## INSTRUCTIONS

## SELF-DIRECTED CARE DEMONSTRATION

NOTE: In the yellow highlighted fields of this shell, for the six month period ending 03-31-08, Arkansas changed the calculations by multiplying the total expenditures and the PMPM amounts by two to represent a full years expenditures and members, and then divided the Savings calculation by two.

The State will complete the shaded areas of these forms with the requested historical data and assumptions to assist in the development of the budget estimates for this waiver amendment. The sheets are designed to develop trend analyses and determine budget estimates for with and without waiver costs. The forms should be completed in the order presented in the instructions below. If the demonstration will be less than statewide then fill-in the "SHELL" twice - once with statewide data and once for the geographic area of the demonstration (the with waiver portion should be identical in each submission - the statewide data is valued for its robustness in trend analysis, but the geographic/demonstration specific information is essential for assessing the level of per person cost.)

Historic Data (upper left hand quadrant of "SHELL")
Column A, Line 5 - Specify the time period for each year expenditures are reported (e.g., state fiscal year, federal fiscal year, calendar year, etc.)

Column E, Line 3 - Specify the base year. This should relate to the expenditures reported in column F.

Column B-F, Lines 8-14 - For each year enter the total expenditure for personal care service users. Enter expenditures for all listed services included in your State Plan, including Home and Community Based Services (HCBS) if the HCBS enrollees will be eligible for participation in the Self-Directed Care Demonstration. All services to be self directed must be included. Also include non-self-directed services that will either be reduced or increased by self directing services (impacted services) - it will be beneficial to include services that may be reduced, but budget neutrality requires the inclusion of services that could be increased through either substitution or complementary impacts. Use the "OTHER" row to include additional impacted or self-directed services and modify the row titles in column A, Lines 8 through 14 to reflect the State's service definitions. Add additional rows as needed and modify the total calculation to include additional entries.

Column B-F, Line 17 - For each year enter the total number of member months (unduplicated eligible months) for the population of Personal Care Service users (or user of any service that under the demonstration will become self-directed.)

With and Without Waiver Projections (upper and lower quadrants of the right hand side of "SHELL")
Column I, Line 17 - Enter the number of months that have expired from the end of the base year to the end of the first demonstration year. As an example, the base year begins January 1, 2000 and ends December 31, 2000 and the demonstration year begins July 1, 2001 and ends June 30, 2002. The months of aging would be 18 months.

Column D, Line 33 - Enter the whole number that pertains to the estimated participation rate of consumers cashing out. The percentages will be calculated for you in Column E.

Column D, Line 37 - Enter the whole number that pertains to the estimated cost reduction rate per consumer cashing out. The percentages will be calculated for you in Column E .

NOTE: The Simple Sample is only an example of how the end product should appear. The sample is not based upon the completion of the historic worksheets.


