

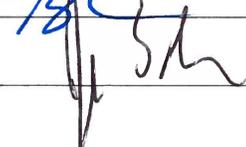
Schedule 13

Department of Health Care Policy and Financing

Funding Request for The FY 2019-20 Budget Cycle

Request Title

R-09 Long-Term Home Health/Private Duty Nursing Acuity Tool

Dept. Approval By:		<u>11/1/18</u>	_____	Supplemental FY 2018-19
OSPB Approval By:			_____	Budget Amendment FY 2019-20
			X	Change Request FY 2019-20

Summary Information	Fund	FY 2018-19		FY 2019-20		FY 2020-21
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$7,646,722,846	\$0	\$7,506,696,664	\$358,583	(\$496,319)
FTE		0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$2,119,450,745	\$0	\$2,075,587,494	\$179,292	(\$242,042)
	CF	\$942,016,623	\$0	\$938,396,147	\$0	(\$3,573)
	RF	\$77,535,674	\$0	\$77,460,675	\$0	\$0
	FF	\$4,507,719,804	\$0	\$4,415,252,348	\$179,291	(\$250,704)

Line Item Information	Fund	FY 2018-19		FY 2019-20		FY 2020-21
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$15,242,917	\$0	\$16,398,142	\$358,583	\$208,663
01. Executive Director's Office, (A) General Administration, (1)	FTE	0.0	0.0	0.0	0.0	0.0
General Administration -	GF	\$5,270,423	\$0	\$6,188,036	\$179,292	\$104,332
General Professional Services and Special Projects	CF	\$2,303,928	\$0	\$1,910,677	\$0	\$0
	RF	\$150,000	\$0	\$150,000	\$0	\$0
	FF	\$7,518,566	\$0	\$8,149,429	\$179,291	\$104,331

Total		\$7,631,479,929	\$0	\$7,490,298,522	\$0	(\$704,982)
FTE		0.0	0.0	0.0	0.0	0.0
02. Medical Services Premiums, (A) Medical Services Premiums, (1)	GF	\$2,114,180,322	\$0	\$2,069,399,458	\$0	(\$346,374)
Medical Services Premiums - Medical Services Premiums	CF	\$939,712,695	\$0	\$936,485,470	\$0	(\$3,573)
	RF	\$77,385,674	\$0	\$77,310,675	\$0	\$0
	FF	\$4,500,201,238	\$0	\$4,407,102,919	\$0	(\$355,035)

Auxiliary Data

Requires Legislation? NO

Type of Request? Department of Health Care Policy and
Financing Prioritized Request

**Interagency Approval or
Related Schedule 13s:**

No Other Agency Impact



Cost and FTE

- The Department requests \$358,583 total funds, including \$179,292 General Fund in FY 2019-20, a reduction of \$496,319 total funds, including a reduction of \$242,042 General Fund in FY 2020-21, a reduction of \$7,824,253 total funds, including a reduction of \$3,844,124 General Fund in FY 2021-22 and additional reductions in the following years to hire a contractor to research, design and statistically validate a new assessment tools to replace existing tool and accurately assess the medical necessity of adult and pediatric members requesting Long-Term Home Health (LTHH) services and Private Duty Nursing (PDN) services.

Current Program

- The Department currently uses a clinical, statistically valid tool to assess pediatric home health services (Pediatric Assessment Tool), but does not have a clinical tool to assess the medical necessity for members ages 21 and older. While the Uniform Long-Term Care (ULTC 100.2) assessment is conducted to determine eligibility for Long-Term Home Health services, it is performed by non-clinical staff and does not determine the number or type of medically necessary services needed per day.
- PDN services are currently requested using an assessment tool that was created to be a temporary pilot tool in 2003 for both adults and pediatric members. This tool is outdated and has not been statistically or clinically validated.
- All LTHH and PDN services must have a prior authorization request (PAR) completed before services can be rendered.

Problem or Opportunity

- The current assessment tools available to evaluate medical necessity and authorize members in both LTHH and PDN are either severely outdated or do not exist, which does not allow for the accurate medical assessment of the needs of members enrolling in the services.
- The Department has limited ability to provide cost controls through its utilization management contractor as the contractor does not have reliable tools to analyze clinical need that would either agree or disagree with the requested authorization of services.

Consequences of Problem

- The lack of clinical assessment tools for adult LTHH and adult and pediatric PDN members results in the authorization of services for members who could otherwise partially or fully have their needs met by less costly service options such as personal care or Home and Community-Based waiver services. This unnecessarily increases the Department's service costs.

Proposed Solution

- The Department requests funding to hire a contractor to design, pilot, and validate a clinical assessment tool for adult LTHH and all PDN members to accurately assess the appropriate level of services for their medical needs.
- The implementation of this new tool is expected to generate savings from the members who are currently enrolled and are receiving an improper amount of care for their medical needs or who were enrolled without demonstrating sufficient medical need for these services.



COLORADO
Department of Health Care
Policy & Financing

FY 2019-20 Funding Request | November 1, 2018

John W. Hickenlooper
Governor

Kim Bimestefer
Executive Director

Department Priority: R-9

Request Detail: Long-Term Home Health and Private Duty Nursing Acuity Tool

Summary of Incremental Funding Change for FY 2019-20	Total Funds	General Fund
Long-Term Home Health and Private Duty Nursing Acuity Tool	\$358,583	\$179,292

Problem or Opportunity:

The Department does not currently use a statistically valid or clinically based assessment tool to authorize adult members over 21 years old for Long-Term Home Health or Private Duty Nursing services for any age. For children, a clinical, statistically valid tool is used to authorize pediatric home health services, the Pediatric Assessment Tool (PAT), but the Department does not have a clinical tool to assess the medical necessity for adult Long-Term Home Health services. Private Duty Nursing services for all ages are currently assessed with a 2003 pilot tool. Without proper assessment, members are likely not receiving the appropriate level of services and are being over-authorized units of care or are authorized to receive medical level care for a condition that could be addressed with a service requiring less medical training than Long-Term Home Health or Private Duty Nursing. This, in turn, drives up costs for the Department and the state of Colorado.

In FY 2017-18, the Department spent more than \$370 million on these services, and cost and utilization growth in these programs has been significant in recent years. Between FY 2013-14 and FY 2016-17, for example, the number of people using Long-Term Home Health services grew by an average of 11.9% per year; the number of people using Private Duty Nursing grew by an average of 21.2% per year. Correspondingly, expenditure grew similarly in the same period: Long-Term Home Health has grown by an average of 14.6% per year and Private Duty Nursing by 24.5% per year. Given these long-term trends, and the high cost of skilled home medical care, the Department must take steps to ensure that the utilization of these services is restricted to only those people who have a clinical need for such services, while still ensuring that people who do require this level of care are appropriately authorized for these services.

Long-Term Home Health

Long-Term Home Health (LTHH) services are medically skilled services provided to members who require ongoing, skilled Home Health services in their home or in the community. The services are designed for members who are unable to perform the health care task for themselves and do not have a family member or

caregiver who is willing and able to perform the skilled task. To receive LTHH, the member must require services that are determined to be medically necessary (i.e. requiring a Certified Nursing Assistant or nurse to perform) and cannot appropriately or effectively be received in an outpatient setting. For example, a member who requires skilled certified nurse aide assistance with bathing due to open wounds would be authorized for LTHH services.

In order to determine medical necessity of services for children under 21 years of age, the Department utilizes the Pediatric Assessment Tool (PAT), a statistically validated tool, that assesses a number of the member's medical attributes, such as mobility in order to determine the number of hours of LTHH services needed by the member. Due to their clinical nature, these assessments can only be performed by Registered Nurses (RN). Once the assessment is complete and the number of hours has been determined, a prior authorization request is submitted by the member's case manager to the Department's Utilization Management contractor where an RN or physician reviews and approves or denies the medically necessary number of hours of LTHH services. This process ensures that members receive only the appropriate amount of care at the skilled level LTHH provides and safeguards the Department from overpaying for services that do not require skilled intervention.

For adults over 21 years old, the Department does not have a statistically valid tool to determine medical necessity. Historically, the Department has utilized the ULTC 100.2 assessment to determine eligibility for adult LTHH. However, this tool assesses a member's needs based on activities of daily living, such as the support needed to dress or eat rather than the need for nursing level care. Additionally, the tool is administered by case managers who often do not have nursing or medical experience to make decisions related to medical services. The Department believes this often results in the over-authorization of LTHH services and increased costs for members who could receive a lower level of care in order to have their needs met.

Private Duty Nursing

Private Duty Nursing (PDN) services provide face-to-face continuous skilled nursing services to members who are technology dependent. These services are more continuous than the nursing care provided under LTHH and include things such as ventilator care and prolonged intravenous administration of nutritional substances or drugs. To assess the number of hours needed for PDN services, case managers are using an assessment tool that was created to be a temporary pilot tool in 2003 for both adults and pediatric members. It has not been statistically or clinically validated, which means that it is not a reliably accurate method for assigning authorization for the number of service hours needed by the member.

Current Utilization Management Efforts

Beginning January 1, 2019, the Department's utilization management contractor will start reviewing adult LTHH authorizations. This work typically saves the State money as the physicians and nurses reviewing the prior authorization requests are able to determine whether or not the services requested for a member are appropriate. However, because there is not a medically based assessment tool for adults receiving LTHH and an outdated tool that has not been statistically or clinically validated for PDN, the reviewing medical staff will have difficulty determining what is medically necessary without fully understanding the medical needs of each member through a proper assessment tool. As such, the Department believes that while the vendor

will be able to make some judgments about the number of services authorized, the full potential of the contractor to help the Department control costs will not be realized without accurate assessment tools to evaluate medical necessity.

Proposed Solution:

The Department requests \$358,583 total funds, including \$179,292 General Fund in FY 2019-20, a reduction of \$496,319 total funds, including a reduction of \$242,042 General Fund in FY 2020-21, a reduction of \$7,824,253 total funds including a reduction of \$3,844,124 General Fund in FY 2021-22 and additional reductions in the following years in order to evaluate, design and implement clinically based, statistically valid assessment tools for LTHH and PDN services. Without this funding, the Department would continue to authorize services without clinical validation, which would likely continue to increase cost growth in the two programs.

To implement the new tools for adult LTHH and PDN for all ages, the Department requests to hire contractors to assist in the design, development and implementation of the tools. The first contract needed is a third-party contract for stakeholder engagement. This contractor would be responsible for working with stakeholders throughout the state to determine which elements are essential to include in an evaluation for LTHH and PDN assessments, presenting contractor findings, and receiving and summarizing feedback on the selected tools for both programs. The Department believes that a third-party contractor would be best to assist the Department in these activities, as the contractor would remain neutral to the policy and focus on collecting and reporting on all feedback. The Department would utilize this contract beginning July 1, 2019, and would continue throughout the implementation of the PDN assessment tool in FY 2020-21 and the LTHH assessment tool in FY 2021-22.

In addition to a contractor devoted to stakeholder engagement, the Department would hire a contractor to review other states' assessment tools for similar programs and make recommendations on whether to utilize an existing tool or to create a new tool for each program. Additionally, this contractor would analyze the Department's current programs to determine whether one tool could be utilized for both programs or if two assessment tools are needed. The contractor would be responsible for customizing the new tools to meet the programs' needs and ensure clinical and statistical validation. The vendor would also estimate the impact of implementing the new assessment tools to assure budget neutrality or, more likely, the magnitude of savings.

Once the tools are developed, the Department would implement the PDN assessment tool beginning January 1, 2020. At the same time, the Department would utilize another contractor to run a pilot study of the LTHH assessment tool. There are tools in use for PDN programs in other states that would likely meet the needs of Colorado's program, and the Department is currently assessing them for potential use. For LTHH, because there is so much variation from state-to-state on how this program is implemented, the Department is unaware of a program and tool similar enough to Colorado's LTHH program to be able to adapt and make minimum customizations. As such, the Department assumes that a new tool would need to be developed which would also require testing for validation. Should the Department find a tool that requires minimum customization it would utilize the budget process to request any changes to the budget in order to implement the tool earlier.

No additional funding is required for the implementation or administration of new tools. The Department's Utilization Management contractor, currently eQHealth, is already responsible for the administration of the LTHH Pediatric Assessment Tool (PAT) and the outdated PDN tool. To add adult LTHH would not require more funding. Assessments would be completed by eQHealth nurses and physicians and results would be forwarded to case managers, a process that is already being developed. Additionally, the new assessments would be conducted during the annual review and reassessment of members or when a new member is assessed for the program which is when the tool is currently conducted. Because the nurses employed by eQHealth have expertise in administering assessment tools, minimal training would be necessary in order to switch to the new tool or tools.

As the final contract, the Department requests a vendor to evaluate the new assessment tools after implementation. The evaluations would help the Department understand whether there were gaps in implementing the assessment tools that need to be adjusted for, ensure members are receiving the care they need, and offer any suggestions for improvement to either process or evaluation of the tool.

The Department believes that the implementation of the new assessment tools would drive savings to the programs as it would redirect members to the proper level and type of care. With the lack of a valid assessment tool for adult LTHH and PDN for all ages, it is likely that members are receiving approval for a level of care they may not need. The Department analyzed the implementation of the PAT in FY 2013-14 and found that the number of units per members dropped nearly 20 percent after implementation. The Department believes that the implementation of the new assessment tools would likely result in a similar shift in utilization and could also include changes in the number of utilizers in each program and/or a shift in utilization to different services such as personal care services or Home and Community-Based waiver services.

Anticipated Outcomes:

The development of statistically and medically valid assessment tools for LTHH and PDN would allow the Department to better meet the needs of members and would save money by ensuring members are served by the proper level of care. In addition to savings through serving members at accurate care levels, the Department would experience savings through the utilization management vendor which would be able to make more informed decisions when authorizing services, which would likely result in more members having Prior Authorization Requests or services denied based on the clinical review.

This request aligns with the Department's Strategic Policy Initiative #1 Delivery System Innovation, ensuring members can easily access and navigate needed and appropriate services by ensuring that members receiving long-term care services are receiving the most appropriate level of care. It also aligns with the Tools of Transformation, Strategic Policy Initiative #2 by helping to control costs by directing members to more appropriate and often less expensive levels of care.

Assumptions and Calculations:

Detailed calculations can be found in Appendix A. To estimate contractor costs, the Department utilized the actual contract amounts from the Department's FY 2018-19 R-17 "Single Assessment Tool Financing"

request and assumed the development, pilot and review would cost half the amount of those contracts for the LTHH and PDN assessment tools. The Department believes this is a reasonable estimate given the similar scope of work but with fewer services that would need to be assessed.

The Department estimated savings by analyzing utilization around the implementation of the PAT for pediatric LTHH. The Department found that in the first implementation of the PAT the number of units per utilizer dropped by eight percent and when the final tool was implemented in FY 2013-14 the number of units per utilizer dropped 20 percent. To estimate savings for adult LTHH and PDN for all ages, the Department assumed it would see a reduction in units per utilizer; however, in order to be conservative, it utilized half of the average of the two implementation years to calculate savings. See table 3.4 in Appendix A for further detail.

Additionally, the Department offset some of the savings with additional Home and Community-based Services (HCBS) costs, because many of the members that would see a reduction in the number of units authorized of LTHH or PDN services would still have a need for services at a lower level of care. To account for this, the Department assumed that members would shift from an hour of LTHH or PDN to an hour of HCBS Health Maintenance, which is paid at a lower rate as the service is not provided by a nurse.

The Department believes that these savings estimates are conservative as it is likely that the number of units per utilizer would decrease with the implementation of the new tools, and there would be a shift of members to lower cost options. Additionally, because the Department's Utilization Management vendor would have a valid assessment tool to compare to Prior Authorization Request units, it is likely that the number of services denied for being inappropriate will increase. Should the Department realize more savings than is estimated, it would utilize the budget process to adjust funding appropriately.

FY 2019-20 R-9 Long Term Home Health and Private Duty Nursing Acuity Tool
Appendix A: Calculations and Assumptions

Table 1.1 - FY 2019-20 Summary by Line Item						
FY 2019-20	Total Funds	FTE	General Fund	Cash Funds Healthcare Affordability Sustainability Fee	Reappropriated Funds	Federal Funds
Total Request	\$358,583	0.0	\$179,292	\$0	\$0	\$179,291
(1) Executive Director's Office; (A) General Administration; General Professional Services and Special Projects	\$358,583	0.0	\$179,292	\$0	\$0	\$179,291
(2) Medical Services Premiums	\$0	0.0	\$0	\$0	\$0	\$0

Table 1.2 - FY 2020-21 Summary by Line Item						
FY 2020-21	Total Funds	FTE	General Fund	Cash Funds Healthcare Affordability Sustainability Fee	Reappropriated Funds	Federal Funds
Total Request	(\$496,319)	0.0	(\$242,042)	(\$3,573)	\$0	(\$250,704)
(1) Executive Director's Office; (A) General Administration; General Professional Services and Special Projects	\$208,663	0.0	\$104,332	\$0	\$0	\$104,331
(2) Medical Services Premiums	(\$704,982)	0.0	(\$346,374)	(\$3,573)	\$0	(\$355,035)

Table 1.3 - FY 2021-22 Summary by Line Item						
FY 2021-22	Total Funds	FTE	General Fund	Cash Funds Healthcare Affordability Sustainability Fee	Reappropriated Funds	Federal Funds
Total Request	(\$7,824,253)	0.0	(\$3,844,124)	(\$39,722)	\$0	(\$3,940,407)
(1) Executive Director's Office; (A) General Administration; General Professional Services and Special Projects	\$13,290	0.0	\$6,645	\$0	\$0	\$6,645
(2) Medical Services Premiums	(\$7,837,543)	0.0	(\$3,850,769)	(\$39,722)	\$0	(\$3,947,052)

Table 1.4 - FY 2022-23 Summary by Line Item						
FY 2022-23	Total Funds	FTE	General Fund	Cash Funds Healthcare Affordability Sustainability Fee	Reappropriated Funds	Federal Funds
Total Request	(\$13,435,585)	0.0	(\$6,600,784)	(\$68,347)	\$0	(\$6,766,454)
(1) Executive Director's Office; (A) General Administration; General Professional Services and Special Projects	\$50,000	0.0	\$25,000	\$0	\$0	\$25,000
(2) Medical Services Premiums	(\$13,485,585)	0.0	(\$6,625,784)	(\$68,347)	\$0	(\$6,791,454)

FY 2019-20 R-9 Long Term Home Health and Private Duty Nursing Acuity Tool
 Appendix A: Calculations and Assumptions

Table 1.5 - FY 2023-24 Summary by Line Item						
FY 2023-24	Total Funds	FTE	General Fund	Cash Funds Healthcare Affordability Sustainability Fee	Reappropriated Funds	Federal Funds
Total Request	(\$14,657,037)	0.0	(\$7,200,912)	(\$74,538)	\$0	(\$7,381,587)
(1) Executive Director's Office; (A) General Administration; General Professional Services and Special Projects	\$50,000	0.0	\$25,000	\$0	\$0	\$25,000
(2) Medical Services Premiums	(\$14,707,037)	0.0	(\$7,225,912)	(\$74,538)	\$0	(\$7,406,587)

FY 2019-20 R-9 Long Term Home Health and Private Duty Nursing Acuity Tool
Appendix A: Calculations and Assumptions

Table 2.1- Summary by Initiative							
Item	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	Total	Source/Calculation
Stakeholder Engagement Contractor	\$26,580	\$13,290	\$13,290	\$0	\$0	\$53,160	Based on Department contract. See narrative for further detail.
Private Duty Nursing (PDN) and Long Term Home Health (LTHH) Tool Development Contractor	\$332,003	\$110,667	\$0	\$0	\$0	\$442,670	Table 2.2 Row A Total
LTHH Assessment Tool Pilot	\$0	\$84,706	\$0	\$0	\$0	\$84,706	Table 2.2 Row B Total
Independent Review of PDN Tool	\$0	\$0	\$0	\$50,000	\$0	\$50,000	Table 2.2 Row C Total
Independent Review of LTHH Tool	\$0	\$0	\$0	\$0	\$50,000	\$50,000	Table 2.2 Row C Total
Implementation Savings	\$0	(\$704,982)	(\$7,837,543)	(\$13,485,585)	(\$14,707,037)	(\$36,735,147)	Table 3.1 Row I + Table 3.2 Row R
Total	\$358,583	(\$496,319)	(\$7,824,253)	(\$13,435,585)	(\$14,657,037)	(\$36,054,611)	Sum of Initiatives

FY 2019-20 R-9 Long Term Home Health and Private Duty Nursing Acuity Tool
 Appendix A: Calculations and Assumptions

Table 2.2- FY 2018-19 R-17 Single Assessment Tool Financing Budget Request Contactor Estimates							
Row	Item	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	Total	LTHH/PDN Assessment Tool Estimated Total ⁽¹⁾
A	Tool Development Contractor	\$448,276	\$437,064	\$0	\$0	\$885,340	\$442,670
B	Assessment Tool Pilot	\$0	\$169,412	\$0	\$0	\$169,412	\$84,706
C	Evaluation Contractor	\$0	\$100,000	\$75,000	\$75,000	\$250,000	\$50,000
D	Total	\$448,276	\$706,476	\$75,000	\$75,000	\$1,304,752	\$577,376

(1) Estimate assumes new assessment tool will cost half the amount of the Home and Community Based Services (HCBS) Waivers Assessment Tool as the number of services is significantly less for LTHH and PDN. Evaluation contractor assumes cost would be half of the FY 2018-19 HCBS Tool cost.

FY 2019-20 R-9 Long Term Home Health and Private Duty Nursing Acuity Tool
Appendix A: Calculations and Assumptions

Table 3.1- Estimated Private Duty Nursing (PDN) Savings from Assessment Tool Implementation							
Row	Item	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	Source/Calculation
A	Estimated Units per Utilizer	3,659	3,733	3,809	3,886	3,965	FY 2018-19 S-1 Exhibit G
B	Estimated Percentage Reduction in Units per Utilizer	0.00%	-1.75%	-7.00%	-7.00%	-7.00%	FY 20-21 Table 3.4 Row H * 1/8, Future Years Table 3.4 Row H * 1/2
C	Estimated Reduction in Units per Utilizer	0	(65)	(267)	(272)	(278)	Row A * Row B
D	Estimated PDN Utilizers	842	954	1,081	1,225	1,388	FY 2018-19 S-1 Exhibit G
E	Total Saved Units	0	(62,010)	(288,627)	(333,200)	(385,864)	Row C * Row D
F	PDN Weighted Rate per Unit	\$41.13	\$41.13	\$41.13	\$41.13	\$41.13	FY 2018-19 S-1 Exhibit G
G	HCBS Health Maintenance Rate	\$29.76	\$29.76	\$29.76	\$29.76	\$29.76	Department Fee Schedule Adjusted for One Hour
H	Total Estimated Savings per Unit	\$11.37	\$11.37	\$11.37	\$11.37	\$11.37	Row F - Row G
I	Estimated Savings from Assessment Tool Implementation	\$0	(\$704,982)	(\$3,281,353)	(\$3,788,096)	(\$4,386,825)	Row E * Row H

FY 2019-20 R-9 Long Term Home Health and Private Duty Nursing Acuity Tool
Appendix A: Calculations and Assumptions

Table 3.2- Estimated Adult Long Term Home Health (LTHH) Savings from Assessment Tool Implementation							
Row	Item	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	Source/Calculation
A	Estimated Units per Utilizer	356	361	366	371	376	FY 2018-19 S-1 Exhibit G
B	Estimated Percentage Reduction in Units per Utilizer	0.00%	0.00%	-3.50%	-7.00%	-7.00%	FY 20-21 Table 3.4 Row H * 1/4, Future Years Table 3.4 Row H * 1/2
C	Estimated Reduction in Units per Utilizer	0	0	(13)	(26)	(26)	Row A * Row B
D	Total Estimated LTHH Utilizers	12,005	12,776	13,596	14,469	15,398	FY 2018-19 S-1 Exhibit G
E	Percent Adult Utilizers	48.11%	48.11%	48.11%	48.11%	48.11%	Average of Table 3.3 Row C
F	Estimated Adult LTHH Utilizers	5,776	6,147	6,541	6,961	7,408	Row D * Row E
G	Total Saved Units	0	0	(85,033)	(180,986)	(192,608)	Row C * Row F
H	LTHH Weighted Rate per Unit	\$83.34	\$83.34	\$83.34	\$83.34	\$83.34	FY 2018-19 S-1 Exhibit G
I	HCBS Health Maintenance Rate	\$29.76	\$29.76	\$29.76	\$29.76	\$29.76	Department Fee Schedule Adjusted for One Hour
J	Total Estimated Savings per Unit	\$53.58	\$53.58	\$53.58	\$53.58	\$53.58	Row H - Row I
K	Estimated Savings from Assessment Tool Implementation	\$0	\$0	(\$4,556,190)	(\$9,697,489)	(\$10,320,213)	Row G * Row J

Table 3.3 - Estimated Percent of Adult Long Term Home Health Utilizers				
Row	Item	FY 2015-16	FY 2016-17	Source/Calculation
A	Total Distinct Utilizers	13,170	15,090	Department Claims Data
B	Adult Distinct Utilizers	6,568	6,994	Department Claims Data
C	Percent of Adult LTHH Utilizers ⁽¹⁾	49.87%	46.35%	Row B/ Row A

⁽¹⁾ Defined as a person age 21 or above

Table 3.4 - Estimated Change in Pediatric Long Term Home Health (LTHH) Utilization with Pediatric Assessment Tool (PAT) Implementation			
Row	Fiscal Year	Actual LTHH Units per Utilizer	Growth Rate
A	FY 2010-11	1,256	N/A
B	FY 2011-12	1,281	2.05%
C	FY 2012-13	1,180	-7.92%
D	FY 2013-14	943	-20.07%
E	FY 2014-15	912	-3.24%
F	FY 2015-16	884	-3.16%
G	FY 2016-17	836	-5.36%
H	Average Reduction in Units per Utilizer with PAT implementation		-14.00%

