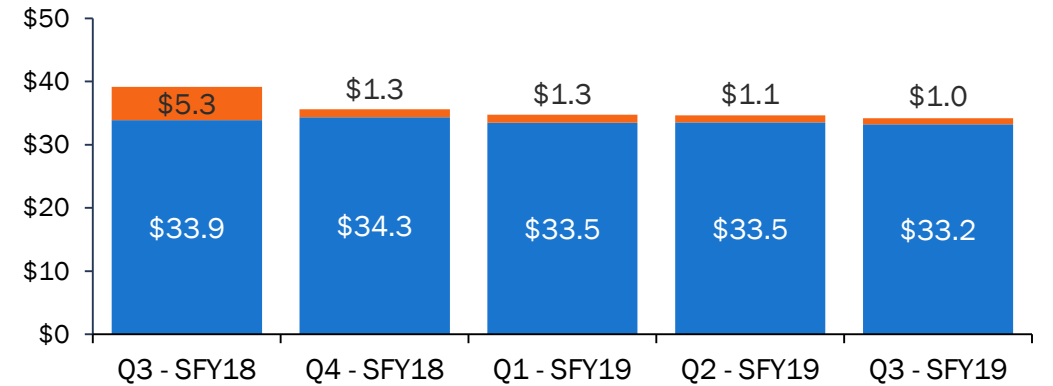
SFY 2019 Spending to Date (\$M)



Net Savings per Quarter (\$M)



Spending per Quarter (\$M)

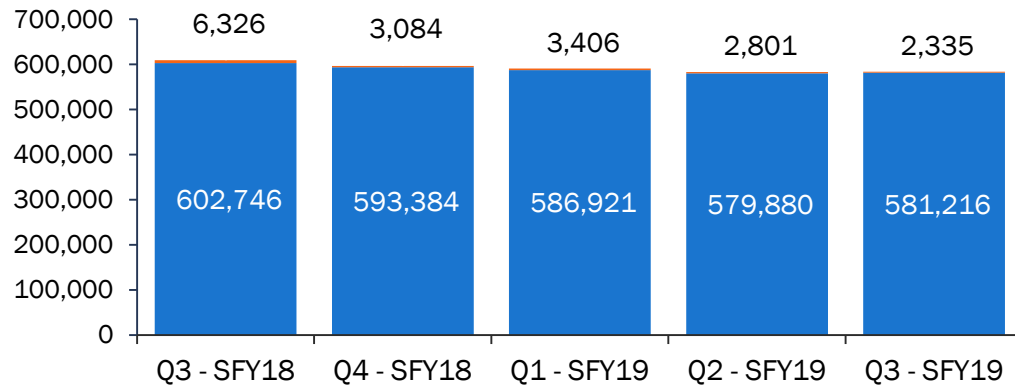


Note(s): In SFY19, Managed Care exceeded its HCTF savings target by \$28M in both Q1 & Q2. Fee-for-Service had savings of \$29M and \$32M in Q1 and Q2 respectively. Therefore, Dental had a net savings of \$1M for Q1 - SFY19 and \$4M in Q2 - SFY19. See pg. 42 for more details.

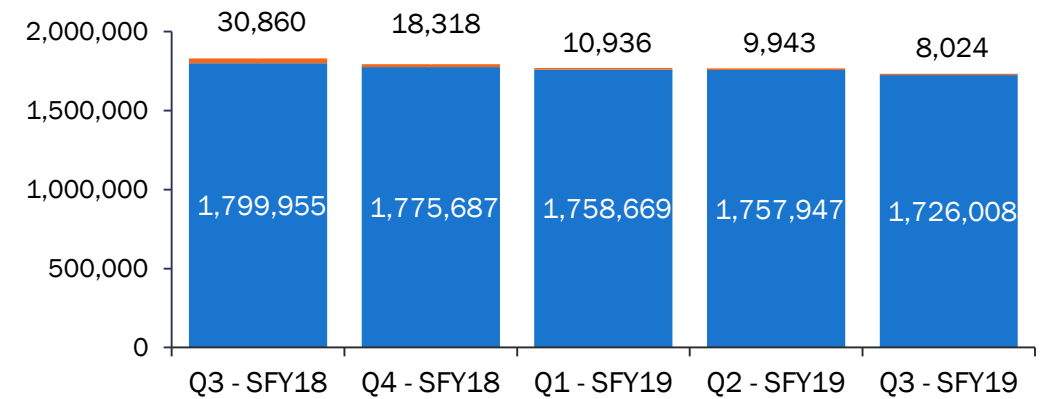
Dental

SFY 2018-19: Quarterly Scorecard

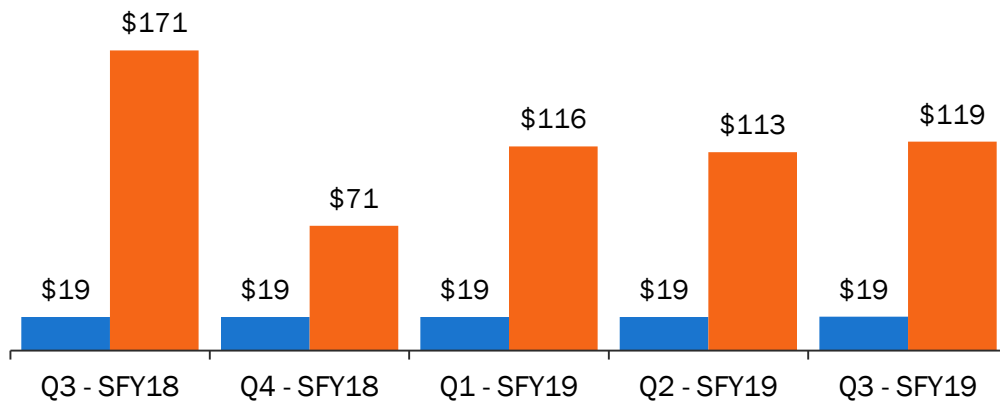
Recipients per Quarter



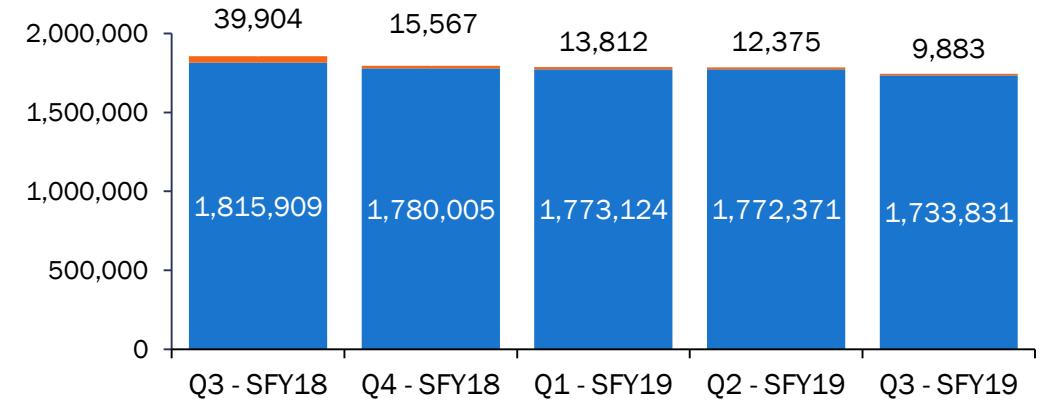
Member Months per Quarter



PMPM per Quarter



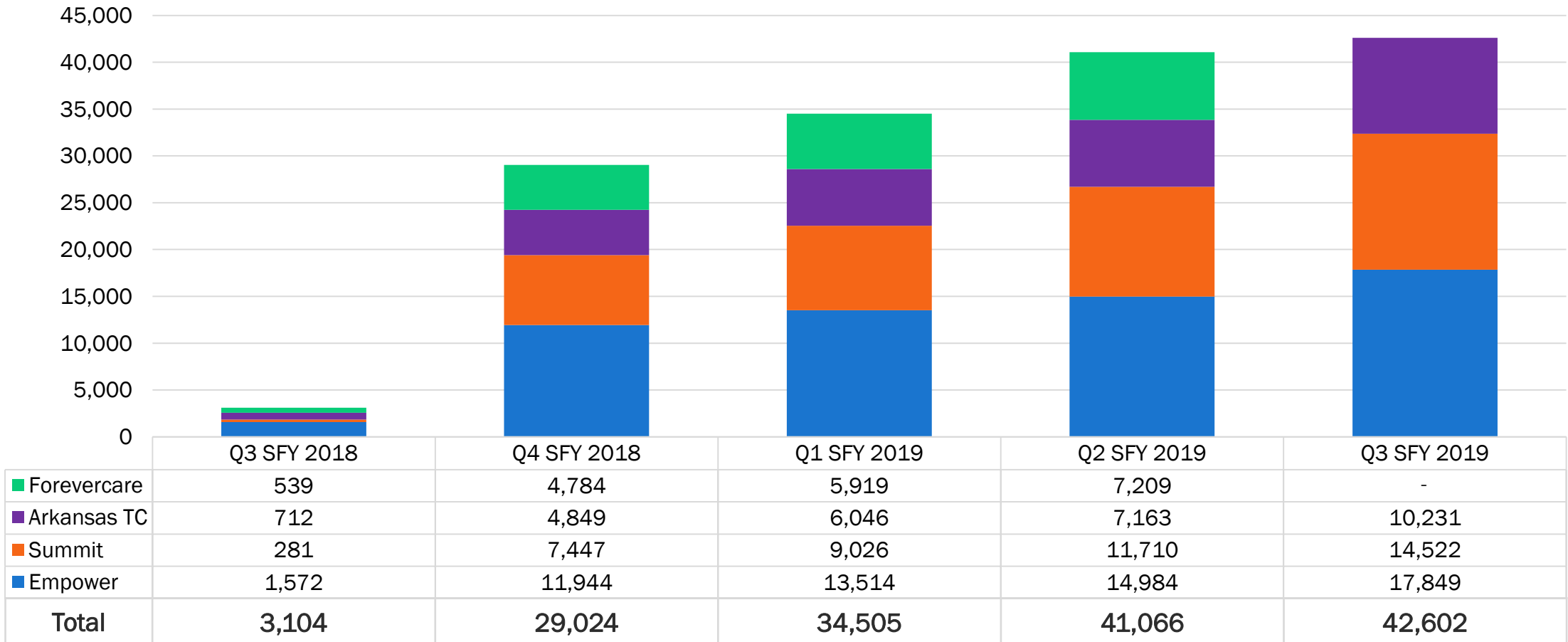
Claims per Quarter



SECTION IV: PROVIDER-LED (PASSE) PROGRAM REPORT

Provider-Lead (PASSE) Enrollment by Quarter

SFY 2018-19



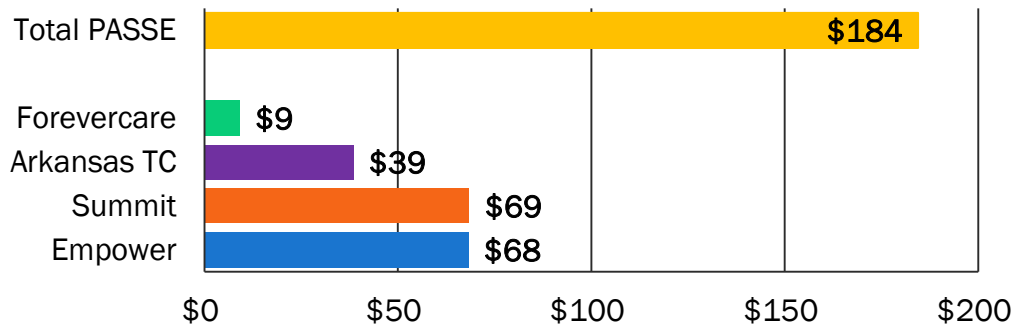
Note(s): (1) Forevercare ended its participation in the PASSE program in Q3 – SFY19. Their members were reassignment to one of the three remaining PASSEs.

(2) PASSEs assumed full-risk (Phase II) on March 1, 2019. As a result, DHS will calculate PASSE savings in the next quarter’s Scorecard (Q4 – SFY19).

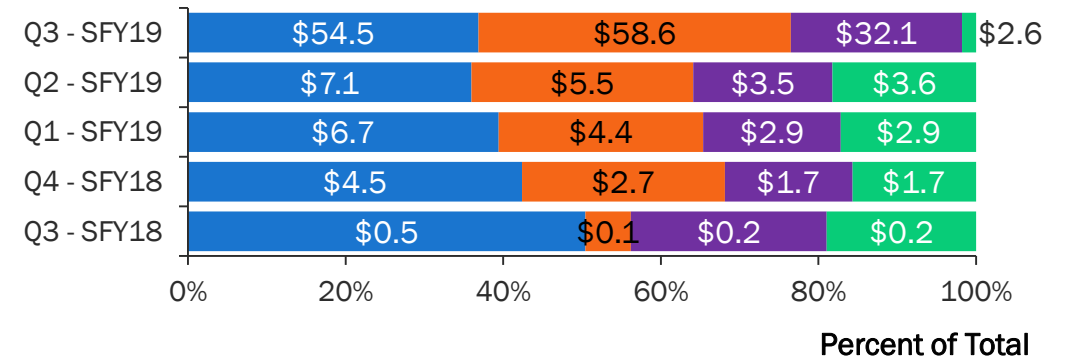
Provider-Lead (PASSE)

SFY 2018-19: Quarterly Scorecard

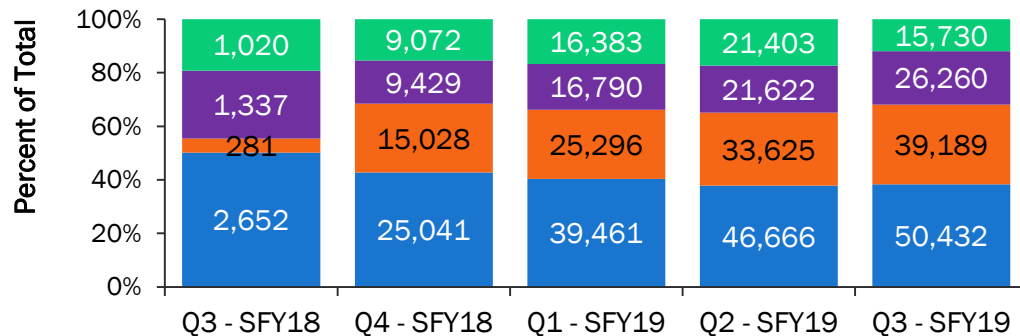
SFY 2019 Spending to Date (\$M)



Spending per Quarter (\$M)



Member Months per Quarter



PMPM per Quarter

	Q3 SFY 2018	Q4 SFY 2018	Q1 SFY 2019	Q2 SFY 2019	Q3 SFY 2019
Empower	\$189	\$179	\$169	\$152	\$1,082
Summit	\$204	\$182	\$173	\$165	\$1,496
Arkansas TC	\$185	\$182	\$175	\$161	\$1,224
Forevercare	\$185	\$183	\$177	\$167	\$168

Note(s): (1) Forevercare ended its participation in the PASSE program in Q3 - SFY19. Their members were reassignment to one of the three remaining PASSEs. (2) PASSEs assumed full-risk (Phase II) on March 1, 2019. As a result, DHS will calculate PASSE savings in the next quarter's Scorecard (Q4 - SFY19).

APPENDIX: DETAILED SPENDING BY STATE FISCAL QUARTER

Medicaid Transformation Spend by Quarter

SFY 2018-19

	Q3 SFY 2018 Actual	Q4 SFY 2018 Actual	Q1 SFY 2019 Actual	Q2 SFY 2019 Actual	Q3 SFY 2019 HCTF Baseline (5% Annual Increase)	Q3 SFY 2019 Actual	Q3 SFY 2019 Difference
DD – Therapy Caps	\$39,955,626	\$47,120,596	\$39,304,915	\$46,928,467	\$50,695,421	\$44,877,150	(\$5,818,271)
DD – EIDT/ADDT (Formerly CHMS/DDTCS)	\$51,339,558	\$73,428,599	\$50,432,170	\$52,468,530	\$58,406,278	\$48,152,956	(\$10,253,322)
DD – Waiver	\$58,550,069	\$61,281,619	\$60,416,085	\$62,316,507	\$69,377,240	\$56,691,606	(\$12,685,634)
DD – ICF	\$12,662,889	\$12,703,324	\$11,196,101	\$13,097,620	\$13,607,395	\$10,896,293	(\$2,711,102)
Total DD	\$162,508,143	\$194,534,138	\$161,349,272	\$174,811,123	\$192,086,333	\$160,618,005	(\$31,468,328)
BH – Inpatient	\$29,997,670	\$31,647,338	\$29,292,559	\$31,016,543	\$32,596,325	\$23,992,320	(\$8,604,005)
BH – Outpatient	\$63,004,364	\$69,607,078	\$42,178,310	\$53,064,827	\$53,799,608	\$43,898,050	(\$9,901,558)
Total BH	\$93,002,034	\$101,254,417	\$71,470,869	\$84,081,370	\$86,395,933	\$67,890,370	(\$18,505,563)
LTSS – Independent Choices	\$14,003,320	\$11,690,211	\$12,157,687	\$12,382,036	\$13,919,231	\$11,457,463	(\$2,461,768)
LTSS – Personal Care	\$21,602,568	\$25,588,832	\$24,041,859	\$23,361,981	\$27,788,064	\$24,460,968	(\$3,327,096)
LTSS – ARChoices & Other Waivers	\$38,640,099	\$39,699,976	\$39,828,112	\$40,030,082	\$46,090,325	\$39,340,991	(\$6,749,334)
LTSS – Private Long Term Care / SNF	\$154,912,104	\$169,187,749	\$160,443,424	\$162,294,086	\$191,697,325	\$173,038,502	(\$18,658,824)
Total LTSS	\$229,158,090	\$246,166,768	\$236,471,081	\$238,068,185	\$279,494,946	\$248,297,924	(\$31,197,022)
Total Pharmacy	\$98,602,418	\$89,602,885	\$88,994,409	\$94,754,347	\$107,309,428	\$93,783,736	(\$13,525,692)
Dental – Managed Care	\$33,891,412	\$34,322,478	\$33,494,013	\$33,528,574	\$38,770,051	\$33,248,042	(\$5,522,009)
Dental – Fee for Service	\$5,287,235	\$1,296,301	\$1,271,737	\$1,123,863	\$1,294,592	\$954,724	(\$339,868)
Total Dental	\$39,178,647	\$35,618,779	\$34,765,750	\$34,652,437	\$40,064,643	\$34,202,766	(\$5,861,878)
Grand Total	\$622,449,333	\$667,176,987	\$593,051,381	\$626,367,462	\$705,351,283	\$604,792,801	(\$100,558,483)

Note(s): (1) ICF Excludes HDC providers
(2) Long Term Services & Supports numbers contain Assisted Living which was not in last year's Scorecard

DD – Therapy Cap Spend by Quarter

SFY 2018-19

	Q3 SFY 2018 Actual	Q4 SFY 2018 Actual	Q1 SFY 2019 Actual	Q2 SFY 2019 Actual	Q3 SFY 2019 HCTF Baseline (5% Annual Increase)	Q3 SFY 2019 Actual	Q3 SFY 2019 Difference
Physical Therapy CHMS	\$3,046,309	\$3,351,344	\$3,726,852	\$4,682,599	\$4,932,681	\$4,346,308	(\$586,373)
Occupational Therapy - CHMS	\$3,888,424	\$4,488,362	\$5,120,141	\$6,533,382	\$7,010,013	\$6,476,602	(\$533,411)
Speech & Language Therapy - CHMS	\$4,397,471	\$5,178,634	\$5,909,343	\$8,065,383	\$8,402,251	\$7,755,700	(\$646,551)
Physical Therapy General	\$3,644,867	\$4,170,473	\$4,228,647	\$4,387,012	\$4,887,008	\$4,023,863	(\$863,144)
Physical Therapy School Based	\$1,513,840	\$1,629,929	\$396,034	\$1,576,432	\$1,338,690	\$1,490,443	\$151,752
Occupational Therapy General	\$5,257,287	\$6,020,090	\$6,092,483	\$6,286,408	\$7,102,934	\$5,990,851	(\$1,112,083)
Occupational Therapy School Based	\$2,862,867	\$3,388,453	\$957,922	\$3,023,134	\$2,704,155	\$3,011,641	\$307,486
Speech & Language Therapy General	\$7,085,107	\$8,150,736	\$8,216,424	\$8,268,450	\$9,333,035	\$7,654,487	(\$1,678,547)
Speech & Language Therapy School Based Only	\$3,134,508	\$4,045,426	\$870,016	\$3,329,261	\$2,951,419	\$3,432,198	\$480,779
DDTCS - Disabled Day Treatment Clinic Services Therapy	\$5,124,947	\$6,697,149	\$3,787,053	\$776,407	\$2,033,235	\$695,056	(\$1,338,179)
Total DD - Therapy Caps	\$39,955,626	\$47,120,596	\$39,304,915	\$46,928,467	\$50,695,421	\$44,877,150	(\$5,818,271)

DD – EIDT/ADDT Spend by Quarter

SFY 2018-19

	Q3 SFY 2018 Actual	Q4 SFY 2018 Actual	Q1 SFY 2019 Actual	Q2 SFY 2019 Actual	Q3 SFY 2019 HCTF Baseline (5% Annual Increase)	Q3 SFY 2019 Actual	Q3 SFY 2019 Difference
EPSDT - CHMS	\$16,823,212	\$31,606,970	\$25,317,788	\$36,702,107	\$37,832,968	\$35,824,899	(\$2,008,069)
Rehab Services School Based CHMS	(\$12,136)	\$0	\$457	\$2,162	\$1,575	\$1,348	(\$227)
DDTCS Transportation	\$3,327,081	\$4,181,779	\$3,913,432	\$3,887,969	\$3,513,669	\$1,287,746	(\$2,225,923)
DDTCS - Disabled Day Treatment Clinic Services	\$31,201,401	\$37,639,850	\$21,200,493	\$11,876,291	\$17,058,066	\$11,038,964	(\$6,019,103)
Total DD – EIDT/ADDT	\$51,339,558	\$73,428,599	\$50,432,170	\$52,468,530	\$58,406,278	\$48,152,956	(\$10,253,322)

Note(s): EIDT/ADDT was formerly called CHMS/DDTCS in last year's Scorecard

DD – Waiver Spend by Quarter

SFY 2018-19

	Q3 SFY 2018 Actual	Q4 SFY 2018 Actual	Q1 SFY 2019 Actual	Q2 SFY 2019 Actual	Q3 SFY 2019 HCTF Baseline (5% Annual Increase)	Q3 SFY 2019 Actual	Q3 SFY 2019 Difference
DDS Community & Employee Supports Waiver*	\$58,039,468	\$60,961,016	\$59,430,704	\$61,044,870	\$68,251,165	\$56,039,442	(\$12,211,723)
Autism Intensive Intervention Provider Waiver	\$667,130	\$849,072	\$988,210	\$1,049,823	\$1,045,753	\$664,758	(\$380,996)
DDS H/C Community & Employee Supports Waiver*	(\$156,529)	(\$528,469)	(\$2,829)	\$221,814	\$80,321	(\$12,594)	(\$92,915)
Total DD - Waiver	\$58,550,069	\$61,281,619	\$60,416,085	\$62,316,507	\$69,377,240	\$56,691,606	(\$12,685,634)

* Formerly known as the Alternative Community Services Waiver

DD – ICF Spend by Quarter

SFY 2018-19

	Q3 SFY 2018 Actual	Q4 SFY 2018 Actual	Q1 SFY 2019 Actual	Q2 SFY 2019 Actual	Q3 SFY 2019 HCTF Baseline (5% Annual Increase)	Q3 SFY 2019 Actual	Q3 SFY 2019 Difference
ICF/Infant Infirmaries	\$6,890,818	\$6,740,605	\$6,182,456	\$7,125,757	\$7,312,400	\$5,601,809	(\$1,710,591)
Public - ICF	\$5,774,040	\$5,962,719	\$5,013,645	\$5,971,862	\$6,294,995	\$5,294,484	(\$1,000,511)
Private ICF	(\$1,968)	\$0	\$0	\$0	\$0	\$0	\$0
Total DD - ICF	\$12,662,889	\$12,703,324	\$11,196,101	\$13,097,620	\$13,607,395	\$10,896,293	(\$2,711,102)

Note(s): These numbers do not include HDC providers

BH – Inpatient Spend by Quarter

SFY 2018-19

	Q3 SFY 2018 Actual	Q4 SFY 2018 Actual	Q1 SFY 2019 Actual	Q2 SFY 2019 Actual	Q3 SFY 2019 HCTF Baseline (5% Annual Increase)	Q3 SFY 2019 Actual	Q3 SFY 2019 Difference
Inpatient Psychiatric, U-21	\$29,740,936	\$31,438,512	\$29,058,533	\$30,755,751	\$32,287,639	\$23,688,603	(\$8,599,036)
Inpatient Psychiatric Crossover, U-21	\$256,734	\$208,826	\$234,026	\$260,792	\$308,686	\$303,717	(\$4,969)
Total BH – Inpatient	\$29,997,670	\$31,647,338	\$29,292,559	\$31,016,543	\$32,596,325	\$23,992,320	(\$8,604,005)

BH – Outpatient Spend by Quarter

SFY 2018-19

	Q3 SFY 2018 Actual	Q4 SFY 2018 Actual	Q1 SFY 2019 Actual	Q2 SFY 2019 Actual	Q3 SFY 2019 HCTF Baseline (5% Annual Increase)	Q3 SFY 2019 Actual	Q3 SFY 2019 Difference
Mental Health Clinic RSPMI	\$62,981,036	\$69,572,965	\$42,176,826	\$53,048,905	\$53,787,008	\$43,878,651	(\$9,908,357)
Mental Health Services - RSPMI	\$0	\$0	\$0	\$46	\$0	\$1,448	\$1,448
Rehab Services - School Based RSPMI	(\$6,858)	(\$2,484)	(\$116)	\$0	\$0	(\$72)	(\$72)
School-Based Mental Health Services	\$14,448	\$26,374	\$887	\$15,321	\$12,599	\$18,023	\$5,424
Substance Abuse Program	\$15,738	\$10,223	\$713	\$555	\$0	\$0	\$0
Episode RSPMI Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Speech & Language Therapy – RSPMI	\$44	\$0	\$0	\$0	\$0	\$0	\$0
Total BH – Outpatient	\$63,004,364	\$69,607,078	\$42,178,310	\$53,064,781	\$53,799,608	\$43,898,050	(\$9,901,558)

LTSS – Independent Choices Spend by Quarter

SFY 2018-19

	Q3 SFY 2018 Actual	Q4 SFY 2018 Actual	Q1 SFY 2019 Actual	Q2 SFY 2019 Actual	Q3 SFY 2019 HCTF Baseline (5% Annual Increase)	Q3 SFY 2019 Actual	Q3 SFY 2019 Difference
Treatment Elderly	\$11,652,530	\$9,331,241	\$10,335,697	\$10,215,617	\$11,580,460	\$9,397,266	(\$2,183,194)
Refusers	\$800,200	\$928,150	\$468,650	\$716,000	\$730,767	\$705,225	(\$25,542)
Counseling/Fiscal Intermediary	\$1,550,590	\$1,430,820	\$1,353,339	\$1,450,419	\$1,608,004	\$1,354,971	(\$253,032)
Total LTSS – Independent Choices	\$14,003,320	\$11,690,211	\$12,157,687	\$12,382,036	\$13,919,231	\$11,457,463	(\$2,461,768)

LTSS – Personal Care Spend by Quarter

SFY 2018-19

	Q3 SFY 2018 Actual	Q4 SFY 2018 Actual	Q1 SFY 2019 Actual	Q2 SFY 2019 Actual	Q3 SFY 2019 HCTF Baseline (5% Annual Increase)	Q3 SFY 2019 Actual	Q3 SFY 2019 Difference
Personal Care - Regular	\$21,191,872	\$24,952,384	\$23,915,599	\$23,149,948	\$27,515,601	\$24,094,460	(\$3,421,142)
Personal Care - School Based	\$410,696	\$636,448	\$126,260	\$212,034	\$272,463	\$366,508	\$94,045
Total LTSS – Personal Care	\$21,602,568	\$25,588,832	\$24,041,859	\$23,361,981	\$27,788,064	\$24,460,968	(\$3,327,096)

LTSS – AR Choices & Other Waiver Spend by Quarter

SFY 2018-19

	Q3 SFY 2018 Actual	Q4 SFY 2018 Actual	Q1 SFY 2019 Actual	Q2 SFY 2019 Actual	Q3 SFY 2019 HCTF Baseline (5% Annual Increase)	Q3 SFY 2019 Actual	Q3 SFY 2019 Difference
ARChoices in Home Care	\$30,544,913	\$32,079,194	\$32,541,951	\$33,171,604	\$37,913,289	\$32,338,505	(\$5,574,784)
Assisted Living*	\$6,013,018	\$5,682,807	\$5,468,786	\$5,067,958	\$5,935,911	\$4,812,982	(\$1,122,929)
ARSeniors	\$2,093,955	\$1,983,860	\$1,811,398	\$1,804,520	\$2,247,425	\$2,197,679	(\$49,746)
Former Elderchoices & APD Waivers	(\$11,787)	(\$45,884)	\$5,976	(\$14,000)	(\$6,300)	(\$8,175)	(\$1,875)
Total LTSS – AR Choices & Other Waivers	\$38,640,099	\$39,699,976	\$39,828,112	\$40,030,082	\$46,090,325	\$39,340,991	(\$6,749,334)

Note(s): During Q3 – SFY18, enrollment of new beneficiaries in ARChoices was frozen due to litigation. Regular enrollment of new beneficiaries did not resume until Q2 – SFY19.

* Assisted Living was not in last year's Scorecard

LTSS – Private Long Term Care/SNF Spend by Quarter

SFY 2018-19

	Q3 SFY 2018 Actual	Q4 SFY 2018 Actual	Q1 SFY 2019 Actual	Q2 SFY 2019 Actual	Q3 SFY 2019 HCTF Baseline (5% Annual Increase)	Q3 SFY 2019 Actual	Q3 SFY 2019 Difference
Private SNF	\$146,793,063	\$161,973,419	\$154,153,895	\$156,665,275	\$184,909,377	\$167,403,408	(\$17,505,969)
Private SNF Crossover	\$8,117,767	\$7,235,372	\$6,289,530	\$5,628,811	\$6,787,948	\$5,635,094	(\$1,152,854)
SNF Distinct Part Beds Crossovers	(\$442)	(\$21,042)	\$0	\$0	\$0	\$0	\$0
Private Long-Term Care Adjustment	\$1,716	\$0	\$0	\$0	\$0	\$0	\$0
Total LTSS – Private Long- Term Care / SNF	\$154,912,104	\$169,187,749	\$160,443,424	\$162,294,086	\$191,697,325	\$173,038,502	(\$18,658,824)

Pharmacy Spend by Quarter

SFY 2018-19

	Q3 SFY 2018 Actual	Q4 SFY 2018 Actual	Q1 SFY 2019 Actual	Q2 SFY 2019 Actual	Q3 SFY 2019 HCTF Baseline (5% Annual Increase)	Q3 SFY 2019 Actual	Q3 SFY 2019 Difference
Prescription Services	\$98,602,873	\$89,602,885	\$88,994,409	\$94,754,347	\$107,309,428	\$93,783,736	(\$13,525,692)
Prescription Drug Adjustments	(\$455)	\$0	\$0	\$0	\$0	\$0	\$0
Total Pharmacy Cost	\$98,602,418	\$89,602,885	\$88,994,409	\$94,754,347	\$107,309,428	\$93,783,736	(\$13,525,692)

Dental Spend by Quarter

SFY 2018-19

	Q3 SFY 2018 Actual	Q4 SFY 2018 Actual	Q1 SFY 2019 Actual	Q2 SFY 2019 Actual	Q3 SFY 2019 HCTF Baseline (5% Annual Increase)	Q3 SFY 2019 Actual	Q3 SFY 2019 Difference
Dental Managed Care	\$33,891,412	\$34,322,478	\$33,494,013	\$33,528,574	\$38,770,051	\$33,248,042	(\$5,522,009)
Dental Fee for Service	\$5,287,235	\$1,296,301	\$1,271,737	\$1,123,863	\$1,294,592	\$954,724	(\$339,868)
<i>Dental Services</i>	\$4,503,623	\$1,110,005	\$1,110,171	\$927,610	\$1,093,001	\$790,160	(\$302,841)
<i>Dental Services, EPSDT</i>	\$271,039	\$85,189	\$106,462	\$103,775	\$116,545	\$90,633	(\$25,912)
<i>Dental Prosthetic Device Adult</i>	\$124,005	\$29,159	\$20,347	\$20,544	\$25,199	\$25,286	\$87
<i>Dental Prosthetic Device Children</i>	\$2,270	\$298	\$0	\$0	\$0	\$0	\$0
<i>Oral Surgery - Physicians</i>	\$41,797	\$34,272	\$27,015	\$62,764	\$50,398	\$41,455	(\$8,943)
<i>Oral Surgery - Dentist (ADA Codes)</i>	\$344,501	\$37,377	\$7,742	\$9,170	\$9,450	\$7,191	(\$2,259)
Total Dental	\$39,178,647	\$35,618,779	\$34,765,750	\$34,652,437	\$40,064,643	\$34,202,766	(\$5,861,878)