State of Washington
Department of Social & Health Services
Mental Health Division
Actuarial Rate Certification

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Section I
Executive Summary

The Washington State Department of Social and Health Services, Mental Health Division (MHD) has commissioned Milliman to prepare an Actuarial Certification of its Mental Health capitation rates in accordance with CMS regulations. This report includes the Actuarial Certification, as well as detailed documentation regarding the gathering of appropriate base year utilization data, unit cost (service cost) data, utilization adjustments, and all other operations employed to develop a final range of reasonable capitation rates for Washington State's Medicaid mental health services provided in State fiscal years 2006 and 2007.

Scope of Report

This report is intended to document all data and assumptions used to build the reasonable actuarial rate ranges required by CMS. It also includes some information related to proposed State capitation rates and their compliance with the actuarially sound ranges. However, there are some materials required by CMS that are not components of this report. Note that in each case the State will provide CMS with appropriate documentation:

- Proposed RSN contracts
- Cost effectiveness documentation

Also, this report makes no attempt to quantify non-Medicaid services during either the historical data collection period or the projection periods.

Intended Use

This document and its attached exhibits, appendices and data are intended solely for use by the State of Washington Department of Social and Health Services, Mental Health Division in support of its application for waiver for the managed care mental health program. It may be shared with CMS for that purpose.

Reliance on Data

We have relied on data from numerous sources to compile this report, including eligibility and utilization data from the State of Washington Mental Health Division, unit cost data gathered by an extensive survey of mental health agency costs, and several other sources and estimates described throughout the report.

We have not audited this data or reconciled it to other sources, but we have performed many tests on its reasonableness. To the extent that flaws are present in the data, such flaws could impact the results of our analysis.

Variance of Results

Because our rate study is primarily based on recent historical experience for the program, actual results will vary from our estimates. In reviewing this program, we have identified many sources of potential variation in future capitation rates:

- Continued implementation of care modalities that became part of the State Plan on January 1, 2003.
- Policy changes (benefits, eligibility, compliance) that may originate from CMS or MHD
- Unanticipated fluctuations in demand for services associated with economic factors
- The withdrawal from the program of certain key mental health providers in a given region
- Changes statewide in availability of key professionals such as psychiatrists
- Changes in the health care delivery system
- Increased penetration of the mental health system, driven by increased referrals from other programs such as Healthy Options (medical managed care)
- Other random and non-random factors

It is important that the program continue to monitor experience and make modifications as necessary.

Third Party Release

The information contained in this analysis has been prepared for the State of Washington Mental Health Division (MHD) and their consultants and advisors. It is our understanding that the information contained in this report may be utilized in a public document. To the extent that the information contained in this report is provided to third parties, the document should be distributed in its entirety. Any user of the data must possess a certain level of expertise in actuarial science and health care modeling so as not to misinterpret the data presented.

Milliman makes no representations or warranties regarding the contents of this report to third parties. Similarly, third parties are instructed that they are to place no reliance upon this report prepared for MHD by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties. Other parties receiving this report must rely upon their own experts in drawing conclusions about the MHD capitation rates, assumptions and trends. It is the responsibility of

any individual RSN to establish required revenue levels appropriate for their risk, management and contractual obligations.

Structure of DSHS Mental Health Division and Providers

Capitated Medicaid mental health services in the State of Washington are provided by risk-bearing entities known as Regional Support Networks (RSNs). Each RSN has jurisdiction over one or several counties. (see map – Appendix 2). Funds are allocated by the Mental Health Division at the direction of the State Legislature. These funds are eligible for federal matching funds. At the same time, RSNs have at their disposal sources of local matching funds, which also may be eligible for federal match. The services included in the capitated amount are described in a document known as the State Plan (attached as Appendix 3).

The State also funds mental health services outside the RSNs' capitation arrangements, including the following:

- Direct fee-for-service reimbursements to psychiatrists and for pharmaceuticals.
- Provision of a limited mental health benefit by Healthy Options contractors.
- Provision of acute inpatient care at two state-owned hospitals.

Other State agencies provide care that can be considered mental health-related services. These are included in the cost effectiveness reporting, but are not included in the capitation rates:

- Aging and Disability
- Children's Administration
- Division of Alcohol and Substance Abuse
- ITA Services

Summary of Data Sources

The data used in the Actuarial Study came from several sources:

- Base Year (July 2003 – December 2004) Title XIX Eligibility Summaries. Greg Kline (MHD) provided for us the latest summary of the historical number of eligibles for each program and match category, by RSN. These were the same figures on which actual capitation payments were based. These summaries and further information regarding this data can be found in Section II.
- Outpatient Encounter Data. Greg Kline (MHD) provided the outpatient encounter data from all RSNs on March 25, 2005. Note that "outpatient encounter" indicates several modes of care that are not ordinarily referred to as "outpatient." In fact, everything which is not an acute inpatient hospital claim is housed in the state's "outpatient encounter" database, including Evaluation and Treatment Facilities (considered by some to be an inpatient setting), residential, and professional treatment rendered to inpatients, as well as respite and stabilization care.

- Healthy Options (Washington State Medicaid managed care program) and Medicaid Fee-for-Service outpatient data. The Medical Assistance Administration (MAA) provided this data for calendar year 2004. These programs also reimburse providers for a limited mental health benefit, and their respective data sources were used to eliminate RSN encounters from the Base Year data accordingly. The MAA FFS data also includes information relating to Medicare recoveries for dual eligibles.
- Inpatient Data. MHD provided us with detailed line item data for all mental health inpatient hospitalizations from October 1, 2002 through about September of 2004, when the effects of payment lag begin to take effect. Reimbursements for these hospitalizations are provided directly by the State to the hospitals according to a fee-for-service formula, and these amounts are then charged against the capitation payments to the corresponding RSN responsible for the inpatient hospitalization.
- RSN Revenue & Expense Reports. MHD provided a complete CY 2004 package of RSN Revenue and Expense reports, used for testing reasonableness of results, as well as for computing RSN administrative loads.
- Data for numerous other smaller adjustments, such as Medicare recoveries, spend-down, and third party recoveries, are further discussed in various sections of the report.

Summary of Operations to the Data

The analysis of the data that underlies this report generally followed several steps:

- Removal of non-State Plan services.
- Removal of services rendered to non-Title XIX patients.
- Removal of duplicate claims or encounters
- Grouping of services into appropriate modalities (service categories).
- Utilization adjustments to account for material data omissions and miscoding.
- Exclusion of State Plan Services otherwise reimbursed to the RSNs, including payments from Medicaid fee-for-service, from Medicaid managed care contractors, and services rendered to Title XIX eligibles at Institutions for Mental Disease (IMDs).
- Assignment of appropriate unit costs to each health care encounter.
- Aggregation of data to produce per capita utilization and per member per month (PMPM) cost statistics.
- Application of adjustments related to Medicare, spend-down and third-party cost recoveries.
- Provision for RSN administration.
- Analysis of rate cells, utilization and cost statistics by RSN and aid category in order to remove effects of data distortions, small rate cells, variations in the delivery of care and catastrophic claims, while maintaining cost neutrality.
- Two sets of assumptions regarding administrative costs and provider productivity have been used to construct high and low endpoints of an actuarially sound rate range.

Summary of Results

Based on the data provided to us, and the adjustments described in this report, we have computed reasonable PMPM capitation rate ranges by RSN for SFY 2006 – 2007. These ranges represent reasonable ranges for MHD's actual contracted rates, including State, local match, and federal components, and are shown in Tables 1a – 1b. Table 1c summarizes the proposed contract capitation rates being offered by MHD. Tables 1d – 1g graphically demonstrate that the contract rates fall within the rate ranges. For each RSN, the top of the vertical bar represents the high rate, the bottom of the vertical bar represents the low rate, and the cross line is at the contract rate.

Table 1a
Washington State Mental Health Division
2005 Actuarial Rate Development
Summary of FY 2006 Rate Ranges

	High Range of Actuarial Rates			
RSN	**Disabled Adult**	**Non-Disabled Adult**	**Disabled Child**	**Non-Disabled Child**
Chelan-Douglas	$139.58	$17.50	$93.66	$14.18
Clark	$124.20	$15.57	$83.34	$12.62
Grays Harbor	$103.96	$13.03	$69.76	$10.56
Greater Columbia	$117.32	$14.71	$78.72	$11.92
King	$158.99	$19.93	$106.68	$16.15
North Central	$104.64	$13.12	$70.22	$10.63
North Sound	$121.38	$15.22	$81.45	$12.33
Northeastern	$97.69	$12.25	$65.55	$9.92
Peninsula	$140.22	$17.58	$94.09	$14.25
Pierce	$122.45	$15.35	$82.17	$12.44
Southwest	$122.08	$15.30	$81.91	$12.40
Spokane	$136.59	$17.12	$91.65	$13.88
Thurston-Mason	$107.35	$13.46	$72.03	$10.91
Timberlands	$116.06	$14.55	$77.88	$11.79

	Low Range of Actuarial Rates			
RSN	**Disabled Adult**	**Non-Disabled Adult**	**Disabled Child**	**Non-Disabled Child**
Chelan-Douglas	$112.82	$13.60	$74.87	$10.81
Clark	$100.39	$12.11	$66.61	$9.62
Grays Harbor	$84.03	$10.13	$55.76	$8.05
Greater Columbia	$94.83	$11.43	$62.92	$9.08
King	$128.51	$15.50	$85.27	$12.31
North Central	$84.58	$10.20	$56.13	$8.10
North Sound	$98.11	$11.83	$65.10	$9.40
Northeastern	$78.96	$9.52	$52.39	$7.56
Peninsula	$113.34	$13.67	$75.21	$10.86
Pierce	$98.97	$11.93	$65.68	$9.48
Southwest	$98.67	$11.90	$65.48	$9.45
Spokane	$110.40	$13.31	$73.26	$10.57
Thurston-Mason	$86.77	$10.46	$57.58	$8.31
Timberlands	$93.81	$11.31	$62.25	$8.99

Table 1b
Washington State Mental Health Division
2005 Actuarial Rate Development
Summary of FY 2007 Rate Ranges

	High Range of Actuarial Rates			
RSN	**Disabled Adult**	**Non-Disabled Adult**	**Disabled Child**	**Non-Disabled Child**
Chelan-Douglas	$143.30	$17.97	$96.25	$14.56
Clark	$127.62	$16.00	$85.72	$12.97
Grays Harbor	$106.83	$13.40	$71.76	$10.86
Greater Columbia	$120.51	$15.11	$80.95	$12.25
King	$163.35	$20.48	$109.72	$16.60
North Central	$107.43	$13.47	$72.16	$10.92
North Sound	$124.78	$15.65	$83.82	$12.68
Northeastern	$100.32	$12.58	$67.38	$10.19
Peninsula	$144.06	$18.06	$96.76	$14.64
Pierce	$125.82	$15.78	$84.51	$12.78
Southwest	$125.53	$15.74	$84.32	$12.76
Spokane	$140.38	$17.60	$94.29	$14.26
Thurston-Mason	$110.35	$13.84	$74.12	$11.21
Timberlands	$119.23	$14.95	$80.09	$12.12

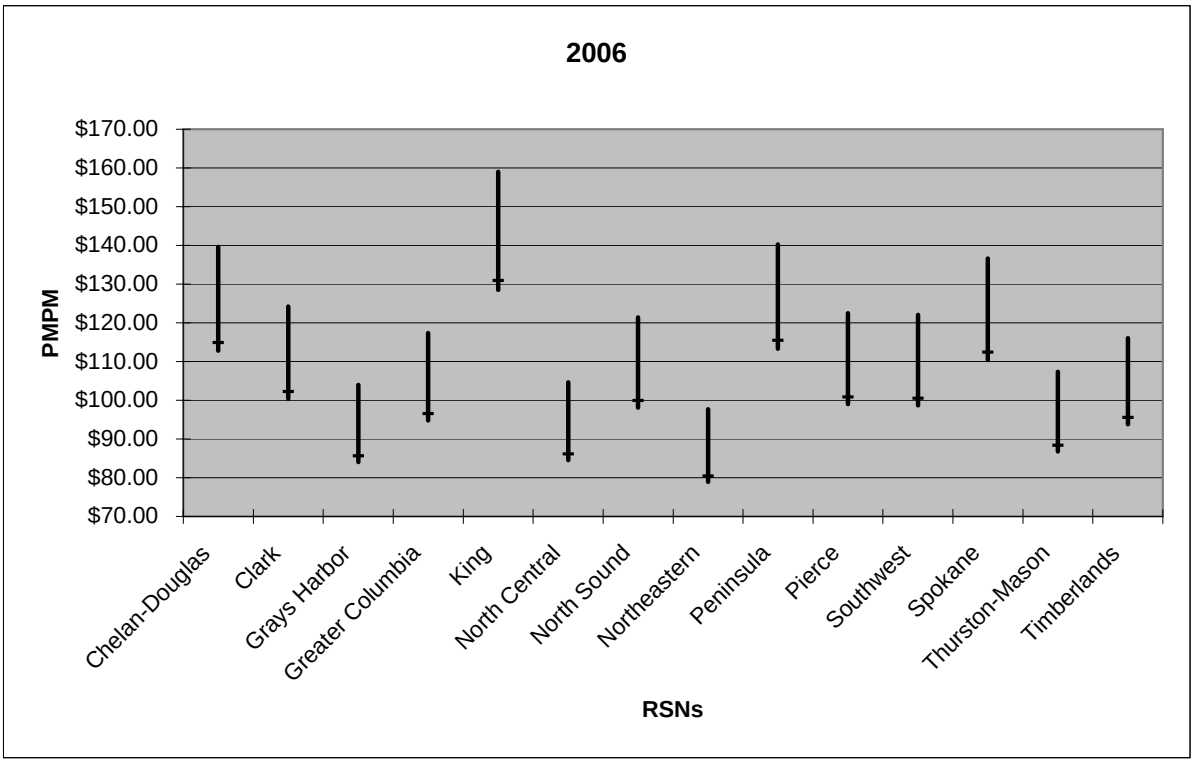
	Low Range of Actuarial Rates			
RSN	**Disabled Adult**	**Non-Disabled Adult**	**Disabled Child**	**Non-Disabled Child**
Chelan-Douglas	$115.85	$13.97	$76.97	$11.10
Clark	$103.18	$12.45	$68.55	$9.89
Grays Harbor	$86.37	$10.42	$57.38	$8.28
Greater Columbia	$97.43	$11.75	$64.73	$9.34
King	$132.07	$15.93	$87.74	$12.65
North Central	$86.86	$10.48	$57.71	$8.32
North Sound	$100.88	$12.17	$67.03	$9.67
Northeastern	$81.10	$9.78	$53.88	$7.77
Peninsula	$116.47	$14.05	$77.38	$11.16
Pierce	$101.72	$12.27	$67.58	$9.75
Southwest	$101.49	$12.24	$67.43	$9.72
Spokane	$113.49	$13.69	$75.40	$10.87
Thurston-Mason	$89.22	$10.76	$59.27	$8.55
Timberlands	$96.40	$11.63	$64.04	$9.24

Table 1c
Washington State Mental Health Division
2005 Actuarial Rate Development
Summary of FY 2006 & 2007 Contract Rates

	2006 Contracted Rates			
RSN	**Disabled Adult**	**Non-Disabled Adult**	**Disabled Child**	**Non-Disabled Child**
Chelan-Douglas	$114.90	$13.85	$76.24	$11.00
Clark	$102.23	$12.33	$69.80	$11.75
Grays Harbor	$85.58	$10.32	$56.79	$8.20
Greater Columbia	$96.57	$11.64	$64.08	$9.25
King	$130.87	$15.78	$86.84	$12.54
North Central	$86.14	$10.39	$57.16	$8.25
North Sound	$99.92	$12.05	$66.30	$9.57
Northeastern	$80.41	$9.70	$53.36	$7.70
Peninsula	$115.42	$13.92	$76.59	$11.06
Pierce	$100.79	$12.15	$66.88	$9.65
Southwest	$100.49	$12.12	$66.68	$9.62
Spokane	$112.43	$13.56	$74.61	$10.77
Thurston-Mason	$88.36	$10.66	$58.64	$8.46
Timberlands	$95.53	$11.52	$63.39	$9.15

	2007 Contracted Rates			
RSN	**Disabled Adult**	**Non-Disabled Adult**	**Disabled Child**	**Non-Disabled Child**
Chelan-Douglas	$116.77	$14.08	$77.58	$11.19
Clark	$104.00	$12.54	$70.94	$11.81
Grays Harbor	$87.06	$10.50	$57.84	$8.34
Greater Columbia	$98.20	$11.85	$65.24	$9.41
King	$133.11	$16.06	$88.44	$12.75
North Central	$87.55	$10.56	$58.16	$8.39
North Sound	$101.68	$12.26	$67.56	$9.74
Northeastern	$81.75	$9.86	$54.31	$7.83
Peninsula	$117.39	$14.16	$77.99	$11.25
Pierce	$102.53	$12.37	$68.12	$9.82
Southwest	$102.30	$12.34	$67.96	$9.80
Spokane	$114.39	$13.80	$76.00	$10.96
Thurston-Mason	$89.92	$10.85	$59.74	$8.62
Timberlands	$97.16	$11.72	$64.55	$9.31

Table 1d
Washington State Mental Health Division
2005 Actuarial Rate Development
2006 & 2007 Contract Rates: Disabled Adult



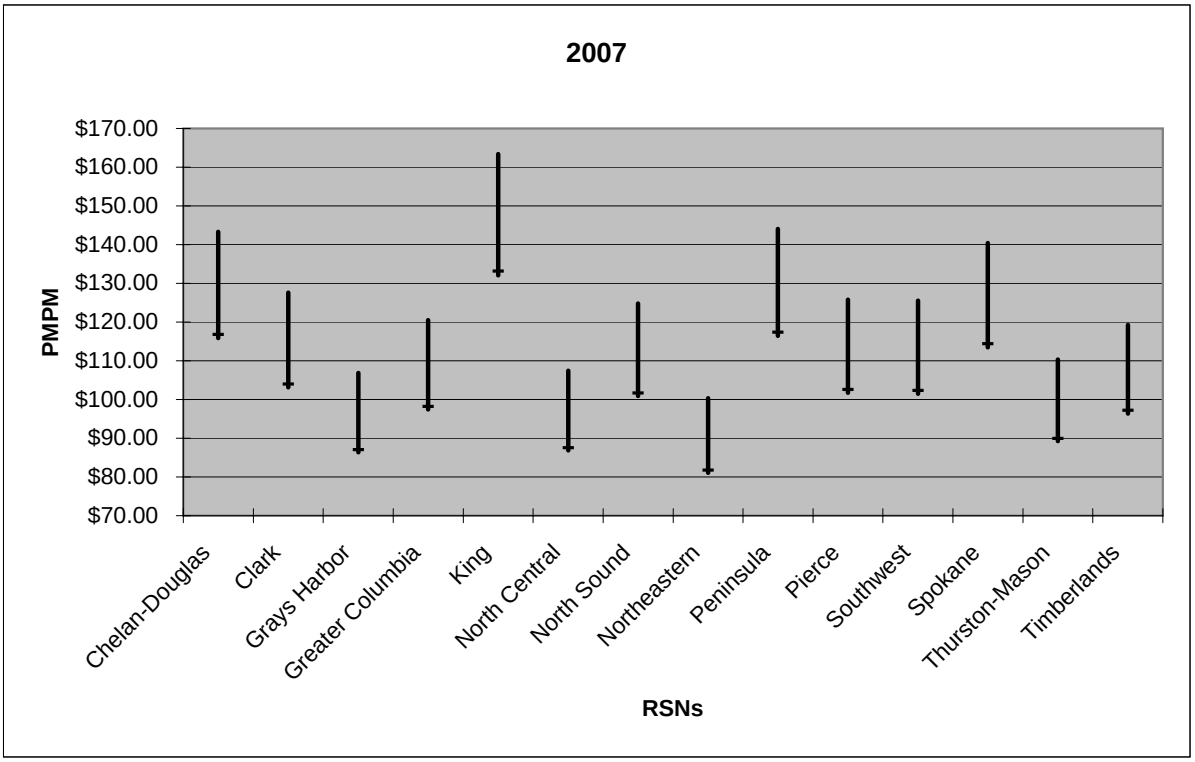
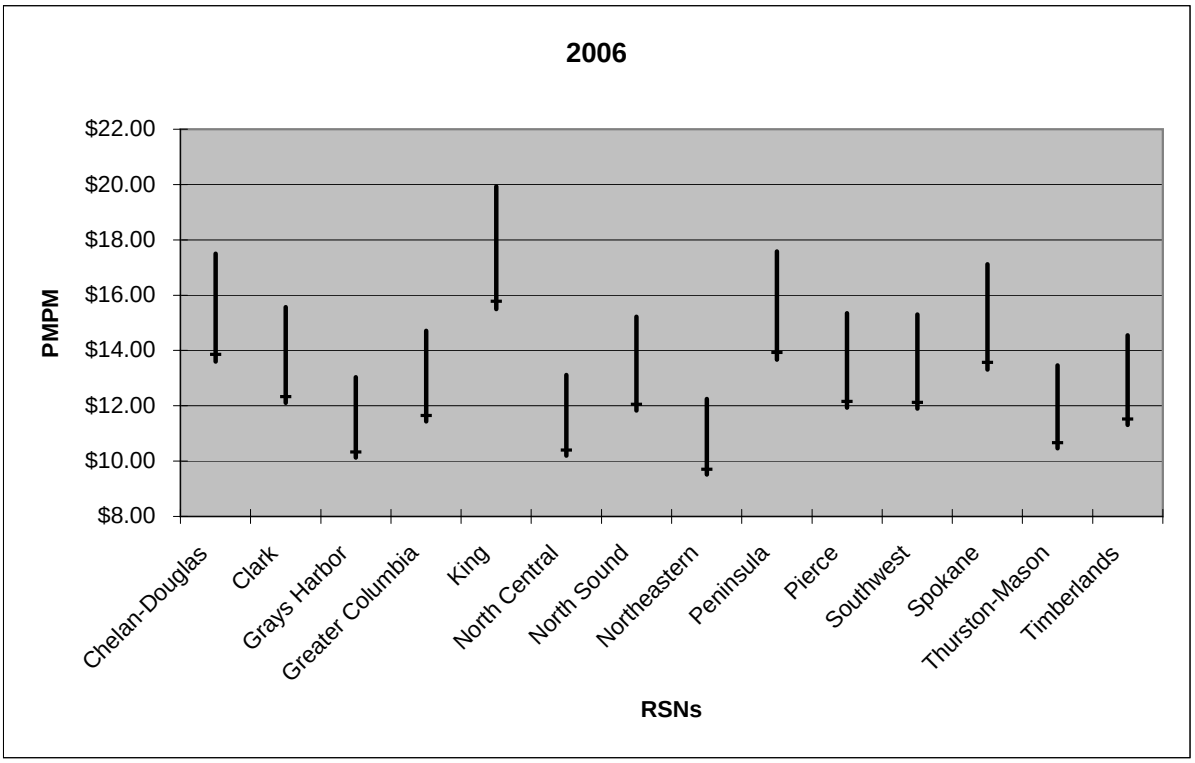


Table 1e
Washington State Mental Health Division
2005 Actuarial Rate Development
2006 & 2007 Contract Rates: Non-Disabled Adult



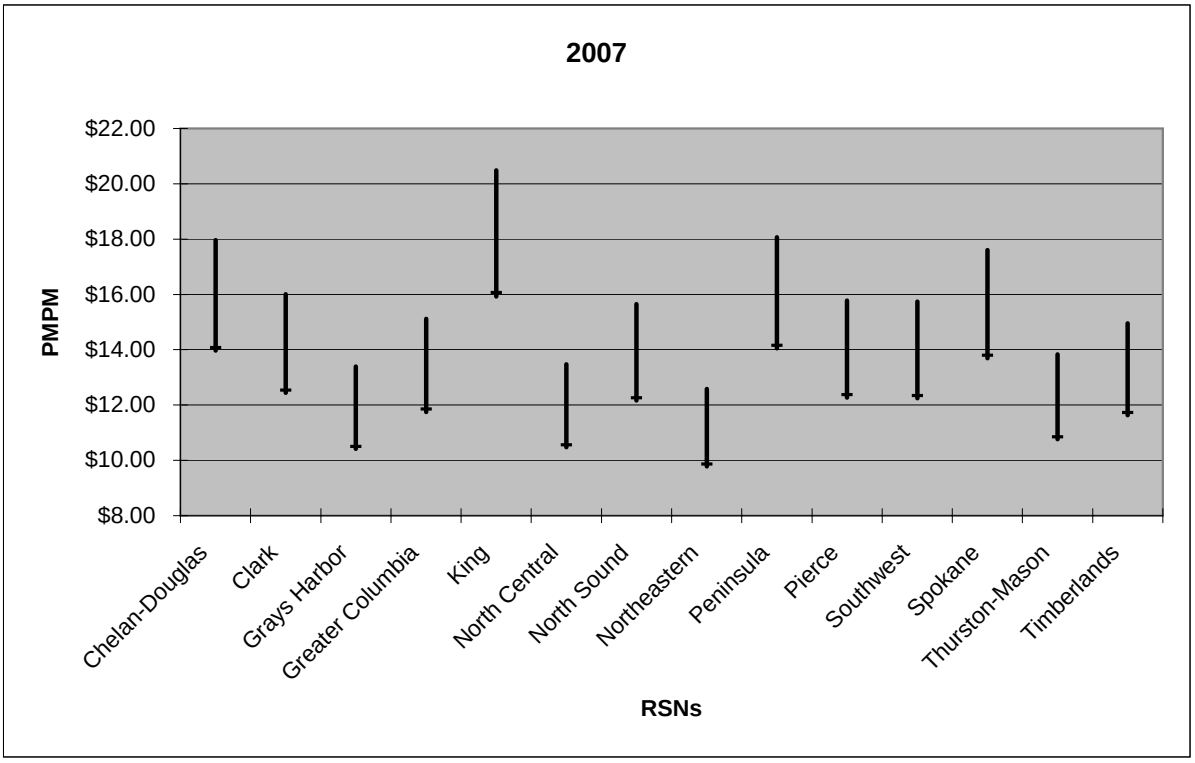
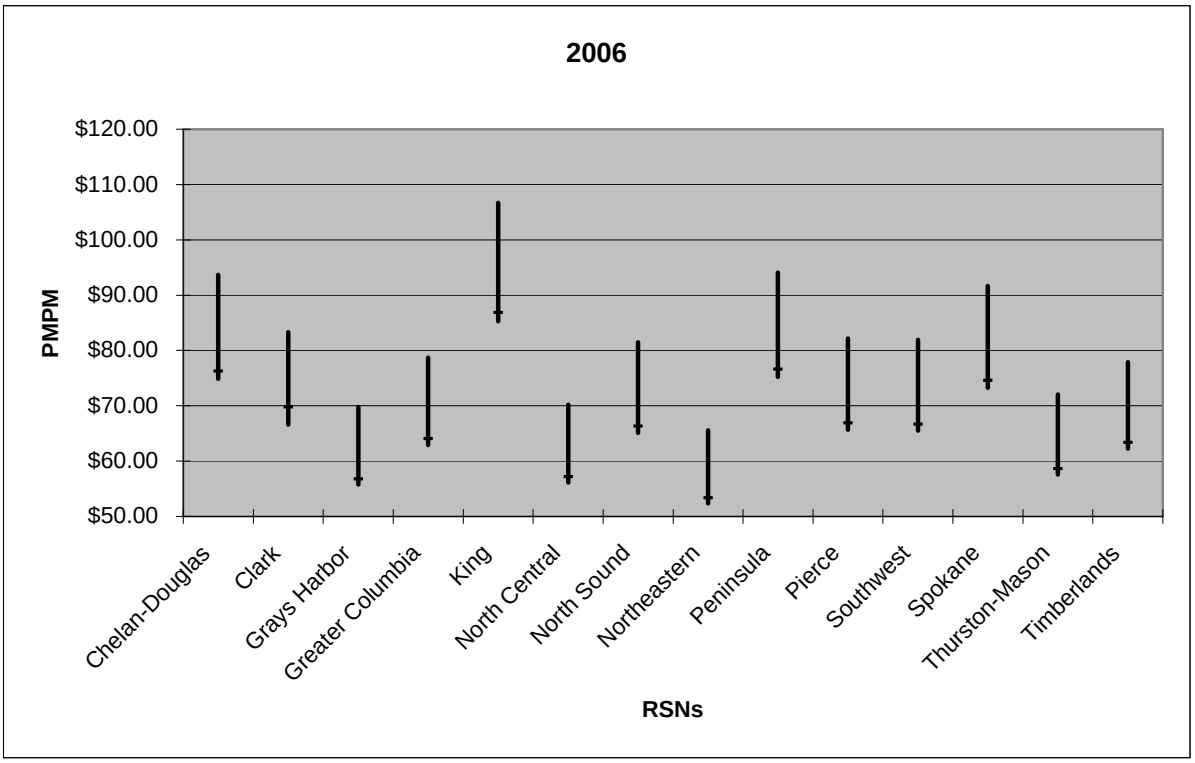


Table 1f
Washington State Mental Health Division
2005 Actuarial Rate Development
2006 & 2007 Contract Rates: Disabled Child



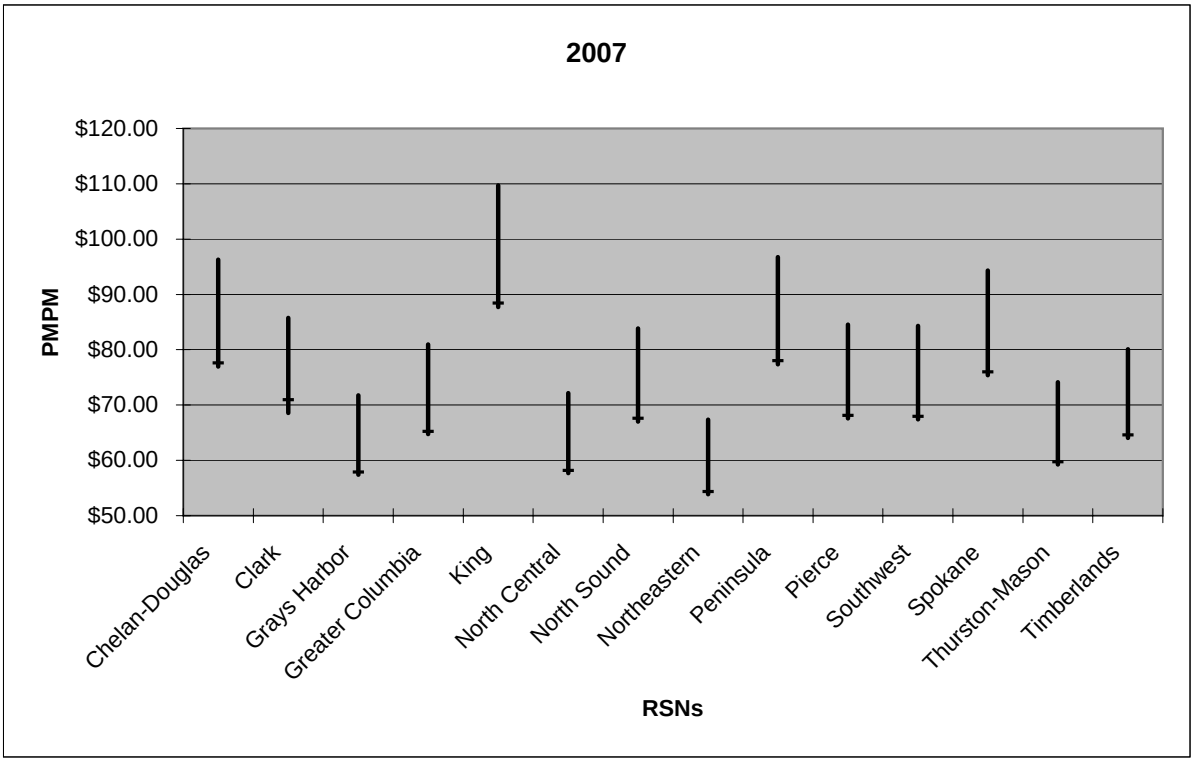
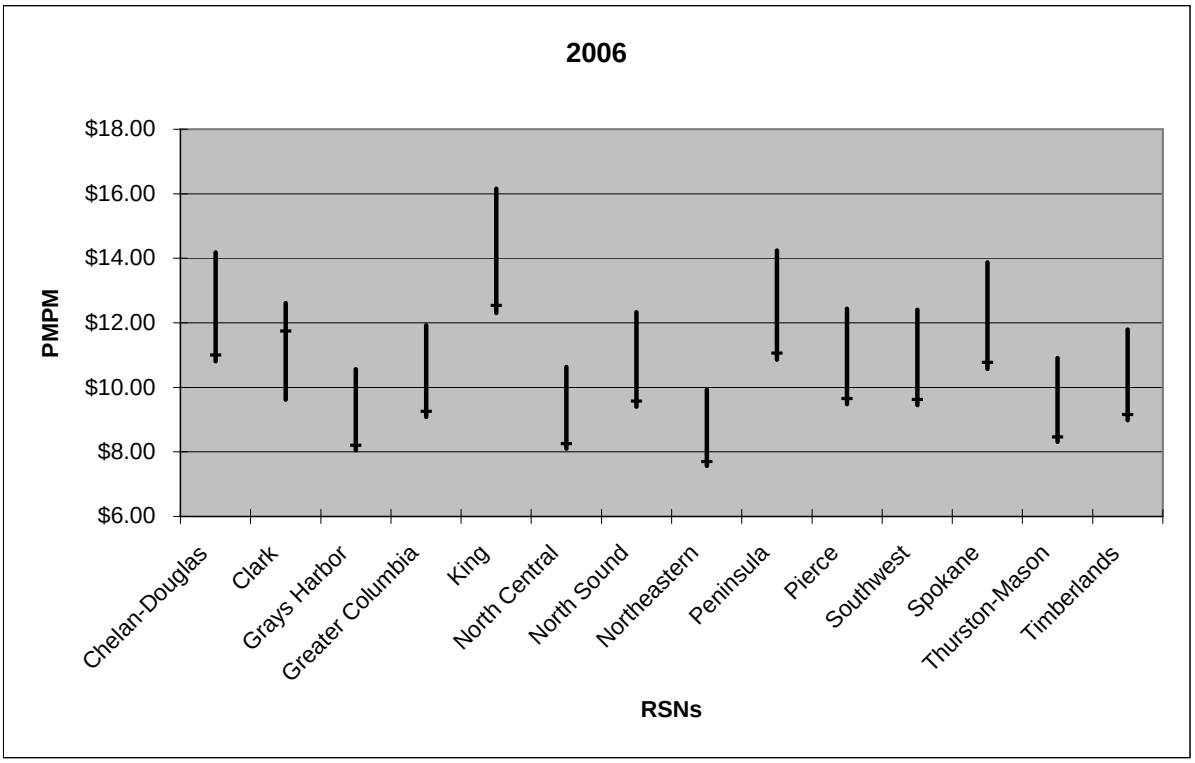
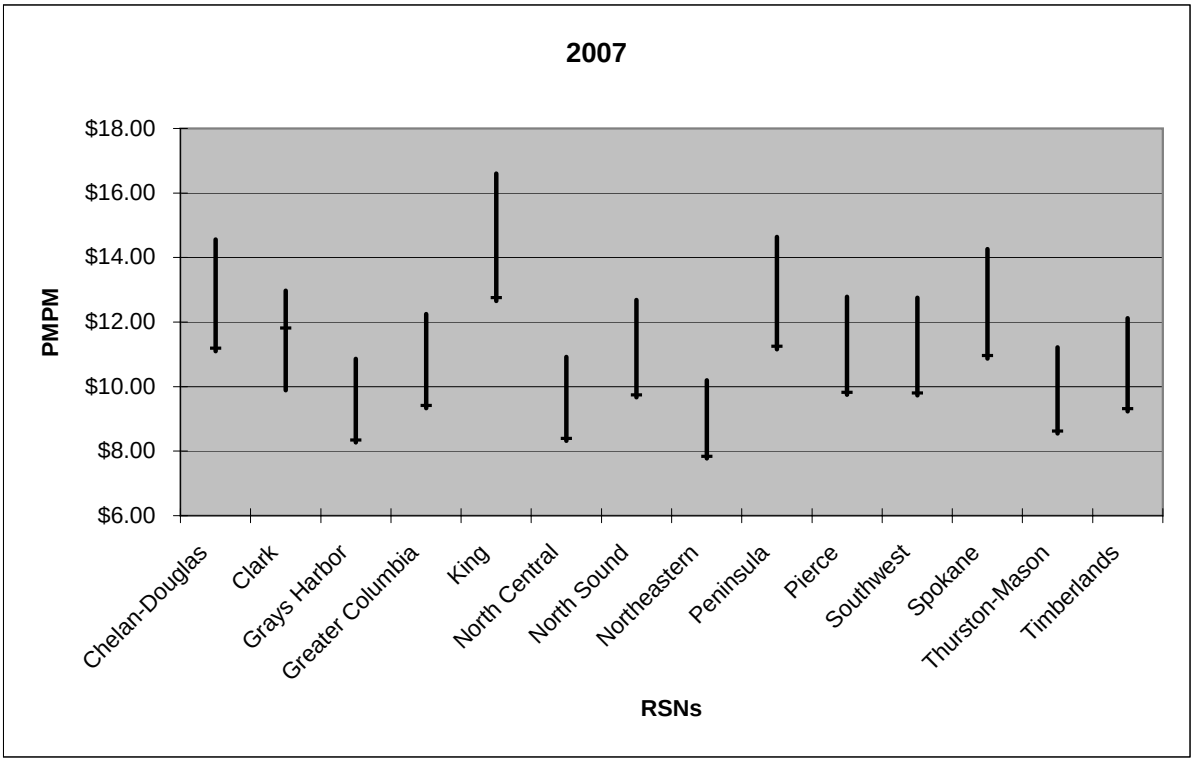


Table 1g
Washington State Mental Health Division
2005 Actuarial Rate Development
2006 & 2007 Contract Rates: Non-Disabled Child





Section II
Medicaid Population Data

Historical Eligibility Summaries

MHD provided several eligibility summaries for the period July 2003 – December 2004. The first was an eligibility summary by County, by program, by match and medical eligibility codes, by adult and child, and by month.[1] We summarized this file and computed average monthly eligibles for the rate cells that we considered. Table 2a shows Washington State's average monthly Medicaid (Title XIX) eligibility for calendar year 2004. Note that these figures were used to calculate per capita utilization statistics for outpatient services. Table 2b shows fiscal year 2004 figures, which were used to derive per capita utilization statistics for inpatient services.

Eligibility Forecasts

Tables 2c-e show projected monthly eligibles for fiscal years 2005-2007, provided by the State. These figures were provided by MHD and are consistent with the State's budget forecasting process.

Consistency of Eligibility with Capitation Payment Basis

It is our understanding that payments to the respective RSNs are based on the eligibility figures consistent with those shown in Tables 2a-e. The figures in Tables 2a-e represent a monthly count of the unduplicated number of eligibles during any given month. It should be noted that historical enrollment figures change over time because of retroactive changes. Projected enrollment figures have been provided by MHD.

[1] Please refer to Exhibit 5-1 in Appendix 5 for a crosswalk of all program, match and eligibility codes to the various Medicaid and non-Medicaid programs

Table 2a
Washington State Mental Health Division
2005 Actuarial Rate Development
Medicaid Eligibility Summary (Average Monthly Eligibles)
CY 2004

	Disabled Adults			Non-Disabled Adults					
	Disabled Adult	**Disabled Dual Adult**	**Total**	**Non-Disabled Adult**	**Non-Disabled Dual Adult**	**Total**	**Disabled Child**	**Non-Disabled Child**	**Total**
Chelan-Douglas	1,098	769	1,866	1,760	1,129	2,889	304	12,577	17,636
Clark	3,422	2,176	5,597	9,150	2,309	11,459	1,226	34,358	52,641
Grays Harbor	1,544	853	2,397	2,004	866	2,869	313	8,196	13,775
Greater Columbia	6,990	4,496	11,485	16,134	6,228	22,362	2,704	87,869	124,420
King	18,393	10,173	28,565	26,441	15,273	41,714	3,743	105,545	179,567
North Central	1,956	1,250	3,206	3,647	1,474	5,121	613	23,618	32,558
North Sound	9,849	5,824	15,673	17,239	7,444	24,683	2,536	76,856	119,748
Northeastern	1,504	735	2,239	2,296	938	3,234	265	9,502	15,239
Peninsula	4,241	2,399	6,640	5,663	2,607	8,269	1,027	22,990	38,926
Pierce	9,690	5,717	15,407	14,967	5,841	20,808	2,877	61,965	101,057
Southwest	1,768	945	2,712	2,932	1,032	3,964	484	10,619	17,779
Spokane	6,567	4,338	10,905	12,229	4,111	16,340	1,909	44,712	73,866
Thurston-Mason	3,233	2,085	5,318	5,215	1,906	7,120	896	21,440	34,774
Timberlands	1,643	1,012	2,655	2,711	1,248	3,959	398	10,776	17,787
Total	**71,896**	**42,770**	**114,666**	**122,388**	**52,403**	**174,790**	**19,293**	**531,023**	**839,771**

Table 2b
Washington State Mental Health Division
2005 Actuarial Rate Development
Medicaid Eligibility Summary (Average Monthly Eligibles)
FY 2004 (July 2003 – June 2004)

	Disabled Adults			Non-Disabled Adults					
	Disabled Adult	Disabled Dual Adult	Total	Non-Disabled Adult	Non-Disabled Dual Adult	Total	Disabled Child	Non-Disabled Child	Total
Chelan-Douglas	1,058	749	1,806	1,717	1,143	2,860	306	12,937	17,909
Clark	3,413	2,142	5,556	8,848	2,272	11,119	1,202	35,302	53,179
Grays Harbor	1,536	846	2,382	1,978	875	2,853	311	8,576	14,122
Greater Columbia	6,861	4,470	11,331	15,765	6,242	22,006	2,643	89,166	125,147
King	18,158	10,042	28,200	25,598	15,192	40,790	3,695	108,479	181,163
North Central	1,961	1,253	3,214	3,485	1,467	4,952	616	23,991	32,773
North Sound	9,710	5,734	15,444	16,569	7,392	23,961	2,490	79,169	121,065
Northeastern	1,474	745	2,218	2,249	941	3,191	266	9,872	15,546
Peninsula	4,133	2,375	6,508	5,544	2,626	8,171	1,008	24,051	39,737
Pierce	9,650	5,673	15,323	14,550	5,854	20,404	2,850	64,299	102,877
Southwest	1,751	949	2,701	2,794	1,035	3,828	481	10,834	17,844
Spokane	6,547	4,330	10,876	11,669	4,180	15,849	1,906	45,761	74,392
Thurston-Mason	3,172	2,049	5,221	5,042	1,915	6,956	891	22,407	35,475
Timberlands	1,593	1,000	2,593	2,608	1,264	3,872	396	11,056	17,917
Total	**71,017**	**42,356**	**113,373**	**118,415**	**52,398**	**170,813**	**19,060**	**545,900**	**849,145**

Table 2c
Washington State Mental Health Division
2005 Actuarial Rate Development
Medicaid Eligibility Summary (Average Monthly Eligibles)
FY 2005 (July 2004 – June 2005)

	Disabled Adults			Non-Disabled Adults					
	Disabled Adult	**Disabled Dual Adult**	**Total**	**Non-Disabled Adult**	**Non-Disabled Dual Adult**	**Total**	**Disabled Child**	**Non-Disabled Child**	**Total**
Chelan-Douglas			1,889			3,154	265	11,878	17,187
Clark			5,872			11,530	1,006	33,007	51,414
Grays Harbor			2,568			3,033	265	8,107	13,974
Greater Columbia			12,117			24,530	2,276	83,072	121,996
King			30,291			44,000	3,178	100,675	178,145
North Central			3,559			5,662	535	22,204	31,961
North Sound			16,503			25,314	2,132	73,436	117,385
Northeastern			2,397			3,295	211	9,227	15,129
Peninsula			6,950			8,464	857	22,662	38,934
Pierce			16,421			21,446	2,501	60,418	100,786
Southwest			3,016			4,109	433	10,777	18,336
Spokane			11,730			16,408	1,654	43,201	72,993
Thurston-Mason			5,424			7,185	746	20,778	34,133
Timberlands			2,723			3,985	330	10,191	17,230
Total			**121,462**			**182,116**	**16,391**	**509,634**	**829,603**

Table 2d
Washington State Mental Health Division
2005 Actuarial Rate Development
Medicaid Eligibility Summary (Average Monthly Eligibles)
FY 2006 (July 2005 – June 2006)

	Disabled Adults			Non-Disabled Adults					
	Disabled Adult	**Disabled Dual Adult**	**Total**	**Non-Disabled Adult**	**Non-Disabled Dual Adult**	**Total**	**Disabled Child**	**Non-Disabled Child**	**Total**
Chelan-Douglas			1,956			3,231	273	12,719	18,179
Clark			6,081			11,810	1,036	35,343	54,270
Grays Harbor			2,660			3,107	273	8,681	14,721
Greater Columbia			12,548			25,127	2,345	88,953	128,973
King			31,369			45,071	3,274	107,802	187,516
North Central			3,686			5,800	551	23,776	33,814
North Sound			17,090			25,930	2,195	78,634	123,851
Northeastern			2,482			3,375	217	9,880	15,954
Peninsula			7,198			8,670	883	24,266	41,018
Pierce			17,006			21,968	2,576	64,694	106,244
Southwest			3,123			4,209	446	11,540	19,319
Spokane			12,148			16,807	1,704	46,259	76,917
Thurston-Mason			5,617			7,360	768	22,249	35,994
Timberlands			2,820			4,082	340	10,913	18,155
Total			**125,784**			**186,549**	**16,882**	**545,709**	**874,924**

Table 2e
Washington State Mental Health Division
2005 Actuarial Rate Development
Medicaid Eligibility Summary (Average Monthly Eligibles)
FY 2007 (July 2006 – June 2007)

	Disabled Adults			Non-Disabled Adults					
	Disabled Adult	Disabled Dual Adult	Total	Non-Disabled Adult	Non-Disabled Dual Adult	Total	Disabled Child	Non-Disabled Child	Total
Chelan-Douglas			2,025			3,310	282	13,419	19,035
Clark			6,294			12,097	1,067	37,290	56,748
Grays Harbor			2,753			3,182	281	9,159	15,376
Greater Columbia			12,988			25,737	2,415	93,853	134,993
King			32,470			46,165	3,372	113,740	195,747
North Central			3,815			5,941	568	25,086	35,410
North Sound			17,690			26,560	2,261	82,966	129,477
Northeastern			2,569			3,457	224	10,424	16,674
Peninsula			7,450			8,881	909	25,603	42,844
Pierce			17,602			22,501	2,653	68,258	111,015
Southwest			3,233			4,311	460	12,176	20,180
Spokane			12,574			17,215	1,755	48,807	80,351
Thurston-Mason			5,814			7,539	791	23,474	37,618
Timberlands			2,919			4,181	350	11,514	18,964
Total			**130,197**			**191,076**	**17,387**	**575,771**	**914,431**

Section III
Outpatient Utilization Data and Pricing

Outpatient Services [2] Covered Under the State Plan

The State Plan for mental health services covers a variety of categories, referred to as "modalities." For information related to the clinical definitions of the various modalities, please refer to the State Plan (Appendix 3), or Section B of the State's Operations Manual (Appendix 4).

Collection of Data

Mental health providers submit documentation of all outpatient encounters to their respective RSNs, which in turn submit encounters to the Mental Health Division Consumer Information System (MHD-CIS). We requested a database of all encounters incurred in calendar year 2004 and reported as late as March 15, 2005 to MHD-CIS.

Limitations of Data

Based on our examination of several years of the State's MHD-CIS data, and on discussions with MHD staff, RSN officials, and providers, we are aware of several key limitations to the data:

- There exists confusion surrounding the standards for coding of several modalities, particularly per diem modalities such as High Intensity Treatment (HIT), residential, and also certain individual services: medication management, special population evaluations, and Crisis Outreach.
- Some services continue to be coded using divergent coding systems in different RSNs. Some RSNs were using the NASMHPD coding system as late as March 2004. While these codes map to modalities, in several cases they caused data distortions.
- Each RSN relies on differing combinations of modalities to deliver treatment for the same underlying conditions. For example, some RSNs rely heavily on residential care, whereas others do not. Some RSNs have established Evaluation and Treatment facilities, while others rely on a combination of inpatient and residential care.
- Certain services were not coded in certain RSNs due to differences in the subcontracting of mental health providers and their reporting systems.
- A number of modalities are under-represented in the data, including clubhouse, day treatment, peer counseling, intake evaluations, and supported employment. We believe that these services are being provided, but that they are difficult to document and report.
- None of the RSNs include cost or charge information by encounter. The complete lack of market or private sector information for unit prices for many of these modalities led, in 2004, to a Unit Cost Survey, discussed in Section IV.

[2] Note that for purposes of the discussion of Washington State's Medicaid mental health program, the term "outpatient" means all aspects of medical care not associated with inpatient facility costs. This includes professional services in all settings, as well as institutional care.

- Although most services had minutes associated with each encounter, these fields were not entirely reliable. In particular, a value of 1,440 (i.e., 24 hours) in the "minutes" field was often used to indicate a full day of care, usually residential in nature. Conversely, some residential facilities reported the number of days of care in the minutes field. In order to arrive at accurate utilization counts, we compared reported utilization to separate reports that document the size (i.e., number of beds) of each facility.

Operations on Outpatient Data

Table 3 below shows the basic steps taken to refine the MHD-CIS data to valid State Plan Services provided to Title XIX eligibles. Each step in this process will be discussed below.

Table 3
Summary of Outpatient Encounters

	Record Count
Gross Records Submitted by MHD-CIS	3,697,050
Invalid HCPCS Codes	(29,754)
Non-State Plan Service Codes	(22,838)
Superfluous coding (crisis hotline and others)	(55,831)
Duplicate records	(140,407)
Individual Treatment Services provided on same day as per diem services	(76,922)
Services provided to Non-Title XIX Eligibles	(482,819)
Ineligible services at Highline West Seattle	(7,210)
Subtotal: State-Plan services provided to Title XIX eligibles	2,881,269
Minus: fee-for-service encounters from MAA database	(30,927)
Minus: Healthy Options encounters	(13,264)
Final outpatient encounters considered	2,837,078

CPT/HCPCS Assignments

The coding of mental health services is governed by MHD, and explained in numerous resources. A complete list of all codes found in the data, along with the assignments of these codes to current State Plan and b(3) modalities, is included in Appendix 7.

Exclusion of Non-State Plan Services

We relied on CPT/HCPCS coding to distinguish between State Plan services and non-State Plan services. We have not audited the data to determine whether agencies are misreporting these services, or upcoding non-State Plan services. Because RSNs generally transmit only State Plan services to MHD-CIS, relatively few encounters were removed from the Base Year data. We also removed records that had invalid or unrecognized CPT/HCPCS coding.

Superfluous Coding

We removed encounters that represent components of State Plan services, such as crisis hotline and professional components of E&T services. In both cases, the unit costs computed in Appendix 6 are based on a bundled unit of service that includes these components.

Removal of Duplicate Records

We examined the data for duplicate reporting of services. We identified all cases in which any two or more records were related to the same individual (based on PIC coding), and were coded with the same CPT/HCPCS code, the same date of service, and the same minutes of service. We then retained only one record, and marked the remaining as duplicates.

Individual Services on the Same Day as Per Diem Services

We examined the data for cases in which hourly services were provided to an individual on the same day that person was covered by a per diem service. The Operations Manual governs which codes can be considered auxiliary to each per diem modality. Basically, this is an effort to consistently and appropriately "bundle" treatment in per diem modalities. As a general rule, individual treatment is considered "bundled" in the per diem care, whereas modalities such as crisis, medication management, and medication monitoring are considered auxiliary. We removed only individual treatment services provided to a given consumer on the same day as a per diem service.

Medicaid Eligibility Exclusions

MHD-CIS provided us with eligibility-matched encounter records by appending the consumer's program, match and eligibility codes to each encounter. We relied fully on this information, although we tested it for reasonableness. MHD-CIS also supplied us with an eligibility matrix (see Exhibit 5-2) that we used to eliminate encounters for programs not eligible for FMAP. In addition, we used a Medicaid eligibility

crosswalk from MAA (Exhibit 5-3) to identify dual eligibles and to remove QMB-only, SLMB-only, QI-1, and QDWI categories of dual eligibles from the base year data. Our final crosswalk showing all combinations of program, match, and eligibility codes found in the submitted outpatient data, along with their assignments to Title XIX or other public programs, can also be found in Exhibit 5-1 in Appendix 5.

Care Provided by IMDs

Several IMDs in the State provides outpatient care to Mental Health consumers:

- Highline West Seattle Evaluation and Treatment Facility (King County RSN) [3]
- Cascade Residential (King)
- El Rey Residential (King)
- Elahan Residential (Clark County RSN)
- Sunnyside (Greater Columbia RSN)
- Sunshine Terrace (Spokane County RSN)

Where possible, we excluded IMD encounters associated with adults less than age 65. In the case of the Cascade and El Rey facilities, the residential data reporting was blended with a third (non-IMD) facility. In order to approximate the exclude the IMD residential days, we removed 64.2% of the adult (<65) utilization and cost.

Fee-for-Service Medicaid

MAA provided us with a database of all mental health claims paid by the State's fee-for-service (FFS) Medicaid payment system. We matched these records in the MHD-CIS encounter database, based on consumer (PIC), date of service and CPT/HCPCS code. Any matches were removed from the encounter data, on the basis that these services were paid in full by MAA, and were not eligible for further reimbursement under the RSN capitation rates.

Healthy Options Medicaid

MAA provided us with a database of all mental health encounters reported by the State's Healthy Options Medicaid contractors. We matched these records in the MHD-CIS encounter database, based on consumer (PIC), date of service and CPT/HCPCS code. Any matches were removed from the encounter

[3] There are other E&T Facilities in the State that are not IMDs.

data, on the basis that these services were paid by the local Healthy Options contractor, and were not eligible for further reimbursement under the RSN capitation rates.

Data Edits

In addition to the removal of records performed above and summarized in Table 3, we performed a variety of data edits:

- In some RSNs, encounters indicated medication management being performed by professionals that are not licensed to prescribe medications. In those cases, we re-coded the service to medication monitoring.
- We reassigned crisis encounters from several Crisis Triage centers as Stabilization Services. We believe this is a more appropriate category for this service (due to long length of services), and allows for more appropriate pricing.
- We examined encounters from all per-diem agencies to identify those agencies that utilize the "minutes" field to record days of care. Reported days were reconciled with bed-day information from MHD to ensure an accurate count of residential utilization.
- North Central RSN, beginning in October of 2004, submitted a large number of encounters with an identical "place-holder" PIC code. Since the State was able to assign program and match codes based on other demographic data in those records, we were able to include these encounters, although we were unable to perform the tests for duplicates and unbundling of per diem services.

Seasonality and Completion (IBNR) Adjustments

We applied no global seasonality adjustments or data completion adjustments to the base year data, in view of the fact that we had a full year of reporting data. We did, however, apply limited and specific completion adjustments to specific data elements from selected agencies. We did this by examining the monthly pattern of utilization for each reporting unit ID (RUID), and in cases of obvious and material data omissions (or superfluous reporting), we applied a factor to complete these data elements. A table of completion factors by Agency and modality can be found in Exhibit 8-1 in Appendix 8. This exhibit also includes information as to the effect of these adjustments on the volume of reported care for that RUID.

Development of Utilization Statistics

In Appendix 12 of this report, utilization of outpatient care (whether expressed in minutes or as per diem) is expressed in terms of annual units (either services or days) of service per 1,000 eligibles. We utilized the following formula to compute these statistics:

$$\text{Raw Utilization} \div \text{Eligible Months} \times 12{,}000 = \text{Annual Utilization per 1,000 Eligibles}$$

In addition, for services that are not per diem in nature, we have summarized average minutes per service for outpatient services. This statistic is equal to the total number of minutes divided by the total number of services in any given category of service.

Service Cost Assumptions

Pricing was developed based on a Unit Cost Survey, performed in the first quarter of 2005, and discussed in Section IV. A unit cost was appended to each unit of care. The average cost per service statistics in the Base Year Experience Study (see Appendix 12) differ from the starting assumptions due to the weighted average effects of regional cost factors, profession-specific cost factors and variations between RSNs in average minutes per service.

Trend Assumptions

The pricing assumptions outlined above were intended for calendar year 2004. In order to project unit costs forward, we relied on per capita trend rates provided by MAA, and calculated an annual rate of 2.6% for outpatient (professional) services.

Per Member Per Month Cost

We measure the per member per month cost of services in any given RSN by combining per capita utilization and unit cost statistics according to the following formula:

Annual Utilization per 1,000 Eligibles × Average Cost per Service ÷ 12,000 = Per Member Per Month Cost

Section IV
Outpatient Unit Cost Study

Description of Survey

At this time, there is no current Medicaid fee schedule covering the various modalities described by the State Plan. In order to develop appropriate service unit costs for Medicaid mental health services in Washington State, MHD, in conjunction with Milliman and representatives of the RSNs and the State's mental health providers, conducted a cost survey that would collect the necessary data to develop unit costs appropriate for this study. There were several reasons that MHD's prior Medicaid FFS unit costs, as well as costs from other states, are not appropriate:

- Washington State fees have not been updated since the implementation of managed care over 10 years ago. A simple trend update would result in service unit costs that may or may not reflect actual costs to administer benefits.
- Since implementation of managed care, a number of modalities have been defined which do not have equivalent fees in the pre-existing FFS system, nor in the systems of other states.
- It was felt that a survey of costs would help to establish regional cost patterns in the provision of benefits.

We conducted the survey by distributing survey forms to all public mental health providers in the State. We have included a copy of the survey form as Exhibit 6-12. As can be seen from this exhibit, the approach of the survey was to measure a number of variables, broken out by provider type and contractual arrangement:

- Salary of providers
- Provision for benefits, payroll taxes
- Underlying productivity of professionals, based on number of hours of direct care provided to consumers regardless of payer type
- Costs of sub-contracted providers
- Costs borne by the agency, such as direct service support (non-billable clinical support), administrative staff, program costs such as rent, insurance, etc.
- For residential facilities, we asked the agencies to carve out and report costs associated with room and board.

We distributed these surveys, first in a pilot project during 2004, and then as a final survey, in February-March 2005. A variety of training programs and supporting materials were also rendered to support RSN and provider staff in responding to the survey. After receiving and reviewing all responses, we responded by calling many of the reporting agencies with questions or to request corrections to responses that were materially defective. All valid responses were combined into a single database for analysis.

Summary of Responses

We received survey responses from over 175 entities. In some cases, these entities represented component business units of larger agencies. Some agencies are very large, with 50-60 professionals, whereas others, particularly in rural areas, are quite small, sometimes only 2-3 staff members. A summary examination revealed several controlling features of the State's mental health agencies:

- Salaries and benefits by professionals are relatively consistent across agencies.
- Productivity varied widely by agency, by type of care provided, and by professional.
- Direct service costs, administrative costs, and program costs varied widely.
- The degree to which agencies and RSNs share in the costs of direct service support, administrative and program costs, information services, ombudsman, and quality reviews varies widely across RSNs.

We segregated all the responses by type of care provided: outpatient (individual services), crisis, residential, stabilization, and freestanding evaluation and treatment.

Analysis of Outpatient and Crisis Services.

Outpatient and Crisis services were analyzed in a similar fashion, representing the fact that all such services would ultimately be priced on a per encounter basis. Our general approach was to analyze the total cost necessary to support a provider of services, including loads for benefits, payroll taxes, clinical support staff, administrative staff, and program expenses. We then divided this figure by the expected productivity to develop billable costs per hour of clinical time. Our development of figures for average statewide salary, load amounts, and productivity are illustrated in Exhibit 6-2. Several aspects of this analysis should be noted:

- The underlying volatility of productivity estimates by RSN required us to consider a benchmark productivity rate. If an RSN's average productivity fell outside the range of 20th and 80th percentile productivity, we generally substituted one of these figures in its place (labeled on each exhibit as "Adjusted" figures).
- Loads for clinical support, administrative expense, and program expenses were so varied as to require an approximate approach. All agencies were generally assigned an RSN-composite rate for all of these loading amounts.
- Productivity for crisis services is generally lower, reflecting the on-call nature of this service. Our intent in the cost survey was to measure the effect of purchasing stand-by and on-call services, available around the clock.
- Contrary to our expectations, we could not find a convincing pattern of higher costs for professionals that provide mental health services to children.

After loading RSN-specific average salaries (by professional) with the various support loads, and dividing by adjusted productivity, we computed RSN-specific "fully loaded rates." Each RSN's hourly rates were divided by the statewide average to produce area factors. These area factors were then normalized to ensure cost neutrality. Statewide average hourly rates and area factors for outpatient and crisis services are shown in Exhibits 6-8 and 6-9, respectively.

Historical and Target Rates

The hourly rates developed in Exhibits 6-8 and 6-9 reflect prevailing rates for calendar year 2004. Although there is variation between agencies, the statewide data reflects a certain consensus on salary and benefit levels, productivity, clinical support and program costs. With this in mind, we are confident that the unit prices reflect prevailing CY2004 "historical" rates to support the revenue needed to fund mental health services at the agency level.

The aspect of the study results that attracted most attention from various reviewers was that statewide productivity rates are lower than might be expected from a public policy perspective. In response to MHD, RSN, and provider comments to our initial draft results, we have also decided to establish a "target" rate of productivity at the statewide 85th percentile productivity, by profession. For example, according to the survey results, a PhD/Master's Level clinician provides 680 hours of care on a statewide average basis. The 85th percentile productivity is 896 hours, reflecting the State's "best practice."[4] With this goal in mind, we have developed a range of lower "target" billing rates for professionals, shown in Exhibits 6-10 and 6-11, for outpatient and crisis services, respectively.

In developing capitation rates by RSN, we applied both historical and target unit costs to all outpatient hourly encounters. These high and low costs served to establish high and low capitation ranges computed in Appendices 12 and 13.

Per Diem Costs

We used a simplified approach to develop costs for per diem facilities providing residential, stabilization, and freestanding evaluation and treatment services. We first divided total reported costs by average daily census at the institution. We then compared the resulting per diem rates to other institutions of similar size and staffing mix. For facilities that did not provide a cost survey, we applied per diem costs in accordance with the licensure level and characteristics of the facility. A list of reporting units (facilities) and the per diem costs applied to per diem services is shown in Exhibit 6-13.

[4] See Exhibit 6-3.

Section V
Inpatient Utilization Data and Pricing

Discussion of Inpatient Data File

MHD supplied us with a detailed payment record for all Mental Health inpatient hospitalizations paid by MHD and charged back to the RSNs in calendar years 2003 and 2004. This file includes the recipient, age at admit date, Program and Match codes, hospital, dates of admit and discharge, responsible RSN, assigned DRG code, Medicaid reimbursement amount, third party and Medicare recoveries, and numerous other details related to each hospitalization. We have not audited or independently verified this data. The file included 17,192 records. However, only 4,991 admits from this file were ultimately included in the study, due to exclusions regarding State Plan, non-Medicaid eligibility, and admits not associated with the 12-month period of the study.

Limitations of Data

Unlike the outpatient encounter data, the MMIS inpatient data is comparatively free of obvious limitations. All admits have been consistently coded and payment is consistent with payment levels set by the State for the FFS Medicaid program. We examined this data and believe that by selecting a 12-month period starting in July 2003 (corresponding to State fiscal year 2004), a full year of admits can be selected for study, without need for development of a global completion factor.

Exclusion of Non-State Plan Services

The MMIS file included a number of records that were ultimately excluded from the study. Of the 6,689 admits in fiscal year 2004, the following exclusions were made:

- 176 records corresponded to admissions of non-Medicaid patients;
- 1,522 records were associated with adult (< age 64) admits at one of 4 IMDs: Highline West Seattle; Fairfax Hospital (Kirkland); Carondolet Psychiatric Care Center (Pasco); and Puget Sound Behavioral Health (Tacoma). These admits were removed from consideration.

A total of 227 admits were grouped to DRGs 743-751, which are associated with alcohol and drug abuse. These have been *included* in this study, because the State determines whether ADATSA or MHD is responsible for the claim based not on DRG, but on primary diagnosis. In these cases, the claims are considered psychiatric. This left a total of 4,991 admits ultimately included in the study.

Catastrophic Smoothing

We identified all admits that resulted in a Medicaid reimbursement in excess of $50,000. These admits were segregated from the study and separate statewide catastrophic inpatient PMPM amounts were computed for all aid categories. This amount was then evenly distributed back to the RSN-specific PMPM rates for each aid category to ensure cost neutrality.

Completion Factor

Due to 9 months of runout for this data, we did not apply a completion factor. This data did not include a field for payment date, which precluded a formal lag study. An examination of the admit frequency by incurred month supported the conclusion that the data was complete.

Development of Utilization Statistics

Inpatient utilization is measured in several ways. In Appendix 12, we express the admit rate in terms of annual admits per 100,000 eligibles, according to the following formula:

$$\text{Annual Admits per 100,000 eligibles} = \text{Number of admits in database} \div \text{CY 2004 Eligible Months} \times 100{,}000 \times 12$$

In addition, we have summarized average length of stay. This is simply the total number of days in any given cell divided by the total number of admits.

Pricing Assumptions

Because the MMIS database included actual reimbursed amounts, it was not necessary to perform research on reasonable rates of psychiatric acute inpatient claims. The reimbursement columns in the inpatient file provide third-party, Medicare, and Recipient portion reimbursement detail. The reimbursed amount from MAA is net of all these amounts. As a result, we did not apply any further adjustments to inpatient claims for third-party, Medicare, and spend-down recoveries. One facility, Fairfax Hospital (Kirkland), is receiving a SFY2006 Medicaid funding increase, to $550 per day. We adjusted the reimbursements at Fairfax accordingly.

Trend Assumptions

The unit prices for inpatient services were based on actual paid amounts in fiscal year 2004 (July 2003-June 2004). In order to project unit costs forward, we relied on per capita trend rates provided by MAA, and calculated an annual rate of 3.9% for inpatient (facility) services.

For dual eligibles, we computed the average trend rate for the Medicare inpatient deductible over the last three years (2003, 2004, 2005). The average annual trend increase for those three years was also 3.9%.

Section VI
Other Services and Adjustments

In addition to Base Year Utilization described in the Outpatient (Section III) and Inpatient (Section V) sections of this report, we are also including several one-time adjustments to the data to reflect services that were implemented in the State Plan as of January 1, 2003, but which are not yet reflected in the Base Year data. There are three areas that require adjustment:

- High-Intensity Treatment. This emerging modality has been implemented only in Clark, Pierce, and King counties.
- Peer Support. This modality's implementation has been limited due to delays in certification of providers.
- CSTC is a facility that is providing State Plan services, but data for these services was reported to, and reimbursed by a different agency. The State intends to incorporate these services within the RSN's reporting system and capitation rates.

High Intensity Treatment

Several forms of High Intensity Treatment (HIT) that are currently being offered in select counties have been priced with the expectation of statewide expansion. These HIT programs include the following:

- Assertive Community Treatment (ACT) meeting the Fidelity Scale for disabled adults. It is our understanding that the current State Plan does not require the Fidelity Scale.
- Community-based team delivered services for disabled adults.
- Intensive, extended multidisciplinary services for disabled children. It is our understanding that this form of high intensity treatment requires a higher staffing level than the current State Plan modality.
- Multisystemic therapy for disabled children.

Working in conjunction with the Mental Health Council and several RSNs, MCPP Healthcare Consulting, Inc. developed expectations for staffing, utilization of services, costs, and cost offsets. This analysis and the resulting per member per month net program costs were provided to the State for use in the mental health capitation rate development. This analysis relied upon program fidelity standards, the MHD unit cost survey results, experience from Clark County RSN, the results of prior DSHS analyses, and other published research as noted in the attached exhibits. Milliman enhanced the MCPP analysis to incorporate information from the rate study. Milliman also modified several assumptions in the modeling. Documentation for these calculations can be found in Appendix 11.

The State has opted not to require implementation of Assertive Community Treatment and of Intensive, Extended Multidisciplinary Services. Accordingly, we have not included the PMPM utilization adjustments for these two forms of HIT in Exhibits 12 and 13.

Peer Support

It is a contractual expectation that peer support programs be expanded in RSNs currently not providing those services. As with HIT, MCPP provided a cost buildup of peer support costs for disabled adults, non-disabled adults and disabled children. This analysis relied upon the state unit cost study, provider experience and utilization estimates from similar programs. An exhibit summarizing the per member per month cost development is attached in Appendix 11. Milliman reviewed this analysis for reasonableness and verified that the results were consistent with the experience of RSNs currently offering peer support services.

CSTC – PADT

MHD has identified a facility operating in Pierce RSN that is offering State Plan services but receiving reimbursement outside the RSN capitation. We have examined CY2004 reporting from the Child Study and Treatment Center, which offers a variety of modalities to children in a special school-based program 5 days per week. We have performed an analysis of this data, using the following assumptions:

- Counted total days in the program for each consumer during CY2004
- Assigned a reasonable cost of $219 per day
- Based on information provided by MHD, we have assumed that 21% of the Title XIX-eligible children are the "disabled children." The remainder are non-disabled.
- Assigned each consumer to the appropriate RSN. Most of the consumers are associated with Pierce RSN; several others are associated with King and Thurston-Mason RSNs.

It is our understanding that starting with state fiscal year 2006, the responsible RSNs will be funding these services. Accordingly, we are including these services as utilization adjustments to the CY2004 base year utilization summaries. Further documentation for this program can be found in Exhibit 11-1, and PMPM amounts are added in the appropriate line in the Appendix 13 exhibits.

Medicare Outpatient Cost Recoveries

MAA provided us with a database of all services that had been reimbursed by Medicare and submitted to MAA as crossover claims. It is our understanding that MAA pays the remaining coinsurance deductible for these claims directly to the provider. In examining the distribution of Medicare recoveries by RSN,

we observed that several RSNs are achieving a cost recovery of 3.5% of total services for their dual eligible populations. Providers in other RSNs appear not to be billing Medicare as the primary payer for these services. We have applied a 3.5% PMPM reduction to the dual eligible PMPM claim costs in all RSNs.

Spend-Down Recoveries

Spend-down recoveries (client obligations) were calculated in several ways:

Inpatient Costs. As noted above in Section V, we made no further adjustment for spend-down recoveries, as the State-paid amounts from the MMIS system were used to establish unit prices. Therefore, any spend-down amounts were netted out of the unit price assumptions.

Outpatient Costs. Using MMIS outpatient medical claim data, spend-down amounts paid were calculated as 0.05% of total amounts paid. While this calculation was performed on all Medicaid outpatient care, it was relied upon as a reasonable approximation for expected spend-down reductions for mental health care. This figure has not been updated since our prior (2004) study.

Third-Party Recoveries

Outpatient third-party liability (TPL) reductions to cost were examined using an extensive extract of the MMIS medical claim system. That analysis showed that 0.43% of the allowed claim amounts were covered by TPL offsets. This percentage was used as an offset to expected outpatient costs. This figure has not been updated since our prior (2004) study.

Section VII
RSN Administrative Costs

The cost of RSN administration was not included in the Unit Cost Study (Section IV). We have relied on the RSNs' CY 2004 Revenue and Expense reports (see Appendix 9) in order to compute appropriate administrative loads for the capitation rates calculated in Exhibits 13. For each RSN, we attempted to identify costs or portions of costs that had been included by providers in the unit cost survey discussed in Section IV. The remaining costs, divided by total costs, constitutes the RSN administrative portion (expressed as a percent of capitation). Based on this analysis, we have established a range of administration rates from 10%-15% of premium. We believe this range encompasses reasonable levels of administration for a program of this nature. Documentation of this analysis is included in Appendix 10.

Section VIII
Development of Base Year Experience Study

Base Year Experience Study

We produced a Base Year (CY2004) Experience Study, included in Appendix 12, by aggregating the outpatient and inpatient utilization, historical service costs, assumptions related to spend-down, Medicare, Third-Party Liability, and Utilization Adjustments, as described in Sections II through VI. Finally, we loaded the rates for RSN administration, described in Section VII. Trend was applied to SFY 2004 Inpatient rates before being combined with CY2004 outpatient costs. This experience summary is parallel across all six separate rating cells under consideration:

(a) Disabled Adults (not Dual Eligibles)
(b) Disabled Adult Dual Eligibles
(c) Disabled Adults (All) [Composite of (a) and (b)]
(d) Non-disabled Adults (not Dual Eligibles)
(e) Non-disabled Adult Dual Eligibles
(f) Non-disabled Adults (All) [Composite of (d) and (e)]
(g) Disabled Children
(h) Non-Disabled Children
(i) Composite (All Title XIX Aid Groups)

The Experience Study has the following components:

- Exhibit 12-1a-i — Inpatient Experience Summary, by Rating Cell, and Composite
- Exhibit 12-2a-i (Historical) — Outpatient (Hourly Services) Experience Summary, by Rating Cell, and Composite, Historical Unit Cost Assumptions
- Exhibit 12-2a-i (Target) — Outpatient (Hourly Services) Experience Summary, by Rating Cell, and Composite, Target Unit Cost Assumptions
- Exhibit 12-3a-i — Outpatient (Per Diem Services) Experience Summary, by Rating Cell, and Composite, Historical Unit Cost Assumptions
- Exhibit 12-4a-i (Historical) — Composite Experience Summary, by Rating Cell, and Composite, Historical Unit Costs
- Exhibit 12-4a-i (Target) — Composite Experience Summary, by Rating Cell, and Composite, Target Unit Costs

The Experience Study can be found in Appendix 12.

Contract Year Rate Projections

Starting with the Experience Studies, we applied trend assumptions, as described in Sections III and V, and generated Rate Projections for SFY 2006 and SFY 2007. These projections have the following components:

- Exhibit 13-1a-i (Historical)— SFY 2006 Rate Projection, by Rating Cell, and Composite, Historical Unit Costs
- Exhibit 13-2a-i (Target) — SFY 2006 Rate Projection, by Rating Cell, and Composite, Target Unit Costs
- Exhibit 13-3a-i (Historical)— SFY 2007 Rate Projection, by Rating Cell, and Composite, Historical Unit Costs
- Exhibit 13-4a-i (Target) — SFY 2007 Rate Projection, by Rating Cell, and Composite, Target Unit Costs
- Exhibit 13-5 — Development of SFY 2006 Capitation Rates
- Exhibit 13-6 — Development of SFY 2007 Capitation Rates

These rate projection Exhibits can be found in Appendix 13.

Base Rate Ranges and Geographic Factors

As with the prior rate development process, base rates are constructed for four categories of eligibles:

- Disabled Adults
- Non-Disabled Adults
- Disabled Children
- Non-Disabled Children

Although the rate development process recognized differences between clients dually eligible for Medicare and clients eligible for Medicaid only, we merged these categories in the final construction of Base Rates. Rates for these four categories have been constructed under the high-cost and low-cost scenarios. As mentioned above, the high cost scenario uses historical levels of productivity and 15% RSN administration, while the low cost scenario uses 85th percentile productivity and 10% administration. The resulting statewide composite rates are shown in Exhibits 13-5 and 13-6 for State Fiscal Years 2006 and 2007, respectively.

In our prior rate study (for SFY 2004-2005), we were unable to produce credible geographic differentials in the rates, due to a lack of confidence in the completeness and consistency in the outpatient encounter and residential reporting. Recent data improvement efforts implemented as a result of the last study now

shed light on material differences in utilization levels both across RSNs, and across eligibility categories. For example, some RSNs seem to expend more resources than others on children, disabled, elderly, etc. In order to maximize the credibility of the experience in each RSN service area, we computed composite rates across the four eligibility categories in each RSN, using the statewide member distribution rather than the unique RSN member distribution. This is shown in Exhibits 13-5 and 13-6. We then divided each RSN's composite rate by the statewide average rate, resulting in an initial geographic relativity. We relied on Target rates as opposed to the Historical rates since actual contract rates fall closer to the Target levels.

Milliman and MHD examined the results of this data analysis, paying particular attention to the degree of variation between RSNs. A comparison across RSNs yields a near 3-to-1 ratio in cost from the highest to the lowest. In particular, the rates in King County are significantly higher than in other areas. While there is little doubt that the high rate in King County (and the low rates in certain rural RSNs) are driven almost entirely by underlying utilization levels (as opposed to differing unit cost assumptions), there are many possible explanations as to the cause of the higher utilization rates in King County, and for lower utilization in some rural RSNs. In our research, and in the course of our discussions with MHD, RSN staff, and provider staff, we have encountered numerous *potential* underlying causes for the high variation rates across regions:

- Differences in past funding levels,
- Provider payment methodologies that create different incentives for outreach,
- Migration of higher-need patients to regional systems with more appropriate care delivery (whether real or perceived),
- Client identification and treatment patterns,
- Ability of higher-density areas to offer customized services,
- Availability of providers, and
- Achievement of differing levels of outcomes.

We have not attempted in this report to analyze these factors, and we believe that the data collected by the State for this study would not necessarily assist in quantifying these factors.

Anecdotally, we have also learned that RSNs have differed in the proportion of Medicaid services being provided compared to non-Medicaid services, as well as differed in the shift of available funding to Medicaid services and eligibles that has occurred in recent years. Our understanding is that most RSNs have increased the amount of Medicaid services and decreased the amount of non-Medicaid services.

While reasons exist for these historical differences, this wide disparity by geographic area is inconsistent with MHD policy goals. MHD envisions much more even coverage, access and treatment across the state. We have been informed by MHD that those RSNs with Medicaid utilization below the statewide average

will be expected to improve outreach and access to care, thereby moving toward that statewide average. In addition, expectations will be greater for those that are further from this average. Those RSNs above the statewide average are going to be expected to more tightly manage utilization.

With consideration of this policy expectation, we dampened the initial geographic factors by averaging the RSN-specific factors with the statewide average. We believe that changes in behavior to achieve the resulting level of utilization compared to historical levels are reasonable, assuming appropriate monitoring by MHD. Final geographic rate relativities were renormalized to achieve cost neutrality in the rate smoothing process. High and low rates for each RSN were computed by multiplying each RSN's smoothed and normalized geographic factor by each of the four statewide average base rates. Final rate ranges are shown in Exhibits 13-5 (SFY 2006) and 13-6 (SFY 2007).

Selection of Proposed Capitation Rates

The decision for the level of funding for the Medicaid community mental health system within the rate ranges prescribed by this report is at the discretion of the State of Washington. The proposed capitation rates for SFY 2006 and 2007 as determined by MHD and provided to Milliman, are shown in Tables 1c – 1g (see Section I).

Appendix 1
Actuarial Certification

Capitated Contracts Ratesetting
Actuarial Certification

I, Timothy S. Barclay, am associated with the firm of Milliman, Inc. and am a member of the American Academy of Actuaries and meet its Qualification Standards for Statements of Actuarial Opinion. I have been retained by the Washington Mental Health Division (MHD) to perform an actuarial certification of managed care capitation rates effective July 1, 2005 through June 30, 2007. I have assisted with the development of the managed care capitation rates used by MHD and am familiar with the Code of Federal Regulations, 42 CFR 438.6(c) and the Centers for Medicare & Medicaid Services Appendix A, PAHP, PIHP and MCO contracts Financial Review Documentation for At-risk Capitated Contracts Ratesetting.

I have examined the actuarial assumptions and actuarial methods used in setting the MHD managed care capitation rates for the contract period July 1, 2005 through June 30, 2006, and for the contract period July 1, 2006 through June 30, 2007.

To the best of my information, knowledge and belief, for the period from July 1, 2005 to June 30, 2007, the managed care capitation rates offered by MHD are in compliance with 42 CFR 438.6(c). The attached actuarial report describes the rate setting methodology.

In my opinion, the capitation rates are actuarially sound, have been developed in accordance with generally accepted actuarial principles and practices, and are appropriate for the populations to be covered and the services to be furnished under the contract.

In making my opinion, I have relied upon Title XIX eligibility summaries provided by MHD, non-inpatient encounter data gathered from the RSNs by MHD, Healthy Options and Medicaid fee-for-service claim data provided by the Medical Assistance Administration, inpatient claim data charged against the RSN capitation rates, RSN revenue and expense reports, and numerous other data sources for relatively small adjustments in the study, as well as representations made by MHD. I performed no independent audit of the underlying data, but did perform appropriate reasonableness checks and edits as described in the attached actuarial report. In other respects, I have reviewed the underlying assumptions and methods used and performed such tests of the calculations, as I considered necessary.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated from time-to-time by the Actuarial Standards Board, whose standards form the basis of this Statement of Opinion.

This Opinion is intended for use by the State of Washington and should not be relied on by other parties. The reader should be advised by actuaries or other professionals competent in the area of actuarial projections of the type in this Opinion, so as to properly interpret the projection results. It should be emphasized that capitation rates are a projection of future costs based on a set of assumptions. Actual costs will be dependent on each contracted entity's situation and experience.

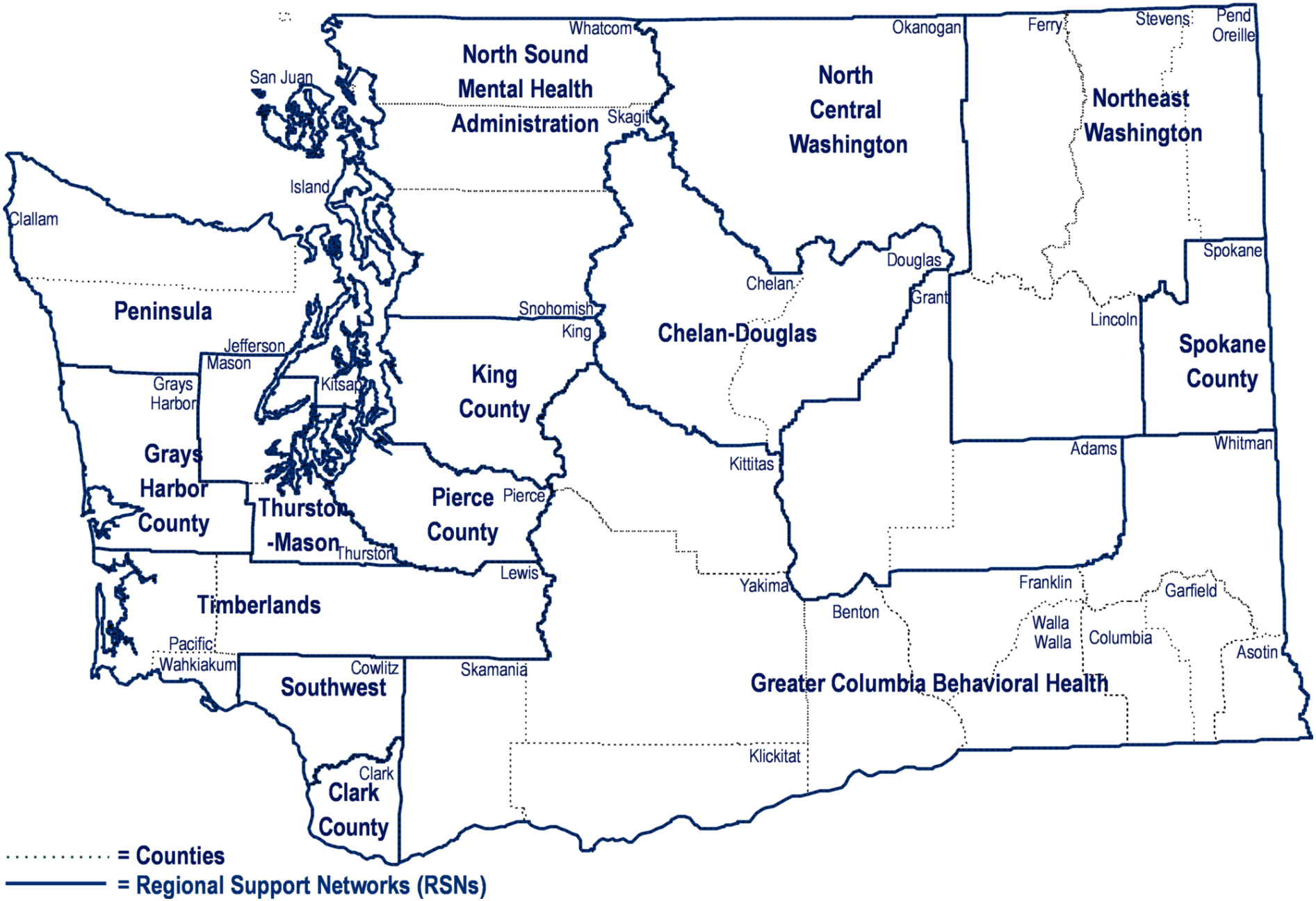
Timothy S. Barclay, FSA, MAAA
Consulting Actuary

June 2, 2005
Date

Appendix 2
WA State Regional Support Networks (Map of RSNs)

WA State Regional Support Networks (RSNs)

RSNs and County Boundaries since August 1999



Appendix 3
Medicaid Mental Health State Plan

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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13.d. Rehabilitative Services (cont.)

7. Mental Health Rehabilitation services are integrated treatment services recommended by a mental health professional furnished by state licensed Community Mental Health Agencies. Services are provided to seriously mentally ill adults and seriously emotionally disturbed children for whom the services are determined to be medically necessary. These services must be provided to reach the goals of an Individualized Service Plan. Payment rates are established per Attachment 4.19-B XVIII.

The services to be provided are:

- Brief Intervention Treatment;
- Crisis services;
- Day Support;
- Family treatment;
- Freestanding Evaluation and Treatment;
- Group treatment services;
- High Intensity Treatment;
- Individual Treatment Services;
- Intake evaluation;
- Medication Management;
- Medication Monitoring;
- Mental Health Services provided in Residential settings;
- Peer Support;
- Psychological Assessment;
- Rehabilitation Case Management;
- Special population evaluation;
- Stabilization Services; and,
- Therapeutic psychoeducation.

A. Definition of medical necessity as it relates to mental health services

Medical necessity or **medically necessary** – "A term for describing a requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent the worsening of conditions in the recipient that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause of physical deformity or malfunction, and there is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the person requesting service. For the purpose of this chapter "course of treatment" may include mere observation, or where appropriate, no treatment at all.

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13.d. 7. Rehabilitative Services (cont.)

Additionally, the individual must be determined to 1) have a mental illness covered by Washington State for public mental health services; 2) the individual's impairment(s) and corresponding need(s) must be the result of a mental illness; 3) the intervention is deemed to be reasonably necessary to improve, stabilize or prevent deterioration of functioning resulting from the presence of a mental illness; 4) the individual is expected to benefit from the intervention; and 5) any other formal or informal system or support can not address the individual's unmet need.

Medical necessity is determined by a mental health professional. All state plan modality services are accessible based on clinical assessment, medical necessity and individual need. Individuals will develop with their mental health care provider an appropriate individual service plan. The services are provided by Community Mental Health Agencies licensed or certified by the Mental Health Division and provided by, or under the supervision of, a mental health professional. Services are assured in accordance with 1902(a)(23).

The following is a descriptive list of the employees or contracted staff of community mental health agencies providing care.

(1) **Mental health professional** means:

(A) A psychiatrist, psychologist, psychiatric nurse or social worker as defined in chapter 71.05 and 71.34 RCW;

(B) A person with a masters degree or further advanced degree in counseling or one of the social sciences from an accredited college or university. Such person shall have, in addition, at least two years of experience in direct treatment of persons with mental illness or emotional disturbance, such experience gained under the supervision of a mental health professional;

(C) A person who meets the waiver criteria of RCW 71.24.260, which was granted prior to 1986.

(D) A person who had an approved waiver to perform the duties of a mental health profession that was requested by the regional support network and granted by the mental health division prior to July 1, 2001; or

(E) A person who has been granted a time-limited exception of the minimum requirements of a mental health professional by the mental health division consistent with WAC 388-865-265.

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13.d. 7. Rehabilitative Services (cont.)

Within the definition above are the following:

- **"Psychiatrist"** means a person having a license as a physician in this state who has completed residency training in psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and is board eligible or board certified in psychiatry.

- **"Psychologist"** means a person who has been licensed as a psychologist pursuant to chapter 18.83 RCW;

- **"Social worker"** means a person with a master's or further advanced degree from an accredited school of social work or a degree deemed equivalent under rules adopted by the secretary;

- **"Child psychiatrist"** means a person having a license as a physician and surgeon in this state, who has had graduate training in child psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and who is board eligible or board certified in child psychiatry.

- **"Psychiatric nurse"** means a registered nurse who has a bachelor's degree from an accredited college or university, and who has had, in addition, at least two years experience in the direct treatment of mentally ill or emotionally disturbed persons, such experience gained under the supervision of a mental health professional. "Psychiatric nurse" shall also mean any other registered nurse who has three years of such experience.

- **"Counselor"** means an individual, practitioner, therapist, or analyst who engages in the practice of counseling to the public for a fee.

(2) "**Mental Health Care Provider**" means the individual with primary responsibility for implementing an individualized plan for mental health rehabilitation services. Minimum qualifications are B.A. level in a related field, A.A. level with two years experience in the mental health or related fields.

(3) **"Peer Counselor"** means the individual who: has self-identified as a consumer or survivor of mental health services; has received specialized training provided/contracted by the Mental Health Division; has passed a written/oral test, which includes both written and oral components of the training; has passed a Washington State background check; has been certified by the Mental Health Division; and is registered as a counselor with the Department of Health.

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13.d. 7. Rehabilitative Services (cont.)

Peer Counselors must self identify as a consumer or survivor of mental health services.

Peer Counselors must demonstrate:
4. That they are well grounded in their own recovery for at least one year;
5. Willingness to a pretest for reading comprehension and language composition; and,
6. Qualities of leadership, including governance, advocacy, creation, implementation or facilitation of peer-to-peer groups or activities.

Peer Counselors must be able to:
- Identify services and activities that promote recovery by instilling hope and experiences which lead to meaning and purpose, and which decrease stigma in the environments in which they serve;
- Articulate points in their own recovery stories that are relevant to the obstacles faced by consumers of mental health services;
- Promote personal responsibility for recovery as the individual consumer or mental health services defines recovery;
- Implement recovery practices in the broad arena of mental health services delivery system;
- Provide a wide range of tasks to assist consumers in regaining control over their own lives and recovery process (e.g., promoting socialization, self advocacy, developing natural supports stable living arrangements, education, supported employment);
- Serve as a consumer advocate;
- Provide consumer information and peer support in a range of settings; and,
- Model competency in recovery and ongoing coping skills.

The training provided/contracted by the mental health division shall be focused on the principles and concepts of recovery and how this differs from the medical model, the creation of self-help and coping skills and advocacy. Training will include:
- Understanding the public mental health system;
- What is peer support and how it promotes recovery;
- How to advocate for age appropriate peer support projects;
- How to facilitate groups and teams;
- Understanding self-directed recovery;
- How to create your own self-help coping skills plan;
- How to start and sustain self-help/mutual support groups;
- How to form and sustain a personal support team;
- How to promote recovery, self-determination and community reintegration;
- Assist consumers to do for themselves and each other;
- Assist in skill building, goal setting, problem solving;
- Assist consumers to build their own self-directed recovery tools; and,
- Assist consumers by supporting them in the development of an individual service plan that has recovery goals and specific steps to attain each goal.

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13.d. 7. Rehabilitative Services (cont.)

Peer Counselors who were trained prior to the implementation of the Washington Administrative Code by National Consultants to be Certified facilitators who pass the test and the background check, and are registered counselors may be grandfathered as Peer counselors until January 2005. After January 2005, it will be necessary for them to take the training.

4) "**Registered nurse**" means a person licensed to practice registered nursing under chapter 18.79 RCW.

5) "**Nurse practitioner**" means a person licensed to practice advanced registered nursing under chapter 18.79 RCW.

6) "**Licensed practical nurse**" means a person licensed to practice practical nursing under chapter 18.79 RCW.

7). "**Mental health specialist**" means:

(1) A "*child mental health specialist*" is defined as a mental health professional with the following education and experience:

(a) A minimum of one hundred actual hours (not quarter or semester hours) of special training in child development and the treatment of children and youth with serious emotional disturbance and their families; and

(b) The equivalent of one year of full-time experience in the treatment of seriously emotionally disturbed children and youth and their families under the supervision of a child mental health specialist.

(2) A "*geriatric mental health specialist*" is defined as a mental health professional who has the following education and experience:

(a) A minimum of one hundred actual hours (not quarter or semester hours) of specialized training devoted to the mental health problems and treatment of persons sixty years of age or older; and

(b) The equivalent of one year of full-time experience in the treatment of persons sixty years of age or older, under the supervision of a geriatric mental health specialist.

(3) An "*ethnic minority mental health specialist*" is defined as a mental health professional who has demonstrated cultural competence attained through major commitment, ongoing training, experience and/or specialization in serving ethnic minorities, including evidence of one year of service specializing in serving the ethnic minority group under the supervision of an ethnic minority mental health specialist; and

(a) Evidence of support from the ethnic minority community attesting to the person's commitment to that community; or

(b) A minimum of one hundred actual hours (not quarter or semester hours) of specialized training devoted to ethnic minority issues and treatment of ethnic minority consumers.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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13.d. 7. Rehabilitative Services (cont.)

(4) A "*disability mental health specialist*" is defined as a mental health professional with special expertise in working with an identified disability group. For purposes of this chapter only, "disabled" means an individual with a disability other than a mental illness, including a developmental disability, serious physical handicap, or sensory impairment.

(a) If the consumer is deaf, the specialist must be a mental health professional with:

(i) Knowledge about the deaf culture and psychosocial problems faced by people who are deaf; and

(ii) Ability to communicate fluently in the preferred language system of the consumer.

(b) The specialist for consumers with developmental disabilities must be a mental health professional who:

(i) Has at least one year's experience working with people with developmental disabilities; or

(ii) Is a developmental disabilities professional as defined in RCW 71.05.020.

Staff Supervision means monitoring the administrative, clinical or clerical work performance of staff, students, interns, volunteers or contracted employees by persons with the authority to direct employment activities and require change. When supervision is clinical in nature, it shall occur regularly and may be provided without the consumer present or may include direct observation of the delivery of clinical care. Supervisory activities include the review of all aspects of clinical care including but not limited to review of assessment, diagnostic formulation, treatment planning, progress toward completion of care, identification of barriers to care, continuation of service and authorization of care.

B. Definitions

1) Brief Intervention Treatment: Solution focused and outcomes oriented cognitive and behavioral interventions intended to ameliorate symptoms, resolve situational disturbances which are not amenable to resolution in a crisis service model of care and which do not require long term-treatment, to return the individual to previous higher levels of general functioning. Individuals must be able to select and identify a focus for care that is consistent with time-limited, solution-focused or cognitive-behavioral model of treatment. Functional problems and/or needs identified in the Medicaid enrollee's Individual Service Plan must include a specific time frame for completion of each identified goal. This service does not include ongoing care, maintenance/monitoring of the enrollee’s current level of functioning and assistance with self/care or life skills training. Enrollees may move from Brief Intervention Treatment to longer term Individual Services at any time during the course of care. This service is provided by or under the supervision of a Mental Health Professional.

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13.d. 7. Rehabilitative Services (cont.)

2) Crisis Services: Evaluation and treatment of mental health crisis to all Medicaid enrolled individuals experiencing a crisis. A mental health crisis is defined as a turning point in the course of anything decisive or critical, a time, a stage, or an event or a time of great danger or trouble, whose outcome decides whether possible bad consequences will follow. Crisis services shall be available on a 24-hour basis. Crisis Services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available. Crisis services may be provided prior to completion of an intake evaluation. Services are provided by or under the supervision of a mental health professional.

3) Day Support: An intensive rehabilitative program which provides a range of integrated and varied life skills training (e.g., health, hygiene, nutritional issues, money management, maintaining living arrangement, symptom management) for Medicaid enrollees to promote improved functioning or a restoration to a previous higher level of functioning. The program is designed to assist the individual in the acquisition of skills, retention of current functioning or improvement in the current level of functioning, appropriate socialization and adaptive coping skills. Eligible individuals must demonstrate restricted functioning as evidenced by an inability to provide for their instrumental activities of daily living. This modality may be provided as an adjunctive treatment or as a primary intervention. The staff to consumer ratio is no more than 1:20 and is provided by or under the supervision of a mental health professional in a location easily accessible to the client (e.g., community mental health agencies, clubhouses, community centers). This service is available 5 hours per day, 5 days per week.

4) Family Treatment: Psychological counseling provided for the direct benefit of a Medicaid enrolled individual. Service is provided with family members and/or other relevant persons in attendance as active participants. Treatment shall be appropriate to the culture of the client and their family and should reinforce the family structure, improve communication and awareness, enforce and reintegrate the family structure within the community, and reduce the family crisis/upheaval. The treatment will provide family-centered interventions to identify and address family dynamics and build competencies to strengthen family functioning in relationship to the consumer. Family treatment may take place without the consumer present in the room but service must be for the benefit of attaining the goals identified for the individual in their individual service plan. This service is provided by or under the supervision of a mental health professional.

5) "Freestanding Evaluation and Treatment" Services provided in freestanding inpatient residential (non-hospital/non-IMD) facilities licensed by the Department of Health and certified by the Mental Health Division to provide medically necessary evaluation and treatment to the Medicaid enrolled individual who would otherwise meet hospital admission criteria. These are not-for-profit organizations. At a minimum, services include evaluation, stabilization and treatment provided by or under the direction of

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13.d. 7. Rehabilitative Services (cont.)

licensed psychiatrists, nurses and other mental health professionals, and discharge planning involving the individual, family, significant others so as to ensure continuity of mental health care. Nursing care includes but is not limited to, performing routine blood draws, monitoring vital signs, providing injections, administering medications, observing behaviors and presentation of symptoms of mental illness. Treatment modalities may include individual and family therapy, milieu therapy, psycho-educational groups and pharmacology. The individual is discharged as soon as a less-restrictive plan for treatment can be safely implemented.

This service is provided for individuals who pose an actual or imminent danger to self, others, or property due to a mental illness, or who have experienced a marked decline in their ability to care for self due to the onset or exacerbation of a psychiatric disorder.

The severity of symptoms, intensity of treatment needs or lack of necessary supports for the individual does not allow them to be managed at a lesser level of care. This service does not include cost for room and board.

The Mental Health Division must authorize exceptions for involuntary length of stay beyond a fourteen-day commitment.

6) Group Treatment Services: Services provided to Medicaid enrolled individuals designed to assist in the attainment of goals described in the Individual Service Plan. Goals of Group Treatment may include developing self care and/or life skills, enhancing interpersonal skills, mitigating the symptoms of mental illness, and lessening the results of traumatic experiences, learning from the perspective and experiences of others and counseling/psychotherapy to establish and /or maintain stability in living, work or educational environment. Individuals eligible for Group Treatment must demonstrate an ability to benefit from experiences shared by others, demonstrate the ability to participate in a group dynamic process in a manner that is respectful of other's right to confidential treatment and must be able to integrate feedback from other group members. This service is provided by or under the supervision of a mental health professional to two or more Medicaid enrolled individuals at the same time. Staff to consumer ratio is no more than 1:12. Maximum group size is 24.

7) High Intensity Treatment: Intensive levels of service otherwise furnished under this state plan amendment that is provided to Medicaid enrolled individuals who require a multi-disciplinary treatment team in the community that is available upon demand based on the individual's needs. Twenty-four hours per day, seven days per week, access is required if necessary. Goals for High Intensity Treatment include the reinforcement of safety, the promotion of stability and independence of the individual in the community, and the restoration to a higher level of functioning. These services are designed to rehabilitate individuals who are experiencing server symptoms in the community and thereby avoid more restrictive levels of care such as psychiatric inpatient hospitalization or residential placement.

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13.d. 7. Rehabilitative Services (cont.)

The team consists of the individual, Mental Health Care Providers, under the supervision of a mental health professional, and other relevant positions as determined by the individual (e.g., family, guardian, friends, neighbor). Other community agency members may include probation/parole officers*, teacher, minister, physician, chemical dependency counselor*, etc. Team members work together to provide intensive coordinated and integrated treatment as described in the individual service plan. The team's intensity varies among individuals and for each individual across time. The assessment of symptoms and functioning will be continuously addressed by the team based on the needs of the individual service plan or crisis plan. Team members provide immediate feedback to the individual and to other team members. The staff to consumer ratio for this service is no more than 1:15.

Billable components of this modality include time spent by the mental health professionals, mental health care providers, and peer counselors.
*Although they participate, these team members are paid staff of other Departments and therefore not reimbursed under this modality.

8) Individual Treatment Services: A set of treatment services designed to help a Medicaid enrolled individual attain goals as prescribed in their individual treatment plan. These services shall be congruent with the age, strengths, and cultural framework of the individual and shall be conducted with the individual, his or her family, or others at the individual's behest who play a direct role in assisting the individual to establish and/or maintain stability in his/her daily life. These services may include, developing the individual's self-care/life skills; monitoring the individual's functioning; counseling and psychotherapy. Services shall be offered at the location preferred by the Medicaid enrolled individual. This service is provided by or under the supervision of a mental health professional.

9) Intake Evaluation: An evaluation that is culturally and age relevant initiated prior to the provision of any other mental health services, except crisis services, services, stabilization services and free-standing evaluation and treatment. The intake evaluation must be initiated within ten (10) working days of the request for services, establish the medical necessity for treatment and be completed within thirty (30) working days. Routine services may begin before the completion of the intake once medical necessity is established. This service is provided by a mental health professional.

10) Medication Management: The prescribing and/or administering and reviewing of medications and their side effects. This service shall be rendered face-to-face by a person licensed to perform such services. This service may be provided in consultation with collateral, primary therapists, and/or case managers, but includes only minimal psychotherapy.

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13.d. 7. Rehabilitative Services (cont.)

11) Medication Monitoring: Face-to-face one-on-one cueing, observing, and encouraging a Medicaid enrolled individual to take medications as prescribed. Also includes reporting back to persons licensed to perform medication management services for the direct benefit of the Medicaid enrolled individual. This activity may take place at any location and for as long as it is clinically necessary. This service is designed to facilitate medication compliance and positive outcomes. Enrollees with low medication compliance history or persons newly on medication are most likely to receive this service. This service is provided by or under the supervision of a mental health professional. Time spent with the enrollee is the only direct service billable component of this modality.

12) Mental Health Services provided in Residential Settings: A specialized form of rehabilitation service (non hospital/non IMD) that offers a sub-acute psychiatric management environment. Medicaid enrolled individuals receiving this service present with severe impairment in psychosocial functioning or has apparent mental illness symptoms with an unclear etiology due to their mental illness and treatment cannot be safely provided in a less restrictive environment and do not meet hospital admission criteria. Individuals in this service require a different level of service than High Intensity Treatment. The Mental Health Care Provider is sited at the residential location (e.g., boarding homes, supported housing, cluster housing, SRO apartments) for extended hours to provide direct mental health care to a Medicaid enrollee. Therapeutic interventions both in individual and group format may include medication management and monitoring, stabilization, and cognitive and behavioral interventions designed with the intent to stabilize the individual and return him/her to more independent and less restrictive treatment. The treatment is not for the purpose of providing custodial care or respite for the family, nor is it for the sole purpose of increasing social activity or used as a substitute for other community-based resources. This service is billable on a daily rate. In order to bill the daily rate for associated costs for these services, a minimum of 8 hours of service must be provided. This service does not include the costs for room and board, custodial care, and medical services, and differs for other services in the terms of location and duration.

13) Peer Support: Services provided by certified Peer counselors to Medicaid enrolled individuals under the consultation, facilitation or supervision of a mental health professional who understands rehabilitation and recovery. This service provides scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Consumers actively participate in decision-making and the operation of the programmatic supports.

Self-help support groups, telephone support lines, drop-in centers, and sharing the peer counselor's own life experiences related to mental illness will build alliances that enhance the consumer's ability to function in the community. These services may occur where consumers are known to gather (e.g., churches, parks, community centers, etc.) Drop-in centers are required to maintain a log documenting identification of the consumer including Medicaid eligibility.

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13.d. 7. Rehabilitative Services (cont.)

Services provided by Peer counselors to the consumer are noted in the consumers' Individualized Service Plan delineates specific goals that are flexible, tailored to the consumer and attempt to utilize community and natural supports. Monthly progress notes document consumer progress relative to goals identified in the Individualized Service Plan, but treatment goals have not yet been achieved.

Peer counselors are responsible for the implementation of peer support services. Peer counselors may serve on High Intensity Treatment Teams.

Peer support is available daily no more than four hours per day. The ratio for this service is no more than 1:20.

14) Psychological Assessment: All psychometric services provided for evaluating, diagnostic, or therapeutic purposes by or under the supervision of a licensed psychologist. Psychological assessments shall: be culturally relevant; provide information relevant to a consumers continuation in appropriate treatment; and assist in treatment planning within a licensed mental health agency.

15) Rehabilitation Case Management: A range of activities by the outpatient community mental health agency's liaison conducted in or with a facility for the direct benefit of a Medicaid-enrolled individual in the public mental health system. To be eligible, the individual must be in need of case management in order to ensure timely and appropriate treatment and care coordination. Activities include assessment for discharge or admission community to mental health care, integrated mental health treatment planning, resource identification and linkage, to mental health rehabilitative services, and collaborative development of individualized services that promote continuity of mental health care. These specialized mental health coordination activities are intended to promote discharge, to maximize the benefits of the placement, and to minimize the risk of unplanned read mission and to increase the community tenure for the individual. Services are provided by or under the supervision of a mental health professional.

16) Special Population Evaluation: evaluation by a child, geriatric, disabled, or ethnic minority specialist that considers age and cultural variables specific to the individual being evaluated and other culturally and age competent evaluation methods. This evaluation shall provide information relevant to a consumer's continuation in appropriate treatment and assist in treatment planning. This evaluation occurs after intake. Consultation from a non-staff specialist (employed by another CMHA or contracted by the CMHA) may also be obtained, if needed, subsequent to this evaluation and shall be considered an integral, billable component of this service.

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13.d. 7. Rehabilitative Services (cont.)

17) Stabilization Services: Services provided to Medicaid enrolled individuals who are experiencing a mental health crisis. These services are to be provided in the person's own home, or another home-like setting, or a setting which provides safety for the individual and the mental health professional. Stabilization services shall include short-term (less than two weeks per episode) face-to-face assistance with life skills training, and understanding of medication effects. This service includes: a) follow up to crisis services; and b) other individuals determined by a mental health professional to need additional stabilization services. Stabilization services may be provided prior to an intake evaluation for mental health services.

18) Therapeutic Psychoeducation: : Informational and experiential services designed to aid Medicaid enrolled individuals, their family members (e.g., spouse, parents, siblings) and other individuals identified by the individual as a primary natural support, in the management of psychiatric conditions, increased knowledge of mental illnesses and understanding the importance of their individual plan of care. These services are exclusively for the benefit of the Medicaid enrolled individual and are included in the Individual Service Plan.

The primary goal is to restore lost functioning and promote reintegration and recovery through knowledge of one's disease, the symptoms, precautions related to decompensation, understanding of the "triggers" of crisis, crisis planning, community resources, successful interrelations, medication action and interaction, etc. Training and shared information may include brain chemistry and functioning; latest research on mental illness causes and treatments; diagnostics; medication education and management; symptom management; behavior management; stress management; crisis management; improving daily living skills; independent living skills; problem-solving skills, etc.

Services are provided at locations convenient to the consumer, by or under the supervision of a mental health professional. Classroom style teaching, family treatment, and individual treatment are not billable components of this service.

8. Therapeutic childcare to treat psycho-social disorders in children under 21 years of age based on medical necessity. Services include: developmental assessment using recognized, standardized instruments; play therapy; behavior modification; individual counseling; self esteem building; and family intervention to modify parenting behavior and/ or the child' s environment to eliminate/ prevent the child' s dysfunctional behavior. Prior approval is required. Payment rates are established per Attachment 4.19-B XVII.

Line staff, responsible for planning and providing these services in a developmentally appropriate manner, must have an Associate of Arts degree in Early Childhood Education or Child-Development or related studies, plus five years of related experience, including identification, reporting, and prevention of child abuse and/or neglect.

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13.d. Rehabilitative Services (cont.)

Supervisory staff must have a Bachelor of Arts in Social Work or related studies, plus experience working with parents and children at risk of child abuse and/ or neglect. Experience can be substituted for education using a 2:1 ratio. They are responsible for development, implementation and documentation of treatment plans for each child.

Agencies and individual providers must be approved as meeting Medicaid agency criteria and certification requirements under state law as appropriate.

9. Behavior Rehabilitation Services.

Behavior rehabilitative services are provided to children to remediate debilitating disorders, upon the certification of a physician or other licensed practitioner of the healing arts within the scope of their practice within state law. Prior approval is required.

Service Description
Specific services include milieu therapy, crisis counseling and regularly scheduled counseling and therapy, as well as medical treatment.

Milieu therapy refers to those activities performed with children to normalize their psycho-social development and promote the safety of the child and stabilize their environment. The child is monitored in structured activities which may be recreational, rehabilitative, academic, or a variety of productive work activities. As the child is monitored, intervention is provided to remediate the dysfunctional behaviors and encourage appropriate responses in a broad range of settings.

Crisis counseling is available on a 24 hour basis, providing immediate short term intervention to assist the child in responding to the crisis and/ or stabilize the child's behavior until problems can be addressed in regularly scheduled counseling and therapy sessions.

Regularly scheduled counseling and therapy, as well as psychological testing, is provided. The purpose of which is to remediate specific dysfunctions which have been explicitly identified in a continually updated formal treatment plan. Therapy may be in an individual or group setting. It may be directed toward the child alone, the child within his/ her biological or the adopted family, or the child within his/ her peer group.

Medical treatment may also be provided. Twenty-four hour nursing is provided for children who are medically compromised to such an extent that they are temporarily unable to administer self care and are impaired medically/ developmentally beyond the immediate caretaker' s ability to provide medical/remedial care.

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13.d. 9. Behavior Rehabilitative Services (cont.)

Population to be Served

Children who receive these services suffer from developmental disabilities and behavioral/emotional disorders that prevent them from functioning normally in their homes, schools, and communities. They exhibit such symptoms as drug and alcohol abuse; anti-social behaviors that require an inordinate amount of intervention and structure; sexual behavior problems; victims of severe family conflict; behavioral disturbances often resulting from psychiatric disorders of the parents; medically compromised and developmentally disabled children who are not otherwise served by the state agency's Division of Developmental Disabilities; and psychological impairments.

Provider Qualifications

Social Service Staff: Responsibilities include development of service plans; individual, group, and family counseling; and assistance to child care staff in providing appropriate treatment for clients. The minimum qualification is a Masters Degree in social work or a closely allied field.

Child Care Staff: Responsibilities include assisting social service staff in providing individual, group, and family counseling; and therapeutic intervention to address behavioral and emotional problems as they arise.

Minimum qualifications require that no less than 50% of the childcare staff in a facility have a Bachelors Degree. Combinations of formal education and experience working with troubled children may be substituted for a Bachelors degree.

Program Coordinator: Responsibilities include supervising staff, providing overall direction to the program and assuring that contractual requirements and intents are met.

Minimum qualifications require the person to be at least 21 years of age with a Bachelors Degree, preferably with major in study psychology, sociology, social work, social sciences, or a closely allied field, and two years experience in the supervision and management of a group care program for adolescents.

Counselor: Responsibilities include case planning, individual and group counseling, assistance to child care staff in providing appropriate treatment for clients, coordination with other agencies, and documentation of client progress.

Minimum qualifications require the person to be at least 21 years of age with a Masters Degree with major study in social work or a closely allied field and one year of experience in the care of troubled adolescents; or a Bachelors Degree with major study in social work, psychology, sociology, or a closely allied field and two years experience in the care of troubled adolescents.

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13.d. 10. Family Preservation Services (FPS)

DESCRIPTION
FPS are intensive, time-limited, mental-health rehabilitation services. They are home-based therapeutic interventions designed to ameliorate behavioral and emotional impairment of children. They are implemented according to an individualized Rehabilitation Service Plan (Plan) developed and monitored by an interdisciplinary team made up of health professionals, the child's family or legal guardian, and the individual.

ELIGIBILITY
Reimbursement shall be made only for FPS provided to individuals who have been certified in writing as needing these services by a licensed practitioner of the healing arts. The certification for medical necessity must show a need for services that will ameliorate behavioral or emotional impairment and prevent placement in a more restrictive setting.

The certification must:

4) Be based on appropriate clinical data and assessment of the individual;

5) Delineate the duration of the services; and

6) Specify that the individual needs the services offered by the FPS program.

INDIVIDUAL PROGRAM PLAN DEVELOPMENT AND DOCUMENTATION

An individualized plan of service will be developed for each child in the program. It will be designed by an inter-disciplinary team consisting of a program supervisor, health professionals, the child, and a family member or legal guardian. The specific make-up of the team will be based on the individual child's needs.

The plan must be mutually agreed upon by the team. Minimally, it must identify the following:

1) Service goals and objectives;

2) Identification of FPS to be provided;

3) Proposed time frames;

4) Documentation strategies;

5) Responsible program staff; and

6) Individualized discharge criteria.

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13.d. 10. Family Preservation Services (cont.)

Progress documentation shall be recorded at specific time intervals by the interdisciplinary team in accordance with the plan.

PROGRAM STAFF QUALIFICATIONS

The program will be implemented by staff according to the individual's needs. At a minimum, the program requires a physician, registered nurse, or psychologist currently licensed by the State of Washington to determine medical necessity and for consultative purposes and at least one of the following:

1) A social worker holding a graduate degree from a school of social work accredited or approved by the Council of Social Work Education or another comparable body,
2) A registered nurse who is currently licensed by the State of Washington, or
3) A human services professional holding at least a bachelor's degree in a human service field including, but not limited to psychology, behavioral therapy, social work, sociology, special education or rehabilitation counseling. In addition, this person must have at least two years experience working with families and children.

All providing agencies must be certified by the Washington State Department of Social and Health Services as meeting minimum qualifications.

SERVICE DEFINITIONS

FPS will provide a wide range of therapies in the home and community where the child lives. It is generally recognized that familiar environments create a therapeutic milieu where greater learning can occur for the child and programs can be demonstrated for family members. This atmosphere assures consistent program delivery. All services listed below will be directed towards the child.

Optional Program Services include:

1) Behavior Management Training
These include activities which provide guidance and training in techniques of behavior modification. It allows practicing skills to increase the capacity for management of the full spectrum of one's behavior from everyday life experiences to acute emotional stress. Such activities shall focus on interventions which assist in the identifications of internal and external stressors, development of coping strategies, and teaching family members how to apply these techniques in absence of program staff.

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13.d. 10. Family Preservation Services (cont.)

2) Counseling Services
These services are the use of the individual or group therapeutic modalities. They assist the individual to clarify future direction and identify behaviors that interfere with achievement of individual goals. They allow the individual to identify personal potential and work through internal issues which may interfere with daily life.

3) Health Options Counseling
Health options counseling ameliorates behavioral and emotional impairment by providing therapy to restore the child's interest and understanding of his/her own health.

4) Crisis Intervention
Crisis intervention services alleviate acute behavior outbursts displayed by the child.

5) Daily Living Skills Training
This training focuses on the acquisition of skills and capabilities to perform primary activities of daily life. It includes functional areas such as: dressing, personal hygiene, grooming, clothes maintenance, food preparation, and basic money management. Such activities increase the child's sense of personal responsibility and self-worth.

6) Medication Management and Training
This training provides information to ensure appropriate understanding of the role and effects of medication in treatment, identification of side effects of medications and potential drug or food interactions. Training in self administration of medication will be provided as approved by the Program Team physician.

7) Socialization Skills Training
This training assists the child to develop and practice "age appropriate" social and interpersonal skills. These activities promote participation in positive social events and development of appropriate communication and negotiation skills.

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XVI. Federally Qualified Health Centers (cont.)

For clients enrolled with a managed care contractor, the State will pay the center a supplemental payment on a per member per month basis, in addition to the amount paid by the managed-care contractor to insure the center is receiving the full amount it is entitled to under the PPS methodology.

The supplemental payment is the difference between the payments the center received from the managed-care contractor and the payments the center would have received under the PPS methodology. This supplemental payment will be paid at least every four months.

Until final audited cost reports for 1999, 2000, and 2001 (if applicable) are available for all FQHCs, and final base encounter rates are established, the centers will be paid using an interim encounter rate comprised of the most current available cost information. The State will perform a reconciliation and settle any overpayments or underpayments made to the centers retroactive to January 1, 2002.

Medicaid-Medicare patients will be reimbursed as detailed in Supplement 1 to Attachment 4.19-B, pages 1, 2, and 3.

XVII. Medical Services Furnished by a School District

Reimbursement to school districts for medical services provided will be at the usual and customary charges up to a maximum established by the state.

XVIII. Mental Health Services

Mental Health Fee for Service rates will be developed, if needed, using the methodology below. The department will pay the lesser of the usual and customary charge or a fee based on a department fee schedule.

To develop fees under the one-month constraint, the Mental Health Division will rely on a unit value approach similar to Medicare. Using fee schedules from other states Medicaid programs, the Medicare fee schedule and 50th percentile commercial fees, the division will construct relative costs by code. These costs will establish unit values by procedure code.

Next, a utilization-weighted average charge will be computed for our list of codes. A similar average will be computed for Medicare and commercial fees as benchmarks. The Mental Health Division must then make a policy decision as to the level of proposed fees compared to these benchmarks. The division can then compute a conversion factor to achieve the desired outcome. This is similar to the benchmarking analysis performed by MAA on a regular basis as part of their

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XVII. Mental Health Services (cont.)

review of the reasonableness of provider reimbursement under the Medicaid fee schedule.

The Mental Health Division expect that some gaps may exist in the comparison fee schedules, resulting in no unit values for certain services from the first step of the rate development process. Additional steps will need to be taken to fill these gaps, such as an examination of raw claim data from commercial, Medicare and Medicaid sources to construct reasonable relative fees.

Modality	**Billing Unit**	**In facility**	**Out of facility**
Brief Intervention Treatment	¼ hour		
Crisis services	¼ hour		
Day Support	¼ hour (maximum of 5 hours per day, 5 days per week, per person)		
Family treatment	¼ hour		
Freestanding Evaluation and Treatment	Daily rate (excludes room and board)		
Group treatment services	¼ hour		
High Intensity Treatment	¼ hour for each covered staff		
Individual Treatment Services	¼ hour		
Intake evaluation Brief or Intensive	¼ hour		
Medication Management Group or Individual	Per person per event		
Medication Monitoring	Per person per event		
Mental Health Service in a Residential setting	Daily rate (excludes room and board)		
Peer Support	¼ hour not to exceed four hours per person per day		
Psychological Assessment	¼ hour		
Rehabilitation Case Management	¼ hour		
Special population evaluation	¼ hour		
Stabilization Services	1 hour	NA	
Therapeutic psychoeducation	¼ hour		

Appendix 4
Operations Manual Section B (Description of State Plan Modalities)

SECTION B: Coverage

Regional Support Networks administer the involuntary treatment program and the crisis response system for the citizens of the state of Washington in their catchment area (RCW 71.05.100, 71.24, 71.34).

The RSNs are responsible for services described in state statute and the Medicaid waiver. In the state statute, services include community support, employment, and residential services for persons meeting *the "priority population*" definitions outlined in Section A of this manual. Community support services are described in Chapter 71.24 RCW but, must cover at least the following:

- Emergency crisis intervention services;
- Case management services;
- Psychiatric treatment including medication supervision;
- Counseling and psychotherapy services;
- Day treatment services as defined in Chapter 71.24 RCW; and,
- Consumer employment services as defined in Chapter 71.24 RCW.

MEDICAID ENROLLEES

For Medicaid enrollees, RSNs are also responsible for delivering the services listed in the State Plan Modalities. All Medicaid enrolled consumers are eligible to receive an intake assessment, crisis or stabilization service. Following intake, State Plan Modality services must be made available if medically necessary to all Medicaid enrollees who are authorized under the Access to Care Standards to receive mental health services.

STATE PLAN SERVICES APPROVED APRIL 1, 2004:

STATE PLAN MODALITY EFFECTIVE 1/1/03	MODALITY CHANGES/CRITICAL ELEMENTS	COMMON EXAMPLES OF WHAT IS NOT COVERED	MHD CROSSWALK of CPT/HCPC CODES
Brief Intervention Treatment: Solution focused and outcomes oriented cognitive and behavioral interventions intended to ameliorate symptoms, resolve situational disturbances which are not amenable to resolution in a crisis service model of care and which do not require long term-treatment, to return the individual to previous higher levels of general functioning. Individuals must be able to select and identify a focus for care that is consistent with time-limited, solution-focused or cognitive-behavioral model of treatment. Functional problems and/or needs identified in the Medicaid enrollee's Individual Service Plan must include a specific time frame for completion of each identified goal. This service does not include ongoing care, maintenance/monitoring of the enrollee's current level of functioning and assistance with self/care or life skills training. Enrollees may move from Brief Intervention Treatment to longer term Individual Services at any time during the course of care. This service is provided by or under the supervision of a Mental Health Professional.			• There are no unique CPT or HCPC codes associated with this modality

STATE PLAN MODALITY EFFECTIVE 1/1/03	MODALITY CHANGES/CRITICAL ELEMENTS	COMMON EXAMPLES OF WHAT IS NOT COVERED	MHD CROSSWALK of CPT/HCPC CODES
Crisis Services: Evaluation and treatment of mental health crisis to all Medicaid enrolled individuals experiencing a crisis. A mental health crisis is defined as a turning point in the course of anything decisive or critical, a time, a stage, or an event or a time of greater danger or trouble, whose outcome decides whether possible bad consequences will follow. 'Crisis services shall be available on a 24-hour basis. Crisis Services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available. Crisis Services may be provided prior to completion of an intake evaluation. Services are provided by or under the supervision of a Mental Health Professional.	• Does not have to be face-to face • Can use video conferencing and telemedicine; can include crisis hotline activities • May be provided prior to intake	• Community debrief that occurs after a community disaster or crisis.	99281 99282 99283 99284 99285 H0030 H2011 S9484
Day Support: An intensive rehabilitative program which provides a range of integrated and varied life skills training (e.g., health, hygiene, nutrition issues, money management, maintaining living arrangement, symptom management) for Medicaid enrollees [1]to promote improved functioning or a restoration to a previous higher level of functioning. The program is designed to assist the individual in the acquisition of skills, retention of current functioning or improvement in the current level of functioning, appropriate socialization and adaptive coping skills. Eligible individuals must demonstrate restricted functioning as evidenced by an inability to provide for their instrumental activities of daily living. This modality may be provided as an adjunctive treatment or as a primary intervention. The staff to consumer ratio is no more than 1:20 and is provided by or under the supervision of a Mental Health Professional in a location easily accessible to the consumer (e.g., community mental health agencies, clubhouses, community centers). This service is available 5 hours per day, 5 days per week.	• At a minimum, services are available for 5 hrs/day, 5 days/week • Includes some intensive outpatient programs whose purpose is to prevent hospitalization by providing a structured therapeutic daily program. • Also see High Intensity Treatment • Report actual hours of service received • Ratio in no more than 20 consumers to 1 staff member	• Programs with less service availability are not covered by this modality	H0035 H2012

STATE PLAN MODALITY EFFECTIVE 1/1/03	MODALITY CHANGES/CRITICAL ELEMENTS	COMMON EXAMPLES OF WHAT IS NOT COVERED	MHD CROSSWALK of CPT/HCPC CODES
Family Treatment: Psychological counseling provided for the direct benefit of a Medicaid enrolled individual. Service is provided with family members and/or other relevant persons in attendance as active participants. Treatment shall be appropriate to the culture of the consumer and their family and should reinforce the family structure, improve communication and awareness, enforce and reintegrate the family structure within the community, and reduce the family crisis/upheaval. The treatment will provide family-centered interventions to identify and address family dynamics and build competencies to strengthen family functioning in relationship to the consumer. Family treatment may take place without the consumer present in the room but service must be for the benefit of attaining the goals identified for the individual in their individual service plan. This service is provided by or under the supervision of a Mental Health Professional.	• For all ages- not just children • Consumer does not have to be present (if not present, use appropriate CPT/HCPC) • Can have natural supports attend and participate	• Marriage Counseling	90846 90847 90887 T1027

STATE PLAN MODALITY EFFECTIVE 1/1/03	MODALITY CHANGES/CRITICAL ELEMENTS	COMMON EXAMPLES OF WHAT IS NOT COVERED	MHD CROSSWALK of CPT/HCPC CODES
Freestanding Evaluation and Treatment: Services provided in freestanding inpatient residential (non-hospital/non-IMD) facilities licensed by the Department of Health and certified by the Mental Health Division to provide medically necessary evaluation and treatment to the Medicaid enrolled individual who would otherwise meet hospital admission criteria. These are not-for-profit organizations. At a minimum, services include evaluation, stabilization and treatment provided by or under the direction of licensed psychiatrists, nurses and other mental health professionals, and discharge planning involving the individual, family, significant others so as to ensure continuity of mental health care. Nursing care includes but is not limited to; performing routine blood draws, monitoring vital signs, providing injections, administering medications, observing behaviors and presentation of symptoms of mental illness. Treatment modalities may include individual and family therapy, milieu therapy, psycho educational groups and pharmacology. The individual is discharged as soon as a less-restrictive plan for treatment can be safely implemented. This service is provided for individuals who pose an actual or imminent danger to self, others, or property due to a mental illness, or who have experienced a marked decline in their ability to care for self due to the onset or exacerbation of a psychiatric disorder. The severity of symptoms, intensity of treatment needs or lack of necessary supports for the individual does not allow them to be managed at a lesser level of care. This service does not include cost for room and board. The Mental Health Division must authorize exceptions for involuntary length of stay beyond a fourteen-day commitment.	• The Mental Health Division must authorize exceptions for involuntary length of stay beyond a fourteen-day commitment. • Continue to report the service even if it goes beyond 14-days • There are no concurrent or auxiliary services allowed in this modality	• E & Ts that are located in hospitals or that are consideredan Institute of Mental Disease • Continue to report E&T services for IMDs, but will not be covered under Medicaid program	H2013

STATE PLAN MODALITY EFFECTIVE 1/1/03	MODALITY CHANGES/CRITICAL ELEMENTS	COMMON EXAMPLES OF WHAT IS NOT COVERED	MHD CROSSWALK of CPT/HCPC CODES
Group Treatment Services: Services provided to Medicaid enrolled individuals designed to assist in the attainment of goals described in the individual Service Plan. Goals of Group Treatment may include developing self-care and/or life skills, enhancing interpersonal skills, mitigating the symptoms of mental illness, and lessening the results of traumatic experiences, learning from the perspective and experiences of others and counseling/psychotherapy to establish and/or maintain stability in living, work or educational environment. Individuals eligible for Group Treatment must demonstrate an ability to benefit from experiences shared by others, demonstrate the ability participate in a group dynamic process in a manner that is respectful of other's right to confidential treatment and must be able to integrate feedback from other group members. This service is provided by or under the supervision of a mental health professional to two or more Medicaid enrolled individuals at the same time. Staff to consumer ratio is no more than 1:12. Maximum group size is 24.	• Does not have to be face-to-face – allows for videoconferencing and telehealth • Must have more than 2 Medicaid enrolled individuals in the group • Ratio is no more than 12 consumers per 1 staff member	• Services conducted over speakerphone	90849 90853 90857 S9446

STATE PLAN MODALITY EFFECTIVE 1/1/03	MODALITY CHANGES/CRITICAL ELEMENTS	COMMON EXAMPLES OF WHAT IS NOT COVERED	MHD CROSSWALK of CPT/HCPC CODES

High Intensity Treatment: Intensive levels of service otherwise furnished under this state plan amendment that is provided to Medicaid enrolled individuals who require a multi-disciplinary treatment team in the community that is available upon demand based on the individual's need. Twenty-four hours per day, seven days per week, access is required if necessary. Goals for High Intensity Treatment include the reinforcement of safety, the promotion of stability and independence of the individual in the community, and the restoration to a higher level of functioning. These services are designed to rehabilitate individuals who are experiencing severe symptoms in the community and thereby avoid more restrictive levels of access such as psychiatric inpatient hospitalization or residential placement.
 	
The team consists of the individual, Mental Health Care Providers, under the supervision of a mental health professional, and other relevant persons as determined by the individual (e.g., family, guardian, friends, neighbor). Other community agency members may include probation/parole officers*, teacher, minister, physician, chemical dependency counselor*, etc. Team members work together to provide intensive coordinated and integrated treatment as described in the individual service plan. The team's intensity varies among individuals and for each individual across time. The assessment of symptoms and functioning will be continuously addressed by the team based on the needs of the individual, allowing for the prompt assessment for needed modifications to the individual service plan or crisis plan. Team members provide immediate feedback to the individual and to other team members. The staff to consumer ratio for this service is no more than 1:15. Billable components of this modality include time spend by the mental health professional, mental health care providers and peer counselors.
 	
*Although they participate, these team members are paid staff of other Departments and therefore not reimbursed under this modality.
	• Programs such as ACT, MST, child and family teams required in EPSDT, or their look a-likes
	• Do not have to meet the fidelity standards of EBP (such as ACT) to provide the service.
	• But must involve treatment team 24-7 access
	• Ratio is no more than 15 consumers to 1 staff member
	• Must include the consumer on the team
	• Services delivered by the high intensity team are included in the per diem rate and should not be billed separately. Auxiliary services are those provided by staff who are not part of the team.Concurrent services in the following modalities will be allowed as auxiliary:
	  • Med management
	  • Day support
	  • Psychological Assessment
	  • Special population evaluation
	  • Therapeutic psychoeducation
	  • Crisis
		• Intensive outpatient services that do not use a team approach
		• Intensive outpatient services that are not available 24-7
			H0040 H2022 H2033 S9480 T1026

STATE PLAN MODALITY EFFECTIVE 1/1/03	MODALITY CHANGES/CRITICAL ELEMENTS	COMMON EXAMPLES OF WHAT IS NOT COVERED	MHD CROSSWALK of CPT/HCPC CODES
Individual Treatment Services: A set of treatment services designed to help a Medicaid enrolled individual attain goals as prescribed in their individual treatment plan. These services shall be congruent with the age, strengths, and cultural framework of the individual and shall be conducted with the individual, his or her family, or others at the individual's behest who play a direct role in assisting the individual to establish and/or maintain stability in his/her daily life. These services may include, developing the individual's self-care/life skills; monitoring the individual's functioning; counseling and psychotherapy. Services shall be offered at the location preferred by the Medicaid enrolled individual. This service is provided by or under the supervision of a mental health professional.	• Does not have to be face-to-face, allows for videoconference and telehealth programs • Can include phone calls to an external entity (including a pharmacy) on behalf of the consumer placed by an appropriately credentialed staff. • Report writing (e.g., extraordinary report writing, as defined by court reports, reports to DSHS). Must meet CPT code requirements. • Includes educational support services (i.e. school coaching, school readiness, support counseling) • Services shall be offered at the location preferred by the Medicaid enrolled individual (i.e. in-home, in CCF, in community) • Includes specialist consultation between the specialist and MHP • Can include representative payee services that involve money management training directly with consumer	• Any service provided by any other federal source • Calling in refills to pharmacies and filling out medication packs without the Consumer present • Supported Employment services are included the B-3 state plan services • Normally required documentation. • Representative payee services that do not directly include the consumer (e.g. paying bills on behalf of the consumer)	90804 90806 90808 90810 90812 90814 90816 90818 90821 90823 90826 90828 90845 90875 90876 90880 90882 90889 97530 97532 97533 97535 97537 99075 99211 99212 99213 99214 99215 99241 99242 99243 99244 99245 99271 99272 99273 99274 99275 99316 99331 99332 99333 99347 99348 99349 99350 99361 99362 99371 99372 99373 99401 99402 99403 99404 H0004 H0023 H0032 H0036 H0046 H2014 H2015 H2017 H2019 H2020 H2032 T1016 T1017 T1019 T1023

STATE PLAN MODALITY EFFECTIVE 1/1/03	MODALITY CHANGES/CRITICAL ELEMENTS	COMMON EXAMPLES OF WHAT IS NOT COVERED	MHD CROSSWALK of CPT/HCPC CODES
Intake Evaluation: An evaluation that is culturally and age relevant initiated prior to the provision of any other mental health services, except crisis services, stabilization services and free-standing evaluation and treatment. The intake evaluation must be initiated within ten (10) working days of the request for services, establish the medical necessity for treatment and be completed within thirty (30) working days. Routine services may begin before the completion of the intake once medical necessity is established. **This service is provided by a mental health professional.**	• Must be provided by a Mental Health Professional • Establishes medical necessity & eligibility • Must be provided prior to the initiation of any mental health services, except for crisis, stabilization and E&T services	• Screening activities done by a non-Mental Health Professional	90801 90802 90885 99201 99203 99204 99205 99301 99302 99303 99315 99321 99322 99323 99341 99342 99343 99344 99345 H0031
Medication Management: The prescribing and/or administering and reviewing of medications and their side effects. This service shall be rendered face-to-face by a person licensed to perform such services. This service may be provided in consultation with collateral, primary therapists, and/or case managers, but includes only minimal psychotherapy.	• Must be face-to-face • Must be provided by appropriately licensed medical practitioner.		90782 90805 90807 90809 90811 90813 90815 90817 90819 90822 90824 90827 90829 90862 99411 99412 M0064 T1001 T1002 T1003
Medication Monitoring: Face-to-face one-on-one cueing, observing, and encouraging a Medicaid enrolled individual to take medications as prescribed. Also includes reporting back to persons licensed to perform medication management services for the direct benefit of the Medicaid enrolled individual. This activity may take place at any location for as long as it is clinically necessary. This service is designed to facilitate medication compliance and positive outcomes. Enrollees with low medication compliance history or persons newly on medication are most likely to receive this service. This service is provided by or under the supervision of a mental health professional. Time spent with the enrollee is the only direct service billable component of this modality.	• Must be face-to-face • Includes reporting back to persons licensed to perform medication management services • Services do not have to be provided by licensed medical practitioner.	• When medical staff puts together a medication pack for a consumer and leaves it at the front desk w/no face-to-face with the consumer • Calling in prescriptions	H0033 H0034 H2010

STATE PLAN MODALITY EFFECTIVE 1/1/03	MODALITY CHANGES/CRITICAL ELEMENTS	COMMON EXAMPLES OF WHAT IS NOT COVERED	MHD CROSSWALK of CPT/HCPC CODES
Mental Health Services Provided in Residential Settings: A specialized form of rehabilitation service (non-hospital/non IMD) that offers a sub-acute psychiatric management environment. Medicaid enrolled individuals receiving this service present with severe impairment in psychosocial functioning or has apparent mental illness symptoms with an unclear etiology due to their mental illness and treatment cannot be safely provided in a less restrictive environment and do not meet hospital admission criteria. Individuals in this service require a different level of service than High Intensity Treatment. The Mental Health Care Provider is sited at the residential location (e.g., boarding homes, supported housing, cluster housing, SRO apartments) for extended hours to provide direct mental health care to a Medicaid enrollee. Therapeutic interventions both in individual and group format may include medication management and monitoring, stabilization, and cognitive and behavioral interventions designed with the intent to stabilize the individual and return him/her to more independent and less restrictive treatment. The treatment is not for the purpose of providing custodial care or respite for the family, nor is it for the sole purpose of increasing social activity or used as a substitute for other community-based resources. This service is billable on a daily rate. In order to bill the daily rate for associated costs for these services, a minimum of 8 hours of service must be provided. This service does not include the costs for room and board, custodial care, and medical services, and differs for other services in the terms of location and duration.	• Does not need to be face-to-face • Requires a mental health care provider (MHCP) sited, present, and available at the residential facility to provide service as needed. • MHCP must be onsite for a minimum of 8 hrs/day, 7 days a week. Does not require 8 continuous hours • Services have to be supervised by a Mental Health Professional • Service can be provided in an apartment complex or cluster housing, boarding home or adult family home • The facility providing residential services does not have to be licensed, however services must be provided by or under contract with a licensed mental health agency. • Services delivered by the assigned mental health staff are included in the per diem rate and should not be billed separately. The following auxiliary services are allowed if they are provided by staff not assigned to the facility: • Crisis Services, Day Support, Family Treatment, Group, High Intensity, Intake, Med Management, Med Monitoring, Peer Support, Psych Assess, Special Pop Eval, Stabilization, Therapeutic Psychoeducation •	• Room and board • Holding a bed for a consumer • Temporary shelter services less than 2 weeks • Custodial care • Medical services • MHCP on-call	H0018 H0019

STATE PLAN MODALITY EFFECTIVE 1/1/03	MODALITY CHANGES/CRITICAL ELEMENTS	COMMON EXAMPLES OF WHAT IS NOT COVERED	MHD CROSSWALK of CPT/HCPC CODES
Peer Support: Services provided by peer counselors to Medicaid enrolled individuals under the consultation, facilitation or supervision of a mental health profession who understands rehabilitation and recovery. This service provides scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Consumers actively participate in decision-making and the operation of the programmatic supports. Self-help support groups, telephone support lines, drop-in centers, and sharing the peer counselor's own life experiences related to mental illness will build alliances that enhance the consumer's ability to function in the community. These services may occur at locations where consumers are known to gather (e.g., churches, parks, community centers, etc.). Drop-in centers are required to maintain a log documenting identification of the consumer including Medicaid eligibility. Services provided by peer counselors to the consumer are noted in the consumers' Individualized Service Plan which delineates specific goals that are flexible, tailored to the consumer and attempt to utilize community and natural supports. Monthly progress notes document consumer progress relative to goals identified in the individualized Service Plan, and indicates where treatment goals have not yet been achieved. Peer counselors are responsible for the implementation of peer support services. Peer counselors may serve on High Intensity Treatment Teams. Peer support is available daily no more than four hours per day. The ratio for this service is no more than 1:20.	• Must be provided by a peer counselor certified by MHD • Must be provided by or under contract with a licensed mental health agency • Drop-in centers must gather enough information to identify the individual in order to report the service. • Must be included in the individual treatment plan • Available no more than 4 hours/day • Ratio is no more than 20 consumers per 1 staff member.	• Services delivered by non-certified peer counselors for Medicaid consumers • Outreach by Peer Counselors if prior to intake	H0038

STATE PLAN MODALITY EFFECTIVE 1/1/03	MODALITY CHANGES/CRITICAL ELEMENTS	COMMON EXAMPLES OF WHAT IS NOT COVERED	MHD CROSSWALK of CPT/HCPC CODES
Psychological Assessment: All psychometric services provided for evaluating, diagnostic, or therapeutic purposes by or under the supervision of a licensed psychologist. Psychological assessments shall: be culturally relevant; provide information relevant to a consumer's continuation in appropriate treatment; and assist in treatment planning within a licensed mental health agency.			96100 96105 96110 96111 96115 96117
Rehabilitation Case Management: A range of activities by the outpatient community mental health agency's liaison conducted in or with a facility for the direct benefit of a Medicaid-enrolled individual in the public mental health system. To be eligible, the individual must be in need of case management in order to ensure timely and appropriate treatment and care coordination. Activities include assessment for discharge or admission to community mental health care, integrated mental health treatment planning, resource identification and linkage, to mental health rehabilitative services, and collaborative development of individualized services that promote continuity of mental health care. These specialized mental heath coordination activities are intended to promote discharge, to maximize the benefits of the placement, and to minimize the risk of unplanned readmission and to increase the community tenure for the individual. Services are provided by or under the supervision of a mental health professional.	• The liaison work between the licensed mental health agency and psychiatric hospitals or CLIP facilities regarding admission and discharge • Includes when clinical staff go to psychiatric hospitals and function as hospital liaisons in evaluating consumers for outpatient services and in monitoring progress towards discharge during an inpatient stay • Joint treatment planning with inpatient facility • These services can be provided once medical necessity has been established and prior to the completion of an intake	• Services provided in Skilled Nursing Facilities are not covered in this modality but can be covered under Individual Services	99217 99218 99219 99220 99221 99222 99223 99231 99232 99233 99234 99235 99236 99237 99238 99239 99251 99252 99253 99254 99255 99261 99262 99263 • any individual service reported with an inpatient location code (HC Service Location = 51)

STATE PLAN MODALITY EFFECTIVE 1/1/03	MODALITY CHANGES/CRITICAL ELEMENTS	COMMON EXAMPLES OF WHAT IS NOT COVERED	MHD CROSSWALK of CPT/HCPC CODES
Special Population Evaluation: Evaluation by a child, geriatric, disabled, or ethnic minority specialist that considers age and cultural variables specific to the individual being evaluated and other culturally and age competent evaluation methods. This evaluation shall provide information relevant to a consumer's continuation in appropriate treatment and assist in treatment planning. This evaluation occurs after intake. Consultation from a non-staff specialist (employed by another CMHA or contracted by the CMHA) may also be obtained, if needed, subsequent to this evaluation and shall be considered an integral, billable component of this service.	• A specific evaluation by a mental health specialist following an intake evaluation. • The consumer must be present for the initial special population evaluation	• MH specialist conducting an intake evaluation. • Consultation call with a minority specialist where the minority specialist never directly evaluates the consumer • Does not include consultation between MH specialist and the clinician	

STATE PLAN MODALITY EFFECTIVE 1/1/03	MODALITY CHANGES/CRITICAL ELEMENTS	COMMON EXAMPLES OF WHAT IS NOT COVERED	MHD CROSSWALK of CPT/HCPC CODES

Stabilization Services: Services provided to Medicaid enrolled individuals who are experiencing a mental health crisis. These services are to be provided in the person's own home, or another home-like setting, or a setting which provides safety for the individual and the mental health professional. Stabilization services shall include short-term (less than two weeks per episode) face-to-face assistance with life skills training, and understanding of medication effects. This service includes: a) follow up to crisis services; and b) other individuals determined by a mental health professional to need additional stabilization services. Stabilization services may be provided prior to an intake evaluation for mental health services.	• Must be less than two weeks in duration, but continue to report the service even if it goes beyond 14-days
	• May be provided prior to intake
	• Includes hospital diversion beds, intensive hospital diversion services
	• Per diem code, if total service less than 24 hours use codes listed under Crisis Services
	• For a person receiving this modality, concurrent services in the following modalities will be allowed as auxiliary:
	  • Medication Management
	  • Family therapy
	  • Peer support
	  • Psych Assessment
	  • Therapeutic psychoeducation
	  • Intake
			S9485

STATE PLAN MODALITY EFFECTIVE 1/1/03	MODALITY CHANGES/CRITICAL ELEMENTS	COMMON EXAMPLES OF WHAT IS NOT COVERED	MHD CROSSWALK of CPT/HCPC CODES
Therapeutic Psychoeducation: Informational and experiential services designed to aid Medicaid enrolled individuals, their family members (e.g., spouse, parents, siblings) and other individuals identified by the individual as a primary natural support, in the management of psychiatric conditions, increased knowledge of mental illnesses and understanding the importance of their individual plan of care. These services are exclusively for the benefit of the Medicaid enrolled individual and are included in the Individual Service Plan. The primary goal is to restore lost functioning and promote reintegration and recovery through knowledge of one's disease, the symptoms, precautions related to decompensation, understanding of the "triggers" of crisis, crisis planning, community resources, successful interrelations, medication action and interaction, etc. Training and shared information may include brain chemistry and functioning; latest research on mental illness causes and treatments; diagnostics; medication education and management; symptom management; behavior management; stress management; crisis management; improving daily living skills; independent living skills; problem-solving skills, etc. Services are provided at locations convenient to the consumer, by or under the supervision of a mental heath professional. Classroom style teaching, family treatment, and individual treatment are not billable components of this service.	• Can include family members and natural supports (e.g. Pebbles in the Pond, Family-to-Family) • Primary consumer does not have to be present, but the service must be for the benefit of the consumers • Can be provided in groups or individually	• General family or community education not specific to the consumer • Family or individual treatment	H0024 H0025 H2025 H2027

STATE PLAN MODALITY EFFECTIVE 1/1/03	MODALITY CHANGES/CRITICAL ELEMENTS	COMMON EXAMPLES OF WHAT IS NOT COVERED	MHD CROSSWALK of CPT/HCPC CODES
Supported Employment: is a service for Medicaid enrollees who are currently neither receiving nor who are on a waiting list to receive federally funded vocational services such as those provided through the Department of Vocational Rehabilitation. Services will include: • An assessment of work history, skills, training education, and personal career goals. • Information about how employment will affect income and benefits the consumer is receiving because of their disability. • Preparation skills such as resume development and interview skills • Involvement with consumers served in creating and revising individualized job and career development plans that include: (a) Consumer strengths (b) Consumer abilities (c) Consumer preferences (d) Consumer's desired outcomes • Assistance in locating employment opportunities that is consistent with the consumer's strengths, abilities, preferences, and desired outcomes • Integrated supported employment, including outreach/job coaching and support in a normalized or integrated work site, if required • Services are provided by or under the supervision of a mental health professional	• If RSN funded service, send service even if consumer is on DVR waiting list. (MHD will match to DVR wait list	• Services covered under Division of Vocational Rehabilitation, including those on the waiting list • Job development activities that are not consumer specific	H2023 H2025

STATE PLAN MODALITY EFFECTIVE 1/1/03	MODALITY CHANGES/CRITICAL ELEMENTS	COMMON EXAMPLES OF WHAT IS NOT COVERED	MHD CROSSWALK of CPT/HCPC CODES
Respite Care: is a service to sustain the primary caregivers of children with serious or emotional disorders or adults with mental illness. This is accomplished by providing observation, direct support and monitoring to meet the needs of an individual consumer by someone other than the primary care givers. Respite care should be provided in a manner that provides necessary relief to caregivers. Respite may be provided on a planned or an emergent basis and may be provided in a variety of settings such as in the consumer or caregiver's home, in an organization's facilities, in the respite worker's home, etc. The care should be flexible to ensure that the individual's daily routine is maintained. Respite is provided by, or under the supervision of, a mental health professional. Respite under this waiver is only available to those consumers who do not have this coverage under some other federal program.	• To provide relief and/or sustain primary caregivers • Planned or emergent basis	Respite care covered under any other federal program (e.g., Aging and Adult Services, Children's Administration)	T1005

STATE PLAN MODALITY EFFECTIVE 1/1/03	MODALITY CHANGES/CRITICAL ELEMENTS	COMMON EXAMPLES OF WHAT IS NOT COVERED	MHD CROSSWALK of CPT/HCPC CODES
Mental Health Clubhouse: is a service specifically contracted by the PIHP to provide a consumer directed program to Medicaid enrollees where they receive multiple services. These services may be in the form of support groups, related meetings, consumer training, peer support, etc. Consumer may drop in on a daily basis and participate, as they are able. Services include the following: • Opportunities to work within the clubhouse, such work contributes to the operation and enhancement of the clubhouse community; • Opportunities to participate in administration, public relations, advocacy and evaluation of clubhouse effectiveness; • Assistance with employment opportunities, housing, transportation, education and benefits planning • Opportunities for socialization activities. Mental Health Clubhouses are not an alternative for day support services. Mental Health Clubhouses currently exist in Thurston/Mason, Southwest, Chelan/Douglas, Spokane, North Sound, Northeastern Washington, Pierce, Grays Harbor, Greater Columbia, and Timberlands. King County RSN may develop mental health clubhouse over this waiver period. North Central, Clark, and Peninsula will not be participating.	• Must gather enough information to identify the individual in order to report the service • Must be able to identify whether consumer is Medicaid or non-Medicaid for reporting • For Medicaid Consumers, it must be documented in the Individual Service Plan	• Non-encounter activities to non-named individuals	H2031

Appendix 5
Program/Match Code Crosswalks

Exhibit 5-1
Washington State Mental Health Division
2005 Actuarial Rate Development
Assignment of Program/Match/Elig Codes for Actuarial Study

Program	Match	Medical Eligibility	Lookup	Member Month Count	Funding	Rating Category	Dual
A	1	0	A10	6,908	TXIX	Non-Disabled	
A	1	1	A11	2,224	TXIX	Non-Disabled Dual	Dual
A	1	5	A15	25	TXIX	Non-Disabled Dual	Dual
A	1	6	A16	1	TXIX	Non-Disabled Dual	Dual
A	1	7	A17	9,534	TXIX	Non-Disabled Dual	Dual
A	1	8	A18	13,423	TXIX	Non-Disabled Dual	Dual
A	2	0	A20	31	TXIX	Non-Disabled	
A	2	7	A27	18	TXIX	Non-Disabled Dual	Dual
A	A	0	AA0	1,231	TXIX	Non-Disabled	
A	A	1	AA1	12,664	TXIX	Non-Disabled Dual	Dual
A	A	2	AA2	6	TXIX	Non-Disabled Dual	Dual
A	A	5	AA5	7,319	TXIX	Non-Disabled Dual	Dual
A	A	6	AA6	51	TXIX	Non-Disabled Dual	Dual
A	A	7	AA7	29,755	TXIX	Non-Disabled Dual	Dual
A	A	8	AA8	301	TXIX	Non-Disabled Dual	Dual
A	B	0	AB0	3,286	TXIX	Non-Disabled	
A	B	1	AB1	12,166	TXIX	Non-Disabled Dual	Dual
A	B	2	AB2	96	TXIX	Non-Disabled Dual	Dual
A	B	5	AB5	4,522	TXIX	Non-Disabled Dual	Dual
A	B	6	AB6	13	TXIX	Non-Disabled Dual	Dual
A	B	7	AB7	18,618	TXIX	Non-Disabled Dual	Dual
A	B	8	AB8	596	TXIX	Non-Disabled Dual	Dual
A	C	0	AC0	116,733	TXIX	Non-Disabled	
A	C	1	AC1	47,297	TXIX	Non-Disabled Dual	Dual
A	C	2	AC2	3,526	TXIX	Non-Disabled Dual	Dual
A	C	5	AC5	1,949	TXIX	Non-Disabled Dual	Dual
A	C	6	AC6	68	TXIX	Non-Disabled Dual	Dual
A	C	7	AC7	177,549	TXIX	Non-Disabled Dual	Dual
A	C	8	AC8	135,543	TXIX	Non-Disabled Dual	Dual
A	H	0	AH0	946	TXIX	Non-Disabled	
A	H	1	AH1	2,820	TXIX	Non-Disabled Dual	Dual
A	H	6	AH6	48	TXIX	Non-Disabled Dual	Dual
A	H	7	AH7	29,342	TXIX	Non-Disabled Dual	Dual
A	H	8	AH8	187	TXIX	Non-Disabled Dual	Dual
A	J	0	AJ0	2,313	TXIX	Non-Disabled	
A	J	1	AJ1	8,718	TXIX	Non-Disabled Dual	Dual
A	J	5	AJ5	9	TXIX	Non-Disabled Dual	Dual
A	J	6	AJ6	148	TXIX	Non-Disabled Dual	Dual
A	J	7	AJ7	143,122	TXIX	Non-Disabled Dual	Dual
A	J	8	AJ8	410	TXIX	Non-Disabled Dual	Dual
A	N	0	AN0	10,249	TXIX	Non-Disabled	
A	N	1	AN1	18,120	TXIX	Non-Disabled Dual	Dual
A	N	2	AN2	575	TXIX	Non-Disabled Dual	Dual
A	N	5	AN5	149	TXIX	Non-Disabled Dual	Dual
A	N	6	AN6	105	TXIX	Non-Disabled Dual	Dual
A	N	7	AN7	297,702	TXIX	Non-Disabled Dual	Dual
A	N	8	AN8	11,586	TXIX	Non-Disabled Dual	Dual
A	S	0	AS0	42	TXIX	Non-Disabled	
A	S	1	AS1	318	TXIX	Non-Disabled Dual	Dual
A	S	5	AS5	9	TXIX	Non-Disabled Dual	Dual

Exhibit 5-1
Washington State Mental Health Division
2005 Actuarial Rate Development
Assignment of Program/Match/Elig Codes for Actuarial Study

Program	Match	Medical Eligibility	Lookup	Member Month Count	Funding	Rating Category	Dual
A	S	7	AS7	2,978	TXIX	Non-Disabled Dual	Dual
A	S	8	AS8	7	TXIX	Non-Disabled Dual	Dual
A	U	0	AU0	27,743	TXIX	Non-Disabled	
A	U	1	AU1	2,060	TXIX	Non-Disabled Dual	Dual
A	U	6	AU6	3	TXIX	Non-Disabled Dual	Dual
A	U	7	AU7	337	TXIX	Non-Disabled Dual	Dual
A	U	8	AU8	577	TXIX	Non-Disabled Dual	Dual
B	1	0	B10	180	TXIX	Disabled	
B	1	1	B11	33	TXIX	Disabled Dual	Dual
B	1	7	B17	71	TXIX	Disabled Dual	Dual
B	A	0	BA0	98	TXIX	Disabled	
B	A	1	BA1	77	TXIX	Disabled Dual	Dual
B	A	5	BA5	16	TXIX	Disabled Dual	Dual
B	A	7	BA7	108	TXIX	Disabled Dual	Dual
B	B	0	BB0	15	TXIX	Disabled	
B	B	1	BB1	10	TXIX	Disabled Dual	Dual
B	B	5	BB5	38	TXIX	Disabled Dual	Dual
B	B	7	BB7	42	TXIX	Disabled Dual	Dual
B	C	0	BC0	4,582	TXIX	Disabled	
B	C	1	BC1	543	TXIX	Disabled Dual	Dual
B	C	2	BC2	11	TXIX	Disabled Dual	Dual
B	C	5	BC5	51	TXIX	Disabled Dual	Dual
B	C	7	BC7	1,749	TXIX	Disabled Dual	Dual
B	C	8	BC8	17	TXIX	Disabled Dual	Dual
B	J	0	BJ0	3	TXIX	Disabled	
B	J	1	BJ1	19	TXIX	Disabled Dual	Dual
B	J	7	BJ7	54	TXIX	Disabled Dual	Dual
B	N	0	BN0	226	TXIX	Disabled	
B	N	1	BN1	86	TXIX	Disabled Dual	Dual
B	N	7	BN7	492	TXIX	Disabled Dual	Dual
B	S	0	BS0	1	TXIX	Disabled	
B	S	1	BS1	4	TXIX	Non-Disabled Dual	Dual
B	S	7	BS7	44	TXIX	Disabled Dual	Dual
B	U	0	BU0	15	TXIX	Disabled	
C	1	0	C10	765,957	TXIX	Non-Disabled	
C	1	1	C11	2,469	TXIX	Non-Disabled	
C	1	3	C13	25	TXIX	Non-Disabled	
C	1	6	C16	128	TXIX	Non-Disabled	
C	1	7	C17	212	TXIX	Non-Disabled	
C	1	8	C18	30	TXIX	Non-Disabled	
C	1	O	C1O	2	TXIX	Non-Disabled	
C	2	0	C20	1,799,728	TXIX	Non-Disabled	
C	2	1	C21	19	TXIX	Non-Disabled	
C	2	3	C23	77	TXIX	Non-Disabled	
C	2	6	C26	125	TXIX	Non-Disabled	
C	A	0	CA0	1,930	TXIX	Non-Disabled	
C	A	2	CA2	10	TXIX	Non-Disabled	
C	A	3	CA3	3	TXIX	Non-Disabled	
C	A	6	CA6	2	TXIX	Non-Disabled	
C	A	7	CA7	3	TXIX	Non-Disabled	

Exhibit 5-1
Washington State Mental Health Division
2005 Actuarial Rate Development
Assignment of Program/Match/Elig Codes for Actuarial Study

Program	Match	Medical Eligibility	Lookup	Member Month Count	Funding	Rating Category	Dual
C	B	0	CB0	19	TXIX	Non-Disabled	
C	C	0	CC0	1,575,690	TXIX	Non-Disabled	
C	C	1	CC1	1,376	TXIX	Non-Disabled	
C	C	2	CC2	3,824	TXIX	Non-Disabled	
C	C	3	CC3	40	TXIX	Non-Disabled	
C	C	5	CC5	6	TXIX	Non-Disabled	
C	C	6	CC6	2,711	TXIX	Non-Disabled	
C	C	7	CC7	208	TXIX	Non-Disabled	
C	C	O	CCO	1	TXIX	Non-Disabled	
C	C	T	CCT	5	TXIX	Non-Disabled	
C	N	0	CN0	41	TXIX	Non-Disabled	
C	N	2	CN2	9	TXIX	Non-Disabled	
C	S	0	CS0	1,288,570	TXIX	Non-Disabled	
C	S	1	CS1	1,173	TXIX	Non-Disabled	
C	S	3	CS3	11	TXIX	Non-Disabled	
C	S	5	CS5	48	TXIX	Non-Disabled	
C	S	6	CS6	1,211	TXIX	Non-Disabled	
C	S	7	CS7	246	TXIX	Non-Disabled	
C	S	H	CSH	1	TXIX	Non-Disabled	
C	S	O	CSO	9	TXIX	Non-Disabled	
D	E	0	DE0	99,400	TXIX	Non-Disabled	
D	E	1	DE1	13	TXIX	Non-Disabled	
D	E	6	DE6	4	TXIX	Non-Disabled	
D	E	7	DE7	4	TXIX	Non-Disabled	
D	I	0	DI0	26,980	TXIX	Non-Disabled	
D	I	1	DI1	8	TXIX	Non-Disabled	
D	I	6	DI6	6	TXIX	Non-Disabled	
D	M	0	DM0	24,357	TXIX	Non-Disabled	
D	M	1	DM1	62	TXIX	Non-Disabled	
D	M	6	DM6	1	TXIX	Non-Disabled	
D	M	7	DM7	35	TXIX	Non-Disabled	
D	O	0	DO0	129,798	TXIX	Non-Disabled	
D	O	1	DO1	32	TXIX	Non-Disabled	
D	O	6	DO6	1	TXIX	Non-Disabled	
D	O	O	DOO	19	TXIX	Non-Disabled	
D	P	0	DP0	5	TXIX	Non-Disabled	
D	Q	0	DQ0	4,194	TXIX	Non-Disabled	
D	Q	6	DQ6	1	TXIX	Non-Disabled	
D	T	0	DT0	29,650	TXIX	Non-Disabled	
D	T	6	DT6	1	TXIX	Non-Disabled	
D	V	0	DV0	1,699	TXIX	Non-Disabled	
D	V	1	DV1	13	TXIX	Non-Disabled	
D	X	0	DX0	3,419	TXIX	Non-Disabled	
D	X	6	DX6	1	TXIX	Non-Disabled	
D	Y	0	DY0	427	TXIX	Non-Disabled	
D	Z	0	DZ0	153	TXIX	Non-Disabled	
E	1	0	E10	19	TXIX	Non-Disabled	
E	C	0	EC0	38	TXIX	Non-Disabled	
E	C	1	EC1	19	TXIX	Non-Disabled	
E	C	2	EC2	1	TXIX	Non-Disabled	

Exhibit 5-1
Washington State Mental Health Division
2005 Actuarial Rate Development
Assignment of Program/Match/Elig Codes for Actuarial Study

Program	Match	Medical Eligibility	Lookup	Member Month Count	Funding	Rating Category	Dual
E	C	3	EC3	9	TXIX	Non-Disabled	
E	S	0	ES0	19	TXIX	Non-Disabled	
H	A	0	HA0	3,018	TXIX	Non-Disabled	
H	A	2	HA2	102	TXIX	Non-Disabled	
H	A	3	HA3	10	TXIX	Non-Disabled	
H	A	6	HA6	6	TXIX	Non-Disabled	
H	C	0	HC0	1,140,381	TXIX	Non-Disabled	
H	C	1	HC1	33	TXIX	Non-Disabled	
H	C	3	HC3	1	TXIX	Non-Disabled	
H	C	6	HC6	1,441	TXIX	Non-Disabled	
H	C	7	HC7	2	TXIX	Non-Disabled	
H	C	O	HCO	143	TXIX	Non-Disabled	
H	C	T	HCT	117,569	TXIX	Non-Disabled	
H	L	0	HL0	19	TXIX	Non-Disabled	
H	L	1	HL1	16	TXIX	Non-Disabled	
H	L	7	HL7	2	TXIX	Non-Disabled	
H	M	0	HM0	1,954,683	TXIX	Non-Disabled	
H	M	1	HM1	47	TXIX	Non-Disabled	
H	M	2	HM2	1,730	TXIX	Non-Disabled	
H	M	3	HM3	39	TXIX	Non-Disabled	
H	M	6	HM6	1,151	TXIX	Non-Disabled	
H	M	7	HM7	22	TXIX	Non-Disabled	
H	M	T	HMT	322,581	TXIX	Non-Disabled	
H	N	0	HN0	1,977	TXIX	Non-Disabled	
H	N	1	HN1	20	TXIX	Non-Disabled	
H	N	2	HN2	35	TXIX	Non-Disabled	
H	N	3	HN3	4	TXIX	Non-Disabled	
H	N	6	HN6	1	TXIX	Non-Disabled	
H	Q	0	HQ0	304,052	TXIX	Non-Disabled	
H	Q	1	HQ1	14	TXIX	Non-Disabled	
H	Q	6	HQ6	434	TXIX	Non-Disabled	
H	Q	7	HQ7	6	TXIX	Non-Disabled	
H	Q	T	HQT	40,584	TXIX	Non-Disabled	
H	S	0	HS0	1,020,508	TXIX	Non-Disabled	
H	S	1	HS1	74	TXIX	Non-Disabled	
H	S	2	HS2	2,324	TXIX	Non-Disabled	
H	S	3	HS3	29	TXIX	Non-Disabled	
H	S	6	HS6	624	TXIX	Non-Disabled	
H	S	O	HSO	4	TXIX	Non-Disabled	
H	S	T	HST	148,256	TXIX	Non-Disabled	
H	T	0	HT0	778,824	TXIX	Non-Disabled	
H	T	3	HT3	14	TXIX	Non-Disabled	
H	T	6	HT6	781	TXIX	Non-Disabled	
H	T	T	HTT	85,311	TXIX	Non-Disabled	
H	U	0	HU0	225	TXIX	Non-Disabled	
N	S	0	NS0	200,431	TXIX	Non-Disabled	
N	S	1	NS1	26	TXIX	Non-Disabled	
N	S	6	NS6	40	TXIX	Non-Disabled	
P	1	0	P10	13,317	TXIX	Disabled	
P	1	1	P11	510	TXIX	Disabled Dual	Dual

Exhibit 5-1
Washington State Mental Health Division
2005 Actuarial Rate Development
Assignment of Program/Match/Elig Codes for Actuarial Study

Program	Match	Medical Eligibility	Lookup	Member Month Count	Funding	Rating Category	Dual
P	1	5	P15	1	TXIX	Disabled Dual	Dual
P	1	7	P17	1,869	TXIX	Disabled Dual	Dual
P	1	8	P18	3	TXIX	Disabled Dual	Dual
P	2	0	P20	58	TXIX	Disabled	
P	2	1	P21	54	TXIX	Disabled Dual	Dual
P	2	5	P25	11	TXIX	Disabled Dual	Dual
P	2	7	P27	19	TXIX	Disabled Dual	Dual
P	A	0	PA0	35,142	TXIX	Disabled	
P	A	1	PA1	35,016	TXIX	Disabled Dual	Dual
P	A	2	PA2	224	TXIX	Disabled Dual	Dual
P	A	5	PA5	17,010	TXIX	Disabled Dual	Dual
P	A	6	PA6	90	TXIX	Disabled Dual	Dual
P	A	7	PA7	61,036	TXIX	Disabled Dual	Dual
P	A	8	PA8	106	TXIX	Disabled Dual	Dual
P	A	O	PAO	1	TXIX	Disabled Dual	Dual
P	B	0	PB0	14,576	TXIX	Disabled	
P	B	1	PB1	10,101	TXIX	Disabled Dual	Dual
P	B	2	PB2	192	TXIX	Disabled Dual	Dual
P	B	5	PB5	3,381	TXIX	Disabled Dual	Dual
P	B	6	PB6	14	TXIX	Disabled Dual	Dual
P	B	7	PB7	15,515	TXIX	Disabled Dual	Dual
P	B	8	PB8	22	TXIX	Disabled Dual	Dual
P	C	0	PC0	1,292,334	TXIX	Disabled	
P	C	1	PC1	89,000	TXIX	Disabled Dual	Dual
P	C	2	PC2	4,448	TXIX	Disabled Dual	Dual
P	C	5	PC5	5,553	TXIX	Disabled Dual	Dual
P	C	6	PC6	222	TXIX	Disabled Dual	Dual
P	C	7	PC7	334,859	TXIX	Disabled Dual	Dual
P	C	8	PC8	451	TXIX	Disabled Dual	Dual
P	C	O	PCO	9	TXIX	Disabled	
P	H	0	PH0	632	TXIX	Disabled	
P	H	1	PH1	186	TXIX	Disabled Dual	Dual
P	H	6	PH6	1	TXIX	Disabled Dual	Dual
P	H	7	PH7	1,650	TXIX	Disabled Dual	Dual
P	J	0	PJ0	4,269	TXIX	Disabled	
P	J	1	PJ1	3,521	TXIX	Disabled Dual	Dual
P	J	5	PJ5	4	TXIX	Disabled Dual	Dual
P	J	6	PJ6	27	TXIX	Disabled Dual	Dual
P	J	7	PJ7	26,158	TXIX	Disabled Dual	Dual
P	J	8	PJ8	13	TXIX	Disabled Dual	Dual
P	N	0	PN0	138,074	TXIX	Disabled	
P	N	1	PN1	21,871	TXIX	Disabled Dual	Dual
P	N	2	PN2	711	TXIX	Disabled Dual	Dual
P	N	5	PN5	40	TXIX	Disabled Dual	Dual
P	N	6	PN6	24	TXIX	Disabled Dual	Dual
P	N	7	PN7	152,410	TXIX	Disabled Dual	Dual
P	N	8	PN8	170	TXIX	Disabled Dual	Dual
P	S	0	PS0	922	TXIX	Disabled	
P	S	1	PS1	1,567	TXIX	Disabled Dual	Dual
P	S	5	PS5	97	TXIX	Disabled Dual	Dual

Exhibit 5-1
Washington State Mental Health Division
2005 Actuarial Rate Development
Assignment of Program/Match/Elig Codes for Actuarial Study

Program	Match	Medical Eligibility	Lookup	Member Month Count	Funding	Rating Category	Dual
P	S	6	PS6	3	TXIX	Disabled Dual	Dual
P	S	7	PS7	7,982	TXIX	Disabled Dual	Dual
P	T	G	PTG	19	TXIX	Disabled Dual	Dual
P	U	0	PU0	4,270	TXIX	Disabled	
P	U	1	PU1	180	TXIX	Disabled Dual	Dual
P	U	6	PU6	1	TXIX	Disabled Dual	Dual
P	U	7	PU7	76	TXIX	Disabled Dual	Dual
P	U	8	PU8	1	TXIX	Disabled Dual	Dual
P	X	0	PX0	734	TXIX	Disabled	
P	X	1	PX1	3,703	TXIX	Disabled Dual	Dual
P	X	5	PX5	476	TXIX	Disabled Dual	Dual
P	X	7	PX7	565	TXIX	Disabled Dual	Dual
P	X	8	PX8	1	TXIX	Disabled Dual	Dual
P	Y	0	PY0	216	TXIX	Disabled	
P	Y	1	PY1	42	TXIX	Disabled Dual	Dual
R	1	0	R10	11,665	TXIX	Non-Disabled	
R	2	0	R20	203	TXIX	Non-Disabled	
R	C	0	RC0	3,596	TXIX	Non-Disabled	
R	C	6	RC6	30	TXIX	Non-Disabled	
R	I	0	RI0	1	TXIX	Non-Disabled	
R	S	0	RS0	527	TXIX	Non-Disabled	
S	A	0	SA0	802	TXIX	Non-Disabled	
S	A	3	SA3	39	TXIX	Non-Disabled	
S	C	0	SC0	103,053	TXIX	Non-Disabled	
S	C	1	SC1	59	TXIX	Non-Disabled	
S	C	2	SC2	56,316	TXIX	Non-Disabled	
S	C	3	SC3	5,194	TXIX	Non-Disabled	
S	C	T	SCT	2,949	TXIX	Non-Disabled	
S	T	0	ST0	230,329	TXIX	Non-Disabled	
S	T	1	ST1	1,304	TXIX	Non-Disabled	
S	T	2	ST2	75,369	TXIX	Non-Disabled	
S	T	3	ST3	12,612	TXIX	Non-Disabled	
S	T	5	ST5	144	TXIX	Non-Disabled	
S	T	6	ST6	190	TXIX	Non-Disabled	
S	T	7	ST7	379	TXIX	Non-Disabled	
S	T	T	STT	16,070	TXIX	Non-Disabled	
T	1	0	T10	111	TXIX	Non-Disabled	
T	1	1	T11	1	TXIX	Non-Disabled Dual	Dual
T	1	7	T17	13	TXIX	Non-Disabled Dual	Dual
T	1	8	T18	56	TXIX	Non-Disabled Dual	Dual
T	H	0	TH0	12	TXIX	Non-Disabled	
T	H	1	TH1	64	TXIX	Non-Disabled Dual	Dual
T	H	7	TH7	261	TXIX	Non-Disabled Dual	Dual
T	H	8	TH8	4	TXIX	Non-Disabled Dual	Dual
T	J	0	TJ0	43	TXIX	Non-Disabled	
T	J	1	TJ1	92	TXIX	Non-Disabled Dual	Dual
T	J	7	TJ7	899	TXIX	Non-Disabled Dual	Dual
T	J	8	TJ8	22	TXIX	Non-Disabled Dual	Dual
T	N	0	TN0	96	TXIX	Non-Disabled	
T	N	1	TN1	75	TXIX	Non-Disabled Dual	Dual

Exhibit 5-1
Washington State Mental Health Division
2005 Actuarial Rate Development
Assignment of Program/Match/Elig Codes for Actuarial Study

Program	*Match*	*Medical Eligibility*	*Lookup*	*Member Month Count*	*Funding*	*Rating Category*	*Dual*
T	N	6	TN6	1	TXIX	Non-Disabled Dual	Dual
T	N	7	TN7	771	TXIX	Non-Disabled Dual	Dual
T	N	8	TN8	54	TXIX	Non-Disabled Dual	Dual
U	H	0	UH0	1,048	TXIX	Non-Disabled	
U	H	6	UH6	1	TXIX	Non-Disabled	
X	U	0	XU0	215,928	TXIX	Disabled	
X	U	1	XU1	10,581	TXIX	Disabled Dual	Dual
X	U	6	XU6	53	TXIX	Disabled Dual	Dual
X	U	7	XU7	11	TXIX	Disabled Dual	Dual
X	U	8	XU8	33	TXIX	Disabled Dual	Dual

Exhibit 5-2
Washington State Mental Health Division
2005 Actuarial Rate Development
Eligiblity Matrix

Program	Match	Medical	Title	TitleXIX	Category	LastEligMonth	Funding
A	1		SSI grandfathered grant recipient or receiving additional reqs (or in institution w/part of CPI pd by state)	Yes	CN	999999	T19
A	2		Essential person (grant case converted in 1974)	Yes	CN	999999	T19
A	4		Eligible for Medical Only - obsolete	Yes	CN	198306	
A	A		Medically Needy - Spenddown	Yes	MN	999999	T19
A	B		Medically Needy - No Spenddown	Yes	MN	999999	T19
A	C		Categorically Needy - Income at or below CNIL (includes SSI grant)	Yes	CN	999999	T19
A	D		QMB only, not CN/MN	Yes	CN	200302	State Only
A	E		Expanded Specified Low-Income Medicare Beneficiary (SLMB)	No	CN	NotAvl	State Only
A	F		State Funded - not eligible for federal pgm	Yes		198011	
A	H		Institutionalized Medically Needy - income at or over SIL	Yes	MN	999999	T19
A	J		Institutionalized Categorically Needy - Income under SIL	Yes	CN	999999	T19
A	K		Specified Low-Income Medicare Beneficiary (SLMB)	Yes	MN	200205	
A	L		Aged - Obsolete	No	MN	InActv	State Only
A	M		CN SSI Foster Care	No	CN	InActv	State Only
A	N		Institutionalized Categorically Needy - Income at or below CNIL - CPI not paid by state	Yes	CN	999999	T19
A	P		Institutionalized - meets MI/GA-U Criteria	Yes		199406	
A	S		Categorically Needy - Income above CNIL but mandatory CN	Yes	CN	999999	T19
A	U		Aged Non SSI	Yes	CN	999999	T19
A	W		Aged not elig for med care	Yes		200103	
B	1		SSI grandfathered grant recipient or receiving additional reqs (or in institution w/part of CPI pd by state)	Yes	Disabled	999999	T19
B	A		Medically Needy - Spendown	Yes	Disabled	999999	T19
B	B		Medically Needy - No Spendown	Yes	Disabled	999999	T19
B	C		Categorically Needy - Income at or below CNIL (includes SSI grant)	Yes	Disabled	999999	T19
B	D		QMB only, not CN/MN	Yes	Disabled	200302	State Only
B	E		Expanded Specified Low-Income Medicare Beneficiary (SLMB)	No	Disabled	NotAvl	State Only
B	H		Institutionalized Med Needy - Income at or over SIL	Yes	Disabled	200207	
B	J		Institutionalized Categorically Needy - Income under SIL	Yes	Disabled	999999	T19
B	K		Specified Low-Income Medicare Beneficiary (SLMB)	No	Disabled	NotAvl	State Only
B	M		CN - SSI Foster Care	No	Disabled	InActv	State Only
B	N		Institutionalized Categorically Needy - Income at or below CNIL - CPI not paid by state	Yes	Disabled	999999	T19
B	S		Categorically Needy - Income above CNIL but mandatory CN	Yes	Disabled	999999	T19
B	U		Blind Non SSI	Yes	Disabled	999999	T19
B	X		Health Care for Workers w/Disability - Employed	Yes	Disabled	999999	T19
B	Y		Health Care for Workers w/Disability - Medically Improved	Yes	Disabled	999999	T19
C	1		Needy relative	Yes	CN	999999	T19
C	2		Eligible Child	Yes	CN	999999	T19

Exhibit 5-2
Washington State Mental Health Division
2005 Actuarial Rate Development
Eligiblity Matrix

Program	Match	Medical	Title	TitleXIX	Category	LastEligMonth	Funding
C	4		AFDC Med Only and BHP	Yes		198401	
C	A		Medically Needy - Spenddown	Yes	MN	999999	T19
C	B		Medically Needy - No Spenddown	Yes	MN	999999	T19
C	C		Categorically Needy - Income at or below CNIL (not eligible for a grant)	Yes	CN	999999	T19
C	D		QMB only	Yes		200207	
C	E		Med Assist - CN SLMB	Yes	CN	199703	
C	F		State funded - discontinued	Yes		198108	
C	G		State funded emergency medical	Yes		199612	
C	H		Institutionalized Med Needy	Yes	MN	200207	
C	I		Foster Care	Yes	CN	199609	
C	J		Institutionalized Cat Needy	Yes	CN	199604	
C	K		Institutionalized Med Needy with income above MNIL	Yes	MN	199702	
C	L		Institutionalized Med Needy with income between MNIL and CNIL	Yes	MN	200301	State Only
C	M		CN SSI Foster Care	Yes	CN	199701	
C	N		Institutionalized Categorically Needy - Income at or below CNIL	Yes	CN	999999	T19
C	P		Institutionalized - Meet MI/GA-U Criteria	Yes		199701	
C	Q		TANF Family Reinstatement	Yes	CN	200205	
C	S		Suspended cases	Yes	CN	999999	T19
C	T		Categorically Needy pg wormen - income greater than CNIL; not more than 185% of FPL	Yes	CN	199702	
C	U		Adoption Support	Yes	CN	199703	
C	X		JRA - non-SSI	Yes		199209	
C	Y		SSI & Adoption Support - State Only	Yes		199312	
D	2		Essential Person or Eligible Child	Yes	CN	199706	
D	E		Foster Care - Non-Title IV-E	Yes	CN	999999	T19
D	I		Foster Care - Title IV-E	Yes	CN	999999	T19
D	M		SSI and Foster Care - Non-Title IV-E	Yes	CN	999999	T19
D	O		Foster Care - Title IV-E and adoption assistance in-state	Yes	CN	999999	T19
D	P		SSI and Foster Care - Title IV-E	Yes	CN	999999	T19
D	Q		SSI and Foster Care	Yes	CN	999999	T19
D	T		Adoption Support - state funds only	Yes	CN	999999	T19
D	V		SSI and Foster Care - Title IV-E and adoption assistance in-state	Yes	CN	999999	T19
D	X		Juvenile Rehabilitation Non-SSI	Yes	CN	999999	T19
D	Y		SSI and Adoption Support - state funds only	Yes	CN	999999	T19
D	Z		Juvenile Rehabiliation - SSI	Yes	CN	999999	T19
E	1		Needy Relative	Yes	CN	999999	T19
E	2		Eligible Child	Yes	CN	200301	State Only
E	4		Medical Only - obsolete	Yes		198308	
E	A		Medically Needy - Spenddown	Yes	MN	200003	

Exhibit 5-2
Washington State Mental Health Division
2005 Actuarial Rate Development
Eligiblity Matrix

Program	Match	Medical	Title	TitleXIX	Category	LastEligMonth	Funding
E	B		Medically Needy - No Spenddown	Yes	MN	199701	
E	C		Categorically Needy - Income at or below CNIL (not eligible for a grant)	Yes	CN	999999	T19
E	D					199812	
E	E			Yes		199701	
E	F			Yes		198103	
E	G			Yes		199402	
E	I			Yes		199606	
E	L		Institutionalized Med Needy with income between MNIL and CNIL	Yes	MN	200207	
E	M		TANF-CN SSI Foster Care	Yes	CN	199812	
E	N		Institutionalized Categorically Needy - Income at or below CNIL	Yes	CN	199603	
E	P			Yes		199611	
E	Q		TANF Family Reinstatement	Yes	CN	200207	
E	S		Suspend cases	Yes	CN	999999	T19
E	T		Categorically Needy pregnant women - income greater than CNIL; not more than 185% of FPL	Yes	CN	199702	
E	X			Yes		199701	
E	Y			Yes		199306	
G	1		Family Planning - No other medical available.	Yes		NotAvl	State Only
G	2		Family Planning - No other medical available.	Yes		NotAvl	State Only
G	A		Family Planning - No other medical available.	Yes	MN	NotAvl	State Only
G	C		Family Planning - No other medical available.	Yes		NotAvl	State Only
G	M		Family Planning - No other medical available.	Yes		NotAvl	State Only
G	S		Family Planning - No other medical available.	Yes		NotAvl	State Only
G	T		Family Planning - No other medical available.	No		NotAvl	State Only
G	X		Family Planning - No other medical available.	Yes		NotAvl	State Only
G	Y		Family Planning - No other medical available.	Yes		NotAvl	State Only
H	2		Eligible child living with legal guardian	Yes	CN	200110	
H	4			Yes		197912	
H	A		Medically Needy - Spenddown	Yes	MN	999999	T19
H	B		Medically Needy - No Spenddown	Yes	MN	199705	
H	C		Age Less then 19 with income at or below CNIL (not eligible for a grant)	Yes	CN	999999	T19
H	D			Yes		199411	
H	F			Yes		198102	
H	G			Yes		199502	
H	K		Institutionalized MN income above MNIL	Yes	MN	200106	
H	L		Institutionalized Med Needy with income between MNIL and CNIL	Yes	MN	999999	T19
H	M		< 1 YR income between 133- 200% FPL, 1-5YR between 133-200% FPL, 6-18 between 100-200% FPL	Yes	Exp Kids	999999	T19
H	N		Institutionalized Categorically Needy - Income at or below CNIL	Yes	CN	999999	T19

Exhibit 5-2
Washington State Mental Health Division
2005 Actuarial Rate Development
Eligiblity Matrix

Program	Match	Medical	Title	TitleXIX	Category	LastEligMonth	Funding
H	P			Yes		199302	
H	Q		<1 yr income between 133-200 % FPL, 1-5 yr between 133-200% FPL, 6-18 yr between 100-200% FPL, if more than 3 children per family	Yes	Exp Kids	999999	T19
H	R			Yes		199209	
H	S		< 1YR income above CNIL & <= 185% FPL, 6-18YR income above CNIL & <- 100% FPL	Yes	CN	999999	T19
H	T		Age 1-5 - income above CNIL and <= 133% FPL	Yes	CN	999999	T19
H	U		Institutionalized 18-21 (in shelter code 5)	Yes	CN	999999	T19
H	V			Yes		199907	
H	X			Yes		199407	
I	4			Yes		199603	
J	1			Yes		199306	
J	2			Yes		199306	
J	A		C pgm component of Family Independence Pgm	Yes	MN	199301	
J	B		C pgm component of Family Independence Pgm	Yes	MN	198910	
J	C			Yes		200311	State Only
J	D			Yes		199306	
J	H		C pgm component of Family Independence Pgm	Yes	MN	199306	
J	I			Yes		199306	
J	J			Yes		199306	
J	L		C pgm component of Family Independence Pgm	Yes	MN	199103	
J	S		Cervical and Breast Cancer Women	Yes	CN	999999	T19
J	T			Yes		199302	
J	X			Yes		199108	
J	Y			Yes		199403	
K	1		Federal Emergency Assistance - no medical	Yes	CN	200207	
K	2		Federal Emergency Assistance - no medical	Yes	CN	200207	
K	A			Yes		199603	
K	M			Yes		198105	
K	U			Yes		198305	
M	4			Yes		NotAvl	State Only
M	A			Yes		NotAvl	State Only
M	F			Yes		NotAvl	State Only
M	G		Medically Indigent	No		NotAvl	State Only
M	H			Yes		NotAvl	State Only
M	M			Yes		NotAvl	State Only
M	P		Institutionalized Clients meeting MI criteria	No		NotAvl	State Only
M	R		Detox only	Yes		NotAvl	State Only
M	T			Yes		NotAvl	State Only
M	U			Yes		NotAvl	State Only
N	C			No		InActv	State Only

Exhibit 5-2
Washington State Mental Health Division
2005 Actuarial Rate Development
Eligiblity Matrix

Program	Match	Medical	Title	TitleXIX	Category	LastEligMonth	Funding
N	N			Yes		198012	
N	S		CHIP - Children Health Insurance Program	Yes	CHIP	999999	T19
O	1			Yes		199306	
O	2			Yes		199306	
O	A			Yes		199311	
O	B			Yes		199303	
O	C			Yes		200110	
O	E		AFDC EFIP - Discontinued	Yes		999999	T19
O	I			Yes		199306	
O	S			Yes		199306	
O	T			Yes		199202	
O	U			Yes		199107	
O	X			Yes		199104	
O	Y			Yes		199305	
P	1		SSI grandfathered grant recipient or receiving additional reqs (or in institution w/part of CPI pd by state)	Yes	Disabled	999999	T19
P	2		Essential person (gran case converted in 1974)	Yes	Disabled	999999	T19
P	4			Yes	Disabled	198307	
P	A		Medically Needy - Spenddown	Yes	Disabled	999999	T19
P	B		Medically Needy - No Spenddown	Yes	Disabled	999999	T19
P	C		Categorically Needy - Income at or below CNIL (includes SSI grant)	Yes	Disabled	999999	T19
P	D		QMB only, not CN/MN	Yes	Disabled	200302	State Only
P	E		Expanded Specified Low-Income Medicare Beneficiary (SLMB)	No	Disabled	NotAvl	State Only
P	F			Yes	Disabled	198106	
P	G			Yes	Disabled	200411	T19
P	H		Insitutionalized Medically Needy - Income at or over SIL	Yes	Disabled	999999	T19
P	I			Yes	Disabled	198909	
P	J		Institutionalized Categorically Needy - Income under SIL	Yes	Disabled	999999	T19
P	K		Specified Low-income Medicare Beneficiary (SLMB)	No	Disabled	NotAvl	State Only
P	M			No	Disabled	InActv	State Only
P	N		Insitutionalized Categorically Needy - Income at or below CNIL - CPI not paid by state	Yes	Disabled	999999	T19
P	S		Categorically Needy - Income above CNIL but mandatory CN	Yes	Disabled	999999	T19
P	T		Disabled Adopt Spt Med Pgm	Yes	Disabled	200408	State Only
P	U		Disabled Non SSI	Yes	Disabled	999999	T19
P	W		Person Meeting Qualified Disabled Working Individual (QDWI) criteria only, not CN/MN	Yes	Disabled	200205	
P	X		Health Care for worker with Dis-Employed	Yes	Disabled	999999	T19
P	Y		Health Care for worker with Dis-Medically	Yes	Disabled	999999	T19
Q	1			Yes		199904	
Q	U		ITA inpatient not eligible under other medical assistance programs	No		NotAvl	State Only

Exhibit 5-2
Washington State Mental Health Division
2005 Actuarial Rate Development
Eligiblity Matrix

Program	Match	Medical	Title	TitleXIX	Category	LastEligMonth	Funding
R	1		Needy relative or adult	Yes	CN	999999	T19
R	2		Eligible Child	Yes	CN	999999	T19
R	A		Medically Needy - Spenddown	Yes	MN	999999	T19
R	B		Medically Needy - No Spenddown	Yes	MN	199512	
R	C		Categorically Needy - Income at or below CNIL not eligible for a grant	Yes	CN	999999	T19
R	H		Refugee - Unknown - Obsolete	Yes	CN	NotAvl	State Only
R	I		Refugee 4E Foster Care	Yes		200311	State Only
R	M		Refugee Medical Only	Yes		198111	
R	S		Refugee suspend case	Yes	CN	999999	T19
S	1		ABP or AFDC REL	Yes		198502	
S	2		DEP Adult ABP Pgm	Yes		198707	
S	A	0	Medically Needy pregnant women - Spenddown no medicare	Yes	MN	999999	T19
S	A	3	Medically Needy pregnant women - Spenddown alien	Yes	MN	999999	T19
S	A	6	Pregnant Women - Institution - Not Eligible for Medical Care	No	CN	NotAvl	State Only
S	A	P	Medically Needy - Spenddown - FP Only	Yes	CN	NotAvl	State Only
S	A	Z	Medically Needy - Spenddown - FP Only	Yes	CN	NotAvl	State Only
S	B		Medically Needy - No Spenddown	Yes	CN	199704	
S	C	0	Categorically Needy pregnant women - Income at or below CNIL no medicare	Yes	CN	999999	T19
S	C	1	Categorically Needy pregnant women - Income at or below CNIL medicare	Yes	CN	999999	T19
S	C	2	Categorically Needy pregnant women - Income at or below CNIL emergency	Yes	CN	999999	T19
S	C	3	Categorically Needy pregnant women - Income at or below CNIL alien	Yes	CN	999999	T19
S	C	6	Pregnant Women - Institution - Not Eligible for Medical Care	No	CN	NotAvl	State Only
S	C	P	Categorically Needy - Income at or below CNIL (not eligible for a grant) FP only	Yes	CN	NotAvl	State Only
S	C	T	Categorically Needy pregnant women - Income at or below CNIL BHP	Yes	CN	999999	T19
S	C	Z	Categorically Needy - Income at or below CNIL (not eligible for a grant) FP undoc	Yes	CN	NotAvl	State Only
S	I		GAU pregnant women	Yes		199703	
S	L		Title 4E Foster Care	Yes		199508	
S	N		MA CN INST ABC H Pr	Yes		200004	
S	S		Suspend case	Yes	CN	199704	
S	T	0	Categorically Needy pregnant women - income greater than CNIL; not more than 185% of FPL no medicare	Yes	CN	999999	T19
S	T	1	Categorically Needy pregnant women - income greater than CNIL; not more than 185% of FPL medicare	Yes	CN	999999	T19
S	T	2	Categorically Needy pregnant women - income greater than CNIL; not more than 185% of FPL emergency	Yes	CN	999999	T19

Exhibit 5-2
Washington State Mental Health Division
2005 Actuarial Rate Development
Eligiblity Matrix

Program	Match	Medical	Title	TitleXIX	Category	LastEligMonth	Funding
S	T	3	Categorically Needy pregnant women - income greater than CNIL; not more than 185% of FPL alien	Yes	CN	999999	T19
S	T	5	Categorically Needy pregnant women - income greater than CNIL; not more than 185% of FPL SLIMB	Yes	CN	999999	T19
S	T	6	Pregnant Women - Institution - Not Eligible For Medical Care	No	CN	NotAvl	State Only
S	T	7	Categorically Needy pregnant women - income greater than CNIL; not more than 185% of FPL QMB duals	Yes	CN	999999	T19
S	T	P	Categorically Needy pregnant women - income greater than CNIL; not more than 185% of FPL FP only	Yes	CN	NotAvl	State Only
S	T	T	Categorically Needy pregnant women - income greater than CNIL; not more than 185% of FPL BHP	Yes	CN	999999	T19
S	T	Z	Categorically Needy pregnant women - income greater than CNIL; not more than 185% of FPL FP undoc	Yes	CN	NotAvl	State Only
S	U		Pregnant women not eligible for AFDC	Yes	CN	199907	
T	1		SSI grant recipient in institution w/part of CPI pd by state	Yes	CN	999999	T19
T	2		Unknown	Yes	CN	NotAvl	State Only
T	A		Old Age - LCP MN SD	Yes	Disabled	199601	
T	E		Expanded Specified Low-Income Medicare Beneficiary (SLMB)	Yes	CN	NotAvl	State Only
T	G			Yes		200411	T19
T	H		Institutionalized Medically Needy - income at or over SIL	Yes	CN	999999	T19
T	J		CN-Related to SSI	Yes	CN	999999	T19
T	K		Specified Low-Income Medicare Beneficiary (SLMB)	Yes	CN	NotAvl	State Only
T	M		CN-SSI Foster Care	Yes	CN	200207	
T	N		Institutionalized SSI mbeneficiary - CPI not paid by state	Yes	CN	999999	T19
T	U		Non-SSI state hospital/Title 19 wing clients	Yes		199803	
U	4		Continuing GA - med only elig & BHP	Yes		NotAvl	State Only
U	G		Suspended grant - GAU Cases eligible for less than $10 (on in adult family home with income above CPI)	Yes		199702	
U	H		Incapacitated 18-year-olds (Eligible for federal match)	Yes		999999	T19
U	M		GAU - Med Only	Yes		NotAvl	State Only
U	P		Institutionalized Clients meeting "U" program criteria	Yes		199702	
U	U		All other GAU Cases	No		NotAvl	State Only
V	A		Child Hlth Pgm - LCP MN SD	Yes		NotAvl	State Only
V	C		Child Hlth Pgm - MA CN ABPRC Pgm	Yes		NotAvl	State Only
V	F		State funded - not eligible for federal program	Yes		199703	
V	M		Child Hlth Pgm - Med only	Yes		NotAvl	State Only
V	V		Child Hlth Pgm - Unknown	Yes		NotAvl	State Only
V	Z		State funded - undocumented alien children	Yes		NotAvl	State Only
W	1		Substance Abuse ABP Pgm or AFDC REL	Yes		NotAvl	State Only
W	R		Clients eligible for ADATSA medical only	No		NotAvl	State Only
W	T		Substance Abuse - Adopt Spt Med Pgm	Yes		NotAvl	State Only
W	U		Clients receiving assistance on the treatment of shelter track	No		NotAvl	State Only

Exhibit 5-2
Washington State Mental Health Division
2005 Actuarial Rate Development
Eligiblity Matrix

Program	Match	Medical	Title	TitleXIX	Category	LastEligMonth	Funding
X	1		Medicaid Expidited Disability - ABP Pgm or AFDC REL	Yes	Disabled	199811	
X	A		LCP MN SD	Yes	Disabled	199606	
X	C		MA CN ABPRC Pgm	Yes	Disabled	199702	
X	G		Suspended grant - X Cases eligible for less than $10 (or in adult family home with income above CPI)	Yes	Disabled	199703	
X	M		Medical Only	Yes	Disabled	197606	
X	P		INST M or U	Yes	Disabled	199608	
X	U		All other Presumptive SSI cases	Yes	Disabled	999999	T19

Exhibit 5-3
Washington State Mental Health Division
2005 Actuarial Rate Development
Department of Social and Health Services

Program, Match, Medcode Matrix

WASHINGTON STATE LOW-INCOME HEALTH PROGRAMS			
Categories	**Program**	**Match**	**Med Eligibility**
Medicaid CN Mandatory Programs			
Family Medical	C/E	C/N/Q/S/T/1/2	<>2, <>3
Aged	A/T	C/J/N/S/UT/1/2	0
Aged Dual Medicare	A/T	C/J/N/S/UT/1/2	<>0
Blind & Disabled	B/P/X	C/G/J/N/S/U/1/2	0
Blind & Disabled Dual Medicare	B/P/X	C/G/J/N/S/U/1/2	<>0
Pregnant Women	S	C/S/T/U	<>P,<>Z,<>2,<>3
Nongrant Children	H	C/N/S/T/U/2	Any
Foster Care & Adoption Support	D	Any	Any
QMB, SLMB, ESLMB Cost-Sharing Only			
Pure QMB	A/B/P/T	D	1/8
Pure SLMB	A/B/P/T	K	1
Pure Enhanced SLMB	A/B/P/T	E	1
Pure QDWI	B/P	W	Any
Refugee	R	Any	Any
Medicaid Optional Programs			
CN Optional Children	H	M	Any
MN Aged	A/T	A/B/H/D/K/E	0
MN Aged Dual Medicare	A/T	A/B/H	<>0
	A/T	D	<>0,<>1,<>8
	A/T	K/E	<>0,<>1
MN Blind & Disabled	B/P/X	A/B/H/D/K/E	0
MN Blind & Disabled Dual Medicare	B/P/X	A/B/H	<>0
	B/P/X	D	<>0,<>1,<>8
	B/P/X	K/E	<>0,<>1
MN Other (Children and Pregnant Women)	C/E/S	A/B/K/L	<>2,<>3
	H	A/B/K/L	Any
Family Planning Only	S	Any	P,Z
Breast and Cervical Cancer	J	Any	Any
Medicaid Buy-In			
Take Charge Family Planning Waiver	G	Any	Any
Children's Programs			
CHP	V	Any	Any
SCHIP	N	Any	Any
State Funded Programs			
MCS GAU	Q/U	Any	Any
MCS ADATSA	W	Any	Any
Family Medical for Aliens	C/E	Any	2/3
Pregnancy Coverage for Aliens	S	Any	2/3
Medically Indigent	M	Any	Any

Appendix 6
Unit Cost Survey Data

Exhibit 6-1
Washington State Mental Health Division
2004 Unit Cost Survey
Unit Cost Development
Professional Hourly Rate Buildup
Nominal Salary by Professional Designation -- Outpatient and Crisis Surveys

Actual Survey Data by RSN

Professional Designation	*Statewide 20th Percentile*	*Statewide Average*	*Statewide 80th Percentile*	*Chelan-Douglas*	*Clark*	*Grays Harbor*	*Greater Columbia*	*King*	*North Central*	*North Sound*	*North-eastern*	*Peninsula*	*Pierce*	*South-west*	*Spokane*	*Thurston Mason*	*Timber-lands*
Psychiatrists/MDs	$114,870	$144,942	$171,370	$165,986	$142,390	$0	$173,478	$140,211	$152,903	$114,870	$0	$147,124	$154,033	$187,544	$136,689	$128,136	$118,807
ARPNs/PAs	68,250	77,891	87,328	0	56,774	83,912	74,557	85,910	73,895	71,331	74,680	85,442	97,472	35,534	72,549	80,043	0
RNs/LPNs	40,392	48,120	58,024	53,697	41,277	0	45,308	56,333	47,399	45,797	28,743	44,429	49,971	26,896	40,392	56,940	59,360
PhD and Masters-Level	33,079	39,077	43,828	32,682	35,470	31,938	40,557	34,990	50,955	33,033	44,262	40,895	43,535	37,306	34,997	36,756	41,059
Below Masters Level Providers	27,275	30,723	34,217	31,479	30,324	30,371	30,253	28,794	46,938	28,558	28,362	31,467	37,800	24,781	25,003	28,875	31,616
Peer Counselors	23,712	25,058	25,401	23,340	25,152	0	20,175	25,401	0	0	0	0	0	0	23,712	0	0

Adjusted

Psychiatrists/MDs	$165,986	$142,390	$144,942	$171,370	$140,211	$152,903	$114,870	$144,942	$147,124	$154,033	$171,370	$136,689	$128,136	$118,807
ARPNs/PAs	$77,891	$68,250	$83,912	$74,557	$85,910	$73,895	$71,331	$74,680	$85,442	$87,328	$68,250	$72,549	$80,043	$77,891
RNs/LPNs	$53,697	$41,277	$48,120	$45,308	$56,333	$47,399	$45,797	$40,392	$44,429	$49,971	$40,392	$40,392	$56,940	$58,024
PhD and Masters-Level	$33,079	$35,470	$33,079	$40,557	$34,990	$43,828	$33,079	$43,828	$40,895	$43,535	$37,306	$34,997	$36,756	$41,059
Below Masters Level Providers	$31,479	$30,324	$30,371	$30,253	$28,794	$34,217	$28,558	$28,362	$31,467	$34,217	$27,275	$27,275	$28,875	$31,616
Peer Counselors	$23,712	$25,152	$25,058	$23,712	$25,401	$25,058	$25,058	$25,058	$25,058	$25,058	$25,058	$23,712	$25,058	$25,058

Exhibit 6-2
Washington State Mental Health Division
2004 Unit Cost Survey
Unit Cost Development
Professional Hourly Rate Buildup
Benefit and Payroll Tax Load

Actual Survey Data by RSN

Professional Designation	*Statewide 20th Percentile*	*Statewide Average*	*Statewide 80th Percentile*	*Chelan-Douglas*	*Clark*	*Grays Harbor*	*Greater Columbia*	*King*	*North Central*	*North Sound*	*North-eastern*	*Peninsula*	*Pierce*	*South-west*	*Spokane*	*Thurston Mason*	*Timber-lands*
Psychiatrists/MDs	16.3%	21.7%	27.0%	17.0%	23.3%		23.1%	21.8%	12.7%	19.5%		15.2%	18.0%	31.5%	23.4%	29.2%	22.6%
ARPNs/PAs	16.8%	22.2%	26.4%		23.1%	28.0%	23.1%	21.8%	21.3%	16.4%	16.8%	17.5%	23.9%	29.5%	22.5%	30.4%	
RNs/LPNs	23.0%	24.6%	28.0%	23.0%	23.1%		23.3%	25.4%	28.6%	30.7%	18.9%	23.4%	26.7%	29.7%	22.8%	31.9%	23.0%
PhD and Masters-Level	23.0%	25.4%	28.7%	23.2%	23.2%	28.0%	23.1%	25.8%	26.0%	28.5%	18.0%	23.9%	26.9%	30.7%	25.9%	28.1%	23.5%
Below Masters Level Providers	23.0%	26.5%	30.5%	28.0%	23.3%	28.0%	23.3%	27.7%	28.3%	29.1%	23.6%	25.4%	27.3%	27.0%	24.9%	29.4%	24.9%
Peer Counselors	19.6%	21.7%	23.3%	28.4%	22.9%		25.2%	22.5%							14.8%		

Applied

Psychiatrists/MDs				17.0%	23.3%	16.3%	23.1%	21.8%	16.3%	19.5%	16.3%	16.3%	18.0%	27.0%	23.4%	27.0%	22.6%
ARPNs/PAs				16.8%	23.1%	26.4%	23.1%	21.8%	21.3%	16.8%	16.8%	17.5%	23.9%	26.4%	22.5%	26.4%	16.8%
RNs/LPNs				23.0%	23.1%	23.0%	23.3%	25.4%	28.0%	28.0%	23.0%	23.4%	26.7%	28.0%	23.0%	28.0%	23.0%
PhD and Masters-Level				23.2%	23.2%	28.0%	23.1%	25.8%	26.0%	28.5%	23.0%	23.9%	26.9%	28.7%	25.9%	28.1%	23.5%
Below Masters Level Providers				28.0%	23.3%	28.0%	23.3%	27.7%	28.3%	29.1%	23.6%	25.4%	27.3%	27.0%	24.9%	29.4%	24.9%
Peer Counselors				23.3%	22.9%	19.6%	23.3%	22.5%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%

Exhibit 6-3
Washington State Mental Health Division
2004 Unit Cost Survey
Unit Cost Development
Professional Hourly Rate Buildup
Hours per FTE Equivalent (Outpatient Services)

Actual Survey Data by RSN

Professional Designation	*Statewide 15th Percentile*	*Statewide Average*	*Statewide 85th Percentile*	*Chelan-Douglas*	*Clark*	*Grays Harbor*	*Greater Columbia*	*King*	*North Central*	*North Sound*	*North-eastern*	*Peninsula*	*Pierce*	*South-west*	*Spokane*	*Thurston Mason*	*Timber-lands*
Psychiatrists/MDs	659	922	1,249	700	1,650		1,013	951	462	778		730	1,071	1,169	677	644	785
ARPNs/PAs	666	859	1,071		1,067	786	792	861	646	693	462	895	1,066	963	842	654	
RNs/LPNs	363	624	846	1,020	695		581	721	499	609	363	655	692	962	369	653	766
PhD and Masters-Level	510	680	896	627	901	604	562	710	772	506	494	698	749	1,047	768	522	685
Below Masters Level Providers	529	719	983	798	1,098	745	617	724	744	546	877	739	801	1,065	587	416	942
Peer Counselors	637	777	867	480	582		1,234	1,039							780		

Exhibit 6-4
Washington State Mental Health Division
2004 Unit Cost Survey
Unit Cost Development
Professional Hourly Rate Buildup
Hours per FTE Equivalent (Crisis Services)

Actual Survey Data by RSN

Professional Designation	*Statewide 20th Percentile*	*Statewide Average**	*Statewide 85th Percentile*	*Chelan-Douglas*	*Clark*	*Grays Harbor*	*Greater Columbia*	*King*	*North Central*	*North Sound*	*North-eastern*	*Peninsula*	*Pierce*	*South-west*	*Spokane*	*Thurston Mason*	*Timber-lands*
Psychiatrists/MDs	349	745	1,110		1,110			1,248		349				1,170	753		
ARPNs/PAs	470	803	1,374		1,374		470						1,172		646		
RNs/LPNs	262	396	634				1,025	381					262	1,170	259		
PhD and Masters-Level	346	509	671	614	451		411	674		411		420	2,786	501	391		
Below Masters Level Providers	236	538	736		325		492			447		577	2,295	470	236		

* Due to Credibility Issues surrounding Crisis, the midpoint between 20th and 80th percentiles has been substituted for "average."

Exhibit 6-5
Washington State Mental Health Division
2004 Unit Cost Survey
Unit Cost Development
Professional Hourly Rate Buildup
Hourly Rates (Outpatient)

Actual Survey Data by RSN

Professional Designation	*Statewide 20th Percentile*	*Statewide Average*	*Statewide 80th Percentile*	*Chelan-Douglas*	*Clark*	*Grays Harbor*	*Greater Columbia*	*King*	*North Central*	*North Sound*	*North-eastern*	*Peninsula*	*Pierce*	*South-west*	*Spokane*	*Thurston Mason*	*Timber-lands*
Psychiatrists/MDs	$148.49	$191.38	$225.90	$277.52	$106.36		$217.76	$174.17	$373.46	$191.01		$225.10	$177.46	$206.42	$246.60	$244.93	$186.28
ARPNs/PAs	$102.83	$111.10	$127.35		$68.77	$136.72	$113.72	$117.79	$136.27	$113.77	$188.82	$118.90	$115.63	$66.68	$98.72	$157.94	
RNs/LPNs	$69.44	$93.32	$120.39	$64.78	$75.52		$109.84	$84.29	$136.20	$98.23	$94.16	$82.94	$81.15	$51.25	$133.25	$107.99	$87.91
PhD and Masters-Level	$52.98	$69.98	$84.34	$75.19	$47.83	$67.63	$91.11	$65.57	$88.52	$87.34	$85.03	$72.53	$72.37	$48.88	$56.35	$88.60	$72.97
Below Masters Level Providers	$37.70	$53.45	$66.79	$49.97	$31.31	$52.17	$60.92	$51.46	$87.49	$71.89	$39.30	$52.03	$53.77	$33.14	$52.68	$89.53	$40.13
Peer Counselors	$25.89	$39.27	$48.65	$62.42	$52.75		$20.47	$30.90							$34.90		

Adjusted Historical [Adjusted Salary from Exhibit 1 × Benefit Load, Exhibit 2] / [Statewide Average OP Productivity, Exhibit 3]

Psychiatrists/MDs				$210.77	$190.49	$182.86	$228.84	$185.32	$192.90	$148.97	$182.86	$185.61	$197.22	$236.15	$182.99	$176.58	$158.04
ARPNs/PAs				$105.96	$97.82	$123.57	$106.93	$121.92	$104.43	$97.04	$101.63	$116.92	$126.00	$100.51	$103.51	$117.88	$105.96
RNs/LPNs				$105.86	$81.43	$94.84	$89.52	$113.19	$97.22	$93.93	$79.61	$87.87	$101.48	$82.85	$79.61	$116.79	$114.36
PhD and Masters-Level				$59.98	$64.29	$62.30	$73.46	$64.75	$81.24	$62.54	$79.32	$74.52	$81.26	$70.67	$64.81	$69.29	$74.61
Below Masters Level Providers				$56.05	$52.03	$54.08	$51.87	$51.15	$61.08	$51.30	$48.78	$54.90	$60.61	$48.18	$47.39	$51.97	$54.94
Peer Counselors				$37.60	$39.77	$38.54	$37.60	$40.01	$38.54	$38.54	$38.54	$38.54	$38.54	$38.54	$36.47	$38.54	$38.54

Exhibit 6-6
Washington State Mental Health Division
2004 Unit Cost Survey
Unit Cost Development
Professional Hourly Rate Buildup
Hourly Rates (Crisis)

Actual Survey Data by RSN

Professional Designation	*Statewide 20th Percentile*	*Statewide Average*	*Statewide 80th Percentile*	*Chelan-Douglas*	*Clark*	*Grays Harbor*	*Greater Columbia*	*King*	*North Central*	*North Sound*	*North-eastern*	*Peninsula*	*Pierce*	*South-west*	*Spokane*	*Thurston Mason*	*Timber-lands*
Psychiatrists/MDs	$161.12	$212.94	$407.06		$161.12			$90.54		$407.06				$168.79	$226.24		
ARPNs/PAs	$51.22	$105.41	$180.37		$51.22		$180.37						$81.90		$136.35		
RNs/LPNs	$68.68	$193.04	$260.71				$68.68	$214.55					$283.34	$26.44	$260.71		
PhD and Masters-Level	$13.78	$92.33	$148.19	$109.49	$107.47		$169.25	$97.82		$137.14		$136.65	$18.98	$97.58	$135.78		
Below Masters Level Providers	$20.33	$38.95	$20.33		$138.66		$83.37			$144.86		$64.47	$21.90	$63.02	$143.14		

Adjusted Historical [Adjusted Salary from Exhibit 1 × Benefit Load, Exhibit 2] / [Statewide Average Crisis Productivity, Exhibit 4]

Psychiatrists/MDs	$260.74	$235.64	$226.21	$283.08	$229.25	$238.63	$184.28	$226.21	$229.61	$243.97	$292.13	$226.37	$218.43	$195.50
ARPNs/PAs	$113.29	$104.59	$132.12	$114.33	$130.36	$111.65	$103.75	$108.66	$125.01	$134.72	$107.46	$110.67	$126.03	$113.29
RNs/LPNs	$166.83	$128.32	$149.46	$141.08	$178.38	$153.21	$148.03	$125.46	$138.48	$159.92	$130.56	$125.46	$184.05	$180.23
PhD and Masters-Level	$80.16	$85.93	$83.27	$98.19	$86.54	$108.58	$83.60	$106.01	$99.61	$108.61	$94.45	$86.62	$92.61	$99.72
Below Masters Level Providers	$74.91	$69.54	$72.28	$69.33	$68.36	$81.64	$68.56	$65.19	$73.37	$81.01	$64.40	$63.35	$69.46	$73.43

Exhibit 6-7
Washington State Mental Health Division
2004 Unit Cost Survey
Unit Cost Development
Professional Hourly Rate Buildup
Additional Support Costs

				Actual Survey Data by RSN													
Cost Category	*Statewide 40th Percentile*	*Statewide Median*	*Statewide 60th Percentile*	*Chelan-Douglas*	*Clark*	*Grays Harbor*	*Greater Columbia*	*King*	*North Central*	*North Sound*	*North-eastern*	*Peninsula*	*Pierce*	*South-west*	*Spokane*	*Thurston Mason*	*Timber-lands*
Direct Service Support	18.7%	24.1%	26.6%	42.4%	30.3%	63.2%	27.3%	23.2%	43.9%	47.2%	28.1%	35.5%	46.4%	25.3%	25.8%	20.5%	21.3%
Administrative Support	14.9%	18.1%	20.3%	10.9%	9.8%	26.1%	12.8%	14.8%	19.8%	14.0%	18.0%	15.9%	10.5%	18.0%	11.1%	20.3%	17.4%
Program and Operating Expense	28.3%	33.6%	38.5%	25.9%	27.9%	18.7%	30.7%	44.3%	28.6%	27.6%	44.6%	25.0%	27.1%	12.5%	22.6%	20.3%	25.5%
Total	61.8%	75.8%	85.3%	79.1%	68.0%	108.1%	70.8%	82.3%	92.3%	88.9%	90.7%	76.3%	84.0%	55.8%	59.5%	61.0%	64.3%
				Adjusted													
Total Support Costs				79.1%	68.0%	85.3%	70.8%	82.3%	85.3%	85.3%	85.3%	76.3%	84.0%	61.8%	61.8%	61.8%	64.3%

* Figures are computed as a percentage of salary and benefit expenditures.

Exhibit 6-8
Washington State Mental Health Division
2004 Unit Cost Survey
Unit Cost Development
Professional Hourly Rate Buildup
Fully Loaded Rates (Outpatient)

Professional Designation	Statewide 20th Percentile	Statewide Average	Statewide 80th Percentile	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-eastern	Peninsula	Pierce	South-west	Spokane	Thurston Mason	Timber-lands
Actual Survey Data by RSN																	
Psychiatrists/MDs	$293.15	$356.50	$434.73	$609.30	$173.82	$0.00	$396.64	$347.42	$732.18	$371.46	$0.00	$342.18	$341.12	$334.92	$423.12	$406.88	$329.08
ARPNs/PAs	$163.27	$216.98	$263.06	$0.00	$109.61	$323.33	$202.37	$246.15	$270.34	$226.25	$372.75	$185.30	$251.50	$101.41	$171.07	$270.87	$0.00
RNs/LPNs	$101.79	$165.98	$217.20	$142.24	$121.34	$0.00	$188.84	$168.20	$288.38	$208.64	$208.78	$134.35	$159.79	$78.01	$230.35	$193.55	$153.57
PhD and Masters-Level	$94.14	$133.97	$174.74	$144.50	$82.71	$159.94	$170.76	$129.51	$185.38	$176.78	$172.16	$143.52	$152.00	$78.13	$95.13	$146.85	$123.82
Below Masters Level Providers	$66.76	$102.21	$131.50	$98.46	$58.27	$123.37	$109.45	$97.76	$181.08	$153.46	$80.40	$104.98	$109.75	$54.13	$91.57	$149.51	$69.20
Peer Counselors	$34.54	$75.49	$91.70	$137.04	$86.46	$0.00	$32.83	$65.91	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$85.74	$0.00	$0.00
Adjusted																	
Psychiatrists/MDs				$377.52	$320.00	$338.87	$390.80	$337.81	$357.48	$276.07	$338.87	$327.23	$362.96	$382.14	$296.12	$285.73	$259.57
ARPNs/PAs				$189.79	$164.33	$229.00	$182.61	$222.25	$193.52	$179.83	$188.34	$206.14	$231.89	$162.64	$167.49	$190.74	$174.04
RNs/LPNs				$189.61	$136.79	$175.76	$152.88	$206.33	$180.16	$174.07	$147.53	$154.92	$186.76	$134.06	$128.82	$188.98	$187.84
PhD and Masters-Level				$107.43	$108.01	$115.45	$125.46	$118.02	$150.54	$115.91	$146.99	$131.39	$149.54	$114.35	$104.87	$112.12	$122.55
Below Masters Level Providers				$100.39	$87.40	$100.21	$88.58	$93.23	$113.19	$95.06	$90.39	$96.78	$111.55	$77.96	$76.69	$84.10	$90.24
Peer Counselors				$67.35	$66.80	$71.43	$64.22	$72.94	$71.43	$71.43	$71.43	$67.95	$70.93	$62.37	$59.02	$62.37	$63.31
Implied Area Factors																	
Psychiatrists/MDs				1.06	0.90	0.95	1.10	0.95	1.00	0.77	0.95	0.92	1.02	1.07	0.83	0.80	0.73
ARPNs/PAs				0.87	0.76	1.06	0.84	1.02	0.89	0.83	0.87	0.95	1.07	0.75	0.77	0.88	0.80
RNs/LPNs				1.14	0.82	1.06	0.92	1.24	1.09	1.05	0.89	0.93	1.13	0.81	0.78	1.14	1.13
PhD and Masters-Level				0.80	0.81	0.86	0.94	0.88	1.12	0.87	1.10	0.98	1.12	0.85	0.78	0.84	0.91
Below Masters Level Providers				0.98	0.86	0.98	0.87	0.91	1.11	0.93	0.88	0.95	1.09	0.76	0.75	0.82	0.88
Peer Counselors				0.89	0.88	0.95	0.85	0.97	0.95	0.95	0.95	0.90	0.94	0.83	0.78	0.83	0.84
Normalized Area Factors																	
Psychiatrists/MDs				1.13	0.96	1.02	1.17	1.01	1.07	0.83	1.02	0.98	1.09	1.15	0.89	0.86	0.78
ARPNs/PAs				0.97	0.84	1.17	0.93	1.13	0.99	0.92	0.96	1.05	1.18	0.83	0.85	0.97	0.89
RNs/LPNs				1.10	0.79	1.02	0.89	1.20	1.05	1.01	0.86	0.90	1.08	0.78	0.75	1.10	1.09
PhD and Masters-Level				0.88	0.88	0.94	1.02	0.96	1.23	0.94	1.20	1.07	1.22	0.93	0.85	0.91	1.00
Below Masters Level Providers				1.07	0.93	1.07	0.95	1.00	1.21	1.02	0.97	1.03	1.19	0.83	0.82	0.90	0.96
Peer Counselors				0.99	0.98	1.05	0.94	1.07	1.05	1.05	1.05	1.00	1.04	0.91	0.86	0.91	0.93

Exhibit 6-9
Washington State Mental Health Division
2004 Unit Cost Survey
Unit Cost Development
Professional Hourly Rate Buildup
Fully Loaded Rates (Crisis)

		Modeled Based on OP		***Actual Survey Data by RSN***													
Professional Designation	*Statewide 40th Percentile*	*Statewide Average*	*Statewide 60th Percentile*	*Chelan-Douglas*	*Clark*	*Grays Harbor*	*Greater Columbia*	*King*	*North Central*	*North Sound*	*North-eastern*	*Peninsula*	*Pierce*	*South-west*	*Spokane*	*Thurston Mason*	*Timber-lands*
Psychiatrists/MDs	$347.66	$422.80	$515.58	$0.00	$242.11	$0.00	$0.00	$111.53	$0.00	$741.01	$0.00	$0.00	$0.00	$245.86	$341.30	$0.00	$0.00
ARPNs/PAs	$193.64	$257.33	$311.98	$0.00	$76.97	$0.00	$249.22	$0.00	$0.00	$0.00	$0.00	$0.00	$128.77	$0.00	$205.69	$0.00	$0.00
RNs/LPNs	$120.72	$196.84	$257.60	$0.00	$0.00	$0.00	$94.89	$524.01	$0.00	$0.00	$0.00	$0.00	$444.18	$38.52	$393.30	$0.00	$0.00
PhD and Masters-Level	$111.65	$158.88	$207.24	$174.85	$161.50	$0.00	$240.69	$214.56	$0.00	$252.12	$0.00	$223.41	$29.81	$142.14	$196.55	$0.00	$0.00
Below Masters Level Providers	$79.18	$121.22	$155.95	$0.00	$208.36	$0.00	$122.55	$0.00	$0.00	$273.39	$0.00	$110.26	$34.35	$91.79	$215.93	$0.00	$0.00
Peer Counselors																	
				Adjusted													
Psychiatrists/MDs				$467.01	$395.85	$419.20	$483.43	$417.89	$442.22	$341.51	$419.20	$404.80	$449.00	$472.72	$366.31	$353.46	$321.10
ARPNs/PAs				$202.92	$175.70	$244.84	$195.25	$237.62	$206.91	$192.27	$201.37	$220.40	$247.93	$173.89	$179.08	$203.94	$186.08
RNs/LPNs				$298.82	$215.57	$276.98	$240.93	$325.15	$283.92	$274.33	$232.50	$244.14	$294.32	$211.27	$203.01	$297.82	$296.02
PhD and Masters-Level				$143.58	$144.36	$154.31	$167.68	$157.75	$201.22	$154.92	$196.46	$175.61	$199.87	$152.84	$140.16	$149.86	$163.80
Below Masters Level Providers				$134.18	$116.82	$133.94	$118.40	$124.61	$151.29	$127.06	$120.81	$129.36	$149.10	$104.20	$102.50	$112.40	$120.61
Peer Counselors																	
				Implied Area Factors													
Psychiatrists/MDs				1.10	0.94	0.99	1.14	0.99	1.05	0.81	0.99	0.96	1.06	1.12	0.87	0.84	0.76
ARPNs/PAs				0.79	0.68	0.95	0.76	0.92	0.80	0.75	0.78	0.86	0.96	0.68	0.70	0.79	0.72
RNs/LPNs				1.52	1.10	1.41	1.22	1.65	1.44	1.39	1.18	1.24	1.50	1.07	1.03	1.51	1.50
PhD and Masters-Level				0.90	0.91	0.97	1.06	0.99	1.27	0.98	1.24	1.11	1.26	0.96	0.88	0.94	1.03
Below Masters Level Providers				1.11	0.96	1.10	0.98	1.03	1.25	1.05	1.00	1.07	1.23	0.86	0.85	0.93	0.99

Exhibit 6-10
Washington State Mental Health Division
2004 Unit Cost Survey
Unit Cost Development
Professional Hourly Rate Buildup
Fully Loaded Rates (Outpatient), Enhanced for Productivity

				Actual Survey Data by RSN													
Professional Designation	*Statewide 20th Percentile*	*Statewide Average*	*Statewide 80th Percentile*	*Chelan-Douglas*	*Clark*	*Grays Harbor*	*Greater Columbia*	*King*	*North Central*	*North Sound*	*North-eastern*	*Peninsula*	*Pierce*	*South-west*	*Spokane*	*Thurston Mason*	*Timber-lands*
Psychiatrists/MDs		$263.05															
ARPNs/PAs		$173.94															
RNs/LPNs		$122.44															
PhD and Masters-Level		$101.62															
Below Masters Level Providers		$74.75															
Peer Counselors		$67.66															

Exhibit 6-11
Washington State Mental Health Division
2004 Unit Cost Survey
Unit Cost Development
Professional Hourly Rate Buildup
Fully Loaded Rates (Crisis), Enhanced for Productivity

	Modeled Based on OP			***Actual Survey Data by RSN***													
Professional Designation	*Statewide 40th Percentile*	*Statewide Average*	*Statewide 60th Percentile*	*Chelan-Douglas*	*Clark*	*Grays Harbor*	*Greater Columbia*	*King*	*North Central*	*North Sound*	*North-eastern*	*Peninsula*	*Pierce*	*South-west*	*Spokane*	*Thurston Mason*	*Timber-lands*
Psychiatrists/MDs		$320.41															
ARPNs/PAs		$195.01															
RNs/LPNs		$149.17															
PhD and Masters-Level		$120.40															
Below Masters Level Providers		$91.86															
Peer Counselors																	

Exhibit 6-12
Washington State DSHS
Mental Health Division
Unit Cost Work Group
Agency Information

Name of Agency:	**ABC Agency**
Name of Facility *(if different)* :	**XYZ Facility**
Address:	**123 Main Street**
City, State, ZIP:	**Seattle, WA 98101**
Subordinate to RSN:	**King County**
Contact Name:	**Don Smith**
Contact Phone Number:	**555-555-9999**
Business Unit Description:	**Outpatient Facility**
Business Unit's Major Focus:	**Outpatient Services**
RUID:	**0001**

In addition to the business unit's major focus, does this survey include costs for…

	Yes	No
Residential per diem Services?	☐	☑
Clubhouse services?	☐	☑
High-Intensity Treatment?	☐	☑
Respite Care?	☐	☑
Evaluation and Treatment Facility?	☐	☑
Stabilization Services?	☐	☑

If group therapy was provided…

What was the average size of the group?	N/A
Total annual ***staff*** hours spent providing group:	

If Day Support is provided…

What is the average ratio of clients to staff members?	N/A
Total annual ***client*** hours provided:	

Enter any comments or explanations here.

Exhibit 6-12
Washington State DSHS
Mental Health Division
Unit Cost Work Group
Staffing Survey

Organization Name:	**ABC Agency**
Name of Facility:	**XYZ Facility**
Business Unit Description:	**Outpatient Facility**
RSN:	**King County**
Contact Name:	**Don Smith**
Contact Phone Number:	**555-555-9999**

For services provided 1/1/04 – 12/31/04

Staff and Productivity. Try to include information for all staff, for all activities
- Include time "off-site", i.e. visiting patients at home, school, hospitals, etc.
- Include services provided to all clients, including insured, private-pay and non-paying clients
- A "billable/codable" hour is any service or modality which can/should be reported to either Medicaid or other third party payer
- Report only the clinical FTEs (as an example, this would include the pro-rata salary for administrators who serve as clinicians part-time)
- Report the FTEs of staff under "Residential/E&T Staff/Other Per Diem Staff", to the extent that services are included in the per diem rate of the care, and not billable separately.

		Staff Employees				Contracted Providers		Residential/ E&T/Other Per Diem Staff
	Provider Type	*FTEs*	*Total Salary and Bonus*	*Total Benefits/ Payroll Taxes*	*Billed Staff Hours*	*Amount Paid*	*Billed Contractor Hours*	*FTEs*
Services for Adults	Psychiatrists/MDs							
	ARNPs/PAs							
	RNs/LPNs							
	PhD- and Masters-Level Providers							
	Mental Health Specialists							
	Below Masters Level Providers							
	Peer Counselors							

Total Facility Beds:	
Number of Mental Health Beds:	
Average number of Mental Health-Occupied Beds:	
(For Non-residential/Non-E&T) Number of client days:	

	Provider Type							
Services for Children	Psychiatrists/MDs							
	ARNPs/PAs							
	RNs/LPNs							
	PhD- and Masters-Level Providers							
	Mental Health Specialists							
	Below Masters Level Providers							
	Peer Counselors							

Total Facility Beds:	
Number of Mental Health Beds:	
Average number of Mental Health-Occupied Beds:	
(For Non-residential/Non-E&T) Number of client days:	

Age Range for Children:	
Minimum Age:	0
Maximum Age:	21

Exhibit 6-12
Washington State DSHS
Mental Health Division
Unit Cost Work Group
Financial/Expenditure Survey

Organization Name: **ABC Agency**
Name of Facility: **XYZ Facility**
Business Unit Description: **Outpatient Facility**
RSN: **King County**
Contact Name: **Don Smith**
Contact Phone Number: **555-555-9999**

Expenditure Type	**Incurred Expenses 1/1/04 – 12/31/04**	
	Non-Residential	*Residential/E&T/Other*
Mental Health Related Expenditures		
Salaries and wages (including providers listed on page 2, as well as all other staff)		
Clinical Staff (corresponding to staff members considered on Page 2)		
Total Salary and Bonus		
Benefits and Payroll Taxes		
Direct Service Support Staff/Non-billable Clinical [1]		
Total Salary and Bonus		
Benefits and Payroll Taxes		
Administrative Staff [2]		
Total Salary and Bonus		
Benefits and Payroll Taxes		
Care to clients purchased, either under fee-for-service, case- or capitation-based *(including contracted care on Page 2)*		
Purchased Residential Days: ☐ (days) ☐ Including ☐ Excluding Room and Board		
Operating Expenses		
Occupancy Expenses (Rent, Depreciation,Utilities,Taxes,Haz. Ins.,Maintenance,In-kind,**excluding Client Room & Board**)		
Program Expenses (Travel, Office Supplies, Professional Insurance, In-kind)		
Client Room and Board expenses, including Laundry		
Non-Mental Health- Related Expenses		
Direct Expenses		
Indirect Expenses		

[1] Please provide a description of Direct Service Support Staff/Non-billable Clinical services in the box below:

Direct Service Support Staff incur costs in the process of providing services and activities for clients. Direct services support costs do not include costs for services directly provided to clients. Examples of Direct Service Support activities are: development of placement criteria, conducting utilization management activities, an independent quality review team function, and other quality assurance functions; costs incurred for the maintenance of a patient tracking system for service recipients, all other information services development and reporting functions; costs for consultation, education and public information activities. (Please see BARS supplemental for more detail.)

2 Administrative staff include contracting, fiscal and contract monitoring, accounting, general clerical support, legal, facility, activities of the Board of Directors and similar operating staff costs. (Please see BARS supplemental for more detail.)

Exhibit 6-12
Washington State DSHS
Mental Health Division
Unit Cost Work Group
Error Report

Organization Name: **ABC Agency**
Name of Facility: **XYZ Facility**
Business Unit Description: **Outpatient Facility**
RSN: **King County**
Contact Name: **Don Smith**
Contact Phone Number: **555-555-9999**

Base salary data within expected range:	OK
Benefits and Payroll Taxes	OK
Staff Hours within expected range:	OK
Contracted Rates within expected range:	OK
Unassigned Staff Salary	OK
Unassigned Staff Hours	OK
Unassigned Contractor Dollars	OK
Purchased Residential Days	OK
Residential/E&T/Other Staff	OK
Staff Employees and Expenses	OK
Complete Contact Information	OK
Page 1 Questions	OK
Contracted Care	OK
Group Therapy	OK
Day Support	OK

Exhibit 6-13a
Washington State Mental Health Division
2005 Actuarial Rate Development
CY2004 Per Diem Services Unit Costs
Residential Facilities

Reporting Unit ID	*Name of Facility*	*RSN*	*Cost*
5	Chelan-Douglas Behavioral Health Center	Chelan-Douglas	$45.40
14	Columbia River Mental Health Services	Clark County	$102.30
195	Evergreen Retirement Inn	Clark County	$45.40
8010	Ridgefield Living Center	Clark County	$45.40
228	Behavioral Health Resources	Grays Harbor	$155.54
63	Whitman County MH Center	Greater Columbia	$45.40
64	Central WA Comprehensive MH Inc	Greater Columbia	$88.00
73	Lourdes Counseling Center	Greater Columbia	$88.00
181	Palouse Care	Greater Columbia	$45.40
185	Group Home	Greater Columbia	$88.44
187	Patit Creek	Greater Columbia	$45.40
188	Sunnyside Residential	Greater Columbia	$87.99
8012	Chenowith House	Greater Columbia	$45.40
8016	Gleed Orchard Manor	Greater Columbia	$47.08
8018	Buena Pathways	Greater Columbia	$139.38
8019	Crisis Triage Center	Greater Columbia	$190.66
8020	Brendas Elder Day Care	Greater Columbia	$45.40
21	Community House	King	$45.40
22	Community Psychiatric Clinic	King	$50.08
27	Highline-West Seattle MH Center	King	$118.00
29	Seattle Children's Home	King	$45.40
33	Seattle Mental Health Institute	King	$122.62
148	Transitional Resources	King	$93.64
174	Ovenell's	North Sound	$43.03
175	Aurora House	North Sound	$122.42
8022	Greenhouse	North Sound	$126.32
8026	Haven House	North Sound	$114.50
8029	Lake Whatcom Residential & Treatment Center	North Sound	$37.69
8030	Everett Madison House	North Sound	$35.70
192	Second Street House	Peninsula	$54.06
193	Burwell House	Peninsula	$215.01
208	Independence Inn	Pierce	$172.37
8049	Park Place	Pierce	$72.78
8050	Luckett House	Pierce	$93.51
8051	Seeley Lake Lodge	Pierce	$165.66
8052	Intensive Supported Living	Pierce	$56.68
119	SL Start	Southwest	$45.40
156	Blair House	Spokane	$40.91
157	Grande Manor Care	Spokane	$59.20
158	Hilltop Center	Spokane	$39.81
160	Memory Lane Home	Spokane	$39.81
161	Milford House	Spokane	$73.73
162	Oak Hill Center	Spokane	$39.81
226	Spokane County Supportive Living Program	Spokane	$78.00
8000	Mallon Place	Spokane	$85.79
8001	Sunshine Terrace/House	Spokane	$76.06
8002	Valley View	Spokane	$39.81

Exhibit 6-13a
Washington State Mental Health Division
2005 Actuarial Rate Development
CY2004 Per Diem Services Unit Costs
Residential Facilities

Reporting Unit ID	*Name of Facility*	*RSN*	*Cost*
8003	Sunshine Terrace/House	Spokane	$76.06
8004	Sunshine Terrace Rehab	Spokane	$39.81
8005	Whitehouse Living Center	Spokane	$48.27
8007	Carlyle Care Center	Spokane	$99.56
8008	Moores Boarding Home	Spokane	$39.81
48	Skagit Counseling & Psychiatric Services	North Sound	$45.40
53	Lifenet Health	North Sound	$124.00
59	Sun Community Services	North Sound	$45.40
60	Lake Whatcom Res/Treatment Fac	North Sound	$37.69
153	E. lohr (Madison House)	North Sound	$35.70
8027	OLeary Adult Crisis	North Sound	$45.40

Exhibit 6-13b
Washington State Mental Health Division
2005 Actuarial Rate Development
CY2004 Per Diem Services Unit Costs
Stabilization Services

Reporting Unit ID	*Name of Facility*	*RSN*	*Cost*
65	Evergreen Counseling Center	Grays Harbor	$396.78
8028	Whatcom Counseling Clinic	North Sound	$482.54
8027	Compass Health	North Sound	$425.70
8024	Compass Health	North Sound	$422.92
8025	Compass Health	North Sound	$230.77
8023	Compass Health	North Sound	$593.78
36	Kitsap Mental Health	Peninsula	$334.80
142	ITA - Pierce County	Pierce	$413.41
9	Lower Columbia Mental Health Center	Southwest	$348.36
8011	Behavioral Health Resources	Thurston Mason	$447.16
	All Other Facilities		$359.00

Exhibit 6-13c
Washington State Mental Health Division
2005 Actuarial Rate Development
CY2004 Per Diem Services Unit Costs
All Others

Reporting Unit ID	*Name of Facility*	*RSN*	*Cost*
High Intensity			
27	Highline-West Seattle MH Center	King	$95.00
70	Catholic Community Services - Homebuilders	Pierce	$329.30
	All Other Facilities		$95.00
Clubhouse			$26.06
Respite			$45.40

Appendix 7
CPT/HCPCS Service Code Crosswalk

Exhibit 7-1
Washington State Mental Health Division
2005 Actuarial Rate Development
CPT/HCPCS Code Crosswalk

Code	***Description***	***Modality***
90782	Therapeutic, prophylactic or diagnostic injection (specify material injected); subcutaneous or intramuscular	Medication Management
90801	Psychiatric diagnostic interview examination	Intake Evaluation
90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication	Intake Evaluation
90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;	Individual Treatment Services
90805	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	Medication Management
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;	Individual Treatment Services
90807	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	Medication Management
90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;	Individual Treatment Services
90809	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services	Medication Management
90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;	Individual Treatment Services
90811	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	Medication Management

Exhibit 7-1
Washington State Mental Health Division
2005 Actuarial Rate Development
CPT/HCPCS Code Crosswalk

Code	***Description***	***Modality***
90812	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;	Individual Treatment Services
90813	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	Medication Management
90814	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;	Individual Treatment Services
90815	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services	Medication Management
90816	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;	Individual Treatment Services
90817	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	Medication Management
90818	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;	Individual Treatment Services
90819	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	Medication Management
90821	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;	Individual Treatment Services

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Code	***Description***	***Modality***
90822	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services	Medication Management
90823	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;	Individual Treatment Services
90824	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	Medication Management
90828	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;	Individual Treatment Services
90846	Family psychotherapy (without the patient present)	Family Treatment
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)	Family Treatment
90849	Multiple-family group psychotherapy	Group Treatment Services
90853	Group psychotherapy (other than of a multiple-family group)	Group Treatment Services
90857	Interactive group psychotherapy	Group Treatment Services
90862	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	Medication Management
90870	Electroconvulsive therapy (includes necessary monitoring); single seizure	X - Not a State Plan Service Code
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	Individual Treatment Services
90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes	Intake Evaluation
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	Family Treatment

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Code	***Description***	***Modality***
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies, or insurance carriers	Individual Treatment Services
90899	Unlisted psychiatric service or procedure	X - Not a State Plan Service Code
96100	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, eg, WAIS-R, Rorschach, MMPI) with interpretation and report, per hour	Psychological Assessment
96111	Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments, eg, Bayley Scales of Infant Development) with interpretation and report, per hour	Psychological Assessment
96115	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, memory, visual spatial abilities, language functions, planning) with interpretation and report, per hour	Psychological Assessment
96117	Neuropsychological testing battery (eg, Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour	Psychological Assessment
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes	Individual Treatment Services
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes	Individual Treatment Services
99075	Medical testimony	Individual Treatment Services
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problems are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	Intake Evaluation

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99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.	Intake Evaluation
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	Intake Evaluation
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.	Intake Evaluation
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	Intake Evaluation
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	Individual Treatment Services

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Code	***Description***	***Modality***
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	Individual Treatment Services
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	Individual Treatment Services
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	Individual Treatment Services
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	Individual Treatment Services

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Code	***Description***	***Modality***
99221	Initial hospital care, per day, for the evaluation and management of a patient which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 30 minutes at the bedside and on the patient's hospital floor or unit.	Rehabilitation Case Management
99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 50 minutes at the bedside and on the patient's hospital floor or unit.	Rehabilitation Case Management
99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 70 minutes at the bedside and on the patient's hospital floor or unit.	Rehabilitation Case Management
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Physicians typically spend 15 minutes at the bedside and on the patient's hospital floor or unit.	Rehabilitation Case Management

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Code	***Description***	***Modality***
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 25 minutes at the bedside and on the patient's hospital floor or unit.	Rehabilitation Case Management
99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's hospital floor or unit.	Rehabilitation Case Management
99235	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity.	Rehabilitation Case Management
99236	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity.	Rehabilitation Case Management
99238	Hospital discharge day management; 30 minutes or less	Rehabilitation Case Management
99239	Hospital discharge day management; more than 30 minutes	Rehabilitation Case Management

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Code	***Description***	***Modality***
99241	Office consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	Individual Treatment Services
99242	Office consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	Individual Treatment Services
99243	Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	Individual Treatment Services
99244	Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	Individual Treatment Services

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Code	***Description***	***Modality***
99245	Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes face-to-face with the patient and/or family.	Individual Treatment Services
99251	Initial inpatient consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 20 minutes at the bedside and on the patient's hospital floor or unit.	Rehabilitation Case Management
99252	Initial inpatient consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 40 minutes at the bedside and on the patient's hospital floor or unit.	Rehabilitation Case Management
99253	Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 55 minutes at the bedside and on the patient's hospital floor or unit.	Rehabilitation Case Management

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Code	***Description***	***Modality***
99254	Initial inpatient consultation for a new or established patient, which requires three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes at the bedside and on the patient's hospital floor or unit.	Rehabilitation Case Management
99261	Follow-up inpatient consultation for an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Physicians typically spend 10 minutes at the bedside and on the patient's hospital floor or unit.	Rehabilitation Case Management
99262	Follow-up inpatient consultation for an established patient which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 20 minutes at the bedside and on the patient's hospital floor or unit.	Rehabilitation Case Management
99263	Follow-up inpatient consultation for an established patient which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 30 minutes at the bedside and on the patient's hospital floor or unit.	Rehabilitation Case Management

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Code	***Description***	***Modality***
99271	Confirmatory consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.	Individual Treatment Services
99272	Confirmatory consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity.	Individual Treatment Services
99273	Confirmatory consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	Individual Treatment Services
99274	Confirmatory consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity.	Individual Treatment Services
99275	Confirmatory consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity.	Individual Treatment Services

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Code	***Description***	***Modality***
99301	Evaluation and management of a new or established patient involving an annual nursing facility assessment which requires these three key components: a detailed interval history; a comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. The review and affirmation of the medical plan of care is required. Physicians typically spend 30 minutes at the bedside and on the patient's facility floor or unit.	Intake Evaluation
99303	Evaluation and management of a new or established patient involving a nursing facility assessment at the time of initial admission or readmission to the facility, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The creation of a medical plan of care is required. Physicians typically spend 50 minutes at the bedside and on the patient's facility floor or unit.	Intake Evaluation
99311	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Physicians typically spend 15 minutes at the bedside and on the patient's facility floor or unit.	X - Not a State Plan Service Code

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Code	***Description***	***Modality***
99312	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 25 minutes at the bedside and on the patient's facility floor or unit.	X - Not a State Plan Service Code
99313	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's facility floor or unit.	X - Not a State Plan Service Code
99331	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving.	Individual Treatment Services
99332	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication.	Individual Treatment Services

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Code	***Description***	***Modality***
99333	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem.	Individual Treatment Services
99347	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	Individual Treatment Services
99348	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	Individual Treatment Services
99349	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	Individual Treatment Services

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Code	***Description***	***Modality***
99350	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	Individual Treatment Services
99361	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient not present); approximately 30 minutes	Individual Treatment Services
99362	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient not present); approximately 60 minutes	Individual Treatment Services
99371	Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); simple or brief (eg, to report on tests and/or laboratory results, to clarify or alter previous instructions, to integrate new information from other health professionals into the medical treatment plan, or to adjust therapy)	Individual Treatment Services
99372	Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); intermediate (eg, to provide advice to an established patient on a new problem, to initiate therapy that can be handled by telephone, to discuss test results in detail, to coordinate medical management of a new problem in an established patient, to discuss and evaluate new information and details, or to initiate new plan of care)	Individual Treatment Services

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Code	***Description***	***Modality***
99373	Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); complex or lengthy (eg, lengthy counseling session with anxious or distraught patient, detailed or prolonged discussion with family members regarding seriously ill patient, lengthy communication necessary to coordinate complex services of several different health professionals working on different aspects of the total patient care plan)	Individual Treatment Services
99499	Unlisted evaluation and management service	X - Not a State Plan Service Code
H0002	Behavioral health screening to determine eligibility for admission to treatment program	Intake Evaluation
H0004	Behavioral health counseling and therapy, per 15 minutes	Individual Treatment Services
H0005	Alcohol and/or drug services; group counseling by a clinician	X - Not a State Plan Service Code
H0018	Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem	Mental Health Residential Treatment
H0019	Behavioral health; long-term residential (non-medial, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	Mental Health Residential Treatment
H0023	Behavioral health outreach service (planned approach to reach a targeted population)	Individual Treatment Services
H0024	Behavioral health prevention information dissemination service (one-way direct or non-direct contact with service audiences to affect knowledge and attitude)	Therapeutic Psychoeducation
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)	Therapeutic Psychoeducation
H0030	Behavioral health hotline service	Crisis Services
H0031	Mental health assessment, by non-physician	Intake Evaluation
H0032	Mental health service plan development by non-physician	Individual Treatment Services
H0033	Oral medication administration, direct observation	Medication Monitoring
H0034	Medication training and support, per 15 minutes	Medication Monitoring
H0035	Mental health partial hospitalization, treatment, less than 24 hours	Day Support
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	Individual Treatment Services
H0038	Self-help/peer services, per 15 minutes	Peer Support
H0039	Assertive community treatment, face-to-face, per 15 minutes	X - Not a State Plan Service Code
H0043	Supported housing, per diem	X - Not a State Plan Service Code
H0045	Respite care services, not in the home, per diem	Respite Care (B3 Waiver)

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CPT/HCPCS Code Crosswalk

Code	***Description***	***Modality***
H0046	Mental health services, not otherwise specified	Individual Treatment Services
H2010	Comprehensive medication services, per 15 minutes	Medication Monitoring
H2011	Crisis intervention service, per 15 minutes	Crisis Services
H2012	Behavioral health day treatment, per hour	Day Support
H2013	Psychiatric health facility service, per diem	Freestanding Evaluation and Treatment
H2014	Skills training and development, per 15 minutes	Individual Treatment Services
H2015	Comprehensive community support services, per 15 minutes	Individual Treatment Services
H2016	Comprehensive community support services, per diem	X - Not a State Plan Service Code
H2017	Psychosocial rehabilitation services, per 15 minutes	Individual Treatment Services
H2019	Therapeutic behavioral services, per 15 minutes	Individual Treatment Services
H2020	Therapeutic behavioral services, per diem	Individual Treatment Services
H2021	Community-based wrap-around services, per 15 minutes	X - Not a State Plan Service Code
H2022	Community-based wrap-around services, per diem	High Intensity Treatment
H2023	Supported employment, per 15 minutes	Supported Employment (B3 Waiver)
H2025	Ongoing support to maintain employment, per 15 minutes	Therapeutic Psychoeducation
H2027	Psychoeducational service, per 15 minutes	Therapeutic Psychoeducation
H2030	Mental health clubhouse services, per 15 minutes	Clubhouse Services
H2031	Mental health clubhouse services, per diem	Clubhouse Services
H2032	Activity therapy, per 15 minutes	Individual Treatment Services
H2033	Multisystemic therapy for juveniles, per 15 minutes	High Intensity Treatment
M0064	Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders	Medication Management
S9446	Patient education, not otherwise classified, non-physician provider, group, per session	Group Treatment Services
S9480	Intensive outpatient psychiatric services, per diem	High Intensity Treatment
S9484	Crisis intervention mental health services, per hour	Crisis Services
S9485	Crisis intervention mental health services, per diem	Stabilization Services
T1001	Nursing assessment/evaluation	Medication Management
T1002	RN services, up to 15 minutes	Medication Management
T1003	LPN/LVN services, up to 15 minutes	Medication Management
T1005	Respite care services, up to 15 minutes	Stabilization Services
T1013	Sign language or oral interpretive services, per 15 minutes	X - Not a State Plan Service Code
T1016	Case management, each 15 minutes	Individual Treatment Services
T1017	Targeted case management, each 15 minutes	Individual Treatment Services
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, icf/mr or imd, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	Individual Treatment Services

Appendix 8
RUID-Specific Completion Factors

Exhibit 8-1
Washington State Mental Health Division
2005 Actuarial Rate Development
Impact of Data Adjustments

		Month Adj		Completion Factor Adjustments																			
RUID	RUName	Number of Months Excluded	Months Excluded Factor	Crisis Services	Family Treatment	Group Treatment	Individual Treatment	Intake Evaluation	Medication Management	Medication Monitoring	Peer Support	Psychological Assessment	Rehabilitation Case Management	Therapeutic Psychoeducation	Day Support	Supported Employment (B3)	Evaluation and Treatment	Stabilization Services	High Intensity Treatment	Residential Treatment	Respite Services (B3)	Clubhouse (B3)	Impact of Data Adjustment
2	Adams County Counseling	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.97
5	Chelan - Douglas Behavioral Health Cntr	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.07	1.00	1.12	1.00	1.00	1.10
6	Penninsula Counseling Center	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.98
7	Westend Outreach Services	1	1.09	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.00	1.00	1.00	1.00	0.99
8	Columbia County Services	6	2.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.10
9	Lower Columbia MH Center	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.00	1.00	1.00	1.00	0.95
10	Thurston-Mason Community MH Center	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.95
12	Ferry County Community Services	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.94
14	Columbia River MH Cntr (Elahan)	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.86
17	Jefferson County Counseling	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.00	1.00	1.00	1.00	1.01
27	Highline-West Seattle MH Center			1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.67	1.00	1.00	0.98
36	Kitsap Mental Health	1	1.09	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.99
42	Pend Oreille	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.94
44	Tacoma Comprehensive			1.00	1.00	1.00	1.00	1.00	1.33	0.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.02
45	Greater Lakes MH Center			1.00	1.00	1.00	1.00	1.00	1.33	0.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.01
46	Good Samaritan Hospital			1.00	1.00	1.00	1.00	1.00	1.33	0.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.01
49	Skamania County Counseling Center	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.10
53	Lifenet Health			1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.00	1.00	1.00	0.99
55	Stevens County Counseling Services Center	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	2.41	1.00	1.00	1.00	1.00	1.06
56	Walla Walla MH Center	6	2.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.21
58	Snohomish County E&T			1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.91
63	Whitman County MH Center	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.71	1.00	1.00	0.98
64	Central WA Comprehensive MH Inc	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	2.96	1.00	1.00	1.01
65	Evergreen Counseling Cntr	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.95
66	Willapa Counseling Center	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.80	1.00	1.00	1.00	1.00	1.05
68	Sunderland Family Services	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.00	1.00	1.00	1.00	1.06
71	Cascade Mental HealthCare	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.00	1.00	1.00	1.00	0.92
73	Lourdes Counseling Center	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.04
74	Yakima Valley Farm Workers			1.00	1.00	1.00	1.00	1.00	1.33	0.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.03
75	Wahkiakum MH Services	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.88
78	Catholic Family & Child Services - Yakima			1.00	1.00	1.00	1.00	1.00	1.33	0.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.01
81	Kwawachee Counseling Center			1.00	1.00	1.00	1.00	1.00	1.33	0.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
82	Nueva Esperanza	3	1.33	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.00	1.00	1.00	1.00	1.00	1.00	1.10
85	Childrens Home Society - Vancouver	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
87	Lutheran Social Services	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.90
91	Childrens Center	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.98
92	Saint Peters Hospital	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.10
95	Childrens Home Society of WA - Wenatchee	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.03
97	South Sound Advocates	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.01
98	Sacred Heart Hospital (Acute Diversion)			1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.50	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.50
99	Benton/Franklin Crisis Response Services	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.02
110	Catholic Family & Child Svc	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.01
119	SL Start	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.98

Exhibit 8-1
Washington State Mental Health Division
2005 Actuarial Rate Development
Impact of Data Adjustments

		Month Adj		Completion Factor Adjustments																			
RUID	RUName	Number of Months Excluded	Months Excluded Factor	Crisis Services	Family Treatment	Group Treatment	Individual Treatment	Intake Evaluation	Medication Management	Medication Monitoring	Peer Support	Psychological Assessment	Rehabilitation Case Management	Therapeutic Psychoeducation	Day Support	Supported Employment (B3)	Evaluation and Treatment	Stabilization Services	High Intensity Treatment	Residential Treatment	Respite Services (B3)	Clubhouse (B3)	Impact of Data Adjustment
122	Toutle River Boys Ranch	2	1.20	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.93
127	SEA MAR of Pierce County			1.00	1.00	1.00	1.00	1.00	1.33	0.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.02
132	SW Hospital	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.18
137	Blue Mountain Counseling	9	4.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	4.00
152	Downtown Emergency Center	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.88
153	E. lohr (Madison House)	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.11
158	Hilltop Center			1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.09	1.00	1.00	1.09
160	Memory Lane Home			1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.06	1.00	1.00	1.06
162	Oak Hill Center			1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.16	1.00	1.00	1.16
192	Second Street House	1	1.09	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.09
193	Burwell House	1	1.09	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.09
195	Evergreen Retirement Inn	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.33
228	Behavioral Health Resources	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.00	1.00	1.00	1.00	0.99
229	Catholic Community Services	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.96
232	Clark County Juvenile Detention	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
236	Family Solutions	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.89
237	Walla Walla County DHS Crisis Response Unit	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.15
239	Mental Health North West	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.93
240	Senior Solutions	3	1.33	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.00	1.13	1.00	1.00	1.00	1.00	0.87
482	Kitsap E&T Center			1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.10	1.00	1.00	1.00	1.00	1.00	1.10
6002	Positive Directions Counseling Inc	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.96
8008	Moores Boarding Home			1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.20	1.00	1.00	1.20
8010	Ridgefield Living Center	3	1.33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.33
8011	Connection House			1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.56	1.00	1.00	0.00	1.00	1.32
8030	Everett Madison House			1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.33	1.00	1.00	1.33

Appendix 9
RSN Revenue and Expense Reports

Exhibit 9-1
WORKSHEET FOR THE JANUARY - DECEMBER 2004 RSN REVENUE & EXPENDITURE REPORTS
DATE COMPILED: 4/12/2005
Mental Health Division

	Chelan Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	NEWRSN	North Sound	Peninsula	Pierce	Southwest	Spokane	Thurston Mason	Timberlands	TOTAL
Revenues:															
Integrated--Non-Medicaid (State)	580,959	1,127,614	461,038	2,159,458	6,754,281	710,360	484,005	3,202,228	1,312,528	2,862,263	620,284	1,964,492	703,275	507,008	23,449,793
Integrated--Prepaid Health Plan (PHP)	3,442,256	11,462,460	3,875,560	23,376,926	49,230,379	6,560,162	3,720,777	25,448,287	12,675,414	24,314,253	3,925,088	18,222,644	8,724,774	4,258,770	199,237,750
Historical Combined--Non-Medicaid (State)	65,007	25,999	(11,779)	1,411,781	3,510,669	229,862	(103,656)	(749,788)	964,105	2,007,732	(107,057)	2,518,191	393,069	407,596	10,561,731
Historical Combined--Prepaid Health Plan (PHP)	823,100	6,043,458	1,378,255	11,827,564	10,348,812	3,304,310	1,959,985	14,722,852	5,262,463	12,887,143	1,421,337	5,704,456	3,890,238	1,338,200	80,912,173
Outpatient--Non-Medicaid (State)	98,413	-	87,241	-	4,974,278	-	(15,791)	-	-	124,054	242,827	-	-	-	5,511,022
Outpatient--Prepaid Health Plan (PHP)	860,665	271	144,488	8,628	42,901	1,864	44,915	-	(3,447)	(9,332)	-	(5,181)	13,091	(9,235)	1,089,628
Inpatient--Prepaid Health Plan (PHP)	354,243	1,166,612	461,246	3,790,503	17,230,570	578,210	148,559	5,514,825	753,194	5,694,184	1,219,506	3,493,283	1,117,463	224,066	41,746,464
Federal Mental Health Block Grant	87,504	201,953	102,912	666,150	560,878	208,272	54,874	698,773	204,843	1,087,055	98,138	356,007	206,733	91,595	4,625,687
Expanded Community Services	-	279,976	57,000	-	935,416	-	-	765,416	436,956	851,940	43,000	-	373,964	138,988	3,882,656
County Maintenance of Effort	70,957	362,233	68,784	641,595	1,434,414	103,157	-	-	7,500	98,000	35,914	542,059	225,547	-	3,590,160
Other Local Funds	-	350,088	-	3,190,654	2,337,648	28,300	-	1,309,018	1,823,173	570,852	37,080	279,047	16,560	-	9,942,420
Intergovernmental	-	-	-	-	1,575,898	-	-	-	-	3,421,643	50,747	-	32,700	29,245	5,110,233
Interest	437	148,948	27,146	144,947	283,427	129,526	7,775	16,855	-	-	20,202	181,773	208,316	24,978	1,194,330
Direct Mental Health Federal Grants	-	-	-	-	1,034,997	-	-	-	-	57,688	-	-	-	-	1,092,685
Other Federal Grants	-	56,686	-	-	1,475,845	-	-	94,354	-	-	-	-	39,092	23,431	1,689,408
Other Revenues	130,052	72,611	-	8,281	-	82,207	3,244	204,962	-	-	56,431	-	92,503	14,975	665,266
Other Revenues-Blended Funding	-	1,008,262	-	-	-	-	-	-	-	-	-	-	-	-	1,008,262
Other Revenues-CLIP	-	-	-	-	-	-	-	-	-	1,483,205	-	1,477,023	-	-	2,960,228
Total	**6,513,593**	**22,307,171**	**6,651,891**	**47,226,487**	**101,730,413**	**11,936,230**	**6,304,687**	**51,227,782**	**23,436,729**	**55,450,680**	**7,663,497**	**34,733,794**	**16,037,325**	**7,049,617**	**398,269,896**
Expenditures:															
Direct Service Costs:															
Outpatient Treatment	3,537,881	10,678,565	2,816,041	26,516,304	50,340,217	5,739,894	3,471,515	21,551,707	9,894,842	23,150,964	4,055,905	15,642,776	6,240,136	3,909,807	187,546,554
Residential	211,307	2,596,297	49,575	3,755,945	7,962,895	245,593	9,553	2,895,558	1,559,518	4,945,111	293,315	5,191,192	917,218	11,443	30,644,520
Employment	-	10,784	22,500	183,849	493,049	28,642	25,845	-	95,980	-	-	22,675	124,020	11,264	1,018,608
Inpatient Treatment	560,713	1,204,405	311,050	4,684,722	18,907,195	654,911	214,880	10,664,324	3,769,755	6,511,895	1,570,380	4,532,713	2,159,058	313,348	56,059,349
Crisis & Commitment Services	459,516	2,094,024	1,296,462	4,361,530	5,871,212	1,386,522	631,512	6,592,200	2,161,368	7,738,423	552,735	3,261,299	1,453,785	855,347	38,715,935
ITA Judicial	-	16,720	160	102,735	1,655,921	10,140	10,071	-	-	869,359	-	345,683	14,400	1,895	3,027,084
Ombudsman	23,917	31,718	27,484	98,629	35,484	29,012	44,481	147,069	67,655	33,249	930	68,000	14,536	30,945	653,109
Other Direct Costs	-	579,354	-	545,936	1,916,766	-	19,564	540,000	217,040	-	200	12,836	141,310	-	3,973,006
Other Direct Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Direct Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Direct Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Direct Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Direct Service Support Costs:															
Utilization Mgmt. & Quality Assurance	195,206	880,639	103,972	619,302	1,810,592	483,256	244,212	1,066,251	307,273	970,562	170,330	1,184,250	323,011	266,802	8,625,658
Information Services	415,965	1,734,038	746,631	2,342,922	3,164,148	915,485	511,518	2,600,067	1,020,662	1,552,900	400,316	1,993,823	444,051	459,802	18,302,328
Public Education	124,471	333,978	28,581	148,086	64,496	23,117	6,535	264,766	37,788	67,500	7,974	53,295	12,144	33,432	1,206,163
Other Direct Service Support	53,004	77,628	15,254	794,174	3,221,988	25,548	208,688	1,520,275	725,323	947,487	4,398	6,822	-	108,036	7,708,625
Other Direct Service Support	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Direct Service Support	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Direct Service Support	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Direct Service Support	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Administrative Costs:															
RSN Administrative	270,182	1,750,213	114,094	444,350	2,688,407	191,553	186,842	1,037,487	380,009	3,586,057	115,040	1,240,277	355,413	295,851	12,655,775
Provider Administrative	660,524	97,295	629,142	5,430,002	5,916,939	851,658	623,922	2,986,659	3,416,420	2,557,827	538,221	2,108,459	1,124,052	645,239	27,586,359
Other Administrative Costs	-	5,853	1,884	27,729	316,824	-	-	-	203,363	-	-	-	-	-	555,653
Other Administrative Costs - Capital Expendit	-	-	-	-	-	57,450	-	-	-	-	-	6,621,512	5,418,792	-	12,097,754
Other Administrative Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Administrative Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Administrative Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	**6,512,686**	**22,091,511**	**6,162,830**	**50,056,215**	**104,366,133**	**10,642,781**	**6,209,138**	**51,866,363**	**23,856,996**	**52,931,334**	**7,709,744**	**42,285,612**	**18,741,926**	**6,943,211**	**410,376,480**

Current Period Balance

1--Inpatient Revenues and Costs have been increased by the inpatient estimated utilization.
2--For Risk Reserves: Revenues used are the PHP Payment amounts multiplied by two to get a projected reserve percentage.
Risk Reserve only provides protections based on the PHP contracts.
This report contains more than the PHP portion of RSNs' business.

Reserves:

	Chelan Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	NEWRSN	North Sound	Peninsula	Pierce	Southwest	Spokane	Thurston Mason	Timberlands	TOTAL
Operating Reserve	-	-	-	4,699,922	5,452,573	-	39,051	-	-	754,357	-	-	-	-	10,945,903
Capital Reserve	-	5,633,026	-	19,020	-	-	-	-	-	-	-	-	-	566,389	6,218,435
Risk Reserve	314,770	1,750,378	614,407	2,142,284	2,903,132	661,914	610,976	2,644,692	300,000	2,572,487	642,222	1,504,877	-	666,807	17,328,946
Reserve for Encumbrances	13,910	-	906,433	-	-	-	-	-	-	2,607,053	471,172	-	-	-	
Unreserved Fund Balance	-	-	-	-	-	-	-	(289,498)	403,014	-	-	-	-	43,392	156,908
Total	**328,680**	**7,383,404**	**1,520,840**	**6,861,226**	**8,355,705**	**661,914**	**650,027**	**2,355,194**	**703,014**	**5,933,897**	**1,113,394**	**1,504,877**	**-**	**1,276,588**	**38,648,760**

3--Reserve for Encumbrances are the funds that are legally restricted for specific purposed.

	Chelan Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	NEWRSN	North Sound	Peninsula	Pierce	Southwest	Spokane	Thurston Mason	Timberlands	TOTAL
Percent State Only Funds To PIHP Payments	13.58%	6.18%	9.16%	9.16%	19.83%	9.00%	6.21%	5.37%	12.18%	11.64%	11.51%	16.35%	7.98%	15.74%	12.24%
Percent Crisis to PIHP Payments + Non-Medicaid	7.38%	10.56%	20.27%	10.24%	6.38%	12.18%	10.12%	13.69%	10.31%	16.16%	7.55%	10.22%	9.80%	12.72%	10.68%
Percent Crisis to Total Expenditures	7.06%	9.48%	21.04%	8.71%	5.63%	13.03%	10.17%	12.71%	9.06%	14.62%	7.17%	7.71%	7.76%	12.32%	9.43%
Percent Admin to Revenue	14.29%	8.31%	11.20%	12.50%	8.77%	8.74%	12.86%	7.86%	17.07%	11.08%	8.52%	9.64%	9.23%	13.35%	10.24%
Percent Admin to Expenditures	14.29%	8.39%	12.09%	11.79%	8.55%	9.80%	13.06%	7.76%	16.77%	11.61%	8.47%	7.92%	7.89%	13.55%	9.94%
Percent RSNs' Admin to MHD Revenue	4.28%	8.21%	1.74%	1.03%	2.87%	1.65%	2.97%	2.09%	1.76%	7.20%	1.54%	3.85%	2.30%	4.25%	3.41%

Appendix 10
RSN Administrative Load Analysis

Exhibit 10-1
RSN Administrative Model
CY 2004 Costs
2005 Actuarial Report
Mental Health Division

	Chelan Douglas		Clark		Grays Harbor		Greater Columbia		King		North Central		NEWRSN		North Sound	
Expenditures:	Amount	Code*	Amount	Code*	Amount	Code*	Amount	Code*	Amount	Code*	Amount	Code*	Amount	Code*	Amount	Code*
Direct Service Costs:																
Outpatient Treatment	**3,537,881**	*1.00*	**10,678,565**	*1.00*	**2,816,041**	*1.00*	**26,516,304**	*1.00*	**50,340,217**	*1.00*	**5,739,894**	*0.99*	**3,471,515**	*0.99*	**21,551,707**	*1.00*
Residential	**211,307**	*1.00*	**2,596,297**	*1.00*	49,575	*1.00*	**3,755,945**	*1.00*	**7,962,895**	*1.00*	**245,593**	*0.06*	9,553	*1.00*	**2,895,558**	*1.00*
Employment	-		10,784	*1.00*	22,500	*1.00*	183,849	*1.00*	493,049	*1.00*	28,642	*1.00*	25,845	*1.00*	-	
Inpatient Treatment	**560,713**	*1.00*	**1,204,405**	*1.00*	**311,050**	*1.00*	**4,684,722**	*1.00*	**18,907,195**	*1.00*	**654,911**	*1.00*	**214,880**	*1.00*	**10,664,324**	*1.00*
Crisis & Commitment Services	**459,516**	*1.00*	**2,094,024**	*1.00*	**1,296,462**	*1.00*	**4,361,530**	*1.00*	**5,871,212**	*1.00*	**1,386,522**	*1.00*	**631,512**	*1.00*	**6,592,200**	*1.00*
ITA Judicial	-		16,720	*A*	160	*A*	102,735	*A*	**1,655,921**	*A*	10,140	*A*	10,071	*A*	-	
Ombudsman	23,917	*A*	31,718	*A*	27,484	*A*	98,629	*A*	35,484	*A*	29,012	*A*	44,481	*A*	147,069	*A*
Other Direct Costs	-		**579,354**	*A*	-		**545,936**	*1.00*	**1,916,766**	*1.00*	-		19,564	*1.00*	**540,000**	*1.00*
Other Direct Costs	-		-		-		-		-		-		-		-	
Other Direct Costs	-		-		-		-		-		-		-		-	
Other Direct Costs	-		-		-		-		-		-		-		-	
Other Direct Costs	-		-		-		-		-		-		-		-	
Direct Service Support Costs:																
Utilization Mgmt. & Quality Assurance	**195,206**	*A*	**880,639**	*A*	**103,972**	*A*	**619,302**	*0.64*	**1,810,592**	*A*	**483,256**	*0.61*	**244,212**	*0.51*	**1,066,251**	*A*
Information Services	**415,965**	*A*	**1,734,038**	*A*	**746,631**	*A*	**2,342,922**	*0.82*	**3,164,148**	*A*	**915,485**	*0.93*	**511,518**	*0.66*	**2,600,067**	*A*
Public Education	**124,471**	*A*	**333,978**	*A*	28,581	*A*	148,086	*0.86*	64,496	*A*	23,117	*0.97*	6,535	*A*	264,766	*A*
Other Direct Service Support	53,004	*A*	77,628	*A*	15,254	*A*	**794,174**	*0.97*	**3,221,988**	*A*	25,548	*A*	**208,688**	*0.97*	**1,520,275**	*A*
Other Direct Service Support	-		-		-		-		-		-		-		-	
Other Direct Service Support	-		-		-		-		-		-		-		-	
Other Direct Service Support	-		-		-		-		-		-		-		-	
Other Direct Service Support	-		-		-		-		-		-		-		-	
Administrative Costs:																
RSN Administrative	**270,182**	*A*	**1,750,213**	*A*	**114,094**	*A*	444,350	*A*	**2,688,407**	*A*	**191,553**	*A*	**186,842**	*A*	**1,037,487**	*A*
Provider Administrative	**660,524**	*1.00*	97,295	*1.00*	**629,142**	*0.90*	**5,430,002**	*1.00*	**5,916,939**	*1.00*	**851,658**	*1.00*	**623,922**	*1.00*	**2,986,659**	*1.00*
Other Administrative Costs	-		5,853	*A*	1,884	*A*	27,729	*1.00*	316,824	*A*	-		-		-	
Other Administrative Costs - Capital Expenditure	-		-		-		-		-		57,450	*1.00*	-		-	
Other Administrative Costs	-		-		-		-		-		-		-		-	
Other Administrative Costs	-		-		-		-		-		-		-		-	
Other Administrative Costs	-		-		-		-		-		-		-		-	
Total	**$6,512,686**		**$22,091,511**		**$6,162,830**		**$50,056,215**		**$104,366,133**		**$10,642,781**		**$6,209,138**		**$51,866,363**	
Current Period Balance																
Actuarial Rate Study Usate																
2004 Eligibles	**211,629**		**631,689**		**165,299**		**1,493,040**		**2,154,798**		**390,692**		**182,868**		**1,436,970**	
Considered as RSN Administration	$ 1,082,745		$ 5,410,141		$ 1,100,974		$ 1,334,946		$ 12,957,860		$ 797,757		$ 582,485		$ 6,635,915	
Costs Included in 2004 Cost Survey	$5,429,941		$16,681,370		$5,061,856		$48,721,269		$91,408,273		$9,845,025		$5,626,653		$45,230,448	
Total Costs	$ 6,512,686		$ 22,091,511		$ 6,162,830		$ 50,056,215		$ 104,366,133		$ 10,642,781		$ 6,209,138		$ 51,866,363	
Raw Administrative Rate *(Defined as administrative costs divided by Total)*	16.6%		24.5%		17.9%		2.7%		12.4%		7.5%		9.4%		12.8%	
Administrative Expense PMPM	$10.23		$17.13		$13.32		$1.79		$12.03		$4.08		$6.37		$9.24	

* Proportion included in unit cost survey analysis. "A" indicates no part included in fee survey, or 100% administrative.

Exhibit 10-1
RSN Administrative Model
CY 2004 Costs
2005 Actuarial Report
Mental Health Division

	Peninsula		Pierce		Southwest		Spokane		Thurston Mason		Timberlands		TOTAL
Expenditures:	Amount	Code*	Amount	Code*	Amount	Code*	Amount	Code*	Amount	Code*	Amount	Code*	
Direct Service Costs:													
Outpatient Treatment	**9,894,842**	*1.00*	**23,150,964**	*1.00*	**4,055,905**	*1.00*	**15,642,776**	*1.00*	**6,240,136**	*1.00*	**3,909,807**	*0.99*	$ 187,546,567
Residential	**1,559,518**	*1.00*	**4,945,111**	*1.00*	**293,315**	*1.00*	**5,191,192**	*1.00*	**917,218**	*1.00*	11,443	*A*	30,644,532
Employment	95,980	*1.00*	-		-		22,675	*1.00*	124,020	*1.00*	11,264	*1.00*	1,018,617
Inpatient Treatment	**3,769,755**	*1.00*	**6,511,895**	*1.00*	**1,570,380**	*1.00*	**4,532,713**	*1.00*	**2,159,058**	*1.00*	**313,348**	*1.00*	56,059,362
Crisis & Commitment Services	**2,161,368**	*1.00*	**7,738,423**	*0.85*	**552,735**	*1.00*	**3,261,299**	*1.00*	**1,453,785**	*1.00*	**855,347**	*0.97*	38,715,948
ITA Judicial	-		**869,359**	*A*	-		345,683	*A*	14,400	*A*	1,895	*A*	3,027,084
Ombudsman	67,655	*A*	33,249	*A*	930	*A*	68,000	*A*	14,536	*A*	30,945	*A*	653,109
Other Direct Costs	217,040	*1.00*	-		200	*A*	12,836	*1.00*	141,310	*1.00*	-		3,973,013
Other Direct Costs	-		-		-		-		-		-		-
Other Direct Costs	-		-		-		-		-		-		-
Other Direct Costs	-		-		-		-		-		-		-
Other Direct Costs	-		-		-		-		-		-		-
Direct Service Support Costs:													
Utilization Mgmt. & Quality Assurance	**307,273**	*1.00*	**970,562**	*0.45*	**170,330**	*A*	**1,184,250**	*1.00*	**323,011**	*1.00*	**266,802**	*0.47*	$ 8,625,663
Information Services	**1,020,662**	*1.00*	**1,552,900**	*0.85*	**400,316**	*A*	**1,993,823**	*1.00*	**444,051**	*1.00*	**459,802**	*0.72*	18,302,334
Public Education	37,788	*1.00*	67,500	*1.00*	7,974	*A*	53,295	*A*	12,144	*A*	33,432	*0.57*	1,206,167
Other Direct Service Support	**725,323**	*1.00*	**947,487**	*1.00*	4,398	*A*	6,822	*A*	-		**108,036**	*A*	7,708,629
Other Direct Service Support	-		-		-		-		-		-		-
Other Direct Service Support	-		-		-		-		-		-		-
Other Direct Service Support	-		-		-		-		-		-		-
Other Direct Service Support	-		-		-		-		-		-		-
Administrative Costs:													
RSN Administrative	**380,009**	*A*	**3,586,057**	*A*	**115,040**	*A*	**1,240,277**	*A*	**355,413**	*A*	**295,851**	*A*	$ 12,655,775
Provider Administrative	**3,416,420**	*1.00*	**2,557,827**	*1.00*	**538,221**	*1.00*	**2,108,459**	*1.00*	**1,124,052**	*1.00*	**645,239**	*1.00*	27,586,372
Other Administrative Costs	203,363	*A*	-		-		-		-		-		555,654
Other Administrative Costs - Capital Expenditure	-		-		-		**6,621,512**	*A*	**5,418,792**	*A*	-		12,097,755
Other Administrative Costs	-		-		-		-		-		-		-
Other Administrative Costs	-		-		-		-		-		-		-
Other Administrative Costs	-		-		-		-		-		-		-
Total	**$23,856,996**		**$52,931,334**		**$7,709,744**		**$42,285,612**		**$18,741,926**		**$6,943,211**		**$410,376,480**
Current Period Balance													
Actuarial Rate Study Usate													
2004 Eligibles	**467,117**		**1,212,683**		**213,350**		**886,391**		**417,284**		**213,444**		**10,077,254**
Considered as RSN Administration	$ 651,027		$ 6,416,173		$ 699,188		$ 8,335,589		$ 5,815,285		$ 797,454		$52,617,538
Costs Included in 2004 Cost Survey	$23,205,969		$46,515,161		$7,010,556		$33,950,023		$12,926,641		$6,145,757		$357,758,942
Total Costs	$ 23,856,996		$ 52,931,334		$ 7,709,744		$ 42,285,612		$ 18,741,926		$ 6,943,211		$410,376,480
Raw Administrative Rate *(Defined as administrative costs divided by Total)*	2.7%		12.1%		9.1%		19.7%		31.0%		11.5%		12.8%
Administrative Expense PMPM	$2.79		$10.58		$6.55		$18.81		$27.87		$7.47		$10.44

* Proportion included in unit cost survey analysis. "A" indicates no part included in fee survey, or 100% administrative.

Appendix 11
Utilization Adjustments

Exhibit 11-1
Washington State Mental Health Division
2005 Actuarial Rate Development
Development of Pierce/CSTC Utilization Adjustment

(De-Identified) Name	*RSN*	*Title XIX*	*January*	*February*	*March*	*April*	*May*	*June*	*July*	*August*	*September*	*October*	*November*	*December*	*Total*
Consumer 1	Pierce	Title XIX	15	15	23	7									60
Consumer 2	Pierce	Title XIX												16	16
Consumer 3	Pierce	Title XIX	16	15											31
Consumer 4	King	Title XIX	16	14	20	16	19	17	19	7	17	17	15	14	191
Consumer 5	Pierce	Title XIX	16	10	21	16									63
Consumer 6	King	Title XIX	17	12	23	7									59
Consumer 7	Pierce	Title XIX						16	16	9	17	20	18	14	110
Consumer 8	Pierce	State Only		2	23	11									36
Consumer 9	Pierce	Title XIX	14	13	15										42
Consumer 10	Pierce	State Only	9												9
Consumer 11	King	Title XIX	17	15	22	16	20	22	19	8	17	20	19	16	211
Consumer 12	Pierce	Title XIX	14	15	23	15	18	19	18	4	17	16	18		177
Consumer 13	Thurston Mason	Title XIX				4	18	18	19	10	16	20	18	15	138
Consumer 14	Pierce	Title XIX	18	14	22	15	19	22	20	9	17	19	16	13	204
Consumer 15	Pierce	Title XIX	18	15	22	12	19	14							100
Consumer 16	Thurston Mason	Title XIX			7	16	20	22	21	10	16	20	17	16	165
Consumer 17	Pierce	Title XIX												13	13
Consumer 18	Pierce	Title XIX	17	15	23	15	19	22	20	10	17	19	19	15	211
Consumer 19	Pierce	Title XIX	16	15	20	16	19	21	20	8	17				152
Consumer 20	Pierce	State Only										15	19	13	47
Consumer 21	Pierce	Title XIX			11	15	20	22	20	10	17	20	19	7	161
Consumer 22	Pierce	Title XIX	18	14	22	16	20	22	19	6	17	19	14		187
Consumer 23	Pierce	Title XIX	18	15	23	16	20	22	21	10					145
Consumer 24	Pierce	Title XIX	3	15	15	12	17	19	21	9	16	19	18	13	177
Consumer 25	Pierce	Title XIX												3	3
Consumer 26	Pierce	State Only									17	17	18	15	67
Consumer 27	Pierce	Title XIX											17	16	33
Consumer 28	Pierce	Title XIX	17	15	20	14	19	19	19	9	17	18	17	16	200
Consumer 29	Pierce	State Only					20	22	21	10	17	19	19	16	144
Consumer 30	Pierce	Title XIX	16	15	22	16	20	22	21	10	17	20	5		184
Consumer 31	Pierce	Title XIX	18	15	23	16	20	4							96
															0
Total			293	259	400	271	327	345	314	139	269	298	286	231	3,432
Title XIX Total			284	257	377	260	307	323	293	129	235	247	230	187	3,129
Percent Title XIX			97%	99%	94%	96%	94%	94%	93%	93%	87%	83%	80%	81%	91%
Percent Disabled *(Per WG Email 5-11-05)*			21%	21%	21%	21%	21%	21%	21%	21%	21%	21%	21%	21%	
Title XIX Disabled			60	54	79	55	64	68	62	27	49	52	48	39	657
Pierce			49	45	64	43	48	52	46	20	35	36	34	26	498
King			11	9	14	8	8	8	8	3	7	8	7	6	97
Thurston Mason			0	0	1	4	8	8	8	4	7	8	7	7	62
Title XIX Non-Disabled			224	203	298	205	243	255	231	102	186	195	182	148	2,472
Pierce			185	171	241	158	182	192	169	74	134	134	127	100	1,867
King			39	32	51	31	31	31	30	12	27	29	27	24	364
Thurston Mason			0	0	6	16	30	32	32	16	25	32	28	24	241
Reported Cost Per Day			$219	$219	$219	$219	$219	$219	$219	$219	$219	$219	$219	$219	$219
Gross Cost															
Title XIX Disabled			$13,140	$11,826	$17,301	$12,045	$14,016	$14,892	$13,578	$5,913	$10,731	$11,388	$10,512	$8,541	$143,883
Pierce			$10,731	$9,855	$14,016	$9,417	$10,512	$11,388	$10,074	$4,380	$7,665	$7,884	$7,446	$5,694	$109,062
King			$2,409	$1,971	$3,066	$1,752	$1,752	$1,752	$1,752	$657	$1,533	$1,752	$1,533	$1,314	$21,243
Thurston Mason			$0	$0	$219	$876	$1,752	$1,752	$1,752	$876	$1,533	$1,752	$1,533	$1,533	$13,578
Title XIX Non-Disabled			$49,056	$44,457	$65,262	$44,895	$53,217	$55,845	$50,589	$22,338	$40,734	$42,705	$39,858	$32,412	$541,368
Pierce			$40,515	$37,449	$52,779	$34,602	$39,858	$42,048	$37,011	$16,206	$29,346	$29,346	$27,813	$21,900	$408,873
King			$8,541	$7,008	$11,169	$6,789	$6,789	$6,789	$6,570	$2,628	$5,913	$6,351	$5,913	$5,256	$79,716
Thurston Mason			$0	$0	$1,314	$3,504	$6,570	$7,008	$7,008	$3,504	$5,475	$7,008	$6,132	$5,256	$52,779
Member Months															
Title XIX Disabled															
Pierce															34,521
King															44,916
Thurston Mason															10,746
Title XIX Non-Disabled															
Pierce															742,217
King															1,262,663
Thurston Mason															256,967
PMPM (Utilization Adjustment)															
Title XIX Disabled															
Pierce															$3.16
King															$0.47
Thurston Mason															$1.26
Title XIX Non-Disabled															
Pierce															$0.55
King															$0.06
Thurston Mason															$0.21

Washington State Mental Health Division - New State Plan Services Analysis

Overview and Summary

Code	Description	Eligibility Category	Comment	Added PMPM
H0040	Assertive community treatment program	Adult Disabled	ACT meeting Fidelity Scale	**$4.32**
H2022	Community-based wrap-around services	Adult Disabled	ACT "Lite"	**$1.30**
H2033	Multisystemic therapy for juveniles	Child Disabled	Based on Child MH Initative	**$2.52**
T1026	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, medical and psychosocial impairments	Child Disabled	Modeled after wraparound services	**$17.14**
H0038	Self-help/peer services	Adult Disabled		**$1.39**
		Child Disabled		**$0.87**
		Adult Non-Disabled		**$0.17**

Washington State Mental Health Division - New State Plan Services Analysis

Service: ***H0040: Assertive Community Treatment Program***

Program Size (# of Clients) **56**

	Total Direct Clinical FTEs	Hours per FTE per Year	Available Hours per Year	Available Hours per Week	Average Hrs/ Client/ Week	Salaries per FTE	Benefits %	Comp. per FTE	Total Salary Costs	Ratio
MD	0.4	1,249	500	9.6	0.17	$144,942	21.7%	$176,394	$70,558	10.3%
Team Lead	1.0	1,071	1,071	20.6	0.37	$77,891	22.2%	$95,183	$95,183	13.9%
Nurse	3.0	846	2,538	48.8	0.87	$48,120	24.6%	$59,958	$179,873	26.3%
MHP - SA	0.4	896	358	6.9	0.12	$39,077	25.4%	$49,003	$19,601	2.9%
MHP - Peer	0.4	983	393	7.6	0.14	$25,028	21.7%	$30,459	$12,184	1.8%
MHP - Voc	0.4	867	347	6.7	0.12	$25,058	21.7%	$30,496	$12,198	1.8%
Total	5.6		5,207	100.1	1.79				$389,596	56.9%

Direct Service Support % of Salaries and Benefits	24.1%
Overhead % of Salaries and Benefits	18.1%
Program Expense % of Salaries and Benefits	33.6%

Direct Service Support	$93,893	13.7%
Overhead	$70,517	10.3%
Program Expense	$130,904	19.1%
Subtotal	$295,314	43.1%
Total Expenses	$684,910	100.0%
Cost per Hour	$131.54	
Cost per Client/Month	$1,019.21	

Notes

Staffing from study of Clark Co. by MH Task Force; salaries; other costs from Unit Cost Study statewide median; productivity based on Actuarial Rate Study

Programs:	# of Teams	% Adult Disabled	Clients	Service Hours	FTEs	Cost
Clark County	1.0	4.9%	56	5,207	5.60	$684,910
Statewide	20	100.0%	1,120	104,140	112.00	$13,698,196
Statewide without Clark						$13,013,286
Inpatient Savings from ACT (not including Clark)						$0
Community Savings from ACT (not including Clark)						-$7,356,785
Net Additional Costs Statewide						$5,656,502
Adult Disabled Member Months (not including Clark)						1,308,817
Net Additional PMPM Cost						$4.32

Washington State Mental Health Division - New State Plan Services Analysis

Service: ***H2022: Community-Based Wrap-Around Services***

Program Size (# of Clients) **84** ***Based on a 1:15 Ratio***

	Total Direct Clinical FTEs	Hours per FTE per Year	Available Hours per Year	Available Hours per Week	Average Hrs/ Client/ Week	Salaries per FTE	Benefits %	Comp. per FTE	Total Salary Costs	Ratio
MD	0.4	1,249	500	9.6	0.11	$144,942	21.7%	$176,394	$70,558	10.3%
Team Lead	1.0	1,071	1,071	20.6	0.25	$77,891	22.2%	$95,183	$95,183	13.9%
Nurse	3.0	846	2,538	48.8	0.58	$48,120	24.6%	$59,958	$179,873	26.3%
MHP - SA	0.4	896	358	6.9	0.08	$39,077	25.4%	$49,003	$19,601	2.9%
MHP - Peer	0.4	983	393	7.6	0.09	$25,028	21.7%	$30,459	$12,184	1.8%
MHP - Voc	0.4	867	347	6.7	0.08	$25,058	21.7%	$30,496	$12,198	1.8%
Total	5.6		5,207	100.1	1.19				$389,596	56.9%

Direct Service Support % of Salaries and Benefits	24.1%
Overhead % of Salaries and Benefits	18.1%
Program Expense % of Salaries and Benefits	33.6%

Direct Service Support	$93,893	13.7%
Overhead	$70,517	10.3%
Program Expense	$130,904	19.1%
Subtotal	$295,314	43.1%
Total Expenses	$684,910	100.0%
Cost per Hour	$131.54	
Cost per Client/Month	$679.47	

Notes

Staffing from study of Clark Co. by MH Task Force; salaries; other costs from Unit Cost Study statewide median; productivity from Actuarial Rate Study

Programs:	Ratio of ACT to "ACT Lite"	# of Teams	Clients	Service Hours	FTEs	Cost
Statewide ACT Teams		20.0	1,680	104,140	112.00	$13,698,196
Ratio of ACT to "ACT Lite"	3.5	6	504	31,242	33.60	$4,109,459
Community Savings from "ACT Lite"						-$2,320,301
Net Additional Costs Statewide						$1,789,157
Adult Disabled Member Months						1,375,986
Net Additional PMPM Cost						$1.30

Washington State Mental Health Division - New State Plan Services Analysis

Service: ***H2033: Multisystemic Therapy for Juveniles***

Total Number of Clients to Serve with Intensive Treatment Services		Comments
Clark County Wraparound Teams	2.0	Per study of Clark Co by DSHS MH Task Force
Clients per Team	30	Per study of Clark Co by DSHS MH Task Force
Clark County Wraparound Clients	60	
Clark County % of Statewide Disabled Children	6.4%	Rate Study
Estimated Children Served Statewide	944	
Children to be Served by Code T1026	480	From Intensive tab
Children to be Served by MST H2033	464	
Children to be Served by MST H2033 (not including Clark)	434	
Cost per Client per year (assuming Dale J error)	$8,500	From DSHS Children's Mental Health Initiative Report, 3/25/2005
Total Cost	$3,692,267	
Inpatient Savings from ACT (not including Clark)	-$423,166	From Offsets Sheet
Community Savings from ACT (not including Clark)	-$2,722,976	From Offsets Sheet
Net Additional Costs Statewide	$546,125	
Child Disabled Member Months (not including Clark)	216,799	Milliman Rate Study
Net Additional PMPM Cost	- $2.52	

Washington State Mental Health Division - New State Plan Services Analysis

Service: ***T1026: Intensive, extended multidisciplinary services***

Program Size (# of Clients) **30**

	Total Direct Clinical FTEs	Hours per FTE per Year	Available Hours per Year	Available Hours per Week	Average Hrs/ Client/ Week	Salaries per FTE	Benefits %	Comp. per FTE	Total Salary Costs	Ratio
MD	0.55	1,249	687	13.2	0.44	$144,942	21.7%	$176,394	$97,017	14.1%
Team Lead	1.0	1,071	1,071	20.6	0.69	$77,891	22.2%	$95,183	$95,183	13.8%
Nurse	1.5	846	1,269	24.4	0.81	$48,120	24.6%	$59,958	$89,936	13.0%
MHP - SA	1.0	896	896	17.2	0.57	$39,077	25.4%	$49,003	$49,003	7.1%
MHP - Peer	1.0	983	983	18.9	0.63	$25,028	21.7%	$30,459	$30,459	4.4%
MHP - Voc	1.0	867	867	16.7	0.56	$25,058	21.7%	$30,496	$30,496	4.4%
Total	6.05		5,773	111.0	3.70				$392,093	56.9%

Direct Service Support % of Salaries and Benefits	24.1%
Overhead % of Salaries and Benefits	18.1%
Program Expense % of Salaries and Benefits	33.6%

Direct Service Support	$94,494	13.7%
Overhead	$70,969	10.3%
Program Expense	$131,743	19.1%
Subtotal	$297,207	43.1%
Total Expenses	$689,300	100.0%
Cost per Hour	$119.40	
Cost per Client/Month	$1,914.72	

Notes

Staffing from study of Clark Co. by MH Task Force; salaries; other costs from Unit Cost Study statewide median; productivity from Actuarial Rate Study

Programs:	# of Teams	% Child Disabled	Clients	Service Hours	FTEs	Cost
Clark County	1.0	6.4%	30	5,773	6.05	$689,300
Statewide	16	100.0%	480	92,367	96.80	$11,028,798
Statewide without Clark						$10,339,498
Inpatient Savings (not including Clark)						-$987,386
Community Savings (not including Clark)						-$5,635,302
Net Additional Costs Statewide						$3,716,810
Child Disabled Member Months (not including Clark)						216,799
Net Additional PMPM Cost						$17.14

Washington State Mental Health Division - New State Plan Services Analysis

Service: ***H0038: Self-Help/Peer Services***

Total Number of Clients to Serve	Adult Disabled	Child Disabled	Adult Non-Dis	Total	Comments
Average Monthly Clients	22,639	2,389	6,934	31,963	Actuarial Rate Study
% Receiving Self Help/Peer Concurrent with Services	10%	10%	5%		Assumption from other Medicaid Experience
% Receiving Self Help/Peer in Aftercare	5%	5%	5%		Assumption from other Medicaid Experience
# Receiving Self Help/Peer Concurrent with Services	2,264	239	347	2,850	
# Receiving Self Help/Peer in Aftercare	1,132	119	347	1,598	
Total	3,396	358	694	4,448	
Average Length of Stay - Concurrent (Months)	8.0	8.0	8.0		Assumption from other Medicaid Experience
Average Length of Stay - Aftercare (Months)	4.0	4.0	4.0		Assumption from other Medicaid Experience
Average Hours per Month	4.0	4.0	4.0		Estimate of 1 hour per week
Total Hours per Year	90,560	9,552	16,656	116,768	
Group Services Ratio	50%	50%	50%		Estimate
Individual Services	50%	50%	50%		Estimate
Total	100%	100%	100%		
Group Client:Staff Ratio	5.4	5.4	5.4		Unit Cost Study
Individual Client:Staff Ratio	1.0	1.0	1.0		
Average Ratio per Client	3.20	3.20	3.20		
Fully Loaded Cost per Individual Hour	$67.66	$67.66	$67.66		Statewide Median, Milliman Study
Composite Group/Individual Cost/Hr	$21.14	$21.14	$21.14		
Total Cost	$1,914,778	$201,965	$352,170	$2,468,913	
Member Months	1,375,986	231,516	2,113,183		Milliman Penetration Study
Net Additional PMPM Cost	$1.39	$0.87	$0.17		

Assumption: This is a service that by nature does not have cost offsets.

Washington State Mental Health Division - New State Plan Services Analysis

H0040: Assertive Community Treatment Program Cost Offsets

Section 1: Inpatient Savings

No community inpatient savings per Rosenheck, Neale study "Cost-effectiveness of Intensive Psychiatric Community Care for High Users of Inpatient Services"

Section 2: Outpatient Savings

			Comment
1	**ACT Clients**	**1,120**	**Per ACT analysis tab**
2	**Average Hours per Client**	**35**	**FY2003 DSHS Performance Indicators Report**
3	**Increase factor for this population**	**1.50**	**Estimate**
4	**Avg Historical Client Hours**	58,800	
5	**Average Cost per Hour**	**$131.54**	**Per ACT analysis tab**
6	**Estimated Outpatient Cost Offset**	$7,734,338	
7	**Clark County %**	**4.9%**	**Study eligibles distribution**
8	**Cost Savings without Clark**	$7,356,785	

Washington State Mental Health Division - New State Plan Services Analysis

H2022: Community-Based Wrap-Around Services Cost Offsets

Section 1: Inpatient Savings

This service is primarily a step down from ACT; no inpatient offsets projected.

Section 2: Outpatient Savings

			Comment
1	**"ACT Lite" Clients**	**504**	**Per "Act Lite" tab**
2	**Average Hours per Client**	**35**	**FY2003 DSHS Performance Indicators Report**
3	**Increase factor for this population**	**1.00**	**Estimate**
4	**Avg Historical Client Hours**	17,640	
5	**Average Cost per Hour**	**$131.54**	**Per "Act Lite" tab**
6	**Estimated Outpatient Cost Offset**	$2,320,301	

Washington State Mental Health Division - New State Plan Services Analysis

T1026: Intensive, Extended Multidisciplinary Services

Section 1: Inpatient Savings

		CLIP	Community Hospital	Totals	Comment
1	# clients served	**48**	**242**	290	**from MH Task Force**
2	ALOS	**250.00**	**13.00**	52.23	**from MH Task Force**
3	avg daily cost of hospitalization	**$339.00**	**$665.00**	$406.71	**from MH Task Force**
4	Total Days	12,000	3,146	15,146	
5	Total Cost	$4,068,000	$2,092,090	$6,160,090	
6	Projected Reduction in Days	**50%**	**50%**	**50%**	**70% of Schoenwald, Ward, Henggeler and Rowland**
7	ALOS from Intensive Client Svcs	124.00	6.45	25.90	**2000 study (Data Trends page 7) of a 72% reduction**
8	Days Saved	6,048	1,586	7,634	**in days. (See Data Trends article) (Note: Remaining**
9	avg daily cost of hospitalization	$339.00	$665.00	$406.71	**30% covered by MST below. Offset weighted**
10	RSN / Medicaid Ratios	**0%**	**100%**		**towards Intensive because of longer length of stay.)**
11	Total Cost Savings	$0	$1,054,413	$1,054,413	
12	Clark County %			**6.4%**	**Study eligibles distribution**
13	Cost Savings without Clark			$987,386	

Section 2: Outpatient Savings

			Comment
14	Clients	**480**	**Per Intensive Kids tab**
15	Average Hours per Client	**35**	**FY2003 DSHS Performance Indicators Report**
16	Increase factor for this population	**3.00**	**Estimate**
17	Avg Historical Client Hours	50,400	
18	Average Cost per Hour	**$119.40**	**Per Intensive tab**
19	Estimated Outpatient Cost Offset	$6,017,844	
20	Clark County %	**6.4%**	**Milliman Penetration Study**
21	Cost Savings without Clark	$5,635,302	

Washington State Mental Health Division - New State Plan Services Analysis

H2033: Multisystemic Therapy for Juveniles

Section 1: Inpatient Savings

		CLIP	Community Hospital	Totals	Comment
1	**# clients served**	**48**	**242**	290	**from MH Task Force**
2	**ALOS**	**250.00**	**13.00**	52.23	**from MH Task Force**
3	**avg daily cost of hospitalization**	**$339.00**	**$665.00**	$406.71	**from MH Task Force**
4	**Total Days**	12,000	3,146	15,146	
5	**Total Cost**	$4,068,000	$2,092,090	$6,160,090	
6	**Projected Reduction in Days**	**22%**	**22%**	**22%**	**30% of Schoenwald, Ward, Henggeler and Rowland**
7	**ALOS from Intensive Client Svcs**	196.00	10.19	40.95	**2000 study (Data Trends page 7) of a 72% reduction**
8	**Days Saved**	2,592	680	3,272	**in days. (See Data Trends article) (Note: Remaining**
9	**avg daily cost of hospitalization**	$339.00	$665.00	$406.71	**70% covered by Intensive above. Offset weighted**
10	**RSN / Medicaid Ratios**	**0%**	**100%**		**towards Intensive because of longer length of stay.)**
11	**Total Cost Savings**	$0	$451,891	$451,891	
12	**Clark County %**			**6.4%**	**Study eligibles distribution**
13	**Cost Savings without Clark**			$423,166	

Section 2: Outpatient Savings

			Comment
14	**Clients**	**464**	**Per MST tab**
15	**Average Hours per Client**	**35**	**FY2003 DSHS Performance Indicators Report**
16	**Increase factor for this population**	**1.50**	**Estimate**
17	**Avg Historical Client Hours**	24,353	
18	**Average Cost per Hour**	**$119.40**	**Per Intensive tab**
19	**Estimated Outpatient Cost Offset**	$2,907,821	
20	**Clark County %**	**6.4%**	**Milliman Penetration Study**
21	**Cost Savings without Clark**	$2,722,976	

Appendix 12
Base Year (CY 2004) Experience Study

Exhibit 12-1a
Washington State Mental Health Division
2005 Actuarial Rate Development
Inpatient Experience Summary
Aid Category: Disabled Adult
Catastrophic Claims Removed and Spread Across all RSNs

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (July 2003 – June 2004)	12,691	40,959	18,434	82,330	217,898	23,534	116,520	17,682	49,592	115,802	21,017	78,559	38,065	19,115	852,198

Admits per 100,000 Eligibles	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
430 Psychoses	1,418	2,783	846	1,487	3,805	1,989	3,028	543	290	1,244	5,424	2,765	1,892	942	2,450
431 Childhood mental disorders	-	59	-	-	-	-	21	-	-	-	-	-	-	-	6
427 Neuroses except depressive	95	469	195	15	50	51	93	-	48	-	114	61	95	-	72
426 Depressive neuroses	95	293	130	87	187	51	247	68	-	83	400	214	347	126	170
743-751 Alcohol and drug abuse	-	176	-	73	264	-	103	-	48	10	457	107	-	63	124
All Other	95	176	-	44	83	-	134	-	-	21	343	168	-	126	83
Medicare Primary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	**1,702**	**3,955**	**1,172**	**1,705**	**4,389**	**2,091**	**3,625**	**611**	**387**	**1,357**	**6,737**	**3,315**	**2,333**	**1,256**	**2,905**

Average Length of Stay	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Average
430 Psychoses	10.07	9.65	9.62	9.21	10.29	9.31	10.01	15.50	10.00	5.98	8.11	15.04	10.02	8.67	**10.19**
431 Childhood mental disorders	-	12.50	-	-	-	-	6.50	-	-	-	-	-	-	-	**9.50**
427 Neuroses except depressive	4.00	4.44	2.33	13.00	5.67	3.00	5.00	-	6.00	-	3.00	12.75	5.33	-	**5.47**
426 Depressive neuroses	8.00	5.80	7.50	6.17	5.12	3.00	6.08	2.00	-	4.63	5.00	9.29	10.09	2.50	**6.29**
743-751 Alcohol and drug abuse	-	5.83	-	4.80	6.02	-	4.80	-	6.00	6.00	10.88	13.14	-	3.00	**6.77**
All Other	6.00	4.33	-	10.67	7.27	-	8.69	-	-	19.50	3.50	13.27	-	4.00	**8.47**
Medicare Primary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Total	**9.39**	**8.39**	**8.17**	**8.93**	**9.70**	**9.00**	**9.40**	**14.00**	**9.00**	**6.10**	**7.79**	**14.48**	**9.84**	**7.30**	**9.65**

Cost per Day	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Average
430 Psychoses	653.88	529.69	662.19	782.57	734.01	734.21	643.15	720.43	785.90	803.85	764.56	622.83	764.05	856.14	**698.99**
431 Childhood mental disorders	-	610.81	-	-	-	-	946.36	-	-	-	-	-	-	-	**725.61**
427 Neuroses except depressive	751.15	1,572.22	1,497.32	536.67	1,079.52	861.48	687.21	-	1,233.32	-	3,003.49	719.68	1,484.59	-	**1,125.21**
426 Depressive neuroses	617.33	422.72	770.91	787.52	842.33	1,124.71	673.17	775.47	-	646.91	895.52	566.49	1.00	931.60	**712.27**
743-751 Alcohol and drug abuse	-	668.81	-	844.50	804.41	-	918.88	-	874.42	650.13	514.84	634.49	-	950.92	**739.37**
All Other	608.16	968.54	-	789.32	877.15	-	769.33	-	-	397.97	1,252.83	651.27	-	978.01	**762.75**
Medicare Primary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Total	**652.83**	**605.77**	**713.05**	**781.32**	**743.37**	**738.42**	**654.58**	**721.31**	**830.56**	**775.61**	**771.68**	**623.73**	**784.99**	**867.35**	**708.33**

Days per 100,000 Eligibles	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
430 Psychoses	14,278	26,866	8,137	13,686	39,150	18,509	30,319	8,415	2,904	7,430	43,964	41,594	18,947	8,161	**24,970**
431 Childhood mental disorders	-	732	-	-	-	-	134	-	-	-	-	-	-	-	**54**
427 Neuroses except depressive	378	2,080	456	189	281	153	463	-	290	-	343	779	504	-	**393**
426 Depressive neuroses	756	1,699	976	539	958	153	1,504	136	-	383	1,998	1,986	3,499	314	**1,072**
743-751 Alcohol and drug abuse	-	1,025	-	350	1,592	-	494	-	290	62	4,967	1,405	-	188	**839**
All Other	567	762	-	466	600	-	1,164	-	-	404	1,199	2,230	-	502	**704**
Medicare Primary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Total	**15,980**	**33,165**	**9,569**	**15,231**	**42,581**	**18,815**	**34,078**	**8,551**	**3,484**	**8,280**	**52,472**	**47,995**	**22,950**	**9,166**	**28,032**

Total Paid	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
430 Psychoses	7.78	11.86	4.49	8.93	23.95	11.32	16.25	5.05	1.90	4.98	28.01	21.59	12.06	5.82	**14.55**
431 Childhood mental disorders	-	0.37	-	-	-	-	0.11	-	-	-	-	-	-	-	**0.03**
427 Neuroses except depressive	0.24	2.73	0.57	0.08	0.25	0.11	0.27	-	0.30	-	0.86	0.47	0.62	-	**0.37**
426 Depressive neuroses	0.39	0.60	0.63	0.35	0.67	0.14	0.84	0.09	-	0.21	1.49	0.94	2.33	0.24	**0.64**
743-751 Alcohol and drug abuse	-	0.57	-	0.25	1.07	-	0.38	-	0.21	0.03	2.13	0.74	-	0.15	**0.52**
All Other	0.29	0.61	-	0.31	0.44	-	0.75	-	-	0.13	1.25	1.21	-	0.41	**0.45**
Medicare Primary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Total	**8.69**	**16.74**	**5.69**	**9.92**	**26.38**	**11.58**	**18.59**	**5.14**	**2.41**	**5.35**	**33.74**	**24.95**	**15.01**	**6.62**	**16.55**
Plus Catastrophic PMPM	**1.09**	**1.09**	**1.09**	**1.09**	**1.09**	**1.09**	**1.09**	**1.09**	**1.09**	**1.09**	**1.09**	**1.09**	**1.09**	**1.09**	**1.09**
Total Inpatient Claim Cost PMPM	**9.79**	**17.84**	**6.78**	**11.01**	**27.47**	**12.67**	**19.68**	**6.23**	**3.51**	**6.44**	**34.84**	**26.04**	**16.11**	**7.72**	**17.64**

Exhibit 12-1b
Washington State Mental Health Division
2005 Actuarial Rate Development
Inpatient Experience Summary
Aid Category: Disabled Dual Adult
Catastrophic Claims Removed and Spread Across all RSNs

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (July 2003 – June 2004)	8,986	25,707	10,151	53,645	120,498	15,031	68,811	8,935	28,500	68,077	11,393	51,958	24,585	11,995	508,272

Admits per 100,000 Eligibles	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
430 Psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
431 Childhood mental disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
427 Neuroses except depressive	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
426 Depressive neuroses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
743-751 Alcohol and drug abuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medicare Primary	1,602	3,548	1,419	1,007	2,868	1,038	1,988	940	1,095	776	2,949	2,610	1,952	1,601	1,969
Total	**1,602**	**3,548**	**1,419**	**1,007**	**2,868**	**1,038**	**1,988**	**940**	**1,095**	**776**	**2,949**	**2,610**	**1,952**	**1,601**	**1,969**

Average Length of Stay	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Average
430 Psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
431 Childhood mental disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
427 Neuroses except depressive	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
426 Depressive neuroses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
743-751 Alcohol and drug abuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medicare Primary	10.67	10.28	14.92	7.42	9.83	9.46	8.21	14.71	4.23	9.57	10.00	12.90	11.68	9.13	**9.95**
Total	**10.67**	**10.28**	**14.92**	**7.42**	**9.83**	**9.46**	**8.21**	**14.71**	**4.23**	**9.57**	**10.00**	**12.90**	**11.68**	**9.13**	**9.95**

Cost per Day	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Average
430 Psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
431 Childhood mental disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
427 Neuroses except depressive	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
426 Depressive neuroses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
743-751 Alcohol and drug abuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medicare Primary	74.16	80.13	56.47	104.34	87.13	81.45	76.39	55.78	193.09	74.06	81.44	59.22	56.85	72.04	**78.29**
Total	**74.16**	**80.13**	**56.47**	**104.34**	**87.13**	**81.45**	**76.39**	**55.78**	**193.09**	**74.06**	**81.44**	**59.22**	**56.85**	**72.04**	**78.29**

Days per 100,000 Eligibles	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
430 Psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
431 Childhood mental disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
427 Neuroses except depressive	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
426 Depressive neuroses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
743-751 Alcohol and drug abuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medicare Primary	17,093	36,457	21,160	7,471	28,183	9,820	16,323	13,833	4,632	7,421	29,492	33,673	22,794	14,606	**19,586**
Total	**17,093**	**36,457**	**21,160**	**7,471**	**28,183**	**9,820**	**16,323**	**13,833**	**4,632**	**7,421**	**29,492**	**33,673**	**22,794**	**14,606**	**19,586**

Total Paid	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
430 Psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
431 Childhood mental disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
427 Neuroses except depressive	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
426 Depressive neuroses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
743-751 Alcohol and drug abuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medicare Primary	1.06	2.43	1.00	0.65	2.05	0.67	1.04	0.64	0.75	0.46	2.00	1.66	1.08	0.88	**1.28**
Total	**1.06**	**2.43**	**1.00**	**0.65**	**2.05**	**0.67**	**1.04**	**0.64**	**0.75**	**0.46**	**2.00**	**1.66**	**1.08**	**0.88**	**1.28**

Plus Catastrophic PMPM	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Inpatient Claim Cost PMPM	**1.06**	**2.43**	**1.00**	**0.65**	**2.05**	**0.67**	**1.04**	**0.64**	**0.75**	**0.46**	**2.00**	**1.66**	**1.08**	**0.88**	**1.28**

Exhibit 12-1c
Washington State Mental Health Division
2005 Actuarial Rate Development
Inpatient Experience Summary
Aid Category: Disabled Adult (All)
Catastrophic Claims Removed and Spread Across all RSNs

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (July 2003 – June 2004)	21,677	66,666	28,585	135,975	338,396	38,565	185,331	26,617	78,092	183,879	32,410	130,517	62,650	31,110	1,360,470

Admits per 100,000 Eligibles	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
430 Psychoses	830	1,710	546	900	2,450	1,214	1,904	361	184	783	3,517	1,664	1,149	579	1,535
431 Childhood mental disorders	-	36	-	-	-	-	13	-	-	-	-	-	-	-	4
427 Neuroses except depressive	55	288	126	9	32	31	58	-	31	-	74	37	57	-	45
426 Depressive neuroses	55	180	84	53	121	31	155	45	-	52	259	129	211	77	107
743-751 Alcohol and drug abuse	-	108	-	44	170	-	65	-	31	7	296	64	-	39	78
All Other	55	108	-	26	53	-	84	-	-	13	222	101	-	77	52
Medicare Primary	664	1,368	504	397	1,021	405	738	316	400	287	1,037	1,039	766	617	736
Total	**1,661**	**3,798**	**1,259**	**1,430**	**3,848**	**1,680**	**3,017**	**721**	**645**	**1,142**	**5,406**	**3,034**	**2,184**	**1,389**	**2,555**

Average Length of Stay	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Average
430 Psychoses	10.07	9.65	9.62	9.21	10.29	9.31	10.01	15.50	10.00	5.98	8.11	15.04	10.02	8.67	**10.19**
431 Childhood mental disorders	-	12.50	-	-	-	-	6.50	-	-	-	-	-	-	-	**9.50**
427 Neuroses except depressive	4.00	4.44	2.33	13.00	5.67	3.00	5.00	-	6.00	-	3.00	12.75	5.33	-	**5.47**
426 Depressive neuroses	8.00	5.80	7.50	6.17	5.12	3.00	6.08	2.00	-	4.63	5.00	9.29	10.09	2.50	**6.29**
743-751 Alcohol and drug abuse	-	5.83	-	4.80	6.02	-	4.80	-	6.00	6.00	10.88	13.14	-	3.00	**6.77**
All Other	6.00	4.33	-	10.67	7.27	-	8.69	-	-	19.50	3.50	13.27	-	4.00	**8.47**
Medicare Primary	10.67	10.28	14.92	7.42	9.83	9.46	8.21	14.71	4.23	9.57	10.00	12.90	11.68	9.13	**9.95**
Total	**9.90**	**9.07**	**10.87**	**8.51**	**9.73**	**9.11**	**9.11**	**14.31**	**6.05**	**6.97**	**8.21**	**13.94**	**10.48**	**8.11**	**9.74**

Cost per Day	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Average
430 Psychoses	653.88	529.69	662.19	782.57	734.01	734.21	643.15	720.43	785.90	803.85	764.56	622.83	764.05	856.14	**698.99**
431 Childhood mental disorders	-	610.81	-	-	-	-	946.36	-	-	-	-	-	-	-	**725.61**
427 Neuroses except depressive	751.15	1,572.22	1,497.32	536.67	1,079.52	861.48	687.21	-	1,233.32	-	3,003.49	719.68	1,484.59	-	**1,125.21**
426 Depressive neuroses	617.33	422.72	770.91	787.52	842.33	1,124.71	673.17	775.47	-	646.91	895.52	566.49	797.53	931.60	**712.27**
743-751 Alcohol and drug abuse	-	668.81	-	844.50	804.41	-	918.88	-	874.42	650.13	514.84	634.49	-	950.92	**739.37**
All Other	608.16	968.54	-	789.32	877.15	-	769.33	-	-	397.97	1,252.83	651.27	-	978.01	**762.75**
Medicare Primary	74.16	80.13	56.47	104.34	87.13	81.45	76.39	55.78	193.09	74.06	81.44	59.22	56.85	72.04	**78.29**
Total	**403.43**	**391.17**	**352.54**	**617.35**	**567.54**	**574.18**	**527.09**	**421.97**	**554.49**	**533.52**	**610.49**	**444.81**	**500.44**	**469.69**	**523.01**

Days per 100,000 Eligibles	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
430 Psychoses	8,359	16,506	5,248	8,287	25,210	11,295	19,062	5,590	1,844	4,679	28,510	25,036	11,512	5,014	**15,641**
431 Childhood mental disorders	-	450	-	-	-	-	84	-	-	-	-	-	-	-	**34**
427 Neuroses except depressive	221	1,278	294	115	181	93	291	-	184	-	222	469	306	-	**246**
426 Depressive neuroses	443	1,044	630	327	617	93	945	90	-	241	1,296	1,195	2,126	193	**671**
743-751 Alcohol and drug abuse	-	630	-	212	1,025	-	311	-	184	39	3,221	846	-	116	**526**
All Other	332	468	-	282	387	-	732	-	-	255	778	1,342	-	309	**441**
Medicare Primary	7,086	14,058	7,514	2,948	10,036	3,827	6,061	4,644	1,690	2,747	10,367	13,405	8,945	5,632	**7,317**
Total	**16,441**	**34,434**	**13,685**	**12,170**	**37,454**	**15,309**	**27,486**	**10,324**	**3,903**	**7,962**	**44,394**	**42,293**	**22,889**	**11,263**	**24,876**

Total Paid	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
430 Psychoses	4.55	7.29	2.90	5.40	15.42	6.91	10.22	3.36	1.21	3.13	18.16	12.99	7.33	3.58	**9.11**
431 Childhood mental disorders	-	0.23	-	-	-	-	0.07	-	-	-	-	-	-	-	**0.02**
427 Neuroses except depressive	0.14	1.67	0.37	0.05	0.16	0.07	0.17	-	0.19	-	0.56	0.28	0.38	-	**0.23**
426 Depressive neuroses	0.23	0.37	0.40	0.21	0.43	0.09	0.53	0.06	-	0.13	0.97	0.56	1.41	0.15	**0.40**
743-751 Alcohol and drug abuse	-	0.35	-	0.15	0.69	-	0.24	-	0.13	0.02	1.38	0.45	-	0.09	**0.32**
All Other	0.17	0.38	-	0.19	0.28	-	0.47	-	-	0.08	0.81	0.73	-	0.25	**0.28**
Medicare Primary	0.44	0.94	0.35	0.26	0.73	0.26	0.39	0.22	0.27	0.17	0.70	0.66	0.42	0.34	**0.48**
Total	**5.53**	**11.22**	**4.02**	**6.26**	**17.71**	**7.33**	**12.07**	**3.63**	**1.80**	**3.54**	**22.58**	**15.68**	**9.55**	**4.41**	**10.84**
Plus Catastrophic PMPM	**0.68**	**0.68**	**0.68**	**0.68**	**0.68**	**0.68**	**0.68**	**0.68**	**0.68**	**0.68**	**0.68**	**0.68**	**0.68**	**0.68**	**0.68**
Total Inpatient Claim Cost PMPM	**6.21**	**11.91**	**4.71**	**6.95**	**18.40**	**8.01**	**12.76**	**4.32**	**2.49**	**4.22**	**23.27**	**16.36**	**10.23**	**5.09**	**11.53**

Exhibit 12-1d
Washington State Mental Health Division
2005 Actuarial Rate Development
Inpatient Experience Summary
Aid Category: Non-Disabled Adult
Catastrophic Claims Removed and Spread Across all RSNs

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (July 2003 – June 2004)	21,183	106,647	23,863	193,590	310,925	43,533	200,973	26,991	66,701	176,017	33,708	140,101	60,813	31,431	1,436,476

Admits per 100,000 Eligibles	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
430 Psychoses	227	124	-	99	702	193	472	178	108	416	712	360	434	267	385
431 Childhood mental disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
427 Neuroses except depressive	-	23	-	19	12	28	24	-	-	14	-	9	-	-	13
426 Depressive neuroses	-	90	-	31	27	28	60	44	72	41	107	51	79	153	49
743-751 Alcohol and drug abuse	-	11	-	12	23	-	6	-	-	7	71	17	-	-	13
All Other	-	11	-	6	27	-	30	-	-	7	36	-	-	115	16
Medicare Primary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	**227**	**259**	**-**	**167**	**791**	**248**	**591**	**222**	**180**	**484**	**926**	**437**	**513**	**535**	**476**

Average Length of Stay	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Average
430 Psychoses	10.25	5.55	-	6.19	8.25	11.00	6.76	9.75	5.83	6.69	5.30	10.36	7.77	6.71	**7.71**
431 Childhood mental disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
427 Neuroses except depressive	-	3.50	-	2.67	4.00	6.00	7.25	-	-	5.00	-	12.00	-	-	**5.25**
426 Depressive neuroses	-	4.13	-	2.20	6.57	12.00	3.90	7.00	5.75	4.83	2.67	7.33	6.00	6.25	**5.10**
743-751 Alcohol and drug abuse	-	4.00	-	2.50	12.17	-	2.00	-	-	6.00	2.00	6.50	-	-	**7.13**
All Other	-	13.00	-	8.00	9.29	-	3.60	-	-	20.00	1.00	-	-	15.00	**8.95**
Medicare Primary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Total	**10.25**	**5.13**	**-**	**4.85**	**8.28**	**10.56**	**6.28**	**9.20**	**5.80**	**6.66**	**4.58**	**9.88**	**7.50**	**8.36**	**7.40**

Cost per Day	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Average
430 Psychoses	638.59	824.15	-	904.40	769.84	925.70	618.38	800.34	775.35	929.86	1,144.93	608.49	716.70	1,034.06	**764.76**
431 Childhood mental disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
427 Neuroses except depressive	-	1,993.35	-	906.53	1,476.57	630.75	636.25	-	-	968.39	-	636.43	-	-	**934.30**
426 Depressive neuroses	-	756.59	-	1,068.00	732.62	621.54	661.96	804.83	898.73	714.91	1,469.39	613.05	796.00	771.84	**757.00**
743-751 Alcohol and drug abuse	-	1,190.91	-	1,148.22	653.30	-	742.43	-	-	839.35	1,720.96	732.94	-	-	**758.21**
All Other	-	292.57	-	851.08	659.49	-	802.33	-	-	1,190.21	5,349.33	-	-	532.25	**711.91**
Medicare Primary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Total	**638.59**	**828.48**	**-**	**924.32**	**764.60**	**868.65**	**627.67**	**801.03**	**824.28**	**927.35**	**1,221.43**	**612.76**	**726.46**	**785.03**	**765.29**

Days per 100,000 Eligibles	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
430 Psychoses	2,323	686	-	614	5,797	2,123	3,188	1,734	630	2,782	3,774	3,726	3,374	1,794	**2,970**
431 Childhood mental disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
427 Neuroses except depressive	-	79	-	50	46	165	173	-	-	68	-	103	-	-	**70**
426 Depressive neuroses	-	371	-	68	178	331	233	311	414	198	285	377	474	954	**251**
743-751 Alcohol and drug abuse	-	45	-	31	282	-	12	-	-	41	142	111	-	-	**89**
All Other	-	146	-	50	251	-	107	-	-	136	36	-	-	1,718	**142**
Medicare Primary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Total	**2,323**	**1,328**	**-**	**812**	**6,553**	**2,619**	**3,714**	**2,045**	**1,043**	**3,225**	**4,236**	**4,317**	**3,848**	**4,467**	**3,523**

Total Paid	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
430 Psychoses	1.24	0.47	-	0.46	3.72	1.64	1.64	1.16	0.41	2.16	3.60	1.89	2.02	1.55	**1.89**
431 Childhood mental disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
427 Neuroses except depressive	-	0.13	-	0.04	0.06	0.09	0.09	-	-	0.06	-	0.05	-	-	**0.05**
426 Depressive neuroses	-	0.23	-	0.06	0.11	0.17	0.13	0.21	0.31	0.12	0.35	0.19	0.31	0.61	**0.16**
743-751 Alcohol and drug abuse	-	0.04	-	0.03	0.15	-	0.01	-	-	0.03	0.20	0.07	-	-	**0.06**
All Other	-	0.04	-	0.04	0.14	-	0.07	-	-	0.14	0.16	-	-	0.76	**0.08**
Medicare Primary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Total	**1.24**	**0.92**	**-**	**0.63**	**4.18**	**1.90**	**1.94**	**1.37**	**0.72**	**2.49**	**4.31**	**2.20**	**2.33**	**2.92**	**2.25**
Plus Catastrophic PMPM	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Total Inpatient Claim Cost PMPM	**1.24**	**0.92**	**-**	**0.63**	**4.18**	**1.90**	**1.94**	**1.37**	**0.72**	**2.49**	**4.31**	**2.20**	**2.33**	**2.92**	**2.25**

Exhibit 12-1e
Washington State Mental Health Division
2005 Actuarial Rate Development
Inpatient Experience Summary
Aid Category: Non-Disabled Dual Adult
Catastrophic Claims Removed and Spread Across all RSNs

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (July 2003 – June 2004)	13,719	27,258	10,497	74,903	182,308	17,605	88,702	11,295	31,515	70,248	12,414	50,160	22,974	15,172	628,770

Admits per 100,000 Eligibles	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
430 Psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
431 Childhood mental disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
427 Neuroses except depressive	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
426 Depressive neuroses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
743-751 Alcohol and drug abuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medicare Primary	262	528	114	96	375	273	325	319	190	376	677	789	313	158	353
Total	**262**	**528**	**114**	**96**	**375**	**273**	**325**	**319**	**190**	**376**	**677**	**789**	**313**	**158**	**353**

Average Length of Stay	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Average
430 Psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
431 Childhood mental disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
427 Neuroses except depressive	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
426 Depressive neuroses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
743-751 Alcohol and drug abuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medicare Primary	7.33	11.50	2.00	9.33	8.98	7.75	7.75	13.33	6.40	12.32	10.43	11.64	7.50	18.00	**9.88**
Total	**7.33**	**11.50**	**2.00**	**9.33**	**8.98**	**7.75**	**7.75**	**13.33**	**6.40**	**12.32**	**10.43**	**11.64**	**7.50**	**18.00**	**9.88**

Cost per Day	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Average
430 Psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
431 Childhood mental disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
427 Neuroses except depressive	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
426 Depressive neuroses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
743-751 Alcohol and drug abuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medicare Primary	52.51	78.37	56.21	80.18	86.24	108.39	70.84	42.90	118.51	74.57	53.50	61.43	57.04	47.67	**73.72**
Total	**52.51**	**78.37**	**56.21**	**80.18**	**86.24**	**108.39**	**70.84**	**42.90**	**118.51**	**74.57**	**53.50**	**61.43**	**57.04**	**47.67**	**73.72**

Days per 100,000 Eligibles	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
430 Psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
431 Childhood mental disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
427 Neuroses except depressive	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
426 Depressive neuroses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
743-751 Alcohol and drug abuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medicare Primary	1,924	6,075	229	897	3,370	2,113	2,516	4,250	1,218	4,629	7,057	9,187	2,350	2,847	**3,489**
Total	**1,924**	**6,075**	**229**	**897**	**3,370**	**2,113**	**2,516**	**4,250**	**1,218**	**4,629**	**7,057**	**9,187**	**2,350**	**2,847**	**3,489**

Total Paid	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
430 Psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
431 Childhood mental disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
427 Neuroses except depressive	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
426 Depressive neuroses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
743-751 Alcohol and drug abuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medicare Primary	0.08	0.40	0.01	0.06	0.24	0.19	0.15	0.15	0.12	0.29	0.31	0.47	0.11	0.11	**0.21**
Total	**0.08**	**0.40**	**0.01**	**0.06**	**0.24**	**0.19**	**0.15**	**0.15**	**0.12**	**0.29**	**0.31**	**0.47**	**0.11**	**0.11**	**0.21**

Plus Catastrophic PMPM	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Inpatient Claim Cost PMPM	**0.08**	**0.40**	**0.01**	**0.06**	**0.24**	**0.19**	**0.15**	**0.15**	**0.12**	**0.29**	**0.31**	**0.47**	**0.11**	**0.11**	**0.21**

Exhibit 12-1f
Washington State Mental Health Division
2005 Actuarial Rate Development
Inpatient Experience Summary
Aid Category: Non-Disabled Adult (All)
Catastrophic Claims Removed and Spread Across all RSNs

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (July 2003 – June 2004)	34,902	133,905	34,360	268,493	493,233	61,138	289,675	38,286	98,216	246,265	46,122	190,261	83,787	46,603	2,065,246

Admits per 100,000 Eligibles	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
430 Psychoses	138	99	-	72	443	137	327	125	73	297	520	265	315	180	268
431 Childhood mental disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
427 Neuroses except depressive	-	18	-	13	7	20	17	-	-	10	-	6	-	-	9
426 Depressive neuroses	-	72	-	22	17	20	41	31	49	29	78	38	57	103	34
743-751 Alcohol and drug abuse	-	9	-	9	15	-	4	-	-	5	52	13	-	-	9
All Other	-	9	-	4	17	-	21	-	-	5	26	-	-	77	11
Medicare Primary	103	108	35	27	139	79	99	94	61	107	182	208	86	51	107
Total	**241**	**314**	**35**	**147**	**637**	**255**	**510**	**251**	**183**	**453**	**859**	**530**	**458**	**412**	**439**

Average Length of Stay	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Average
430 Psychoses	10.25	5.55	-	6.19	8.25	11.00	6.76	9.75	5.83	6.69	5.30	10.36	7.77	6.71	**7.71**
431 Childhood mental disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
427 Neuroses except depressive	-	3.50	-	2.67	4.00	6.00	7.25	-	-	5.00	-	12.00	-	-	**5.25**
426 Depressive neuroses	-	4.13	-	2.20	6.57	12.00	3.90	7.00	5.75	4.83	2.67	7.33	6.00	6.25	**5.10**
743-751 Alcohol and drug abuse	-	4.00	-	2.50	12.17	-	2.00	-	-	6.00	2.00	6.50	-	-	**7.13**
All Other	-	13.00	-	8.00	9.29	-	3.60	-	-	20.00	1.00	-	-	15.00	**8.95**
Medicare Primary	7.33	11.50	2.00	9.33	8.98	7.75	7.75	13.33	6.40	12.32	10.43	11.64	7.50	18.00	**9.88**
Total	**9.00**	**7.31**	**2.00**	**5.67**	**8.44**	**9.69**	**6.57**	**10.75**	**6.00**	**8.00**	**5.82**	**10.57**	**7.50**	**9.56**	**8.01**

Cost per Day	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Average
430 Psychoses	638.59	824.15	-	904.40	769.84	925.70	618.38	800.34	775.35	929.86	1,144.93	608.49	716.70	1,034.06	**764.76**
431 Childhood mental disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
427 Neuroses except depressive	-	1,993.35	-	906.53	1,476.57	630.75	636.25	-	-	968.39	-	636.43	-	-	**934.30**
426 Depressive neuroses	-	756.59	-	1,068.00	732.62	621.54	661.96	804.83	898.73	714.91	1,469.39	613.05	796.00	771.84	**757.00**
743-751 Alcohol and drug abuse	-	1,190.91	-	1,148.22	653.30	-	742.43	-	-	839.35	1,720.96	732.94	-	-	**758.21**
All Other	-	292.57	-	851.08	659.49	-	802.33	-	-	1,190.21	5,349.33	-	-	532.25	**711.91**
Medicare Primary	52.51	78.37	56.21	80.18	86.24	108.39	70.84	42.90	118.51	74.57	53.50	61.43	57.04	47.67	**73.72**
Total	**433.93**	**424.13**	**56.21**	**671.53**	**607.44**	**681.60**	**499.49**	**448.41**	**573.34**	**616.73**	**777.38**	**374.35**	**600.95**	**611.53**	**556.16**

Days per 100,000 Eligibles	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
430 Psychoses	1,410	547	-	442	3,654	1,511	2,212	1,222	428	1,988	2,758	2,744	2,449	1,210	**2,066**
431 Childhood mental disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
427 Neuroses except depressive	-	63	-	36	29	118	120	-	-	49	-	76	-	-	**49**
426 Depressive neuroses	-	296	-	49	112	236	162	219	281	141	208	278	344	644	**175**
743-751 Alcohol and drug abuse	-	36	-	22	178	-	8	-	-	29	104	82	-	-	**62**
All Other	-	117	-	36	158	-	75	-	-	97	26	-	-	1,159	**99**
Medicare Primary	756	1,237	70	250	1,246	608	771	1,254	391	1,321	1,899	2,422	644	927	**1,062**
Total	**2,166**	**2,294**	**70**	**836**	**5,377**	**2,473**	**3,347**	**2,696**	**1,100**	**3,625**	**4,995**	**5,601**	**3,437**	**3,940**	**3,512**

Total Paid	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
430 Psychoses	0.75	0.38	-	0.33	2.34	1.17	1.14	0.82	0.28	1.54	2.63	1.39	1.46	1.04	**1.32**
431 Childhood mental disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
427 Neuroses except depressive	-	0.10	-	0.03	0.04	0.06	0.06	-	-	0.04	-	0.04	-	-	**0.04**
426 Depressive neuroses	-	0.19	-	0.04	0.07	0.12	0.09	0.15	0.21	0.08	0.25	0.14	0.23	0.41	**0.11**
743-751 Alcohol and drug abuse	-	0.04	-	0.02	0.10	-	0.01	-	-	0.02	0.15	0.05	-	-	**0.04**
All Other	-	0.03	-	0.03	0.09	-	0.05	-	-	0.10	0.12	-	-	0.51	**0.06**
Medicare Primary	0.03	0.08	0.00	0.02	0.09	0.05	0.05	0.04	0.04	0.08	0.08	0.12	0.03	0.04	**0.07**
Total	**0.78**	**0.81**	**0.00**	**0.47**	**2.72**	**1.40**	**1.39**	**1.01**	**0.53**	**1.86**	**3.24**	**1.75**	**1.72**	**2.01**	**1.63**
Plus Catastrophic PMPM	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Total Inpatient Claim Cost PMPM	**0.78**	**0.81**	**0.00**	**0.47**	**2.72**	**1.40**	**1.39**	**1.01**	**0.53**	**1.86**	**3.24**	**1.75**	**1.72**	**2.01**	**1.63**

Exhibit 12-1g
Washington State Mental Health Division
2005 Actuarial Rate Development
Inpatient Experience Summary
Aid Category: Disabled Children
Catastrophic Claims Removed and Spread Across all RSNs

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (July 2003 – June 2004)	3,671	14,425	3,734	31,719	44,335	7,389	29,883	3,190	12,090	34,205	5,766	22,873	10,686	4,753	228,719

Admits per 100,000 Eligibles	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
430 Psychoses	327	666	321	832	1,786	325	1,486	376	298	1,052	1,873	1,154	1,011	505	1,118
431 Childhood mental disorders	327	-	643	303	379	162	924	376	99	-	1,249	315	-	252	336
427 Neuroses except depressive	-	666	-	76	54	-	40	-	-	-	208	-	-	-	73
426 Depressive neuroses	-	83	321	76	81	-	40	-	-	105	624	105	112	-	89
743-751 Alcohol and drug abuse	-	-	-	-	54	-	40	-	-	-	-	52	-	-	21
All Other	-	166	-	38	81	-	161	-	-	105	208	105	-	-	84
Medicare Primary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	**654**	**1,581**	**1,285**	**1,324**	**2,436**	**487**	**2,690**	**752**	**397**	**1,263**	**4,162**	**1,731**	**1,123**	**757**	**1,721**

Average Length of Stay	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Average
430 Psychoses	32.00	9.50	8.00	14.14	12.23	8.00	11.05	16.00	12.67	12.77	8.22	14.50	8.11	8.00	**12.10**
431 Childhood mental disorders	16.00	-	31.00	13.00	17.43	13.00	17.26	4.00	19.00	-	11.67	21.00	-	22.00	**16.83**
427 Neuroses except depressive	-	4.50	-	3.50	18.50	-	3.00	-	-	-	7.00	-	-	-	**6.43**
426 Depressive neuroses	-	3.00	8.00	10.50	3.67	-	1.00	-	-	4.67	4.33	11.00	10.00	-	**6.06**
743-751 Alcohol and drug abuse	-	-	-	-	9.50	-	5.00	-	-	-	-	12.00	-	-	**9.00**
All Other	-	4.50	-	14.00	15.00	-	11.50	-	-	30.33	5.00	45.00	-	-	**18.75**
Medicare Primary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Total	**24.00**	**6.53**	**19.50**	**13.06**	**12.92**	**9.67**	**12.85**	**10.00**	**14.25**	**13.56**	**8.45**	**17.24**	**8.30**	**12.67**	**12.76**

Cost per Day	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Average
430 Psychoses	611.25	500.22	687.18	700.58	626.98	737.03	616.58	339.72	1,094.07	909.60	679.80	504.86	664.60	576.41	**665.39**
431 Childhood mental disorders	523.51	-	498.54	727.02	637.46	844.81	618.35	2,183.29	535.17	-	638.16	678.65	-	509.37	**638.06**
427 Neuroses except depressive	-	1,409.30	-	848.19	477.43	-	398.72	-	-	-	1,014.11	-	-	-	**918.13**
426 Depressive neuroses	-	1,011.32	672.60	823.38	622.15	-	634.70	-	-	684.73	836.21	315.48	765.42	-	**662.48**
743-751 Alcohol and drug abuse	-	-	-	-	686.87	-	642.79	-	-	-	-	454.06	-	-	**603.14**
All Other	-	845.19	-	1,432.87	746.44	-	513.08	-	-	854.41	1,069.87	499.97	-	-	**709.85**
Medicare Primary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Total	**582.01**	**801.55**	**535.74**	**736.94**	**629.98**	**785.34**	**611.28**	**708.43**	**907.77**	**892.86**	**699.97**	**534.18**	**676.75**	**537.60**	**666.37**

Days per 100,000 Eligibles	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
430 Psychoses	10,460	6,322	2,571	11,766	21,843	2,598	16,424	6,019	3,772	13,437	15,401	16,736	8,198	4,040	13,526
431 Childhood mental disorders	5,230	-	19,925	3,935	6,604	2,111	15,942	1,505	1,886	-	14,568	6,610	-	5,554	5,651
427 Neuroses except depressive	-	2,995	-	265	1,001	-	120	-	-	-	1,457	-	-	-	472
426 Depressive neuroses	-	250	2,571	794	298	-	40	-	-	491	2,706	1,154	1,123	-	540
743-751 Alcohol and drug abuse	-	-	-	-	514	-	201	-	-	-	-	630	-	-	189
All Other	-	749	-	530	1,218	-	1,847	-	-	3,193	1,041	4,722	-	-	1,574
Medicare Primary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	**15,691**	**10,315**	**25,067**	**17,289**	**31,479**	**4,710**	**34,575**	**7,524**	**5,658**	**17,120**	**35,172**	**29,852**	**9,321**	**9,594**	**21,952**

Total Paid	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
430 Psychoses	5.33	2.64	1.47	6.87	11.41	1.60	8.44	1.70	3.44	10.19	8.72	7.04	4.54	1.94	**7.50**
431 Childhood mental disorders	2.28	-	8.28	2.38	3.51	1.49	8.21	2.74	0.84	-	7.75	3.74	-	2.36	**3.00**
427 Neuroses except depressive	-	3.52	-	0.19	0.40	-	0.04	-	-	-	1.23	-	-	-	**0.36**
426 Depressive neuroses	-	0.21	1.44	0.55	0.15	-	0.02	-	-	0.28	1.89	0.30	0.72	-	**0.30**
743-751 Alcohol and drug abuse	-	-	-	-	0.29	-	0.11	-	-	-	-	0.24	-	-	**0.09**
All Other	-	0.53	-	0.63	0.76	-	0.79	-	-	2.27	0.93	1.97	-	-	**0.93**
Medicare Primary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Total	**7.61**	**6.89**	**11.19**	**10.62**	**16.53**	**3.08**	**17.61**	**4.44**	**4.28**	**12.74**	**20.52**	**13.29**	**5.26**	**4.30**	**12.19**
Plus Catastrophic PMPM	**1.12**	**1.12**	**1.12**	**1.12**	**1.12**	**1.12**	**1.12**	**1.12**	**1.12**	**1.12**	**1.12**	**1.12**	**1.12**	**1.12**	**1.12**
Total Inpatient Claim Cost PMPM	**8.73**	**8.01**	**12.31**	**11.73**	**17.64**	**4.20**	**18.73**	**5.56**	**5.40**	**13.85**	**21.63**	**14.40**	**6.37**	**5.41**	**13.31**

Exhibit 12-1h
Washington State Mental Health Division
2005 Actuarial Rate Development
Inpatient Experience Summary
Aid Category: Non-Disabled Children
Catastrophic Claims Removed and Spread Across all RSNs

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (July 2003 – June 2004)	154,661	423,146	102,790	1,065,576	1,297,995	286,184	947,885	118,459	288,445	770,177	129,827	549,050	268,576	132,535	6,535,306

Admits per 100,000 Eligibles	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
430 Psychoses	78	17	47	100	112	38	134	61	46	39	148	175	107	81	95
431 Childhood mental disorders	8	3	47	36	67	8	153	20	25	9	55	37	18	36	51
427 Neuroses except depressive	-	3	-	3	10	-	4	-	4	3	9	15	9	9	6
426 Depressive neuroses	-	-	-	14	16	-	16	20	4	3	46	13	40	-	12
743-751 Alcohol and drug abuse	-	-	-	-	-	-	1	-	4	-	-	4	-	-	1
All Other	16	-	-	6	3	-	4	10	-	-	18	-	4	-	3
Medicare Primary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	**101**	**23**	**93**	**159**	**208**	**46**	**313**	**111**	**83**	**55**	**277**	**245**	**179**	**127**	**168**

Average Length of Stay	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Average
430 Psychoses	19.50	9.17	21.25	14.54	11.41	14.22	10.28	16.50	7.27	10.80	8.06	16.05	8.46	8.67	**12.35**
431 Childhood mental disorders	17.00	4.00	16.25	15.75	16.04	15.50	18.79	20.00	12.00	20.83	11.67	18.71	29.00	10.50	**17.38**
427 Neuroses except depressive	-	12.00	-	21.00	10.64	-	13.00	-	35.00	8.50	2.00	5.29	18.50	6.00	**11.41**
426 Depressive neuroses	-	-	-	9.50	8.71	-	13.69	7.00	6.00	6.00	5.20	12.50	3.22	-	**8.99**
743-751 Alcohol and drug abuse	-	-	-	-	-	-	4.00	-	14.00	-	-	15.00	-	-	**12.00**
All Other	21.50	-	-	13.20	7.67	-	9.00	14.00	-	-	5.00	-	21.00	-	**12.00**
Medicare Primary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Total	**19.62**	**8.88**	**18.75**	**14.48**	**12.62**	**14.45**	**14.62**	**15.18**	**10.35**	**12.11**	**7.90**	**15.57**	**10.15**	**9.00**	**13.59**

Cost per Day	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Average
430 Psychoses	513.93	516.37	553.19	706.32	623.40	490.57	562.34	280.93	624.30	871.55	840.24	443.37	709.62	611.15	**597.82**
431 Childhood mental disorders	407.72	505.77	495.80	723.35	630.17	589.67	551.03	436.66	535.37	875.39	929.89	582.82	625.23	538.63	**603.43**
427 Neuroses except depressive	-	740.86	-	567.07	805.10	-	729.38	-	262.26	1,243.61	4,505.23	1,233.11	429.86	1,501.74	**759.26**
426 Depressive neuroses	-	-	-	623.97	606.96	-	669.88	495.75	531.78	284.22	687.37	260.58	804.43	-	**588.85**
743-751 Alcohol and drug abuse	-	-	-	-	-	-	501.90	-	368.76	-	-	229.07	-	-	**292.55**
All Other	1,395.03	-	-	843.54	362.17	-	761.53	338.40	-	-	578.84	-	1,423.90	-	**906.76**
Medicare Primary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Total	**655.42**	**553.71**	**528.32**	**706.06**	**630.71**	**509.89**	**563.75**	**341.05**	**512.19**	**870.98**	**869.85**	**474.00**	**703.73**	**629.38**	**608.20**

Days per 100,000 Eligibles	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
430 Psychoses	1,513	156	992	1,457	1,277	537	1,380	1,003	333	421	1,192	2,806	907	706	**1,170**
431 Childhood mental disorders	132	11	759	568	1,083	130	2,879	405	300	195	647	695	518	380	**890**
427 Neuroses except depressive	-	34	-	71	108	-	49	-	146	26	18	81	165	54	**67**
426 Depressive neuroses	-	-	-	128	137	-	225	142	25	19	240	164	130	-	**111**
743-751 Alcohol and drug abuse	-	-	-	-	-	-	5	-	58	-	-	66	-	-	**9**
All Other	334	-	-	74	21	-	34	142	-	-	92	-	94	-	**37**
Medicare Primary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Total	**1,979**	**201**	**1,751**	**2,298**	**2,626**	**667**	**4,573**	**1,692**	**861**	**661**	**2,191**	**3,812**	**1,814**	**1,141**	**2,284**

Total Paid	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
430 Psychoses	0.65	0.07	0.46	0.86	0.66	0.22	0.65	0.23	0.17	0.31	0.83	1.04	0.54	0.36	**0.58**
431 Childhood mental disorders	0.04	0.00	0.31	0.34	0.57	0.06	1.32	0.15	0.13	0.14	0.50	0.34	0.27	0.17	**0.45**
427 Neuroses except depressive	-	0.02	-	0.03	0.07	-	0.03	-	0.03	0.03	0.07	0.08	0.06	0.07	**0.04**
426 Depressive neuroses	-	-	-	0.07	0.07	-	0.13	0.06	0.01	0.00	0.14	0.04	0.09	-	**0.05**
743-751 Alcohol and drug abuse	-	-	-	-	-	-	0.00	-	0.02	-	-	0.01	-	-	**0.00**
All Other	0.39	-	-	0.05	0.01	-	0.02	0.04	-	-	0.04	-	0.11	-	**0.03**
Medicare Primary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Total	**1.08**	**0.09**	**0.77**	**1.35**	**1.38**	**0.28**	**2.15**	**0.48**	**0.37**	**0.48**	**1.59**	**1.51**	**1.06**	**0.60**	**1.16**
Plus Catastrophic PMPM	**0.18**	**0.18**	**0.18**	**0.18**	**0.18**	**0.18**	**0.18**	**0.18**	**0.18**	**0.18**	**0.18**	**0.18**	**0.18**	**0.18**	**0.18**
Total Inpatient Claim Cost PMPM	**1.27**	**0.28**	**0.96**	**1.54**	**1.56**	**0.47**	**2.33**	**0.67**	**0.55**	**0.66**	**1.77**	**1.69**	**1.25**	**0.78**	**1.34**

Exhibit 12-1i
Washington State Mental Health Division
2005 Actuarial Rate Development
Inpatient Experience Summary
Aid Category: All Categories
Catastrophic Claims Removed and Spread Across all RSNs

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (July 2003 – June 2004)	214,911	638,142	169,469	1,501,763	2,173,959	393,276	1,452,774	186,552	476,843	1,234,526	214,125	892,701	425,699	215,001	10,189,741

Admits per 100,000 Eligibles	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
430 Psychoses	168	226	127	183	585	174	426	122	81	229	785	437	324	184	345
431 Childhood mental disorders	11	6	42	32	48	9	121	19	18	6	67	31	11	28	41
427 Neuroses except depressive	6	51	21	7	14	6	14	-	8	4	22	16	14	6	13
426 Depressive neuroses	6	36	21	20	34	6	40	26	13	18	101	38	70	33	31
743-751 Alcohol and drug abuse	-	13	-	6	31	-	11	-	8	2	56	16	-	6	13
All Other	17	17	-	8	15	-	21	6	-	6	56	17	3	28	13
Medicare Primary	84	165	92	41	190	52	114	64	78	64	196	196	130	100	120
Total	**290**	**513**	**304**	**296**	**917**	**247**	**746**	**238**	**204**	**330**	**1,283**	**751**	**553**	**385**	**576**

Average Length of Stay	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Average
430 Psychoses	13.97	9.24	12.11	11.54	10.19	10.25	9.65	14.63	8.53	7.53	7.71	14.65	9.11	8.21	**10.32**
431 Childhood mental disorders	16.50	9.67	21.17	15.20	16.26	14.67	18.38	14.67	13.00	20.83	11.67	19.30	29.00	12.80	**17.19**
427 Neuroses except depressive	4.00	4.67	2.33	10.11	8.68	4.50	6.82	-	15.67	6.75	3.75	8.33	10.60	6.00	**7.24**
426 Depressive neuroses	8.00	4.95	7.67	7.32	6.21	7.50	7.58	5.75	5.80	4.84	4.56	9.68	6.96	5.00	**6.69**
743-751 Alcohol and drug abuse	-	5.57	-	4.14	6.80	-	4.54	-	8.67	6.00	9.10	12.25	-	3.00	**7.09**
All Other	16.33	5.33	-	12.00	8.64	-	8.16	14.00	-	25.00	3.70	18.15	21.00	10.60	**10.58**
Medicare Primary	10.00	10.44	13.92	7.65	9.69	9.06	8.13	14.30	4.58	10.48	10.09	12.62	11.13	10.11	**9.94**
Total	**12.75**	**8.66**	**12.93**	**10.95**	**10.09**	**9.95**	**10.55**	**13.57**	**7.51**	**8.48**	**7.85**	**13.96**	**9.82**	**8.83**	**10.39**

Cost per Day	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Average
430 Psychoses	583.99	543.20	620.61	740.15	716.85	706.14	620.61	553.22	780.09	865.83	805.16	565.21	738.85	799.97	**682.54**
431 Childhood mental disorders	463.86	596.32	497.13	723.98	631.43	665.05	562.90	595.44	535.33	875.39	784.02	610.02	625.23	528.57	**610.46**
427 Neuroses except depressive	751.15	1,469.89	1,497.32	614.20	850.86	707.66	681.19	-	510.19	1,141.67	2,275.34	899.66	748.27	1,501.74	**919.53**
426 Depressive neuroses	617.33	558.72	736.72	706.61	730.71	722.17	670.25	614.14	822.81	626.79	876.11	469.01	796.63	798.46	**674.94**
743-751 Alcohol and drug abuse	-	722.36	-	896.87	769.59	-	861.23	-	602.14	744.74	567.86	545.73	-	950.92	**708.45**
All Other	1,298.68	762.33	-	898.34	745.44	-	713.43	338.40	-	780.51	1,156.66	593.57	1,423.90	599.53	**766.89**
Medicare Primary	70.98	79.86	56.47	100.87	87.00	86.87	75.47	52.18	176.28	74.26	75.66	59.68	56.87	67.22	**77.47**
Total	**516.18**	**421.15**	**424.60**	**677.84**	**587.82**	**585.89**	**546.26**	**410.99**	**576.00**	**665.77**	**670.94**	**449.83**	**563.48**	**542.60**	**559.57**

Days per 100,000 Eligibles	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
430 Psychoses	2,340	2,085	1,544	2,112	5,961	1,782	4,111	1,788	687	1,728	6,047	6,400	2,954	1,513	3,561
431 Childhood mental disorders	184	55	899	486	781	134	2,217	283	229	122	785	597	327	357	702
427 Neuroses except depressive	22	237	50	73	120	27	96	-	118	26	84	134	149	33	96
426 Depressive neuroses	45	177	163	146	209	46	301	148	73	89	460	364	490	167	208
743-751 Alcohol and drug abuse	-	73	-	23	210	-	49	-	65	12	510	198	-	17	93
All Other	274	90	-	96	134	-	169	90	-	146	207	317	59	296	138
Medicare Primary	838	1,728	1,282	312	1,845	470	927	920	357	673	1,978	2,476	1,443	1,016	1,192
Total	**3,702**	**4,445**	**3,937**	**3,247**	**9,260**	**2,459**	**7,869**	**3,229**	**1,530**	**2,796**	**10,071**	**10,486**	**5,424**	**3,399**	**5,991**

Total Paid	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
430 Psychoses	1.14	0.94	0.80	1.30	3.56	1.05	2.13	0.82	0.45	1.25	4.06	3.01	1.82	1.01	**2.03**
431 Childhood mental disorders	0.07	0.03	0.37	0.29	0.41	0.07	1.04	0.14	0.10	0.09	0.51	0.30	0.17	0.16	**0.36**
427 Neuroses except depressive	0.01	0.29	0.06	0.04	0.08	0.02	0.05	-	0.05	0.02	0.16	0.10	0.09	0.04	**0.07**
426 Depressive neuroses	0.02	0.08	0.10	0.09	0.13	0.03	0.17	0.08	0.05	0.05	0.34	0.14	0.33	0.11	**0.12**
743-751 Alcohol and drug abuse	-	0.04	-	0.02	0.13	-	0.03	-	0.03	0.01	0.24	0.09	-	0.01	**0.05**
All Other	0.30	0.06	-	0.07	0.08	-	0.10	0.03	-	0.09	0.20	0.16	0.07	0.15	**0.09**
Medicare Primary	0.05	0.12	0.06	0.03	0.13	0.03	0.06	0.04	0.05	0.04	0.12	0.12	0.07	0.06	**0.08**
Total	**1.59**	**1.56**	**1.39**	**1.83**	**4.54**	**1.20**	**3.58**	**1.11**	**0.73**	**1.55**	**5.63**	**3.93**	**2.55**	**1.54**	**2.79**
Plus Catastrophic PMPM	**0.22**	**0.22**	**0.26**	**0.21**	**0.24**	**0.22**	**0.23**	**0.24**	**0.25**	**0.25**	**0.25**	**0.24**	**0.24**	**0.24**	**0.23**
Total Inpatient Claim Cost PMPM	**1.81**	**1.78**	**1.65**	**2.05**	**4.78**	**1.42**	**3.81**	**1.35**	**0.99**	**1.80**	**5.88**	**4.17**	**2.79**	**1.77**	**3.03**

Exhibit 12-2a (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
Outpatient Professional (Hourly Modalities) Experience Summary
Aid Category: Title XIX Disabled Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (CY2004)	13,171	41,062	18,525	83,874	220,711	23,470	118,193	18,050	50,890	116,278	21,213	78,804	38,796	19,711	**862,748**
Services per 1,000 Eligibles															
Crisis Services	254.5	433.4	283.4	523.1	358.5	740.3	279.7	107.9	471.2	94.7	658.1	50.9	347.2	266.4	**317.0**
Family Treatment	18.2	0.0	3.4	20.0	110.2	2.0	4.3	12.4	19.3	45.2	4.1	23.0	2.9	10.5	**41.2**
Group Treatment	1,364.4	937.5	241.2	887.1	1,243.6	711.5	942.3	284.7	1,230.9	732.9	303.8	1,447.2	661.5	966.0	**992.3**
Individual Treatment	8,052.1	4,491.6	2,940.4	7,494.8	9,724.4	8,526.3	4,336.0	4,134.6	9,218.4	4,795.3	10,342.4	6,824.6	6,202.4	7,339.9	**7,043.0**
Intake Evaluation	193.9	490.3	250.7	141.4	323.8	155.1	164.9	107.0	173.6	80.0	132.4	150.9	169.9	230.8	**208.3**
Medication Management	1,786.1	733.4	677.2	653.4	1,121.4	266.0	207.1	358.1	402.1	608.6	301.2	289.2	390.4	310.1	**634.4**
Medication Monitoring	32.7	276.4	0.9	1,099.6	956.5	509.2	1.2	23.0	3.0	0.0	5,943.6	274.7	213.9	763.5	**578.2**
Peer Support	367.2	0.0	0.0	0.0	1,062.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**277.3**
Psychological Assessment	0.0	3.5	0.0	1.1	2.0	0.0	0.0	0.0	0.0	0.0	1.5	37.8	0.0	0.0	**4.3**
Rehabilitation Case Management	0.0	0.0	0.0	60.1	15.7	0.0	159.1	0.0	9.0	0.0	0.0	0.0	0.4	0.0	**32.2**
Therapeutic Psychoeducation	111.5	0.0	6.9	66.9	230.3	110.1	0.2	0.9	0.0	0.0	2.6	557.3	65.8	12.1	**124.5**
Day Support	0.0	770.4	0.0	704.2	1,100.2	0.0	222.5	0.0	1,776.7	0.6	0.0	0.2	32.1	13.8	**523.7**
Supported Employment (B3)	0.0	8.9	85.3	16.1	0.0	171.8	3.1	0.0	114.9	0.0	76.4	0.0	28.0	74.5	**20.5**
Total	**12,180.5**	**8,145.4**	**4,489.5**	**11,667.8**	**16,248.8**	**11,192.4**	**6,320.5**	**5,028.5**	**13,419.1**	**6,357.4**	**17,766.0**	**9,655.7**	**8,114.5**	**9,987.7**	**10,796.9**
Average Length of Service (Minutes)															
Crisis Services	73.6	65.1	50.7	42.4	45.1	42.7	66.8	67.0	45.8	59.1	40.3	32.4	37.9	52.1	**49.0**
Family Treatment	72.0	0.0	57.5	52.6	17.7	41.3	66.4	61.8	53.1	49.2	49.6	71.2	47.1	55.4	**29.5**
Group Treatment	96.5	101.8	37.7	95.8	103.3	128.7	82.3	127.5	105.2	95.0	78.2	96.2	117.6	97.3	**98.5**
Individual Treatment	28.5	61.8	43.7	41.7	30.0	30.9	34.4	56.7	34.2	34.6	27.3	38.6	42.5	45.2	**35.3**
Intake Evaluation	93.7	39.0	63.0	74.7	64.4	75.3	67.9	79.9	70.0	62.1	82.7	88.7	107.3	61.8	**67.0**
Medication Management	24.9	30.8	21.0	26.3	21.3	25.9	24.5	24.3	32.9	20.1	31.5	24.7	28.4	25.1	**23.5**
Medication Monitoring	19.1	61.4	60.0	18.5	13.0	24.1	37.9	16.9	32.2	0.0	7.4	31.5	30.6	29.3	**15.6**
Peer Support	129.0	0.0	0.0	0.0	91.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**92.0**
Psychological Assessment	0.0	110.0	0.0	62.5	136.2	0.0	0.0	0.0	0.0	0.0	255.0	54.6	0.0	0.0	**68.5**
Rehabilitation Case Management	0.0	0.0	0.0	26.5	39.7	0.0	29.4	0.0	33.0	0.0	0.0	0.0	15.0	0.0	**30.2**
Therapeutic Psychoeducation	52.8	0.0	58.1	63.4	65.8	19.2	120.0	180.0	0.0	0.0	31.2	84.3	111.0	45.0	**73.0**
Day Support	0.0	289.9	0.0	232.4	162.4	0.0	84.6	0.0	182.9	300.0	0.0	90.0	349.6	65.3	**180.5**
Supported Employment (B3)	0.0	118.7	56.0	80.4	0.0	68.0	100.2	0.0	41.9	0.0	39.8	0.0	60.0	83.8	**59.2**
Total	**40.8**	**84.0**	**41.7**	**54.8**	**48.4**	**38.6**	**45.2**	**59.0**	**61.3**	**41.0**	**22.5**	**50.1**	**50.6**	**49.3**	**49.3**
Average Cost of Service															
Crisis Services	171.79	150.05	129.36	117.29	116.20	119.88	163.51	202.36	127.42	172.94	88.12	64.17	95.25	135.53	**126.49**
Family Treatment	139.19	0.00	132.58	113.73	43.47	116.53	137.15	165.55	111.52	103.55	107.32	139.37	87.56	128.82	**66.23**
Group Treatment	32.12	34.10	20.93	34.32	36.13	51.57	29.41	39.59	38.55	40.78	21.82	31.22	37.97	31.82	**35.00**
Individual Treatment	53.27	91.76	70.58	72.12	62.09	68.83	63.21	100.91	64.97	77.44	42.99	63.91	64.87	72.64	**66.21**
Intake Evaluation	183.51	95.71	188.92	191.61	188.79	224.03	150.40	209.34	194.15	180.60	185.20	189.76	227.90	187.38	**176.49**
Medication Management	96.88	129.03	70.39	142.57	102.12	116.27	87.00	93.22	151.11	83.18	155.57	100.43	132.34	116.36	**107.01**
Medication Monitoring	49.39	58.09	62.97	41.36	37.74	50.32	57.61	38.10	65.39	0.00	13.02	44.58	51.28	66.86	**34.35**
Peer Support	43.74	0.00	0.00	0.00	29.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**30.12**
Psychological Assessment	0.00	147.96	0.00	140.17	244.69	0.00	0.00	0.00	0.00	0.00	312.60	102.55	0.00	0.00	**124.21**
Rehabilitation Case Management	0.00	0.00	0.00	189.59	139.96	0.00	133.99	0.00	160.67	0.00	0.00	0.00	60.73	0.00	**145.22**
Therapeutic Psychoeducation	309.39	0.00	109.85	120.24	111.26	44.17	204.30	198.28	0.00	0.00	44.62	149.48	169.89	80.16	**129.77**
Day Support	0.00	58.01	0.00	34.45	31.62	0.00	17.75	0.00	38.51	67.00	0.00	17.09	68.74	17.74	**34.51**
Supported Employment (B3)	0.00	163.18	98.76	111.00	0.00	141.81	127.81	0.00	70.31	0.00	67.67	0.00	80.32	110.42	**99.04**
Total	**64.02**	**87.59**	**78.85**	**72.50**	**61.65**	**74.43**	**65.93**	**101.27**	**65.67**	**76.67**	**37.38**	**66.79**	**71.21**	**74.21**	**66.52**
Per Eligible per Month (PEPM) Cost															
Crisis Services	3.6	5.42	3.06	5.11	3.47	7.40	3.81	1.82	5.00	1.37	4.83	0.27	2.76	3.01	**3.34**
Family Treatment	0.2	0.00	0.04	0.19	0.40	0.02	0.05	0.17	0.18	0.39	0.04	0.27	0.02	0.11	**0.23**
Group Treatment	3.7	2.66	0.42	2.54	3.74	3.06	2.31	0.94	3.95	2.49	0.55	3.77	2.09	2.56	**2.89**
Individual Treatment	35.7	34.35	17.29	45.04	50.32	48.90	22.84	34.77	49.91	30.95	37.05	36.35	33.53	44.43	**38.86**
Intake Evaluation	3.0	3.91	3.95	2.26	5.09	2.90	2.07	1.87	2.81	1.20	2.04	2.39	3.23	3.60	**3.06**
Medication Management	14.4	7.89	3.97	7.76	9.54	2.58	1.50	2.78	5.06	4.22	3.90	2.42	4.31	3.01	**5.66**
Medication Monitoring	0.1	1.34	0.00	3.79	3.01	2.14	0.01	0.07	0.02	0.00	6.45	1.02	0.91	4.25	**1.66**
Peer Support	1.3	0.00	0.00	0.00	2.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.70**
Psychological Assessment	0.0	0.04	0.00	0.01	0.04	0.00	0.00	0.00	0.00	0.00	0.04	0.32	0.00	0.00	**0.04**
Rehabilitation Case Management	0.0	0.00	0.00	0.95	0.18	0.00	1.78	0.00	0.12	0.00	0.00	0.00	0.00	0.00	**0.39**
Therapeutic Psychoeducation	2.9	0.00	0.06	0.67	2.14	0.41	0.00	0.01	0.00	0.00	0.01	6.94	0.93	0.08	**1.35**
Day Support	0.0	3.72	0.00	2.02	2.90	0.00	0.33	0.00	5.70	0.00	0.00	0.00	0.18	0.02	**1.51**
Supported Employment (B3)	0.0	0.12	0.70	0.15	0.00	2.03	0.03	0.00	0.67	0.00	0.43	0.00	0.19	0.69	**0.17**
Total	**64.98**	**59.45**	**29.50**	**70.50**	**83.48**	**69.42**	**34.73**	**42.44**	**73.43**	**40.62**	**55.35**	**53.75**	**48.15**	**61.77**	**59.85**

Exhibit 12-2b (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
Outpatient Professional (Hourly Modalities) Experience Summary
Aid Category: Title XIX Disabled Dual Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (CY2004)	9,223	26,107	10,235	53,949	122,070	15,001	69,885	8,822	28,784	68,607	11,335	52,051	25,024	12,145	**513,238**
Services per 1,000 Eligibles															
Crisis Services	88.3	550.2	874.8	543.9	573.4	732.7	321.4	119.4	555.1	71.0	811.0	42.0	314.4	278.6	**392.5**
Family Treatment	10.4	0.0	1.6	10.3	145.7	3.2	1.2	1.8	15.2	19.9	4.2	15.0	11.5	1.3	**42.0**
Group Treatment	591.8	1,237.3	403.9	1,511.7	2,172.0	505.8	893.7	309.4	1,649.9	1,144.6	171.8	1,047.4	559.3	1,414.0	**1,315.2**
Individual Treatment	5,509.8	5,567.6	4,433.2	7,238.1	13,547.6	7,395.6	5,821.4	3,685.2	11,261.7	6,012.9	10,172.1	5,529.8	7,400.3	9,507.7	**8,332.5**
Intake Evaluation	91.7	664.1	254.2	95.4	281.9	90.7	111.7	83.2	122.4	75.7	90.2	104.4	118.0	97.2	**174.5**
Medication Management	1,619.7	915.2	1,383.1	873.3	1,791.8	294.3	1,021.2	291.3	916.9	1,354.6	362.9	1,053.4	755.8	495.4	**1,169.8**
Medication Monitoring	27.7	664.5	0.0	1,343.0	1,519.0	603.7	3.4	12.7	1.5	0.0	3,869.5	557.0	329.1	1,021.1	**737.3**
Peer Support	154.0	0.0	0.0	0.0	1,689.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**404.5**
Psychological Assessment	0.0	2.4	0.0	1.8	2.2	0.0	0.0	0.0	0.0	0.2	0.0	21.9	0.0	0.0	**3.1**
Rehabilitation Case Management	0.0	0.0	0.0	67.5	41.8	0.0	206.7	0.0	5.9	0.0	0.0	0.0	0.0	0.0	**45.5**
Therapeutic Psychoeducation	64.0	0.0	12.5	78.4	470.8	94.4	0.5	9.0	0.0	0.0	15.9	383.9	47.8	21.0	**166.7**
Day Support	0.0	832.0	0.0	1,361.1	3,593.1	0.0	751.7	0.0	2,825.5	1.2	0.0	0.0	13.4	21.0	**1,302.1**
Supported Employment (B3)	0.0	12.2	140.3	2.4	0.0	7.2	3.9	0.0	161.3	0.0	149.3	0.0	42.7	163.0	**22.7**
Total	**8,157.4**	**10,445.6**	**7,503.6**	**13,126.6**	**25,828.2**	**9,727.6**	**9,137.0**	**4,511.9**	**17,515.3**	**8,680.2**	**15,646.9**	**8,754.6**	**9,592.3**	**13,020.3**	**14,108.3**
Average Length of Service (Minutes)															
Crisis Services	62.9	60.8	25.3	39.8	41.2	35.4	65.6	91.6	52.2	61.0	43.8	32.7	31.7	47.3	**45.5**
Family Treatment	85.0	0.0	60.0	45.8	18.3	41.3	68.6	30.0	44.8	49.3	45.0	51.1	35.7	120.0	**23.7**
Group Treatment	94.6	96.2	37.9	95.3	90.8	167.9	87.1	161.5	113.3	100.4	72.5	92.1	123.2	100.0	**95.8**
Individual Treatment	27.2	63.0	55.2	40.2	29.9	29.0	32.0	56.9	31.1	33.6	28.5	36.7	40.8	48.2	**34.4**
Intake Evaluation	82.5	37.8	64.5	74.4	52.9	67.1	64.2	75.9	68.4	54.5	78.8	81.7	102.3	59.0	**57.7**
Medication Management	23.1	31.1	21.9	24.3	18.7	26.4	25.8	27.5	31.6	20.3	31.2	24.1	29.5	25.6	**22.6**
Medication Monitoring	15.9	65.8	0.0	17.8	11.9	23.2	29.3	16.4	41.4	0.0	9.1	31.1	30.2	28.5	**17.9**
Peer Support	97.6	0.0	0.0	0.0	83.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**83.9**
Psychological Assessment	0.0	78.8	0.0	70.0	144.5	0.0	0.0	0.0	0.0	120.0	0.0	52.2	0.0	0.0	**70.4**
Rehabilitation Case Management	0.0	0.0	0.0	25.5	37.9	0.0	27.0	0.0	35.8	0.0	0.0	0.0	0.0	0.0	**29.2**
Therapeutic Psychoeducation	45.8	0.0	120.0	62.7	56.2	20.1	130.0	234.0	0.0	0.0	81.0	89.0	103.6	45.9	**64.5**
Day Support	0.0	284.2	0.0	236.9	158.0	0.0	75.7	0.0	181.5	300.0	0.0	0.0	320.0	94.7	**167.2**
Supported Employment (B3)	0.0	144.8	78.9	60.0	0.0	54.4	55.2	0.0	33.7	0.0	48.8	0.0	59.6	61.1	**52.5**
Total	**33.8**	**80.3**	**45.5**	**63.9**	**55.5**	**36.5**	**41.8**	**63.7**	**64.1**	**40.8**	**25.6**	**44.3**	**45.6**	**51.7**	**52.9**
Average Cost of Service															
Crisis Services	146.67	134.43	67.36	126.84	102.10	99.36	159.11	282.92	143.66	178.11	93.70	63.97	82.34	123.17	**117.72**
Family Treatment	147.37	0.00	125.93	114.62	40.29	92.11	143.92	80.38	106.35	110.15	100.48	102.13	93.00	148.71	**52.23**
Group Treatment	32.63	31.22	21.26	34.49	32.90	52.88	29.65	45.27	40.40	42.68	19.42	28.86	39.47	31.17	**34.31**
Individual Treatment	52.37	92.52	71.61	66.96	61.00	62.10	56.94	94.95	62.01	75.85	44.77	58.60	62.35	69.09	**63.71**
Intake Evaluation	160.60	85.72	200.36	203.43	156.91	196.50	170.80	209.18	210.28	177.49	184.94	199.82	249.66	186.77	**159.01**
Medication Management	89.73	139.10	75.43	137.87	94.60	121.38	103.70	89.40	150.62	87.27	172.68	102.52	127.24	120.68	**104.32**
Medication Monitoring	48.40	59.53	0.00	39.18	35.93	48.54	63.15	43.97	63.00	0.00	16.88	43.87	51.35	64.75	**37.65**
Peer Support	33.09	0.00	0.00	0.00	28.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**28.40**
Psychological Assessment	0.00	126.83	0.00	125.93	265.75	0.00	0.00	0.00	0.00	267.94	0.00	97.05	0.00	0.00	**129.58**
Rehabilitation Case Management	0.00	0.00	0.00	179.51	135.21	0.00	124.54	0.00	187.35	0.00	0.00	0.00	0.00	0.00	**135.89**
Therapeutic Psychoeducation	279.44	0.00	185.38	125.00	98.77	44.26	251.86	198.28	0.00	0.00	138.41	150.28	154.58	79.17	**113.53**
Day Support	0.00	58.45	0.00	35.40	31.47	0.00	16.02	0.00	38.36	67.00	0.00	0.00	62.35	23.66	**32.42**
Supported Employment (B3)	0.00	170.48	134.37	96.46	0.00	124.05	99.58	0.00	57.47	0.00	91.05	0.00	84.92	98.71	**86.49**
Total	**62.12**	**86.40**	**74.85**	**66.27**	**55.92**	**66.51**	**62.69**	**98.33**	**64.46**	**75.06**	**44.46**	**65.29**	**69.31**	**68.95**	**62.59**
Per Eligible per Month (PEPM) Cost															
Crisis Services	1.1	6.16	4.91	5.75	4.88	6.07	4.26	2.82	6.64	1.05	6.33	0.22	2.16	2.86	**3.85**
Family Treatment	0.1	0.00	0.02	0.10	0.49	0.02	0.01	0.01	0.14	0.18	0.04	0.13	0.09	0.02	**0.18**
Group Treatment	1.6	3.22	0.72	4.35	5.96	2.23	2.21	1.17	5.55	4.07	0.28	2.52	1.84	3.67	**3.76**
Individual Treatment	24.0	42.93	26.46	40.39	68.86	38.27	27.62	29.16	58.19	38.01	37.95	27.01	38.45	54.74	**44.24**
Intake Evaluation	1.2	4.74	4.24	1.62	3.69	1.48	1.59	1.45	2.14	1.12	1.39	1.74	2.45	1.51	**2.31**
Medication Management	12.1	10.61	8.69	10.03	14.12	2.98	8.82	2.17	11.51	9.85	5.22	9.00	8.01	4.98	**10.17**
Medication Monitoring	0.1	3.30	0.00	4.38	4.55	2.44	0.02	0.05	0.01	0.00	5.44	2.04	1.41	5.51	**2.31**
Peer Support	0.4	0.00	0.00	0.00	3.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.96**
Psychological Assessment	0.0	0.03	0.00	0.02	0.05	0.00	0.00	0.00	0.00	0.00	0.00	0.18	0.00	0.00	**0.03**
Rehabilitation Case Management	0.0	0.00	0.00	1.01	0.47	0.00	2.15	0.00	0.09	0.00	0.00	0.00	0.00	0.00	**0.52**
Therapeutic Psychoeducation	1.5	0.00	0.19	0.82	3.87	0.35	0.01	0.15	0.00	0.00	0.18	4.81	0.62	0.14	**1.58**
Day Support	0.0	4.05	0.00	4.02	9.42	0.00	1.00	0.00	9.03	0.01	0.00	0.00	0.07	0.04	**3.52**
Supported Employment (B3)	0.0	0.17	1.57	0.02	0.00	0.07	0.03	0.00	0.77	0.00	1.13	0.00	0.30	1.34	**0.16**
Total	**42.23**	**75.21**	**46.80**	**72.49**	**120.36**	**53.92**	**47.73**	**36.97**	**94.08**	**54.30**	**57.97**	**47.63**	**55.40**	**74.81**	**73.59**

Exhibit 12-2c (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
Outpatient Professional (Hourly Modalities) Experience Summary
Aid Category: Title XIX Disabled Adult (All)

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (CY2004)	22,394	67,169	28,760	137,823	342,781	38,471	188,078	26,872	79,674	184,885	32,548	130,855	63,820	31,856	**1,375,986**
Services per 1,000 Eligibles															
Crisis Services	186.0	478.8	493.9	531.3	435.0	737.3	295.2	111.7	501.5	85.9	711.4	47.3	334.4	271.0	**345.2**
Family Treatment	15.0	0.0	2.8	16.2	122.8	2.5	3.1	8.9	17.8	35.8	4.2	19.8	6.3	7.0	**41.5**
Group Treatment	1,046.2	1,054.0	299.1	1,131.6	1,574.2	631.3	924.3	292.8	1,382.3	885.7	257.8	1,288.2	621.4	1,136.8	**1,112.7**
Individual Treatment	7,005.0	4,909.8	3,471.7	7,394.3	11,085.9	8,085.4	4,888.0	3,987.0	9,956.6	5,247.1	10,283.1	6,309.5	6,672.1	8,166.4	**7,523.9**
Intake Evaluation	151.8	557.9	251.9	123.4	308.9	130.0	145.1	99.2	155.1	78.4	117.7	132.4	149.5	179.9	**195.7**
Medication Management	1,717.6	804.1	928.4	739.4	1,360.1	277.1	509.6	336.2	588.1	885.4	322.7	593.1	533.7	380.8	**834.1**
Medication Monitoring	30.6	427.2	0.6	1,194.9	1,156.8	546.1	2.0	19.6	2.4	0.0	5,221.3	387.0	259.1	861.7	**637.6**
Peer Support	279.4	0.0	0.0	0.0	1,285.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**324.8**
Psychological Assessment	0.0	3.1	0.0	1.4	2.1	0.0	0.0	0.0	0.0	0.1	1.0	31.5	0.0	0.0	**3.8**
Rehabilitation Case Management	0.0	0.0	0.0	63.0	25.0	0.0	176.8	0.0	7.9	0.0	0.0	0.0	0.3	0.0	**37.2**
Therapeutic Psychoeducation	91.9	0.0	8.9	71.4	316.0	104.0	0.3	3.6	0.0	0.0	7.2	488.3	58.8	15.5	**140.3**
Day Support	0.0	794.3	0.0	961.4	1,988.0	0.0	419.1	0.0	2,155.6	0.8	0.0	0.1	24.8	16.5	**814.1**
Supported Employment (B3)	0.0	10.2	104.9	10.7	0.0	107.6	3.4	0.0	131.7	0.0	101.8	0.0	33.8	108.2	**21.3**
Total	**10,523.6**	**9,039.4**	**5,562.1**	**12,238.9**	**19,660.2**	**10,621.2**	**7,367.0**	**4,858.9**	**14,898.9**	**7,219.3**	**17,028.0**	**9,297.3**	**8,694.0**	**11,143.8**	**12,032.1**
Average Length of Service (Minutes)															
Crisis Services	71.6	63.2	34.7	41.4	43.3	39.9	66.3	75.6	48.4	59.7	41.7	32.5	35.6	50.2	**47.6**
Family Treatment	75.7	0.0	58.0	50.9	18.0	41.3	66.7	59.7	50.6	49.2	48.0	65.1	38.9	60.0	**27.3**
Group Treatment	96.0	99.3	37.8	95.5	97.2	141.0	84.0	139.3	108.7	97.6	76.9	94.9	119.6	98.6	**97.3**
Individual Treatment	28.1	62.3	48.9	41.1	29.9	30.2	33.3	56.8	32.9	34.2	27.7	37.9	41.8	46.5	**34.9**
Intake Evaluation	90.9	38.4	63.5	74.6	60.7	73.1	66.9	78.8	69.5	59.3	81.7	86.5	105.8	61.3	**63.9**
Medication Management	24.2	30.9	21.5	25.4	20.1	26.1	25.5	25.2	32.2	20.2	31.4	24.3	29.0	25.4	**23.0**
Medication Monitoring	17.9	64.1	60.0	18.2	12.5	23.7	32.5	16.8	34.2	0.0	7.8	31.3	30.4	28.9	**16.6**
Peer Support	121.9	0.0	0.0	0.0	87.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**88.2**
Psychological Assessment	0.0	100.4	0.0	66.3	139.3	0.0	0.0	0.0	0.0	120.0	255.0	54.0	0.0	0.0	**69.1**
Rehabilitation Case Management	0.0	0.0	0.0	26.1	38.6	0.0	28.3	0.0	33.8	0.0	0.0	0.0	15.0	0.0	**29.7**
Therapeutic Psychoeducation	50.8	0.0	89.1	63.1	60.7	19.5	126.0	225.0	0.0	0.0	69.2	85.8	108.6	45.5	**69.2**
Day Support	0.0	287.6	0.0	234.9	159.5	0.0	78.7	0.0	182.2	300.0	0.0	90.0	343.3	79.5	**172.6**
Supported Employment (B3)	0.0	130.8	66.9	78.6	0.0	67.7	81.0	0.0	38.3	0.0	44.4	0.0	59.8	70.8	**56.6**
Total	**38.6**	**82.4**	**43.5**	**58.6**	**51.7**	**37.8**	**43.6**	**60.4**	**62.5**	**40.9**	**23.5**	**48.0**	**48.5**	**50.4**	**50.9**
Average Cost of Service															
Crisis Services	166.88	143.07	90.28	121.12	109.58	111.93	161.73	230.64	133.91	174.53	90.34	64.10	90.49	130.69	**122.77**
Family Treatment	141.53	0.00	131.25	113.95	42.12	104.32	138.12	159.87	109.93	104.92	104.91	128.17	91.48	130.24	**60.95**
Group Treatment	32.23	32.79	21.09	34.41	34.54	51.98	29.50	41.56	39.35	41.69	21.26	30.46	38.50	31.51	**34.70**
Individual Treatment	52.98	92.10	71.05	70.14	61.62	66.43	60.44	99.11	63.76	76.77	43.60	62.06	63.78	71.06	**65.18**
Intake Evaluation	177.81	91.08	193.03	195.19	178.43	216.54	156.23	209.30	198.75	179.48	185.13	192.92	234.63	187.25	**170.68**
Medication Management	94.11	133.48	73.06	140.40	98.59	118.39	99.43	92.14	150.84	85.50	162.27	101.91	129.51	118.50	**105.60**
Medication Monitoring	49.02	58.96	62.97	40.40	36.89	49.56	61.07	39.35	64.87	0.00	14.01	44.17	51.31	65.91	**35.77**
Peer Support	41.32	0.00	0.00	0.00	29.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**29.32**
Psychological Assessment	0.00	141.46	0.00	133.05	252.54	0.00	0.00	0.00	0.00	267.94	312.60	101.03	0.00	0.00	**125.81**
Rehabilitation Case Management	0.00	0.00	0.00	185.37	137.13	0.00	129.88	0.00	167.89	0.00	0.00	0.00	60.73	0.00	**140.96**
Therapeutic Psychoeducation	300.80	0.00	147.62	122.29	104.63	44.20	232.84	198.28	0.00	0.00	116.18	149.73	165.00	79.65	**122.57**
Day Support	0.00	58.19	0.00	34.98	31.52	0.00	16.60	0.00	38.44	67.00	0.00	17.09	67.39	20.61	**33.26**
Supported Employment (B3)	0.00	166.58	115.72	109.75	0.00	141.35	115.79	0.00	64.62	0.00	79.62	0.00	82.60	103.70	**94.06**
Total	**63.41**	**87.05**	**76.93**	**69.89**	**58.97**	**71.60**	**64.44**	**100.37**	**65.15**	**75.95**	**39.65**	**66.23**	**70.39**	**71.87**	**64.80**
Per Eligible per Month (PEPM) Cost															
Crisis Services	2.59	5.71	3.72	5.36	3.97	6.88	3.98	2.15	5.60	1.25	5.36	0.25	2.52	2.95	**3.53**
Family Treatment	0.18	0.00	0.03	0.15	0.43	0.02	0.04	0.12	0.16	0.31	0.04	0.21	0.05	0.08	**0.21**
Group Treatment	2.81	2.88	0.53	3.24	4.53	2.73	2.27	1.01	4.53	3.08	0.46	3.27	1.99	2.99	**3.22**
Individual Treatment	30.93	37.68	20.56	43.22	56.92	44.76	24.62	32.93	52.90	33.57	37.36	32.63	35.46	48.36	**40.87**
Intake Evaluation	2.25	4.23	4.05	2.01	4.59	2.35	1.89	1.73	2.57	1.17	1.82	2.13	2.92	2.81	**2.78**
Medication Management	13.47	8.94	5.65	8.65	11.17	2.73	4.22	2.58	7.39	6.31	4.36	5.04	5.76	3.76	**7.34**
Medication Monitoring	0.13	2.10	0.00	4.02	3.56	2.26	0.01	0.06	0.01	0.00	6.10	1.42	1.11	4.73	**1.90**
Peer Support	0.96	0.00	0.00	0.00	3.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.79**
Psychological Assessment	0.00	0.04	0.00	0.02	0.04	0.00	0.00	0.00	0.00	0.00	0.03	0.26	0.00	0.00	**0.04**
Rehabilitation Case Management	0.00	0.00	0.00	0.97	0.29	0.00	1.91	0.00	0.11	0.00	0.00	0.00	0.00	0.00	**0.44**
Therapeutic Psychoeducation	2.30	0.00	0.11	0.73	2.75	0.38	0.01	0.06	0.00	0.00	0.07	6.09	0.81	0.10	**1.43**
Day Support	0.00	3.85	0.00	2.80	5.22	0.00	0.58	0.00	6.90	0.00	0.00	0.00	0.14	0.03	**2.26**
Supported Employment (B3)	0.00	0.14	1.01	0.10	0.00	1.27	0.03	0.00	0.71	0.00	0.68	0.00	0.23	0.94	**0.17**
Total	**55.61**	**65.58**	**35.66**	**71.28**	**96.61**	**63.38**	**39.56**	**40.64**	**80.89**	**45.69**	**56.26**	**51.31**	**51.00**	**66.74**	**64.98**

Exhibit 12-2d (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
Outpatient Professional (Hourly Modalities) Experience Summary
Aid Category: Title XIX Non-Disabled Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (CY2004)	21,693	110,285	24,147	198,118	321,164	45,512	208,977	27,554	68,134	180,968	35,389	146,855	62,885	32,672	**1,484,353**
Services per 1,000 Eligibles															
Crisis Services	75.8	42.0	29.7	71.6	24.7	109.6	36.0	26.1	62.6	23.7	102.4	5.1	54.6	58.6	**40.8**
Family Treatment	13.2	0.0	0.7	11.6	29.3	3.0	0.8	3.5	20.9	7.1	11.5	31.1	3.6	5.9	**13.8**
Group Treatment	169.2	65.1	0.7	62.4	106.8	48.8	107.8	109.5	68.2	41.3	51.9	202.1	114.2	69.4	**93.2**
Individual Treatment	1,673.8	719.1	502.3	918.7	1,635.6	1,497.9	363.2	1,046.7	702.8	351.9	2,093.2	1,040.4	699.5	874.9	**955.9**
Intake Evaluation	65.5	62.6	94.5	78.6	102.9	68.3	64.1	49.8	50.9	25.1	119.3	74.4	79.9	104.5	**73.2**
Medication Management	202.3	71.5	41.0	122.9	110.6	42.2	22.7	71.8	60.6	49.1	54.4	69.4	61.7	63.0	**76.0**
Medication Monitoring	1.5	0.7	0.0	105.7	45.8	52.9	0.1	8.7	0.2	0.0	347.1	18.5	22.3	102.6	**39.2**
Peer Support	0.0	0.0	0.0	0.0	2.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.6**
Psychological Assessment	0.0	1.2	0.0	0.2	0.3	0.0	0.0	0.0	0.0	0.0	0.0	4.1	0.0	0.0	**0.6**
Rehabilitation Case Management	0.0	0.0	0.0	6.7	2.1	0.0	11.3	0.0	2.3	0.0	0.0	0.0	4.3	0.0	**3.2**
Therapeutic Psychoeducation	37.5	0.0	0.0	5.3	11.4	25.6	0.0	9.3	0.0	0.0	1.4	31.6	5.6	3.9	**8.2**
Day Support	0.0	112.2	0.0	1.9	11.4	0.0	0.0	0.0	6.8	0.1	0.0	0.0	14.0	0.0	**12.0**
Supported Employment (B3)	0.0	5.2	2.0	0.0	0.0	7.6	0.3	0.0	0.0	0.0	74.6	0.0	3.3	19.5	**3.1**
Total	**2,238.8**	**1,079.5**	**670.9**	**1,385.6**	**2,083.6**	**1,855.8**	**606.3**	**1,325.3**	**975.2**	**498.2**	**2,855.7**	**1,476.6**	**1,062.9**	**1,302.3**	**1,319.8**
Average Length of Service (Minutes)															
Crisis Services	75.5	63.1	51.8	47.2	51.1	45.8	46.2	75.1	48.3	61.9	43.9	37.8	32.7	50.2	**49.9**
Family Treatment	68.3	0.0	50.0	54.5	46.4	58.7	73.6	55.8	69.0	56.0	59.4	75.7	41.8	57.5	**57.0**
Group Treatment	114.5	110.1	75.0	98.6	128.4	118.5	87.1	94.3	120.5	88.4	66.5	100.3	118.4	91.2	**106.4**
Individual Treatment	26.4	60.9	50.5	37.5	33.8	29.4	37.9	46.7	37.9	35.1	30.3	43.5	47.8	51.4	**37.8**
Intake Evaluation	88.5	62.6	75.9	78.9	77.9	76.9	67.6	79.4	76.0	64.5	82.4	89.2	109.2	61.5	**77.5**
Medication Management	24.4	34.1	27.3	29.7	26.4	31.7	32.1	26.7	32.7	22.6	30.3	29.3	30.0	28.1	**28.3**
Medication Monitoring	22.5	19.0	0.0	22.8	18.4	30.0	60.0	14.0	15.0	0.0	7.7	18.4	31.6	31.3	**19.3**
Peer Support	0.0	0.0	0.0	0.0	55.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**55.0**
Psychological Assessment	0.0	60.0	0.0	195.0	171.4	0.0	0.0	0.0	0.0	0.0	0.0	51.0	0.0	0.0	**69.8**
Rehabilitation Case Management	0.0	0.0	0.0	27.4	40.1	0.0	33.0	0.0	32.5	0.0	0.0	0.0	22.9	0.0	**31.9**
Therapeutic Psychoeducation	69.8	0.0	0.0	39.0	55.3	19.0	0.0	142.5	0.0	0.0	38.8	73.6	100.9	41.3	**61.3**
Day Support	0.0	291.8	0.0	296.1	110.4	0.0	0.0	0.0	171.7	300.0	0.0	0.0	355.1	0.0	**254.5**
Supported Employment (B3)	0.0	62.9	35.0	0.0	0.0	84.8	47.5	0.0	0.0	0.0	48.0	0.0	51.8	51.0	**53.2**
Total	**37.3**	**86.3**	**52.7**	**41.8**	**41.0**	**34.6**	**50.0**	**51.8**	**47.6**	**41.4**	**31.5**	**53.9**	**62.1**	**51.5**	**46.5**
Average Cost of Service															
Crisis Services	175.64	163.41	124.87	138.42	134.52	131.55	115.01	224.76	134.91	180.87	99.31	73.57	81.41	130.34	**134.35**
Family Treatment	129.99	0.00	91.55	119.27	100.12	142.56	154.42	154.06	116.00	121.01	131.24	146.45	94.88	122.81	**117.18**
Group Treatment	37.38	38.79	25.43	36.80	40.83	57.52	30.16	40.12	43.28	38.21	21.12	35.03	40.48	33.57	**37.08**
Individual Treatment	48.74	102.85	91.80	78.75	68.68	68.79	72.92	106.89	83.04	81.67	49.97	80.03	77.43	90.48	**74.60**
Intake Evaluation	168.83	156.00	200.55	204.58	217.81	213.04	147.78	212.38	214.44	176.62	173.59	197.07	227.32	177.85	**195.71**
Medication Management	90.25	119.04	98.36	148.81	125.95	130.89	126.06	100.40	149.92	101.42	133.57	124.88	122.70	127.49	**127.31**
Medication Monitoring	68.33	41.57	0.00	50.25	59.89	63.22	125.93	31.66	74.35	0.00	14.67	34.81	59.13	69.69	**46.27**
Peer Support	0.00	0.00	0.00	0.00	17.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**17.40**
Psychological Assessment	0.00	182.20	0.00	296.08	300.60	0.00	0.00	0.00	0.00	0.00	0.00	97.55	0.00	0.00	**138.09**
Rehabilitation Case Management	0.00	0.00	0.00	193.47	149.13	0.00	149.35	0.00	189.40	0.00	0.00	0.00	78.59	0.00	**158.88**
Therapeutic Psychoeducation	360.07	0.00	0.00	75.20	101.30	41.96	0.00	311.48	0.00	0.00	68.33	128.26	155.47	74.69	**126.61**
Day Support	0.00	65.55	0.00	42.58	22.16	0.00	0.00	0.00	38.04	67.00	0.00	0.00	70.53	0.00	**55.66**
Supported Employment (B3)	0.00	112.72	64.08	0.00	0.00	169.25	82.73	0.00	0.00	0.00	90.82	0.00	72.88	90.68	**98.37**
Total	**65.15**	**101.71**	**108.84**	**91.98**	**78.65**	**78.92**	**79.25**	**108.37**	**95.25**	**90.06**	**55.08**	**83.76**	**87.55**	**96.51**	**83.57**
Per Eligible per Month (PEPM) Cost															
Crisis Services	1.1	0.57	0.31	0.83	0.28	1.20	0.35	0.49	0.70	0.36	0.85	0.03	0.37	0.64	**0.46**
Family Treatment	0.1	0.00	0.01	0.12	0.24	0.04	0.01	0.04	0.20	0.07	0.13	0.38	0.03	0.06	**0.13**
Group Treatment	0.5	0.21	0.00	0.19	0.36	0.23	0.27	0.37	0.25	0.13	0.09	0.59	0.39	0.19	**0.29**
Individual Treatment	6.8	6.16	3.84	6.03	9.36	8.59	2.21	9.32	4.86	2.39	8.72	6.94	4.51	6.60	**5.94**
Intake Evaluation	0.9	0.81	1.58	1.34	1.87	1.21	0.79	0.88	0.91	0.37	1.73	1.22	1.51	1.55	**1.19**
Medication Management	1.5	0.71	0.34	1.52	1.16	0.46	0.24	0.60	0.76	0.42	0.61	0.72	0.63	0.67	**0.81**
Medication Monitoring	0.0	0.00	0.00	0.44	0.23	0.28	0.00	0.02	0.00	0.00	0.42	0.05	0.11	0.60	**0.15**
Peer Support	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Psychological Assessment	0.0	0.02	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.03	0.00	0.00	**0.01**
Rehabilitation Case Management	0.0	0.00	0.00	0.11	0.03	0.00	0.14	0.00	0.04	0.00	0.00	0.00	0.03	0.00	**0.04**
Therapeutic Psychoeducation	1.1	0.00	0.00	0.03	0.10	0.09	0.00	0.24	0.00	0.00	0.01	0.34	0.07	0.02	**0.09**
Day Support	0.0	0.61	0.00	0.01	0.02	0.00	0.00	0.00	0.02	0.00	0.00	0.00	0.08	0.00	**0.06**
Supported Employment (B3)	0.0	0.05	0.01	0.00	0.00	0.11	0.00	0.00	0.00	0.00	0.56	0.00	0.02	0.15	**0.03**
Total	**12.16**	**9.15**	**6.08**	**10.62**	**13.66**	**12.21**	**4.00**	**11.97**	**7.74**	**3.74**	**13.11**	**10.31**	**7.75**	**10.47**	**9.19**

Exhibit 12-2e (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
Outpatient Professional (Hourly Modalities) Experience Summary
Aid Category: Title XIX Non-Disabled Dual Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (CY2004)	13,547	27,703	10,389	74,732	183,274	17,684	89,323	11,250	31,279	70,092	12,388	49,331	22,866	14,972	**628,830**
Services per 1,000 Eligibles															
Crisis Services	29.5	34.0	29.2	59.0	36.4	134.6	48.0	9.9	54.5	7.9	28.3	1.0	38.4	39.4	**37.6**
Family Treatment	1.2	0.0	1.5	3.9	24.4	3.4	0.4	0.0	0.8	32.9	0.0	1.0	101.2	0.0	**15.2**
Group Treatment	0.0	139.4	0.0	33.9	201.9	24.4	73.9	9.9	442.8	158.4	47.7	13.4	31.4	13.9	**123.5**
Individual Treatment	1,290.0	624.5	1,408.7	1,063.1	2,386.2	1,273.4	404.0	909.4	780.9	829.7	799.5	548.8	651.9	1,103.3	**1,249.9**
Intake Evaluation	20.0	123.3	67.6	34.3	122.4	28.9	22.8	25.5	19.0	23.6	9.7	16.8	32.1	40.5	**58.5**
Medication Management	73.0	216.6	90.6	146.1	151.7	25.1	117.6	21.3	97.8	132.5	19.3	122.1	23.0	62.9	**123.9**
Medication Monitoring	0.0	0.0	0.0	132.4	81.4	133.2	8.5	0.0	0.0	0.0	1,011.7	93.7	41.9	50.1	**74.4**
Peer Support	0.0	0.0	0.0	0.0	27.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**8.0**
Psychological Assessment	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.1**
Rehabilitation Case Management	0.0	0.0	0.0	13.0	127.7	0.0	6.4	0.0	63.6	0.0	0.0	0.0	20.2	0.0	**43.6**
Therapeutic Psychoeducation	15.3	0.0	0.0	5.3	0.0	23.1	0.0	0.0	0.0	0.0	0.0	0.0	5.6	0.0	**1.8**
Day Support	0.0	0.0	0.0	29.9	155.2	0.0	42.5	0.0	90.0	0.3	0.0	0.0	0.0	0.0	**59.3**
Supported Employment (B3)	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	3.3	0.0	0.0	0.0	0.0	0.0	**0.2**
Total	**1,429.1**	**1,137.8**	**1,597.7**	**1,520.9**	**3,315.1**	**1,646.2**	**724.2**	**976.0**	**1,552.7**	**1,185.3**	**1,916.1**	**796.7**	**945.8**	**1,310.1**	**1,796.0**
Average Length of Service (Minutes)															
Crisis Services	81.6	79.2	87.8	42.5	49.6	44.5	62.6	110.0	57.5	83.5	60.2	41.3	34.5	46.5	**53.5**
Family Treatment	45.0	0.0	90.0	56.3	22.4	37.0	65.0	0.0	45.0	46.5	0.0	78.8	26.5	0.0	**30.9**
Group Treatment	0.0	104.4	0.0	106.2	154.8	100.1	118.0	80.0	195.6	105.3	60.0	88.8	122.7	88.8	**145.6**
Individual Treatment	35.3	56.4	58.9	31.3	36.1	27.6	37.0	48.1	48.7	41.1	30.8	35.9	47.4	49.5	**37.6**
Intake Evaluation	111.8	32.7	107.7	69.2	70.4	72.8	73.7	102.2	96.1	60.5	71.3	66.4	87.6	69.5	**68.5**
Medication Management	28.8	30.6	21.7	23.0	22.9	29.8	28.2	28.3	32.9	24.4	32.0	30.4	29.4	28.2	**25.6**
Medication Monitoring	0.0	0.0	0.0	16.9	20.5	22.7	31.8	0.0	0.0	0.0	4.9	40.7	25.8	31.6	**18.1**
Peer Support	0.0	0.0	0.0	0.0	76.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**76.3**
Psychological Assessment	0.0	0.0	0.0	0.0	165.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**165.0**
Rehabilitation Case Management	0.0	0.0	0.0	28.8	35.7	0.0	28.5	0.0	29.7	0.0	0.0	0.0	23.8	0.0	**34.6**
Therapeutic Psychoeducation	56.2	0.0	0.0	54.2	0.0	31.9	0.0	0.0	0.0	0.0	0.0	0.0	101.3	0.0	**51.8**
Day Support	0.0	0.0	0.0	169.9	134.7	0.0	61.7	0.0	179.4	300.0	0.0	0.0	0.0	0.0	**132.9**
Supported Employment (B3)	0.0	0.0	0.0	0.0	0.0	0.0	60.0	0.0	15.0	0.0	0.0	0.0	0.0	0.0	**19.6**
Total	**37.3**	**55.5**	**59.4**	**35.1**	**48.6**	**30.5**	**48.0**	**50.1**	**97.2**	**48.7**	**18.5**	**37.2**	**46.9**	**48.8**	**47.9**
Average Cost of Service															
Crisis Services	188.62	202.13	219.44	113.75	134.46	122.47	154.27	349.54	157.87	230.42	137.80	87.02	88.55	122.85	**140.59**
Family Treatment	88.42	0.00	188.90	127.44	60.69	91.35	136.42	0.00	98.14	92.71	0.00	135.22	85.18	0.00	**77.53**
Group Treatment	0.00	35.25	0.00	32.99	43.57	43.45	40.00	37.16	56.43	48.11	23.07	26.12	42.67	35.09	**45.11**
Individual Treatment	57.54	82.85	80.97	58.73	73.49	56.76	67.11	82.01	97.27	88.76	43.91	49.66	96.19	86.40	**72.71**
Intake Evaluation	199.43	73.86	246.61	199.23	182.48	266.56	211.76	254.54	190.97	217.10	201.23	174.63	180.45	211.71	**180.29**
Medication Management	150.34	146.55	82.38	119.39	118.07	166.22	121.98	88.98	177.47	126.70	172.10	105.44	128.03	133.96	**123.95**
Medication Monitoring	0.00	0.00	0.00	37.53	50.44	46.47	59.30	0.00	0.00	0.00	9.10	48.24	55.79	76.33	**36.89**
Peer Support	0.00	0.00	0.00	0.00	25.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**25.65**
Psychological Assessment	0.00	0.00	0.00	0.00	277.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**277.32**
Rehabilitation Case Management	0.00	0.00	0.00	193.00	132.14	0.00	135.88	0.00	166.55	0.00	0.00	0.00	79.58	0.00	**135.98**
Therapeutic Psychoeducation	362.56	0.00	0.00	119.55	0.00	45.62	0.00	0.00	0.00	0.00	0.00	0.00	155.99	0.00	**141.47**
Day Support	0.00	0.00	0.00	28.44	28.46	0.00	13.76	0.00	36.56	67.00	0.00	0.00	0.00	0.00	**27.60**
Supported Employment (B3)	0.00	0.00	0.00	0.00	0.00	0.00	104.50	0.00	26.46	0.00	0.00	0.00	0.00	0.00	**34.49**
Total	**70.27**	**91.74**	**90.69**	**68.38**	**77.52**	**66.37**	**81.03**	**88.94**	**93.11**	**91.17**	**28.49**	**60.43**	**94.77**	**92.73**	**77.73**
Per Eligible per Month (PEPM) Cost															
Crisis Services	0.5	0.57	0.53	0.56	0.41	1.37	0.62	0.29	0.72	0.15	0.33	0.01	0.28	0.40	**0.44**
Family Treatment	0.0	0.00	0.02	0.04	0.12	0.03	0.00	0.00	0.01	0.25	0.00	0.01	0.72	0.00	**0.10**
Group Treatment	0.0	0.41	0.00	0.09	0.73	0.09	0.25	0.03	2.08	0.63	0.09	0.03	0.11	0.04	**0.46**
Individual Treatment	6.2	4.31	9.51	5.20	14.61	6.02	2.26	6.21	6.33	6.14	2.93	2.27	5.23	7.94	**7.57**
Intake Evaluation	0.3	0.76	1.39	0.57	1.86	0.64	0.40	0.54	0.30	0.43	0.16	0.24	0.48	0.71	**0.88**
Medication Management	0.9	2.65	0.62	1.45	1.49	0.35	1.20	0.16	1.45	1.40	0.28	1.07	0.25	0.70	**1.28**
Medication Monitoring	0.0	0.00	0.00	0.41	0.34	0.52	0.04	0.00	0.00	0.00	0.77	0.38	0.19	0.32	**0.23**
Peer Support	0.0	0.00	0.00	0.00	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.02**
Psychological Assessment	0.0	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Rehabilitation Case Management	0.0	0.00	0.00	0.21	1.41	0.00	0.07	0.00	0.88	0.00	0.00	0.00	0.13	0.00	**0.49**
Therapeutic Psychoeducation	0.5	0.00	0.00	0.05	0.00	0.09	0.00	0.00	0.00	0.00	0.00	0.00	0.07	0.00	**0.02**
Day Support	0.0	0.00	0.00	0.07	0.37	0.00	0.05	0.00	0.27	0.00	0.00	0.00	0.00	0.00	**0.14**
Supported Employment (B3)	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	**0.00**
Total	**8.37**	**8.70**	**12.07**	**8.67**	**21.41**	**9.11**	**4.89**	**7.23**	**12.05**	**9.00**	**4.55**	**4.01**	**7.47**	**10.12**	**11.63**

Exhibit 12-2f (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
Outpatient Professional (Hourly Modalities) Experience Summary
Aid Category: Title XIX Non-Disabled Adult (All)

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (CY2004)	35,240	137,988	34,536	272,850	504,438	63,196	298,300	38,804	99,413	251,060	47,777	196,186	85,751	47,644	**2,113,183**
Services per 1,000 Eligibles															
Crisis Services	58.0	40.4	29.6	68.2	29.0	116.6	39.6	21.4	60.0	19.3	83.2	4.0	50.3	52.6	**39.9**
Family Treatment	8.6	0.0	0.9	9.5	27.5	3.1	0.7	2.5	14.6	14.3	8.5	23.5	29.6	4.0	**14.2**
Group Treatment	104.2	80.0	0.5	54.6	141.4	42.0	97.7	80.6	186.1	74.0	50.8	154.6	92.1	51.9	**102.2**
Individual Treatment	1,526.3	700.1	775.0	958.3	1,908.3	1,435.1	375.4	1,006.9	727.4	485.3	1,757.8	916.8	686.8	946.7	**1,043.4**
Intake Evaluation	48.0	74.7	86.4	66.5	110.0	57.3	51.7	42.8	40.9	24.7	90.9	59.9	67.2	84.4	**68.8**
Medication Management	152.6	100.6	55.9	129.3	125.5	37.4	51.1	57.2	72.3	72.4	45.3	82.6	51.4	63.0	**90.3**
Medication Monitoring	0.9	0.6	0.0	113.0	58.8	75.4	2.6	6.2	0.2	0.0	519.4	37.4	27.5	86.1	**49.7**
Peer Support	0.0	0.0	0.0	0.0	11.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**2.8**
Psychological Assessment	0.0	0.9	0.0	0.1	0.3	0.0	0.0	0.0	0.0	0.0	0.0	3.1	0.0	0.0	**0.4**
Rehabilitation Case Management	0.0	0.0	0.0	8.4	47.7	0.0	9.8	0.0	21.6	0.0	0.0	0.0	8.6	0.0	**15.2**
Therapeutic Psychoeducation	29.0	0.0	0.0	5.3	7.3	24.9	0.0	6.6	0.0	0.0	1.0	23.7	5.6	2.7	**6.3**
Day Support	0.0	89.6	0.0	9.5	63.6	0.0	12.7	0.0	33.0	0.1	0.0	0.0	10.2	0.0	**26.1**
Supported Employment (B3)	0.0	4.2	1.4	0.0	0.0	5.5	0.3	0.0	1.1	0.0	55.3	0.0	2.4	13.4	**2.2**
Total	**1,927.5**	**1,091.2**	**949.7**	**1,422.6**	**2,531.0**	**1,797.2**	**641.6**	**1,224.0**	**1,156.9**	**690.0**	**2,612.1**	**1,305.6**	**1,031.7**	**1,304.8**	**1,461.5**
Average Length of Service (Minutes)															
Crisis Services	76.7	65.9	62.5	46.1	50.4	45.4	52.2	79.8	50.9	64.4	45.3	38.0	33.0	49.3	**50.9**
Family Treatment	67.1	0.0	70.0	54.7	38.7	52.0	72.1	55.8	68.6	49.9	59.4	75.7	27.8	57.5	**48.7**
Group Treatment	114.5	108.1	75.0	99.9	142.1	115.5	94.1	93.8	176.7	98.5	64.9	100.1	118.8	91.0	**120.5**
Individual Treatment	29.3	60.1	55.1	35.6	34.8	28.9	37.6	47.1	41.5	37.9	30.3	42.4	47.7	50.7	**37.8**
Intake Evaluation	92.2	52.7	83.4	77.6	74.9	76.3	68.4	83.3	79.0	63.4	82.1	87.6	106.5	62.7	**75.2**
Medication Management	25.2	32.6	24.6	27.6	24.9	31.3	29.4	26.9	32.8	23.6	30.5	29.7	29.9	28.2	**27.2**
Medication Monitoring	22.5	19.0	0.0	20.9	19.4	26.4	32.3	14.0	15.0	0.0	6.3	32.5	29.2	31.4	**18.7**
Peer Support	0.0	0.0	0.0	0.0	73.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**73.1**
Psychological Assessment	0.0	60.0	0.0	195.0	169.1	0.0	0.0	0.0	0.0	0.0	0.0	51.0	0.0	0.0	**75.0**
Rehabilitation Case Management	0.0	0.0	0.0	28.0	35.8	0.0	32.2	0.0	29.9	0.0	0.0	0.0	23.5	0.0	**34.2**
Therapeutic Psychoeducation	67.0	0.0	0.0	43.1	55.3	22.3	0.0	142.5	0.0	0.0	38.8	73.6	101.0	41.3	**60.5**
Day Support	0.0	291.8	0.0	187.7	131.9	0.0	61.7	0.0	178.3	300.0	0.0	0.0	355.1	0.0	**172.1**
Supported Employment (B3)	0.0	62.9	35.0	0.0	0.0	84.8	49.3	0.0	15.0	0.0	48.0	0.0	51.8	51.0	**52.3**
Total	**37.3**	**79.8**	**56.1**	**39.8**	**44.6**	**33.6**	**49.4**	**51.4**	**68.5**	**44.9**	**29.0**	**51.4**	**58.4**	**50.7**	**47.0**
Average Cost of Service															
Crisis Services	178.18	169.95	152.95	132.57	134.50	128.62	129.25	241.56	141.47	186.53	102.71	74.39	82.86	128.57	**136.10**
Family Treatment	127.80	0.00	140.23	120.18	87.41	126.88	151.24	154.06	115.68	102.84	131.24	146.34	86.03	122.81	**104.55**
Group Treatment	37.38	37.55	25.43	36.15	42.25	55.23	32.39	40.02	53.13	44.12	21.60	34.83	40.68	33.69	**39.97**
Individual Treatment	51.60	99.27	85.88	72.66	70.87	65.80	71.05	100.38	87.85	85.05	49.25	75.45	82.17	88.98	**73.92**
Intake Evaluation	173.74	128.80	211.39	203.82	203.53	220.61	156.24	219.67	211.01	187.45	174.35	195.49	221.35	182.96	**191.81**
Medication Management	101.30	130.93	90.57	139.71	122.49	137.52	123.25	99.17	161.64	114.33	137.84	117.66	123.33	129.52	**125.93**
Medication Monitoring	68.33	41.57	0.00	46.17	55.13	54.94	60.34	31.66	74.35	0.00	11.86	43.27	57.78	70.90	**42.09**
Peer Support	0.00	0.00	0.00	0.00	24.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**24.41**
Psychological Assessment	0.00	182.20	0.00	296.08	292.13	0.00	0.00	0.00	0.00	0.00	0.00	97.55	0.00	0.00	**145.59**
Rehabilitation Case Management	0.00	0.00	0.00	193.27	132.60	0.00	146.70	0.00	168.23	0.00	0.00	0.00	79.22	0.00	**139.37**
Therapeutic Psychoeducation	360.57	0.00	0.00	87.21	101.30	42.91	0.00	311.48	0.00	0.00	68.33	128.26	155.61	74.69	**127.88**
Day Support	0.00	65.55	0.00	30.44	27.75	0.00	13.76	0.00	36.77	67.00	0.00	0.00	70.53	0.00	**36.64**
Supported Employment (B3)	0.00	112.72	64.08	0.00	0.00	169.25	85.84	0.00	26.46	0.00	90.82	0.00	72.88	90.68	**96.77**
Total	**66.61**	**99.62**	**99.66**	**85.07**	**78.11**	**75.71**	**79.85**	**103.88**	**94.35**	**90.59**	**50.02**	**80.18**	**89.31**	**95.31**	**81.43**
Per Eligible per Month (PEPM) Cost															
Crisis Services	0.86	0.57	0.38	0.75	0.32	1.25	0.43	0.43	0.71	0.30	0.71	0.03	0.35	0.56	**0.45**
Family Treatment	0.09	0.00	0.01	0.09	0.20	0.03	0.01	0.03	0.14	0.12	0.09	0.29	0.21	0.04	**0.12**
Group Treatment	0.32	0.25	0.00	0.16	0.50	0.19	0.26	0.27	0.82	0.27	0.09	0.45	0.31	0.15	**0.34**
Individual Treatment	6.56	5.79	5.55	5.80	11.27	7.87	2.22	8.42	5.32	3.44	7.21	5.76	4.70	7.02	**6.43**
Intake Evaluation	0.70	0.80	1.52	1.13	1.87	1.05	0.67	0.78	0.72	0.39	1.32	0.98	1.24	1.29	**1.10**
Medication Management	1.29	1.10	0.42	1.50	1.28	0.43	0.52	0.47	0.97	0.69	0.52	0.81	0.53	0.68	**0.95**
Medication Monitoring	0.01	0.00	0.00	0.43	0.27	0.35	0.01	0.02	0.00	0.00	0.51	0.13	0.13	0.51	**0.17**
Peer Support	0.00	0.00	0.00	0.00	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.01**
Psychological Assessment	0.00	0.01	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.00	0.00	**0.01**
Rehabilitation Case Management	0.00	0.00	0.00	0.14	0.53	0.00	0.12	0.00	0.30	0.00	0.00	0.00	0.06	0.00	**0.18**
Therapeutic Psychoeducation	0.87	0.00	0.00	0.04	0.06	0.09	0.00	0.17	0.00	0.00	0.01	0.25	0.07	0.02	**0.07**
Day Support	0.00	0.49	0.00	0.02	0.15	0.00	0.01	0.00	0.10	0.00	0.00	0.00	0.06	0.00	**0.08**
Supported Employment (B3)	0.00	0.04	0.01	0.00	0.00	0.08	0.00	0.00	0.00	0.00	0.42	0.00	0.01	0.10	**0.02**
Total	**10.70**	**9.06**	**7.89**	**10.09**	**16.48**	**11.34**	**4.27**	**10.60**	**9.10**	**5.21**	**10.89**	**8.72**	**7.68**	**10.36**	**9.92**

Exhibit 12-2g (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
Outpatient Professional (Hourly Modalities) Experience Summary
Aid Category: Title XIX Disabled Child

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (CY2004)	3,645	14,717	3,752	32,452	44,916	7,351	30,429	3,174	12,326	34,521	5,804	22,911	10,746	4,772	**231,516**
Services per 1,000 Eligibles															
Crisis Services	100.7	260.3	63.8	268.0	187.3	225.3	170.8	75.4	305.6	54.6	629.7	14.1	228.7	123.7	**178.5**
Family Treatment	459.8	1,320.9	459.4	308.8	939.4	101.7	206.6	256.4	666.6	654.2	112.1	546.3	200.5	468.2	**566.9**
Group Treatment	363.4	159.4	59.6	414.2	295.8	184.5	337.2	20.1	393.7	67.4	60.5	511.2	188.6	919.7	**293.5**
Individual Treatment	3,918.8	5,346.1	2,258.7	5,629.8	7,851.0	3,576.3	3,516.8	2,996.9	4,045.5	1,995.3	8,632.2	5,391.1	2,851.6	3,852.9	**4,841.9**
Intake Evaluation	113.8	358.7	289.3	116.5	232.3	93.0	114.4	105.6	107.3	83.1	159.6	132.5	135.2	194.0	**155.6**
Medication Management	210.2	368.7	93.6	441.8	338.2	100.6	138.2	196.1	218.9	128.9	63.9	124.1	307.4	267.6	**244.4**
Medication Monitoring	65.7	18.4	0.0	254.2	330.6	77.8	0.8	5.0	1.1	1.4	2,543.7	114.2	120.3	240.8	**190.5**
Peer Support	13.1	0.0	0.0	0.0	16.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**3.4**
Psychological Assessment	4.4	18.4	0.0	1.0	1.1	0.0	0.0	0.0	0.0	0.0	13.7	136.7	0.0	0.0	**15.5**
Rehabilitation Case Management	0.0	0.0	0.0	14.3	0.0	0.0	48.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**8.4**
Therapeutic Psychoeducation	61.3	4.3	0.0	33.9	25.4	117.5	4.7	0.0	0.0	0.0	5.0	190.7	44.6	10.0	**36.5**
Day Support	0.0	54.2	0.0	302.4	167.8	0.0	4.3	0.0	329.4	0.0	0.0	1,247.9	5.9	0.0	**220.3**
Supported Employment (B3)	0.0	3.3	21.3	1.5	0.0	70.2	0.4	0.0	3.2	0.0	10.3	0.0	3.0	3.3	**3.7**
Total	**5,311.2**	**7,912.8**	**3,245.6**	**7,786.2**	**10,385.3**	**4,546.9**	**4,542.6**	**3,655.6**	**6,071.2**	**2,984.9**	**12,230.9**	**8,408.8**	**4,085.8**	**6,080.3**	**6,759.0**
Average Length of Service (Minutes)															
Crisis Services	68.5	67.9	38.9	49.0	68.1	40.8	63.0	60.0	60.9	56.0	35.9	28.9	24.5	50.8	**54.9**
Family Treatment	59.8	74.4	59.3	56.2	56.7	47.0	63.1	53.1	70.2	65.9	59.1	55.5	51.9	53.0	**61.8**
Group Treatment	130.1	76.3	22.5	187.2	96.3	86.5	102.4	105.0	136.0	76.9	60.0	129.6	111.1	115.7	**124.1**
Individual Treatment	31.3	66.5	48.5	46.1	40.8	27.5	43.9	41.4	43.6	41.5	36.8	38.2	38.4	50.0	**43.2**
Intake Evaluation	100.0	59.6	62.8	82.3	67.9	63.6	70.3	64.8	101.6	77.6	84.3	96.7	81.3	73.7	**74.1**
Medication Management	35.1	36.7	28.4	27.5	28.9	27.1	30.8	22.6	33.7	32.4	31.7	25.1	31.6	27.0	**29.9**
Medication Monitoring	32.0	56.5	0.0	26.4	19.0	38.2	30.0	15.0	30.0	52.5	9.3	18.8	30.1	30.6	**18.4**
Peer Support	80.0	0.0	0.0	0.0	34.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**37.4**
Psychological Assessment	30.0	76.5	0.0	90.0	142.5	0.0	0.0	0.0	0.0	0.0	303.0	64.7	0.0	0.0	**72.0**
Rehabilitation Case Management	0.0	0.0	0.0	17.8	0.0	0.0	28.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**25.7**
Therapeutic Psychoeducation	80.7	60.0	0.0	21.4	51.1	16.1	62.5	0.0	0.0	0.0	237.5	66.2	126.5	90.0	**57.6**
Day Support	0.0	336.2	0.0	247.2	243.5	0.0	90.0	0.0	291.0	0.0	0.0	314.3	360.0	0.0	**288.9**
Supported Employment (B3)	0.0	140.0	58.0	40.0	0.0	96.0	60.0	0.0	50.0	0.0	62.0	0.0	105.0	60.0	**86.4**
Total	**43.5**	**68.2**	**50.1**	**60.6**	**47.2**	**32.6**	**50.0**	**42.6**	**67.5**	**48.5**	**32.4**	**87.4**	**43.8**	**59.2**	**56.3**
Average Cost of Service															
Crisis Services	158.84	160.46	98.59	134.23	166.65	123.40	152.56	180.91	168.63	161.98	80.07	58.22	65.68	135.08	**140.37**
Family Treatment	116.02	113.67	123.08	119.02	116.62	118.53	127.93	134.55	144.07	146.21	130.41	104.04	98.94	118.74	**122.53**
Group Treatment	39.80	27.85	20.34	49.49	39.62	35.80	36.54	52.10	38.40	31.41	21.65	39.35	38.71	32.23	**39.57**
Individual Treatment	56.26	77.49	76.42	72.93	76.54	59.87	76.28	83.56	74.98	72.86	47.71	64.54	59.12	82.47	**72.12**
Intake Evaluation	191.01	114.58	158.26	233.43	188.96	194.74	159.96	167.14	231.01	190.57	187.64	212.56	212.80	210.92	**184.08**
Medication Management	156.11	165.28	144.58	167.82	143.01	160.67	134.73	106.93	169.18	169.08	216.01	109.34	138.70	128.60	**152.35**
Medication Monitoring	58.95	63.01	0.00	53.13	73.67	60.10	62.97	35.50	74.35	65.48	18.51	31.66	51.93	62.20	**47.58**
Peer Support	27.13	0.00	0.00	0.00	13.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**14.17**
Psychological Assessment	58.95	288.68	0.00	184.88	253.87	0.00	0.00	0.00	0.00	0.00	308.22	120.94	0.00	0.00	**139.91**
Rehabilitation Case Management	0.00	0.00	0.00	140.53	0.00	0.00	132.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**134.45**
Therapeutic Psychoeducation	425.27	95.12	0.00	43.83	91.87	41.33	122.25	0.00	0.00	0.00	42.87	127.07	173.20	148.71	**112.75**
Day Support	0.00	51.32	0.00	39.94	46.86	0.00	15.68	0.00	57.43	0.00	0.00	60.82	73.03	0.00	**54.22**
Supported Employment (B3)	0.00	190.24	106.19	64.30	0.00	198.27	104.50	0.00	100.70	0.00	138.44	0.00	161.77	133.97	**169.02**
Total	**73.32**	**91.37**	**91.89**	**81.49**	**84.80**	**70.01**	**83.02**	**92.57**	**90.12**	**97.06**	**47.01**	**69.89**	**72.70**	**84.20**	**81.41**
Per Eligible per Month (PEPM) Cost															
Crisis Services	1.3	3.48	0.52	3.00	2.60	2.32	2.17	1.14	4.29	0.74	4.20	0.07	1.25	1.39	**2.09**
Family Treatment	4.4	12.51	4.71	3.06	9.13	1.00	2.20	2.88	8.00	7.97	1.22	4.74	1.65	4.63	**5.79**
Group Treatment	1.2	0.37	0.10	1.71	0.98	0.55	1.03	0.09	1.26	0.18	0.11	1.68	0.61	2.47	**0.97**
Individual Treatment	18.4	34.52	14.38	34.22	50.07	17.84	22.35	20.87	25.28	12.11	34.32	28.99	14.05	26.48	**29.10**
Intake Evaluation	1.8	3.42	3.81	2.27	3.66	1.51	1.52	1.47	2.06	1.32	2.50	2.35	2.40	3.41	**2.39**
Medication Management	2.7	5.08	1.13	6.18	4.03	1.35	1.55	1.75	3.09	1.82	1.15	1.13	3.55	2.87	**3.10**
Medication Monitoring	0.3	0.10	0.00	1.13	2.03	0.39	0.00	0.01	0.01	0.01	3.92	0.30	0.52	1.25	**0.76**
Peer Support	0.0	0.00	0.00	0.00	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Psychological Assessment	0.0	0.44	0.00	0.02	0.02	0.00	0.00	0.00	0.00	0.00	0.35	1.38	0.00	0.00	**0.18**
Rehabilitation Case Management	0.0	0.00	0.00	0.17	0.00	0.00	0.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.09**
Therapeutic Psychoeducation	2.2	0.03	0.00	0.12	0.19	0.40	0.05	0.00	0.00	0.00	0.02	2.02	0.64	0.12	**0.34**
Day Support	0.0	0.23	0.00	1.01	0.66	0.00	0.01	0.00	1.58	0.00	0.00	6.33	0.04	0.00	**1.00**
Supported Employment (B3)	0.0	0.05	0.19	0.01	0.00	1.16	0.00	0.00	0.03	0.00	0.12	0.00	0.04	0.04	**0.05**
Total	**32.45**	**60.25**	**24.85**	**52.88**	**73.39**	**26.53**	**31.43**	**28.20**	**45.60**	**24.14**	**47.91**	**48.98**	**24.75**	**42.66**	**45.86**

Exhibit 12-2h (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
Outpatient Professional (Hourly Modalities) Experience Summary
Aid Category: Title XIX Non-Disabled Child

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (CY2004)	150,350	411,815	98,251	1,049,915	1,262,663	281,674	920,163	114,018	275,704	742,217	127,221	536,439	256,967	129,172	**6,356,569**
Services per 1,000 Eligibles															
Crisis Services	9.3	13.5	13.8	21.9	8.5	22.9	19.8	10.9	50.5	21.6	29.2	0.3	46.9	24.6	**18.4**
Family Treatment	109.4	312.3	179.7	57.8	248.5	15.4	48.6	50.7	123.0	184.1	29.2	152.1	79.4	87.6	**138.4**
Group Treatment	23.7	19.5	0.8	47.5	39.6	16.0	42.6	6.9	41.0	14.5	14.6	68.7	32.0	123.9	**37.9**
Individual Treatment	1,155.9	967.2	578.1	639.7	1,490.0	543.4	623.7	335.9	656.2	684.8	1,678.3	961.6	668.6	827.6	**888.0**
Intake Evaluation	35.6	62.0	66.0	33.2	65.0	20.2	43.2	21.4	25.9	29.8	57.4	47.3	51.8	58.6	**44.8**
Medication Management	28.2	41.4	18.5	48.7	36.5	9.4	16.9	9.9	34.6	27.7	1.4	42.8	57.6	44.0	**33.6**
Medication Monitoring	15.0	0.9	0.0	27.9	32.0	9.4	0.1	1.1	0.0	0.2	53.3	38.8	12.8	5.7	**16.8**
Peer Support	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Psychological Assessment	1.0	4.1	0.0	0.5	0.8	0.3	0.0	0.0	0.0	0.0	0.1	24.5	0.0	0.0	**2.6**
Rehabilitation Case Management	0.0	0.0	0.0	0.1	0.0	0.0	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.2**
Therapeutic Psychoeducation	17.7	1.4	0.0	5.6	0.3	34.2	1.3	0.0	0.0	0.0	1.7	4.0	15.2	0.9	**4.2**
Day Support	0.0	1.6	0.0	16.7	16.3	0.0	3.5	0.0	106.0	0.0	0.0	130.4	0.0	0.1	**22.2**
Supported Employment (B3)	0.0	2.5	0.2	0.9	0.0	1.1	0.0	0.0	0.1	0.0	2.5	0.0	0.1	0.0	**0.4**
Total	**1,395.8**	**1,426.3**	**857.0**	**900.5**	**1,937.6**	**672.2**	**801.0**	**436.9**	**1,037.4**	**962.7**	**1,867.7**	**1,470.6**	**964.4**	**1,172.9**	**1,207.6**
Average Length of Service (Minutes)															
Crisis Services	65.9	96.3	61.5	49.0	83.3	43.0	55.9	70.2	52.6	52.3	49.3	26.0	16.4	48.7	**53.2**
Family Treatment	61.9	67.8	54.8	58.9	57.4	58.7	62.2	49.9	65.5	63.3	58.1	58.7	56.9	52.5	**60.5**
Group Treatment	101.5	88.5	139.0	167.6	113.1	94.1	104.8	73.5	220.3	69.9	66.5	139.5	99.4	171.3	**131.7**
Individual Treatment	34.0	59.7	40.8	43.6	40.8	31.1	42.4	43.9	56.3	46.6	36.7	40.7	39.0	47.0	**43.1**
Intake Evaluation	114.4	75.6	69.5	85.8	77.2	70.6	69.1	75.6	125.1	76.0	84.4	107.6	83.8	81.5	**81.8**
Medication Management	34.5	46.8	26.6	28.7	31.2	28.6	32.0	25.2	31.5	34.6	38.6	31.6	30.0	25.6	**32.0**
Medication Monitoring	32.2	34.8	0.0	29.8	19.5	28.2	36.0	15.6	0.0	138.0	22.7	11.8	30.8	36.8	**22.2**
Peer Support	0.0	0.0	0.0	0.0	63.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**63.3**
Psychological Assessment	91.7	77.2	0.0	66.4	105.7	600.0	0.0	0.0	0.0	0.0	300.0	63.9	0.0	0.0	**70.7**
Rehabilitation Case Management	0.0	0.0	0.0	32.5	0.0	0.0	29.0	0.0	30.0	0.0	0.0	0.0	0.0	0.0	**29.2**
Therapeutic Psychoeducation	90.0	60.0	0.0	29.0	52.6	15.9	67.8	0.0	0.0	0.0	75.7	52.2	137.6	90.0	**51.5**
Day Support	0.0	318.8	0.0	212.0	113.5	0.0	94.0	0.0	224.5	0.0	0.0	348.7	0.0	30.0	**265.7**
Supported Employment (B3)	0.0	89.9	15.0	211.7	0.0	79.0	60.0	0.0	30.0	0.0	41.7	0.0	60.0	0.0	**124.0**
Total	**40.4**	**62.9**	**46.0**	**54.8**	**45.9**	**34.3**	**48.7**	**46.8**	**81.8**	**50.9**	**38.6**	**76.0**	**44.7**	**61.5**	**53.1**
Average Cost of Service															
Crisis Services	150.80	275.31	153.29	133.61	217.72	124.48	136.47	213.88	147.13	155.10	111.38	49.68	47.55	127.89	**143.97**
Family Treatment	116.97	114.42	113.85	123.89	117.00	138.23	126.33	140.55	142.48	141.09	126.23	110.18	108.18	118.98	**121.72**
Group Treatment	35.17	30.91	38.23	45.90	37.78	37.61	37.96	23.07	49.47	30.44	19.79	41.20	34.00	38.03	**39.67**
Individual Treatment	59.78	76.37	70.24	74.57	78.48	69.45	76.55	106.62	82.82	77.10	46.26	74.64	61.93	84.14	**75.00**
Intake Evaluation	219.70	144.08	178.26	222.06	201.83	196.58	148.12	199.45	251.07	190.61	169.78	231.07	211.06	206.54	**194.00**
Medication Management	184.24	168.22	149.83	167.43	159.61	164.05	136.33	137.22	153.32	179.33	130.52	129.98	136.65	119.86	**156.57**
Medication Monitoring	58.71	57.79	0.00	60.13	80.38	61.74	64.31	34.16	0.00	66.19	47.74	24.31	52.40	89.54	**59.98**
Peer Support	0.00	0.00	0.00	0.00	20.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**20.43**
Psychological Assessment	178.43	253.68	0.00	115.52	191.97	384.49	0.00	0.00	0.00	0.00	290.71	117.80	0.00	0.00	**137.93**
Rehabilitation Case Management	0.00	0.00	0.00	226.41	0.00	0.00	124.46	0.00	174.83	0.00	0.00	0.00	0.00	0.00	**130.93**
Therapeutic Psychoeducation	454.96	95.12	0.00	56.54	99.82	40.81	128.49	0.00	0.00	0.00	84.60	95.90	180.18	148.71	**117.24**
Day Support	0.00	97.87	0.00	39.75	20.88	0.00	17.78	0.00	42.13	0.00	0.00	62.56	0.00	13.40	**48.54**
Supported Employment (B3)	0.00	122.86	27.46	192.23	0.00	168.75	125.93	0.00	52.92	0.00	63.95	0.00	92.44	0.00	**143.88**
Total	**76.13**	**92.18**	**90.71**	**87.05**	**88.46**	**76.00**	**84.02**	**116.99**	**94.10**	**96.84**	**52.30**	**81.77**	**78.32**	**90.30**	**86.60**
Per Eligible per Month (PEPM) Cost															
Crisis Services	0.1	0.31	0.18	0.24	0.15	0.24	0.23	0.19	0.62	0.28	0.27	0.00	0.19	0.26	**0.22**
Family Treatment	1.1	2.98	1.70	0.60	2.42	0.18	0.51	0.59	1.46	2.16	0.31	1.40	0.72	0.87	**1.40**
Group Treatment	0.1	0.05	0.00	0.18	0.12	0.05	0.13	0.01	0.17	0.04	0.02	0.24	0.09	0.39	**0.13**
Individual Treatment	5.8	6.16	3.38	3.98	9.74	3.14	3.98	2.98	4.53	4.40	6.47	5.98	3.45	5.80	**5.55**
Intake Evaluation	0.7	0.74	0.98	0.61	1.09	0.33	0.53	0.36	0.54	0.47	0.81	0.91	0.91	1.01	**0.72**
Medication Management	0.4	0.58	0.23	0.68	0.48	0.13	0.19	0.11	0.44	0.41	0.02	0.46	0.66	0.44	**0.44**
Medication Monitoring	0.1	0.00	0.00	0.14	0.21	0.05	0.00	0.00	0.00	0.00	0.21	0.08	0.06	0.04	**0.08**
Peer Support	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Psychological Assessment	0.0	0.09	0.00	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.24	0.00	0.00	**0.03**
Rehabilitation Case Management	0.0	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Therapeutic Psychoeducation	0.7	0.01	0.00	0.03	0.00	0.12	0.01	0.00	0.00	0.00	0.01	0.03	0.23	0.01	**0.04**
Day Support	0.0	0.01	0.00	0.06	0.03	0.00	0.01	0.00	0.37	0.00	0.00	0.68	0.00	0.00	**0.09**
Supported Employment (B3)	0.0	0.03	0.00	0.01	0.00	0.02	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	**0.01**
Total	**8.86**	**10.96**	**6.48**	**6.53**	**14.28**	**4.26**	**5.61**	**4.26**	**8.13**	**7.77**	**8.14**	**10.02**	**6.29**	**8.83**	**8.71**

Exhibit 12-2i (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
Outpatient Professional (Hourly Modalities) Experience Summary
Aid Category: All Title XIX Aid Categories

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (CY2004)	211,629	631,689	165,299	1,493,040	2,154,798	390,692	1,436,970	182,868	467,117	1,212,683	213,350	886,391	417,284	213,444	**10,077,254**
Services per 1,000 Eligibles															
Crisis Services	37.7	74.6	101.8	82.7	84.9	112.2	63.2	29.1	136.2	31.9	161.7	8.4	96.2	69.8	**71.2**
Family Treatment	88.7	234.4	117.9	50.6	191.2	13.8	36.1	37.9	96.3	139.7	23.0	114.3	61.1	65.4	**109.0**
Group Treatment	151.1	146.0	54.0	156.9	312.9	83.9	175.7	64.8	310.0	161.1	61.0	279.2	138.6	276.8	**204.0**
Individual Treatment	1,884.1	1,430.1	1,160.8	1,429.9	3,247.0	1,487.3	1,191.6	1,061.0	2,347.1	1,376.4	3,198.0	1,855.7	1,646.7	2,017.1	**1,917.5**
Intake Evaluation	51.3	124.4	107.7	49.4	117.8	38.4	59.9	38.8	53.2	37.7	76.9	64.8	72.1	85.5	**73.0**
Medication Management	230.8	143.1	186.3	135.8	274.2	42.0	91.1	71.1	141.9	170.6	61.9	135.0	135.6	103.5	**159.6**
Medication Monitoring	15.2	46.5	0.1	156.1	223.4	74.2	0.9	5.0	0.5	0.2	1,013.8	91.8	56.3	156.7	**112.5**
Peer Support	29.8	0.0	0.0	0.0	207.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**45.0**
Psychological Assessment	0.8	3.6	0.0	0.5	0.9	0.2	0.0	0.0	0.0	0.0	0.6	23.7	0.0	0.0	**2.6**
Rehabilitation Case Management	0.0	0.0	0.0	7.7	15.1	0.0	26.9	0.0	6.0	0.0	0.0	0.0	1.8	0.0	**8.6**
Therapeutic Psychoeducation	28.2	1.0	1.5	12.2	52.7	41.1	1.0	1.9	0.0	0.0	2.5	84.7	20.7	3.7	**24.0**
Day Support	0.0	106.3	0.0	108.8	344.2	0.0	59.8	0.0	446.0	0.2	0.0	111.2	6.0	2.5	**135.7**
Supported Employment (B3)	0.0	3.7	19.1	1.6	0.0	13.6	0.5	0.0	22.8	0.0	29.7	0.0	5.8	19.2	**3.7**
Total	**2,517.7**	**2,313.7**	**1,749.2**	**2,192.2**	**5,071.9**	**1,906.7**	**1,706.5**	**1,309.6**	**3,559.9**	**1,917.7**	**4,629.2**	**2,768.8**	**2,240.8**	**2,800.2**	**2,866.4**
Average Length of Service (Minutes)															
Crisis Services	71.7	67.8	38.6	44.1	47.3	41.3	62.2	74.3	50.3	57.0	42.3	32.8	28.9	49.8	**49.3**
Family Treatment	62.1	68.7	55.2	58.2	52.7	56.5	62.4	50.7	66.0	62.8	58.1	59.2	53.3	52.7	**58.6**
Group Treatment	100.2	98.8	38.4	116.4	103.1	130.2	89.2	122.7	127.0	95.9	72.7	103.8	116.3	119.2	**104.7**
Individual Treatment	31.0	61.3	47.3	41.7	34.1	30.1	37.3	51.5	37.8	38.5	31.5	39.3	41.4	47.2	**38.1**
Intake Evaluation	103.0	53.8	69.0	81.0	69.4	72.5	68.3	78.1	88.7	69.1	83.1	96.6	95.0	70.6	**73.6**
Medication Management	25.4	34.5	22.1	26.8	21.7	27.3	26.9	25.4	32.2	22.2	31.3	26.4	29.5	25.9	**24.9**
Medication Monitoring	29.1	63.5	60.0	20.3	13.7	24.8	32.6	15.9	32.5	120.0	8.2	26.0	30.3	29.5	**17.4**
Peer Support	121.6	0.0	0.0	0.0	87.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**87.9**
Psychological Assessment	85.5	78.3	0.0	72.6	123.3	600.0	0.0	0.0	0.0	120.0	290.6	61.7	0.0	0.0	**70.7**
Rehabilitation Case Management	0.0	0.0	0.0	26.2	36.5	0.0	28.6	0.0	30.8	0.0	0.0	0.0	23.3	0.0	**31.3**
Therapeutic Psychoeducation	72.2	60.0	89.1	48.1	60.4	17.4	69.8	165.0	0.0	0.0	78.3	82.9	122.3	53.9	**66.4**
Day Support	0.0	289.2	0.0	232.4	157.9	0.0	78.5	0.0	190.2	300.0	0.0	338.7	347.8	78.1	**186.5**
Supported Employment (B3)	0.0	96.3	65.9	128.2	0.0	72.2	76.8	0.0	38.1	0.0	45.9	0.0	59.7	67.6	**61.5**
Total	**39.3**	**73.2**	**46.0**	**55.4**	**49.4**	**36.1**	**46.0**	**54.9**	**66.5**	**44.6**	**28.5**	**60.4**	**48.2**	**53.6**	**51.3**
Average Cost of Service															
Crisis Services	166.57	163.25	99.28	126.09	120.53	117.01	151.90	226.18	139.57	167.35	92.94	64.59	75.27	129.91	**128.81**
Family Treatment	117.50	114.32	114.79	122.82	108.31	134.46	126.75	140.70	140.88	139.55	126.61	111.53	104.93	119.18	**118.19**
Group Treatment	33.46	33.07	21.23	37.84	35.70	49.60	31.43	39.99	41.87	41.18	21.13	33.02	38.16	33.42	**35.99**
Individual Treatment	55.87	84.65	73.12	72.08	68.18	66.83	67.52	100.08	69.01	77.31	45.43	67.66	64.68	76.67	**69.45**
Intake Evaluation	198.32	114.83	188.61	211.96	191.91	208.95	152.63	206.35	217.46	186.65	175.58	211.31	220.60	195.50	**184.54**
Medication Management	103.70	141.55	79.51	149.04	107.05	130.41	107.73	97.97	153.11	99.16	159.36	109.61	131.43	120.93	**116.42**
Medication Monitoring	56.75	58.94	62.97	44.09	42.80	51.76	60.97	36.53	66.11	66.04	15.13	38.61	52.15	66.91	**39.10**
Peer Support	41.22	0.00	0.00	0.00	29.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**29.23**
Psychological Assessment	166.48	243.64	0.00	130.01	222.55	384.49	0.00	0.00	0.00	267.94	307.13	114.40	0.00	0.00	**136.04**
Rehabilitation Case Management	0.00	0.00	0.00	185.37	133.79	0.00	131.11	0.00	168.18	0.00	0.00	0.00	78.82	0.00	**140.09**
Therapeutic Psychoeducation	384.52	95.12	147.62	93.72	104.38	41.89	132.41	280.61	0.00	0.00	94.94	145.53	171.82	92.93	**121.93**
Day Support	0.00	59.84	0.00	35.72	31.22	0.00	16.51	0.00	39.30	67.00	0.00	62.05	68.62	20.40	**35.76**
Supported Employment (B3)	0.00	134.62	114.25	140.06	0.00	150.31	112.44	0.00	64.35	0.00	84.04	0.00	82.88	101.79	**99.62**
Total	**69.19**	**90.75**	**84.15**	**77.54**	**68.91**	**73.27**	**72.57**	**104.14**	**73.27**	**84.40**	**44.53**	**72.97**	**74.39**	**79.58**	**73.27**
Per Eligible per Month (PEPM) Cost															
Crisis Services	0.52	1.01	0.84	0.87	0.85	1.09	0.80	0.55	1.58	0.44	1.25	0.05	0.60	0.76	**0.76**
Family Treatment	0.87	2.23	1.13	0.52	1.73	0.15	0.38	0.44	1.13	1.62	0.24	1.06	0.53	0.65	**1.07**
Group Treatment	0.42	0.40	0.10	0.49	0.93	0.35	0.46	0.22	1.08	0.55	0.11	0.77	0.44	0.77	**0.61**
Individual Treatment	8.77	10.09	7.07	8.59	18.45	8.28	6.70	8.85	13.50	8.87	12.11	10.46	8.88	12.89	**11.10**
Intake Evaluation	0.85	1.19	1.69	0.87	1.88	0.67	0.76	0.67	0.96	0.59	1.13	1.14	1.32	1.39	**1.12**
Medication Management	1.99	1.69	1.23	1.69	2.45	0.46	0.82	0.58	1.81	1.41	0.82	1.23	1.49	1.04	**1.55**
Medication Monitoring	0.07	0.23	0.00	0.57	0.80	0.32	0.00	0.02	0.00	0.00	1.28	0.30	0.24	0.87	**0.37**
Peer Support	0.10	0.00	0.00	0.00	0.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.11**
Psychological Assessment	0.01	0.07	0.00	0.01	0.02	0.01	0.00	0.00	0.00	0.00	0.02	0.23	0.00	0.00	**0.03**
Rehabilitation Case Management	0.00	0.00	0.00	0.12	0.17	0.00	0.29	0.00	0.08	0.00	0.00	0.00	0.01	0.00	**0.10**
Therapeutic Psychoeducation	0.90	0.01	0.02	0.10	0.46	0.14	0.01	0.04	0.00	0.00	0.02	1.03	0.30	0.03	**0.24**
Day Support	0.00	0.53	0.00	0.32	0.90	0.00	0.08	0.00	1.46	0.00	0.00	0.57	0.03	0.00	**0.40**
Supported Employment (B3)	0.00	0.04	0.18	0.02	0.00	0.17	0.00	0.00	0.12	0.00	0.21	0.00	0.04	0.16	**0.03**
Total	**14.52**	**17.50**	**12.27**	**14.17**	**29.12**	**11.64**	**10.32**	**11.37**	**21.74**	**13.49**	**17.18**	**16.84**	**13.89**	**18.57**	**17.50**

Exhibit 12-2a (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
Outpatient Professional (Hourly Modalities) Experience Summary
Aid Category: Title XIX Disabled Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (CY2004)	13,171	41,062	18,525	83,874	220,711	23,470	118,193	18,050	50,890	116,278	21,213	78,804	38,796	19,711	**862,748**
Services per 1,000 Eligibles															
Crisis Services	254.5	433.4	283.4	523.1	358.5	740.3	279.7	107.9	471.2	94.7	658.1	50.9	347.2	266.4	**317.0**
Family Treatment	18.2	0.0	3.4	20.0	110.2	2.0	4.3	12.4	19.3	45.2	4.1	23.0	2.9	10.5	**41.2**
Group Treatment	1,364.4	937.5	241.2	887.1	1,243.6	711.5	942.3	284.7	1,230.9	732.9	303.8	1,447.2	661.5	966.0	**992.3**
Individual Treatment	8,052.1	4,491.6	2,940.4	7,494.8	9,724.4	8,526.3	4,336.0	4,134.6	9,218.4	4,795.3	10,342.4	6,824.6	6,202.4	7,339.9	**7,043.0**
Intake Evaluation	193.9	490.3	250.7	141.4	323.8	155.1	164.9	107.0	173.6	80.0	132.4	150.9	169.9	230.8	**208.3**
Medication Management	1,786.1	733.4	677.2	653.4	1,121.4	266.0	207.1	358.1	402.1	608.6	301.2	289.2	390.4	310.1	**634.4**
Medication Monitoring	32.7	276.4	0.9	1,099.6	956.5	509.2	1.2	23.0	3.0	0.0	5,943.6	274.7	213.9	763.5	**578.2**
Peer Support	367.2	0.0	0.0	0.0	1,062.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**277.3**
Psychological Assessment	0.0	3.5	0.0	1.1	2.0	0.0	0.0	0.0	0.0	0.0	1.5	37.8	0.0	0.0	**4.3**
Rehabilitation Case Management	0.0	0.0	0.0	60.1	15.7	0.0	159.1	0.0	9.0	0.0	0.0	0.0	0.4	0.0	**32.2**
Therapeutic Psychoeducation	111.5	0.0	6.9	66.9	230.3	110.1	0.2	0.9	0.0	0.0	2.6	557.3	65.8	12.1	**124.5**
Day Support	0.0	770.4	0.0	704.2	1,100.2	0.0	222.5	0.0	1,776.7	0.6	0.0	0.2	32.1	13.8	**523.7**
Supported Employment (B3)	0.0	8.9	85.3	16.1	0.0	171.8	3.1	0.0	114.9	0.0	76.4	0.0	28.0	74.5	**20.5**
Total	**12,180.5**	**8,145.4**	**4,489.5**	**11,667.8**	**16,248.8**	**11,192.4**	**6,320.5**	**5,028.5**	**13,419.1**	**6,357.4**	**17,766.0**	**9,655.7**	**8,114.5**	**9,987.7**	**10,796.9**
Average Length of Service (Minutes)															
Crisis Services	73.6	65.1	50.7	42.4	45.1	42.7	66.8	67.0	45.8	59.1	40.3	32.4	37.9	52.1	**49.0**
Family Treatment	72.0	0.0	57.5	52.6	17.7	41.3	66.4	61.8	53.1	49.2	49.6	71.2	47.1	55.4	**29.5**
Group Treatment	96.5	101.8	37.7	95.8	103.3	128.7	82.3	127.5	105.2	95.0	78.2	96.2	117.6	97.3	**98.5**
Individual Treatment	28.5	61.8	43.7	41.7	30.0	30.9	34.4	56.7	34.2	34.6	27.3	38.6	42.5	45.2	**35.3**
Intake Evaluation	93.7	39.0	63.0	74.7	64.4	75.3	67.9	79.9	70.0	62.1	82.7	88.7	107.3	61.8	**67.0**
Medication Management	24.9	30.8	21.0	26.3	21.3	25.9	24.5	24.3	32.9	20.1	31.5	24.7	28.4	25.1	**23.5**
Medication Monitoring	19.1	61.4	60.0	18.5	13.0	24.1	37.9	16.9	32.2	0.0	7.4	31.5	30.6	29.3	**15.6**
Peer Support	129.0	0.0	0.0	0.0	91.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**92.0**
Psychological Assessment	0.0	110.0	0.0	62.5	136.2	0.0	0.0	0.0	0.0	0.0	255.0	54.6	0.0	0.0	**68.5**
Rehabilitation Case Management	0.0	0.0	0.0	26.5	39.7	0.0	29.4	0.0	33.0	0.0	0.0	0.0	15.0	0.0	**30.2**
Therapeutic Psychoeducation	52.8	0.0	58.1	63.4	65.8	19.2	120.0	180.0	0.0	0.0	31.2	84.3	111.0	45.0	**73.0**
Day Support	0.0	289.9	0.0	232.4	162.4	0.0	84.6	0.0	182.9	300.0	0.0	90.0	349.6	65.3	**180.5**
Supported Employment (B3)	0.0	118.7	56.0	80.4	0.0	68.0	100.2	0.0	41.9	0.0	39.8	0.0	60.0	83.8	**59.2**
Total	**40.8**	**84.0**	**41.7**	**54.8**	**48.4**	**38.6**	**45.2**	**59.0**	**61.3**	**41.0**	**22.5**	**50.1**	**50.6**	**49.3**	**49.3**
Average Cost of Service															
Crisis Services	130.18	113.71	98.03	88.88	88.06	90.84	123.91	153.35	96.56	131.06	66.78	48.63	72.18	102.70	**95.86**
Family Treatment	105.59	0.00	100.56	86.27	32.97	88.39	104.03	125.57	84.59	78.55	81.41	105.72	66.42	97.71	**50.24**
Group Treatment	24.36	25.86	15.88	26.03	27.40	39.12	22.31	30.03	29.24	30.94	16.55	23.68	28.80	24.13	**26.55**
Individual Treatment	40.41	69.61	53.54	54.71	47.10	52.21	47.95	76.55	49.28	58.74	32.61	48.48	49.21	55.10	**50.22**
Intake Evaluation	139.20	72.59	143.30	145.34	143.20	169.94	114.08	158.79	147.27	136.99	140.48	143.94	172.87	142.13	**133.87**
Medication Management	73.49	97.87	53.39	108.14	77.46	88.19	65.99	70.72	114.63	63.09	118.00	76.18	100.39	88.26	**81.17**
Medication Monitoring	37.46	44.06	47.76	31.38	28.63	38.17	43.70	28.90	49.60	0.00	9.87	33.81	38.90	50.71	**26.06**
Peer Support	33.18	0.00	0.00	0.00	22.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**22.85**
Psychological Assessment	0.00	112.23	0.00	106.32	185.61	0.00	0.00	0.00	0.00	0.00	237.11	77.79	0.00	0.00	**94.21**
Rehabilitation Case Management	0.00	0.00	0.00	143.81	106.16	0.00	101.63	0.00	121.87	0.00	0.00	0.00	46.07	0.00	**110.15**
Therapeutic Psychoeducation	234.68	0.00	83.33	91.21	84.39	33.51	154.98	150.40	0.00	0.00	33.84	113.38	128.87	60.80	**98.43**
Day Support	0.00	43.98	0.00	26.12	23.97	0.00	13.46	0.00	29.20	50.80	0.00	12.95	52.12	13.45	**26.16**
Supported Employment (B3)	0.00	123.78	74.91	84.20	0.00	107.57	96.95	0.00	53.33	0.00	51.33	0.00	60.92	83.76	**75.12**
Total	**48.56**	**66.43**	**59.80**	**54.99**	**46.76**	**56.45**	**50.01**	**76.81**	**49.81**	**58.15**	**28.35**	**50.67**	**54.01**	**56.29**	**50.45**
Per Eligible per Month (PEPM) Cost															
Crisis Services	2.8	4.11	2.32	3.87	2.63	5.60	2.89	1.38	3.79	1.03	3.66	0.21	2.09	2.28	**2.53**
Family Treatment	0.2	0.00	0.03	0.14	0.30	0.02	0.04	0.13	0.14	0.30	0.03	0.20	0.02	0.09	**0.17**
Group Treatment	2.8	2.02	0.32	1.92	2.84	2.32	1.75	0.71	3.00	1.89	0.42	2.86	1.59	1.94	**2.20**
Individual Treatment	27.1	26.05	13.12	34.17	38.17	37.10	17.32	26.37	37.86	23.47	28.10	27.57	25.43	33.70	**29.48**
Intake Evaluation	2.2	2.97	2.99	1.71	3.86	2.20	1.57	1.42	2.13	0.91	1.55	1.81	2.45	2.73	**2.32**
Medication Management	10.9	5.98	3.01	5.89	7.24	1.96	1.14	2.11	3.84	3.20	2.96	1.84	3.27	2.28	**4.29**
Medication Monitoring	0.1	1.01	0.00	2.88	2.28	1.62	0.00	0.06	0.01	0.00	4.89	0.77	0.69	3.23	**1.26**
Peer Support	1.0	0.00	0.00	0.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.53**
Psychological Assessment	0.0	0.03	0.00	0.01	0.03	0.00	0.00	0.00	0.00	0.00	0.03	0.24	0.00	0.00	**0.03**
Rehabilitation Case Management	0.0	0.00	0.00	0.72	0.14	0.00	1.35	0.00	0.09	0.00	0.00	0.00	0.00	0.00	**0.30**
Therapeutic Psychoeducation	2.2	0.00	0.05	0.51	1.62	0.31	0.00	0.01	0.00	0.00	0.01	5.27	0.71	0.06	**1.02**
Day Support	0.0	2.82	0.00	1.53	2.20	0.00	0.25	0.00	4.32	0.00	0.00	0.00	0.14	0.02	**1.14**
Supported Employment (B3)	0.0	0.09	0.53	0.11	0.00	1.54	0.03	0.00	0.51	0.00	0.33	0.00	0.14	0.52	**0.13**
Total	**49.29**	**45.09**	**22.37**	**53.47**	**63.32**	**52.65**	**26.34**	**32.19**	**55.70**	**30.81**	**41.98**	**40.77**	**36.52**	**46.85**	**45.40**

Exhibit 12-2b (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
Outpatient Professional (Hourly Modalities) Experience Summary
Aid Category: Title XIX Disabled Dual Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (CY2004)	9,223	26,107	10,235	53,949	122,070	15,001	69,885	8,822	28,784	68,607	11,335	52,051	25,024	12,145	**513,238**
Services per 1,000 Eligibles															
Crisis Services	88.3	550.2	874.8	543.9	573.4	732.7	321.4	119.4	555.1	71.0	811.0	42.0	314.4	278.6	**392.5**
Family Treatment	10.4	0.0	1.6	10.3	145.7	3.2	1.2	1.8	15.2	19.9	4.2	15.0	11.5	1.3	**42.0**
Group Treatment	591.8	1,237.3	403.9	1,511.7	2,172.0	505.8	893.7	309.4	1,649.9	1,144.6	171.8	1,047.4	559.3	1,414.0	**1,315.2**
Individual Treatment	5,509.8	5,567.6	4,433.2	7,238.1	13,547.6	7,395.6	5,821.4	3,685.2	11,261.7	6,012.9	10,172.1	5,529.8	7,400.3	9,507.7	**8,332.5**
Intake Evaluation	91.7	664.1	254.2	95.4	281.9	90.7	111.7	83.2	122.4	75.7	90.2	104.4	118.0	97.2	**174.5**
Medication Management	1,619.7	915.2	1,383.1	873.3	1,791.8	294.3	1,021.2	291.3	916.9	1,354.6	362.9	1,053.4	755.8	495.4	**1,169.8**
Medication Monitoring	27.7	664.5	0.0	1,343.0	1,519.0	603.7	3.4	12.7	1.5	0.0	3,869.5	557.0	329.1	1,021.1	**737.3**
Peer Support	154.0	0.0	0.0	0.0	1,689.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**404.5**
Psychological Assessment	0.0	2.4	0.0	1.8	2.2	0.0	0.0	0.0	0.0	0.2	0.0	21.9	0.0	0.0	**3.1**
Rehabilitation Case Management	0.0	0.0	0.0	67.5	41.8	0.0	206.7	0.0	5.9	0.0	0.0	0.0	0.0	0.0	**45.5**
Therapeutic Psychoeducation	64.0	0.0	12.5	78.4	470.8	94.4	0.5	9.0	0.0	0.0	15.9	383.9	47.8	21.0	**166.7**
Day Support	0.0	832.0	0.0	1,361.1	3,593.1	0.0	751.7	0.0	2,825.5	1.2	0.0	0.0	13.4	21.0	**1,302.1**
Supported Employment (B3)	0.0	12.2	140.3	2.4	0.0	7.2	3.9	0.0	161.3	0.0	149.3	0.0	42.7	163.0	**22.7**
Total	**8,157.4**	**10,445.6**	**7,503.6**	**13,126.6**	**25,828.2**	**9,727.6**	**9,137.0**	**4,511.9**	**17,515.3**	**8,680.2**	**15,646.9**	**8,754.6**	**9,592.3**	**13,020.3**	**14,108.3**
Average Length of Service (Minutes)															
Crisis Services	62.9	60.8	25.3	39.8	41.2	35.4	65.6	91.6	52.2	61.0	43.8	32.7	31.7	47.3	**45.5**
Family Treatment	85.0	0.0	60.0	45.8	18.3	41.3	68.6	30.0	44.8	49.3	45.0	51.1	35.7	120.0	**23.7**
Group Treatment	94.6	96.2	37.9	95.3	90.8	167.9	87.1	161.5	113.3	100.4	72.5	92.1	123.2	100.0	**95.8**
Individual Treatment	27.2	63.0	55.2	40.2	29.9	29.0	32.0	56.9	31.1	33.6	28.5	36.7	40.8	48.2	**34.4**
Intake Evaluation	82.5	37.8	64.5	74.4	52.9	67.1	64.2	75.9	68.4	54.5	78.8	81.7	102.3	59.0	**57.7**
Medication Management	23.1	31.1	21.9	24.3	18.7	26.4	25.8	27.5	31.6	20.3	31.2	24.1	29.5	25.6	**22.6**
Medication Monitoring	15.9	65.8	0.0	17.8	11.9	23.2	29.3	16.4	41.4	0.0	9.1	31.1	30.2	28.5	**17.9**
Peer Support	97.6	0.0	0.0	0.0	83.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**83.9**
Psychological Assessment	0.0	78.8	0.0	70.0	144.5	0.0	0.0	0.0	0.0	120.0	0.0	52.2	0.0	0.0	**70.4**
Rehabilitation Case Management	0.0	0.0	0.0	25.5	37.9	0.0	27.0	0.0	35.8	0.0	0.0	0.0	0.0	0.0	**29.2**
Therapeutic Psychoeducation	45.8	0.0	120.0	62.7	56.2	20.1	130.0	234.0	0.0	0.0	81.0	89.0	103.6	45.9	**64.5**
Day Support	0.0	284.2	0.0	236.9	158.0	0.0	75.7	0.0	181.5	300.0	0.0	0.0	320.0	94.7	**167.2**
Supported Employment (B3)	0.0	144.8	78.9	60.0	0.0	54.4	55.2	0.0	33.7	0.0	48.8	0.0	59.6	61.1	**52.5**
Total	**33.8**	**80.3**	**45.5**	**63.9**	**55.5**	**36.5**	**41.8**	**63.7**	**64.1**	**40.8**	**25.6**	**44.3**	**45.6**	**51.7**	**52.9**
Average Cost of Service															
Crisis Services	111.15	101.87	51.04	96.12	77.37	75.29	120.58	214.40	108.87	134.98	71.01	48.48	62.40	93.34	**89.21**
Family Treatment	111.78	0.00	95.52	86.94	30.56	69.87	109.17	60.97	80.67	83.55	76.22	77.47	70.54	112.80	**39.62**
Group Treatment	24.75	23.68	16.13	26.17	24.96	40.11	22.49	34.34	30.65	32.37	14.73	21.89	29.94	23.64	**26.02**
Individual Treatment	39.73	70.18	54.32	50.79	46.27	47.10	43.19	72.02	47.03	57.54	33.96	44.45	47.30	52.41	**48.33**
Intake Evaluation	121.82	65.01	151.98	154.30	119.02	149.05	129.55	158.67	159.50	134.63	140.28	151.57	189.38	141.67	**120.61**
Medication Management	68.07	105.51	57.21	104.58	71.76	92.07	78.66	67.82	114.25	66.19	130.99	77.77	96.51	91.54	**79.13**
Medication Monitoring	36.71	45.15	0.00	29.72	27.25	36.82	47.90	33.35	47.79	0.00	12.80	33.27	38.95	49.12	**28.56**
Peer Support	25.10	0.00	0.00	0.00	21.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**21.54**
Psychological Assessment	0.00	96.20	0.00	95.53	201.58	0.00	0.00	0.00	0.00	203.24	0.00	73.62	0.00	0.00	**98.29**
Rehabilitation Case Management	0.00	0.00	0.00	136.16	102.56	0.00	94.47	0.00	142.11	0.00	0.00	0.00	0.00	0.00	**103.08**
Therapeutic Psychoeducation	211.96	0.00	140.62	94.82	74.92	33.57	191.05	150.40	0.00	0.00	104.99	114.00	117.26	60.05	**86.12**
Day Support	0.00	44.31	0.00	26.85	23.86	0.00	12.14	0.00	29.08	50.80	0.00	0.00	47.27	17.94	**24.58**
Supported Employment (B3)	0.00	129.31	101.92	73.17	0.00	94.09	75.53	0.00	43.59	0.00	69.07	0.00	64.42	74.88	**65.60**
Total	**47.12**	**65.53**	**56.77**	**50.26**	**42.41**	**50.45**	**47.55**	**74.58**	**48.89**	**56.94**	**33.72**	**49.53**	**52.57**	**52.30**	**47.48**
Per Eligible per Month (PEPM) Cost															
Crisis Services	0.8	4.67	3.72	4.36	3.70	4.60	3.23	2.13	5.04	0.80	4.80	0.17	1.63	2.17	**2.92**
Family Treatment	0.1	0.00	0.01	0.07	0.37	0.02	0.01	0.01	0.10	0.14	0.03	0.10	0.07	0.01	**0.14**
Group Treatment	1.2	2.44	0.54	3.30	4.52	1.69	1.68	0.89	4.21	3.09	0.21	1.91	1.40	2.79	**2.85**
Individual Treatment	18.2	32.56	20.07	30.64	52.24	29.03	20.95	22.12	44.14	28.83	28.79	20.49	29.17	41.52	**33.56**
Intake Evaluation	0.9	3.60	3.22	1.23	2.80	1.13	1.21	1.10	1.63	0.85	1.05	1.32	1.86	1.15	**1.75**
Medication Management	9.2	8.05	6.59	7.61	10.71	2.26	6.69	1.65	8.73	7.47	3.96	6.83	6.08	3.78	**7.71**
Medication Monitoring	0.1	2.50	0.00	3.33	3.45	1.85	0.01	0.04	0.01	0.00	4.13	1.54	1.07	4.18	**1.75**
Peer Support	0.3	0.00	0.00	0.00	3.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.73**
Psychological Assessment	0.0	0.02	0.00	0.01	0.04	0.00	0.00	0.00	0.00	0.00	0.00	0.13	0.00	0.00	**0.03**
Rehabilitation Case Management	0.0	0.00	0.00	0.77	0.36	0.00	1.63	0.00	0.07	0.00	0.00	0.00	0.00	0.00	**0.39**
Therapeutic Psychoeducation	1.1	0.00	0.15	0.62	2.94	0.26	0.01	0.11	0.00	0.00	0.14	3.65	0.47	0.11	**1.20**
Day Support	0.0	3.07	0.00	3.05	7.14	0.00	0.76	0.00	6.85	0.01	0.00	0.00	0.05	0.03	**2.67**
Supported Employment (B3)	0.0	0.13	1.19	0.01	0.00	0.06	0.02	0.00	0.59	0.00	0.86	0.00	0.23	1.02	**0.12**
Total	**32.03**	**57.04**	**35.50**	**54.98**	**91.29**	**40.89**	**36.20**	**28.04**	**71.35**	**41.19**	**43.97**	**36.13**	**42.02**	**56.75**	**55.82**

Exhibit 12-2c (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
Outpatient Professional (Hourly Modalities) Experience Summary
Aid Category: Title XIX Disabled Adult (All)

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (CY2004)	22,394	67,169	28,760	137,823	342,781	38,471	188,078	26,872	79,674	184,885	32,548	130,855	63,820	31,856	**1,375,986**
Services per 1,000 Eligibles															
Crisis Services	186.0	478.8	493.9	531.3	435.0	737.3	295.2	111.7	501.5	85.9	711.4	47.3	334.4	271.0	**345.2**
Family Treatment	15.0	0.0	2.8	16.2	122.8	2.5	3.1	8.9	17.8	35.8	4.2	19.8	6.3	7.0	**41.5**
Group Treatment	1,046.2	1,054.0	299.1	1,131.6	1,574.2	631.3	924.3	292.8	1,382.3	885.7	257.8	1,288.2	621.4	1,136.8	**1,112.7**
Individual Treatment	7,005.0	4,909.8	3,471.7	7,394.3	11,085.9	8,085.4	4,888.0	3,987.0	9,956.6	5,247.1	10,283.1	6,309.5	6,672.1	8,166.4	**7,523.9**
Intake Evaluation	151.8	557.9	251.9	123.4	308.9	130.0	145.1	99.2	155.1	78.4	117.7	132.4	149.5	179.9	**195.7**
Medication Management	1,717.6	804.1	928.4	739.4	1,360.1	277.1	509.6	336.2	588.1	885.4	322.7	593.1	533.7	380.8	**834.1**
Medication Monitoring	30.6	427.2	0.6	1,194.9	1,156.8	546.1	2.0	19.6	2.4	0.0	5,221.3	387.0	259.1	861.7	**637.6**
Peer Support	279.4	0.0	0.0	0.0	1,285.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**324.8**
Psychological Assessment	0.0	3.1	0.0	1.4	2.1	0.0	0.0	0.0	0.0	0.1	1.0	31.5	0.0	0.0	**3.8**
Rehabilitation Case Management	0.0	0.0	0.0	63.0	25.0	0.0	176.8	0.0	7.9	0.0	0.0	0.0	0.3	0.0	**37.2**
Therapeutic Psychoeducation	91.9	0.0	8.9	71.4	316.0	104.0	0.3	3.6	0.0	0.0	7.2	488.3	58.8	15.5	**140.3**
Day Support	0.0	794.3	0.0	961.4	1,988.0	0.0	419.1	0.0	2,155.6	0.8	0.0	0.1	24.8	16.5	**814.1**
Supported Employment (B3)	0.0	10.2	104.9	10.7	0.0	107.6	3.4	0.0	131.7	0.0	101.8	0.0	33.8	108.2	**21.3**
Total	**10,523.6**	**9,039.4**	**5,562.1**	**12,238.9**	**19,660.2**	**10,621.2**	**7,367.0**	**4,858.9**	**14,898.9**	**7,219.3**	**17,028.0**	**9,297.3**	**8,694.0**	**11,143.8**	**12,032.1**
Average Length of Service (Minutes)															
Crisis Services	71.6	63.2	34.7	41.4	43.3	39.9	66.3	75.6	48.4	59.7	41.7	32.5	35.6	50.2	**47.6**
Family Treatment	75.7	0.0	58.0	50.9	18.0	41.3	66.7	59.7	50.6	49.2	48.0	65.1	38.9	60.0	**27.3**
Group Treatment	96.0	99.3	37.8	95.5	97.2	141.0	84.0	139.3	108.7	97.6	76.9	94.9	119.6	98.6	**97.3**
Individual Treatment	28.1	62.3	48.9	41.1	29.9	30.2	33.3	56.8	32.9	34.2	27.7	37.9	41.8	46.5	**34.9**
Intake Evaluation	90.9	38.4	63.5	74.6	60.7	73.1	66.9	78.8	69.5	59.3	81.7	86.5	105.8	61.3	**63.9**
Medication Management	24.2	30.9	21.5	25.4	20.1	26.1	25.5	25.2	32.2	20.2	31.4	24.3	29.0	25.4	**23.0**
Medication Monitoring	17.9	64.1	60.0	18.2	12.5	23.7	32.5	16.8	34.2	0.0	7.8	31.3	30.4	28.9	**16.6**
Peer Support	121.9	0.0	0.0	0.0	87.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**88.2**
Psychological Assessment	0.0	100.4	0.0	66.3	139.3	0.0	0.0	0.0	0.0	120.0	255.0	54.0	0.0	0.0	**69.1**
Rehabilitation Case Management	0.0	0.0	0.0	26.1	38.6	0.0	28.3	0.0	33.8	0.0	0.0	0.0	15.0	0.0	**29.7**
Therapeutic Psychoeducation	50.8	0.0	89.1	63.1	60.7	19.5	126.0	225.0	0.0	0.0	69.2	85.8	108.6	45.5	**69.2**
Day Support	0.0	287.6	0.0	234.9	159.5	0.0	78.7	0.0	182.2	300.0	0.0	90.0	343.3	79.5	**172.6**
Supported Employment (B3)	0.0	130.8	66.9	78.6	0.0	67.7	81.0	0.0	38.3	0.0	44.4	0.0	59.8	70.8	**56.6**
Total	**38.6**	**82.4**	**43.5**	**58.6**	**51.7**	**37.8**	**43.6**	**60.4**	**62.5**	**40.9**	**23.5**	**48.0**	**48.5**	**50.4**	**50.9**
Average Cost of Service															
Crisis Services	126.46	108.42	68.41	91.78	83.04	84.82	122.56	174.78	101.48	132.26	68.46	48.58	68.57	99.04	**93.04**
Family Treatment	107.36	0.00	99.55	86.43	31.95	79.13	104.77	121.27	83.38	79.58	79.57	97.22	69.39	98.79	**46.23**
Group Treatment	24.45	24.87	16.00	26.10	26.20	39.43	22.38	31.53	29.85	31.63	16.13	23.10	29.20	23.90	**26.32**
Individual Treatment	40.19	69.86	53.89	53.21	46.74	50.39	45.84	75.17	48.36	58.23	33.07	47.08	48.38	53.90	**49.44**
Intake Evaluation	134.87	69.09	146.42	148.05	135.34	164.26	118.50	158.76	150.76	136.14	140.43	146.34	177.97	142.03	**129.46**
Medication Management	71.38	101.25	55.42	106.49	74.78	89.80	75.42	69.89	114.41	64.85	123.09	77.30	98.24	89.89	**80.10**
Medication Monitoring	37.18	44.72	47.76	30.65	27.99	37.59	46.32	29.85	49.21	0.00	10.63	33.50	38.92	49.99	**27.14**
Peer Support	31.35	0.00	0.00	0.00	22.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**22.24**
Psychological Assessment	0.00	107.30	0.00	100.92	191.56	0.00	0.00	0.00	0.00	203.24	237.11	76.63	0.00	0.00	**95.43**
Rehabilitation Case Management	0.00	0.00	0.00	140.60	104.02	0.00	98.52	0.00	127.35	0.00	0.00	0.00	46.07	0.00	**106.92**
Therapeutic Psychoeducation	228.17	0.00	111.97	92.76	79.37	33.53	176.62	150.40	0.00	0.00	88.13	113.57	125.16	60.42	**92.97**
Day Support	0.00	44.12	0.00	26.52	23.90	0.00	12.58	0.00	29.14	50.80	0.00	12.95	51.10	15.62	**25.22**
Supported Employment (B3)	0.00	126.35	87.77	83.24	0.00	107.22	87.83	0.00	49.02	0.00	60.39	0.00	62.66	78.66	**71.35**
Total	**48.10**	**66.03**	**58.34**	**53.01**	**44.73**	**54.31**	**48.87**	**76.13**	**49.41**	**57.61**	**30.07**	**50.24**	**53.39**	**54.51**	**49.15**
Per Eligible per Month (PEPM) Cost															
Crisis Services	1.96	4.33	2.82	4.06	3.01	5.21	3.02	1.63	4.24	0.95	4.06	0.19	1.91	2.24	**2.68**
Family Treatment	0.13	0.00	0.02	0.12	0.33	0.02	0.03	0.09	0.12	0.24	0.03	0.16	0.04	0.06	**0.16**
Group Treatment	2.13	2.18	0.40	2.46	3.44	2.07	1.72	0.77	3.44	2.33	0.35	2.48	1.51	2.26	**2.44**
Individual Treatment	23.46	28.58	15.59	32.78	43.18	33.95	18.67	24.98	40.13	25.46	28.34	24.75	26.90	36.68	**31.00**
Intake Evaluation	1.71	3.21	3.07	1.52	3.48	1.78	1.43	1.31	1.95	0.89	1.38	1.61	2.22	2.13	**2.11**
Medication Management	10.22	6.78	4.29	6.56	8.48	2.07	3.20	1.96	5.61	4.79	3.31	3.82	4.37	2.85	**5.57**
Medication Monitoring	0.09	1.59	0.00	3.05	2.70	1.71	0.01	0.05	0.01	0.00	4.62	1.08	0.84	3.59	**1.44**
Peer Support	0.73	0.00	0.00	0.00	2.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.60**
Psychological Assessment	0.00	0.03	0.00	0.01	0.03	0.00	0.00	0.00	0.00	0.00	0.02	0.20	0.00	0.00	**0.03**
Rehabilitation Case Management	0.00	0.00	0.00	0.74	0.22	0.00	1.45	0.00	0.08	0.00	0.00	0.00	0.00	0.00	**0.33**
Therapeutic Psychoeducation	1.75	0.00	0.08	0.55	2.09	0.29	0.00	0.04	0.00	0.00	0.05	4.62	0.61	0.08	**1.09**
Day Support	0.00	2.92	0.00	2.12	3.96	0.00	0.44	0.00	5.23	0.00	0.00	0.00	0.11	0.02	**1.71**
Supported Employment (B3)	0.00	0.11	0.77	0.07	0.00	0.96	0.03	0.00	0.54	0.00	0.51	0.00	0.18	0.71	**0.13**
Total	**42.18**	**49.74**	**27.04**	**54.06**	**73.28**	**48.07**	**30.00**	**30.83**	**61.35**	**34.66**	**42.67**	**38.92**	**38.68**	**50.62**	**49.28**

Exhibit 12-2d (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
Outpatient Professional (Hourly Modalities) Experience Summary
Aid Category: Title XIX Non-Disabled Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (CY2004)	21,693	110,285	24,147	198,118	321,164	45,512	208,977	27,554	68,134	180,968	35,389	146,855	62,885	32,672	**1,484,353**
Services per 1,000 Eligibles															
Crisis Services	75.8	42.0	29.7	71.6	24.7	109.6	36.0	26.1	62.6	23.7	102.4	5.1	54.6	58.6	**40.8**
Family Treatment	13.2	0.0	0.7	11.6	29.3	3.0	0.8	3.5	20.9	7.1	11.5	31.1	3.6	5.9	**13.8**
Group Treatment	169.2	65.1	0.7	62.4	106.8	48.8	107.8	109.5	68.2	41.3	51.9	202.1	114.2	69.4	**93.2**
Individual Treatment	1,673.8	719.1	502.3	918.7	1,635.6	1,497.9	363.2	1,046.7	702.8	351.9	2,093.2	1,040.4	699.5	874.9	**955.9**
Intake Evaluation	65.5	62.6	94.5	78.6	102.9	68.3	64.1	49.8	50.9	25.1	119.3	74.4	79.9	104.5	**73.2**
Medication Management	202.3	71.5	41.0	122.9	110.6	42.2	22.7	71.8	60.6	49.1	54.4	69.4	61.7	63.0	**76.0**
Medication Monitoring	1.5	0.7	0.0	105.7	45.8	52.9	0.1	8.7	0.2	0.0	347.1	18.5	22.3	102.6	**39.2**
Peer Support	0.0	0.0	0.0	0.0	2.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.6**
Psychological Assessment	0.0	1.2	0.0	0.2	0.3	0.0	0.0	0.0	0.0	0.0	0.0	4.1	0.0	0.0	**0.6**
Rehabilitation Case Management	0.0	0.0	0.0	6.7	2.1	0.0	11.3	0.0	2.3	0.0	0.0	0.0	4.3	0.0	**3.2**
Therapeutic Psychoeducation	37.5	0.0	0.0	5.3	11.4	25.6	0.0	9.3	0.0	0.0	1.4	31.6	5.6	3.9	**8.2**
Day Support	0.0	112.2	0.0	1.9	11.4	0.0	0.0	0.0	6.8	0.1	0.0	0.0	14.0	0.0	**12.0**
Supported Employment (B3)	0.0	5.2	2.0	0.0	0.0	7.6	0.3	0.0	0.0	0.0	74.6	0.0	3.3	19.5	**3.1**
Total	**2,238.8**	**1,079.5**	**670.9**	**1,385.6**	**2,083.6**	**1,855.8**	**606.3**	**1,325.3**	**975.2**	**498.2**	**2,855.7**	**1,476.6**	**1,062.9**	**1,302.3**	**1,319.8**
Average Length of Service (Minutes)															
Crisis Services	75.5	63.1	51.8	47.2	51.1	45.8	46.2	75.1	48.3	61.9	43.9	37.8	32.7	50.2	**49.9**
Family Treatment	68.3	0.0	50.0	54.5	46.4	58.7	73.6	55.8	69.0	56.0	59.4	75.7	41.8	57.5	**57.0**
Group Treatment	114.5	110.1	75.0	98.6	128.4	118.5	87.1	94.3	120.5	88.4	66.5	100.3	118.4	91.2	**106.4**
Individual Treatment	26.4	60.9	50.5	37.5	33.8	29.4	37.9	46.7	37.9	35.1	30.3	43.5	47.8	51.4	**37.8**
Intake Evaluation	88.5	62.6	75.9	78.9	77.9	76.9	67.6	79.4	76.0	64.5	82.4	89.2	109.2	61.5	**77.5**
Medication Management	24.4	34.1	27.3	29.7	26.4	31.7	32.1	26.7	32.7	22.6	30.3	29.3	30.0	28.1	**28.3**
Medication Monitoring	22.5	19.0	0.0	22.8	18.4	30.0	60.0	14.0	15.0	0.0	7.7	18.4	31.6	31.3	**19.3**
Peer Support	0.0	0.0	0.0	0.0	55.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**55.0**
Psychological Assessment	0.0	60.0	0.0	195.0	171.4	0.0	0.0	0.0	0.0	0.0	0.0	51.0	0.0	0.0	**69.8**
Rehabilitation Case Management	0.0	0.0	0.0	27.4	40.1	0.0	33.0	0.0	32.5	0.0	0.0	0.0	22.9	0.0	**31.9**
Therapeutic Psychoeducation	69.8	0.0	0.0	39.0	55.3	19.0	0.0	142.5	0.0	0.0	38.8	73.6	100.9	41.3	**61.3**
Day Support	0.0	291.8	0.0	296.1	110.4	0.0	0.0	0.0	171.7	300.0	0.0	0.0	355.1	0.0	**254.5**
Supported Employment (B3)	0.0	62.9	35.0	0.0	0.0	84.8	47.5	0.0	0.0	0.0	48.0	0.0	51.8	51.0	**53.2**
Total	**37.3**	**86.3**	**52.7**	**41.8**	**41.0**	**34.6**	**50.0**	**51.8**	**47.6**	**41.4**	**31.5**	**53.9**	**62.1**	**51.5**	**46.5**
Average Cost of Service															
Crisis Services	133.10	123.83	94.63	104.90	101.94	99.69	87.15	170.33	102.24	137.06	75.26	55.76	61.69	98.77	**101.81**
Family Treatment	98.60	0.00	69.44	90.47	75.94	108.14	117.13	116.86	87.99	91.79	99.55	111.09	71.97	93.15	**88.88**
Group Treatment	28.35	29.42	19.29	27.91	30.97	43.63	22.88	30.44	32.83	28.98	16.02	26.57	30.71	25.46	**28.13**
Individual Treatment	36.97	78.01	69.63	59.73	52.10	52.18	55.31	81.08	62.99	61.95	37.90	60.70	58.73	68.63	**56.59**
Intake Evaluation	128.06	118.33	152.12	155.18	165.22	161.60	112.10	161.09	162.66	133.98	131.68	149.48	172.43	134.90	**148.45**
Medication Management	68.45	90.29	74.61	112.88	95.54	99.28	95.62	76.16	113.72	76.93	101.32	94.73	93.07	96.71	**96.57**
Medication Monitoring	51.83	31.54	0.00	38.12	45.42	47.96	95.52	24.01	56.40	0.00	11.12	26.40	44.85	52.86	**35.10**
Peer Support	0.00	0.00	0.00	0.00	13.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**13.20**
Psychological Assessment	0.00	138.20	0.00	224.58	228.02	0.00	0.00	0.00	0.00	0.00	0.00	74.00	0.00	0.00	**104.75**
Rehabilitation Case Management	0.00	0.00	0.00	146.75	113.12	0.00	113.29	0.00	143.66	0.00	0.00	0.00	59.62	0.00	**120.51**
Therapeutic Psychoeducation	273.12	0.00	0.00	57.05	76.84	31.83	0.00	236.27	0.00	0.00	51.83	97.29	117.93	56.65	**96.04**
Day Support	0.00	49.70	0.00	32.29	16.80	0.00	0.00	0.00	28.84	50.80	0.00	0.00	53.48	0.00	**42.20**
Supported Employment (B3)	0.00	85.50	48.61	0.00	0.00	128.38	62.75	0.00	0.00	0.00	68.89	0.00	55.29	68.79	**74.62**
Total	**49.42**	**77.14**	**82.55**	**69.77**	**59.66**	**59.86**	**60.11**	**82.20**	**72.24**	**68.31**	**41.78**	**63.54**	**66.40**	**73.20**	**63.39**
Per Eligible per Month (PEPM) Cost															
Crisis Services	0.8	0.43	0.23	0.63	0.21	0.91	0.26	0.37	0.53	0.27	0.64	0.02	0.28	0.48	**0.35**
Family Treatment	0.1	0.00	0.00	0.09	0.19	0.03	0.01	0.03	0.15	0.05	0.10	0.29	0.02	0.05	**0.10**
Group Treatment	0.4	0.16	0.00	0.15	0.28	0.18	0.21	0.28	0.19	0.10	0.07	0.45	0.29	0.15	**0.22**
Individual Treatment	5.2	4.68	2.91	4.57	7.10	6.51	1.67	7.07	3.69	1.82	6.61	5.26	3.42	5.00	**4.51**
Intake Evaluation	0.7	0.62	1.20	1.02	1.42	0.92	0.60	0.67	0.69	0.28	1.31	0.93	1.15	1.18	**0.91**
Medication Management	1.2	0.54	0.25	1.16	0.88	0.35	0.18	0.46	0.57	0.31	0.46	0.55	0.48	0.51	**0.61**
Medication Monitoring	0.0	0.00	0.00	0.34	0.17	0.21	0.00	0.02	0.00	0.00	0.32	0.04	0.08	0.45	**0.11**
Peer Support	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Psychological Assessment	0.0	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.03	0.00	0.00	**0.00**
Rehabilitation Case Management	0.0	0.00	0.00	0.08	0.02	0.00	0.11	0.00	0.03	0.00	0.00	0.00	0.02	0.00	**0.03**
Therapeutic Psychoeducation	0.9	0.00	0.00	0.03	0.07	0.07	0.00	0.18	0.00	0.00	0.01	0.26	0.05	0.02	**0.07**
Day Support	0.0	0.46	0.00	0.00	0.02	0.00	0.00	0.00	0.02	0.00	0.00	0.00	0.06	0.00	**0.04**
Supported Employment (B3)	0.0	0.04	0.01	0.00	0.00	0.08	0.00	0.00	0.00	0.00	0.43	0.00	0.02	0.11	**0.02**
Total	**9.22**	**6.94**	**4.62**	**8.06**	**10.36**	**9.26**	**3.04**	**9.08**	**5.87**	**2.84**	**9.94**	**7.82**	**5.88**	**7.94**	**6.97**

Exhibit 12-2e (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
Outpatient Professional (Hourly Modalities) Experience Summary
Aid Category: Title XIX Non-Disabled Dual Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (CY2004)	13,547	27,703	10,389	74,732	183,274	17,684	89,323	11,250	31,279	70,092	12,388	49,331	22,866	14,972	**628,830**
Services per 1,000 Eligibles															
Crisis Services	29.5	34.0	29.2	59.0	36.4	134.6	48.0	9.9	54.5	7.9	28.3	1.0	38.4	39.4	**37.6**
Family Treatment	1.2	0.0	1.5	3.9	24.4	3.4	0.4	0.0	0.8	32.9	0.0	1.0	101.2	0.0	**15.2**
Group Treatment	0.0	139.4	0.0	33.9	201.9	24.4	73.9	9.9	442.8	158.4	47.7	13.4	31.4	13.9	**123.5**
Individual Treatment	1,290.0	624.5	1,408.7	1,063.1	2,386.2	1,273.4	404.0	909.4	780.9	829.7	799.5	548.8	651.9	1,103.3	**1,249.9**
Intake Evaluation	20.0	123.3	67.6	34.3	122.4	28.9	22.8	25.5	19.0	23.6	9.7	16.8	32.1	40.5	**58.5**
Medication Management	73.0	216.6	90.6	146.1	151.7	25.1	117.6	21.3	97.8	132.5	19.3	122.1	23.0	62.9	**123.9**
Medication Monitoring	0.0	0.0	0.0	132.4	81.4	133.2	8.5	0.0	0.0	0.0	1,011.7	93.7	41.9	50.1	**74.4**
Peer Support	0.0	0.0	0.0	0.0	27.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**8.0**
Psychological Assessment	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.1**
Rehabilitation Case Management	0.0	0.0	0.0	13.0	127.7	0.0	6.4	0.0	63.6	0.0	0.0	0.0	20.2	0.0	**43.6**
Therapeutic Psychoeducation	15.3	0.0	0.0	5.3	0.0	23.1	0.0	0.0	0.0	0.0	0.0	0.0	5.6	0.0	**1.8**
Day Support	0.0	0.0	0.0	29.9	155.2	0.0	42.5	0.0	90.0	0.3	0.0	0.0	0.0	0.0	**59.3**
Supported Employment (B3)	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	3.3	0.0	0.0	0.0	0.0	0.0	**0.2**
Total	**1,429.1**	**1,137.8**	**1,597.7**	**1,520.9**	**3,315.1**	**1,646.2**	**724.2**	**976.0**	**1,552.7**	**1,185.3**	**1,916.1**	**796.7**	**945.8**	**1,310.1**	**1,796.0**
Average Length of Service (Minutes)															
Crisis Services	81.6	79.2	87.8	42.5	49.6	44.5	62.6	110.0	57.5	83.5	60.2	41.3	34.5	46.5	**53.5**
Family Treatment	45.0	0.0	90.0	56.3	22.4	37.0	65.0	0.0	45.0	46.5	0.0	78.8	26.5	0.0	**30.9**
Group Treatment	0.0	104.4	0.0	106.2	154.8	100.1	118.0	80.0	195.6	105.3	60.0	88.8	122.7	88.8	**145.6**
Individual Treatment	35.3	56.4	58.9	31.3	36.1	27.6	37.0	48.1	48.7	41.1	30.8	35.9	47.4	49.5	**37.6**
Intake Evaluation	111.8	32.7	107.7	69.2	70.4	72.8	73.7	102.2	96.1	60.5	71.3	66.4	87.6	69.5	**68.5**
Medication Management	28.8	30.6	21.7	23.0	22.9	29.8	28.2	28.3	32.9	24.4	32.0	30.4	29.4	28.2	**25.6**
Medication Monitoring	0.0	0.0	0.0	16.9	20.5	22.7	31.8	0.0	0.0	0.0	4.9	40.7	25.8	31.6	**18.1**
Peer Support	0.0	0.0	0.0	0.0	76.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**76.3**
Psychological Assessment	0.0	0.0	0.0	0.0	165.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**165.0**
Rehabilitation Case Management	0.0	0.0	0.0	28.8	35.7	0.0	28.5	0.0	29.7	0.0	0.0	0.0	23.8	0.0	**34.6**
Therapeutic Psychoeducation	56.2	0.0	0.0	54.2	0.0	31.9	0.0	0.0	0.0	0.0	0.0	0.0	101.3	0.0	**51.8**
Day Support	0.0	0.0	0.0	169.9	134.7	0.0	61.7	0.0	179.4	300.0	0.0	0.0	0.0	0.0	**132.9**
Supported Employment (B3)	0.0	0.0	0.0	0.0	0.0	0.0	60.0	0.0	15.0	0.0	0.0	0.0	0.0	0.0	**19.6**
Total	**37.3**	**55.5**	**59.4**	**35.1**	**48.6**	**30.5**	**48.0**	**50.1**	**97.2**	**48.7**	**18.5**	**37.2**	**46.9**	**48.8**	**47.9**
Average Cost of Service															
Crisis Services	142.94	153.18	166.29	86.20	101.90	92.81	116.91	264.88	119.63	174.61	104.43	65.95	67.10	93.10	**106.54**
Family Treatment	67.07	0.00	143.28	96.67	46.03	69.29	103.48	0.00	74.44	70.33	0.00	102.58	64.61	0.00	**58.81**
Group Treatment	0.00	26.74	0.00	25.02	33.05	32.96	30.35	28.19	42.80	36.49	17.50	19.81	32.37	26.62	**34.22**
Individual Treatment	43.65	62.85	61.42	44.55	55.75	43.05	50.91	62.21	73.78	67.32	33.31	37.67	72.96	65.54	**55.15**
Intake Evaluation	151.27	56.02	187.06	151.12	138.42	202.20	160.62	193.08	144.85	164.68	152.64	132.46	136.88	160.59	**136.75**
Medication Management	114.04	111.17	62.49	90.56	89.56	126.08	92.53	67.50	134.61	96.10	130.55	79.98	97.11	101.61	**94.02**
Medication Monitoring	0.00	0.00	0.00	28.47	38.26	35.25	44.98	0.00	0.00	0.00	6.90	36.59	42.32	57.90	**27.98**
Peer Support	0.00	0.00	0.00	0.00	19.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**19.46**
Psychological Assessment	0.00	0.00	0.00	0.00	210.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**210.35**
Rehabilitation Case Management	0.00	0.00	0.00	146.40	100.23	0.00	103.07	0.00	126.33	0.00	0.00	0.00	60.36	0.00	**103.15**
Therapeutic Psychoeducation	275.01	0.00	0.00	90.68	0.00	34.60	0.00	0.00	0.00	0.00	0.00	0.00	118.33	0.00	**107.31**
Day Support	0.00	0.00	0.00	21.57	21.58	0.00	10.43	0.00	27.72	50.80	0.00	0.00	0.00	0.00	**20.93**
Supported Employment (B3)	0.00	0.00	0.00	0.00	0.00	0.00	79.26	0.00	20.07	0.00	0.00	0.00	0.00	0.00	**26.16**
Total	**53.30**	**69.58**	**68.79**	**51.87**	**58.80**	**50.34**	**61.45**	**67.46**	**70.62**	**69.15**	**21.61**	**45.84**	**71.88**	**70.33**	**58.96**
Per Eligible per Month (PEPM) Cost															
Crisis Services	0.4	0.43	0.40	0.42	0.31	1.04	0.47	0.22	0.54	0.11	0.25	0.01	0.21	0.31	**0.33**
Family Treatment	0.0	0.00	0.02	0.03	0.09	0.02	0.00	0.00	0.01	0.19	0.00	0.01	0.54	0.00	**0.07**
Group Treatment	0.0	0.31	0.00	0.07	0.56	0.07	0.19	0.02	1.58	0.48	0.07	0.02	0.08	0.03	**0.35**
Individual Treatment	4.7	3.27	7.21	3.95	11.09	4.57	1.71	4.71	4.80	4.65	2.22	1.72	3.96	6.03	**5.74**
Intake Evaluation	0.3	0.58	1.05	0.43	1.41	0.49	0.31	0.41	0.23	0.32	0.12	0.19	0.37	0.54	**0.67**
Medication Management	0.7	2.01	0.47	1.10	1.13	0.26	0.91	0.12	1.10	1.06	0.21	0.81	0.19	0.53	**0.97**
Medication Monitoring	0.0	0.00	0.00	0.31	0.26	0.39	0.03	0.00	0.00	0.00	0.58	0.29	0.15	0.24	**0.17**
Peer Support	0.0	0.00	0.00	0.00	0.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.01**
Psychological Assessment	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Rehabilitation Case Management	0.0	0.00	0.00	0.16	1.07	0.00	0.06	0.00	0.67	0.00	0.00	0.00	0.10	0.00	**0.37**
Therapeutic Psychoeducation	0.4	0.00	0.00	0.04	0.00	0.07	0.00	0.00	0.00	0.00	0.00	0.00	0.06	0.00	**0.02**
Day Support	0.0	0.00	0.00	0.05	0.28	0.00	0.04	0.00	0.21	0.00	0.00	0.00	0.00	0.00	**0.10**
Supported Employment (B3)	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	**0.00**
Total	**6.35**	**6.60**	**9.16**	**6.57**	**16.24**	**6.91**	**3.71**	**5.49**	**9.14**	**6.83**	**3.45**	**3.04**	**5.67**	**7.68**	**8.82**

Exhibit 12-2f (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
Outpatient Professional (Hourly Modalities) Experience Summary
Aid Category: Title XIX Non-Disabled Adult (All)

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (CY2004)	35,240	137,988	34,536	272,850	504,438	63,196	298,300	38,804	99,413	251,060	47,777	196,186	85,751	47,644	**2,113,183**
Services per 1,000 Eligibles															
Crisis Services	58.0	40.4	29.6	68.2	29.0	116.6	39.6	21.4	60.0	19.3	83.2	4.0	50.3	52.6	**39.9**
Family Treatment	8.6	0.0	0.9	9.5	27.5	3.1	0.7	2.5	14.6	14.3	8.5	23.5	29.6	4.0	**14.2**
Group Treatment	104.2	80.0	0.5	54.6	141.4	42.0	97.7	80.6	186.1	74.0	50.8	154.6	92.1	51.9	**102.2**
Individual Treatment	1,526.3	700.1	775.0	958.3	1,908.3	1,435.1	375.4	1,006.9	727.4	485.3	1,757.8	916.8	686.8	946.7	**1,043.4**
Intake Evaluation	48.0	74.7	86.4	66.5	110.0	57.3	51.7	42.8	40.9	24.7	90.9	59.9	67.2	84.4	**68.8**
Medication Management	152.6	100.6	55.9	129.3	125.5	37.4	51.1	57.2	72.3	72.4	45.3	82.6	51.4	63.0	**90.3**
Medication Monitoring	0.9	0.6	0.0	113.0	58.8	75.4	2.6	6.2	0.2	0.0	519.4	37.4	27.5	86.1	**49.7**
Peer Support	0.0	0.0	0.0	0.0	11.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**2.8**
Psychological Assessment	0.0	0.9	0.0	0.1	0.3	0.0	0.0	0.0	0.0	0.0	0.0	3.1	0.0	0.0	**0.4**
Rehabilitation Case Management	0.0	0.0	0.0	8.4	47.7	0.0	9.8	0.0	21.6	0.0	0.0	0.0	8.6	0.0	**15.2**
Therapeutic Psychoeducation	29.0	0.0	0.0	5.3	7.3	24.9	0.0	6.6	0.0	0.0	1.0	23.7	5.6	2.7	**6.3**
Day Support	0.0	89.6	0.0	9.5	63.6	0.0	12.7	0.0	33.0	0.1	0.0	0.0	10.2	0.0	**26.1**
Supported Employment (B3)	0.0	4.2	1.4	0.0	0.0	5.5	0.3	0.0	1.1	0.0	55.3	0.0	2.4	13.4	**2.2**
Total	**1,927.5**	**1,091.2**	**949.7**	**1,422.6**	**2,531.0**	**1,797.2**	**641.6**	**1,224.0**	**1,156.9**	**690.0**	**2,612.1**	**1,305.6**	**1,031.7**	**1,304.8**	**1,461.5**
Average Length of Service (Minutes)															
Crisis Services	76.7	65.9	62.5	46.1	50.4	45.4	52.2	79.8	50.9	64.4	45.3	38.0	33.0	49.3	**50.9**
Family Treatment	67.1	0.0	70.0	54.7	38.7	52.0	72.1	55.8	68.6	49.9	59.4	75.7	27.8	57.5	**48.7**
Group Treatment	114.5	108.1	75.0	99.9	142.1	115.5	94.1	93.8	176.7	98.5	64.9	100.1	118.8	91.0	**120.5**
Individual Treatment	29.3	60.1	55.1	35.6	34.8	28.9	37.6	47.1	41.5	37.9	30.3	42.4	47.7	50.7	**37.8**
Intake Evaluation	92.2	52.7	83.4	77.6	74.9	76.3	68.4	83.3	79.0	63.4	82.1	87.6	106.5	62.7	**75.2**
Medication Management	25.2	32.6	24.6	27.6	24.9	31.3	29.4	26.9	32.8	23.6	30.5	29.7	29.9	28.2	**27.2**
Medication Monitoring	22.5	19.0	0.0	20.9	19.4	26.4	32.3	14.0	15.0	0.0	6.3	32.5	29.2	31.4	**18.7**
Peer Support	0.0	0.0	0.0	0.0	73.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**73.1**
Psychological Assessment	0.0	60.0	0.0	195.0	169.1	0.0	0.0	0.0	0.0	0.0	0.0	51.0	0.0	0.0	**75.0**
Rehabilitation Case Management	0.0	0.0	0.0	28.0	35.8	0.0	32.2	0.0	29.9	0.0	0.0	0.0	23.5	0.0	**34.2**
Therapeutic Psychoeducation	67.0	0.0	0.0	43.1	55.3	22.3	0.0	142.5	0.0	0.0	38.8	73.6	101.0	41.3	**60.5**
Day Support	0.0	291.8	0.0	187.7	131.9	0.0	61.7	0.0	178.3	300.0	0.0	0.0	355.1	0.0	**172.1**
Supported Employment (B3)	0.0	62.9	35.0	0.0	0.0	84.8	49.3	0.0	15.0	0.0	48.0	0.0	51.8	51.0	**52.3**
Total	**37.3**	**79.8**	**56.1**	**39.8**	**44.6**	**33.6**	**49.4**	**51.4**	**68.5**	**44.9**	**29.0**	**51.4**	**58.4**	**50.7**	**47.0**
Average Cost of Service															
Crisis Services	135.02	128.79	115.90	100.46	101.92	97.47	97.95	183.05	107.20	141.35	77.83	56.37	62.79	97.43	**103.14**
Family Treatment	96.94	0.00	106.36	91.16	66.31	96.24	114.72	116.86	87.75	78.01	99.55	111.00	65.26	93.15	**79.30**
Group Treatment	28.35	28.48	19.29	27.42	32.05	41.89	24.57	30.36	40.30	33.47	16.38	26.42	30.86	25.56	**30.32**
Individual Treatment	39.14	75.30	65.14	55.12	53.76	49.91	53.89	76.14	66.63	64.51	37.36	57.24	62.33	67.50	**56.08**
Intake Evaluation	131.79	97.69	160.34	154.60	154.38	167.34	118.51	166.63	160.06	142.19	132.25	148.28	167.90	138.78	**145.50**
Medication Management	76.84	99.32	68.70	105.97	92.91	104.31	93.49	75.22	122.61	86.73	104.56	89.25	93.55	98.25	**95.53**
Medication Monitoring	51.83	31.54	0.00	35.02	41.82	41.67	45.77	24.01	56.40	0.00	8.99	32.82	43.82	53.78	**31.93**
Peer Support	0.00	0.00	0.00	0.00	18.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**18.52**
Psychological Assessment	0.00	138.20	0.00	224.58	221.59	0.00	0.00	0.00	0.00	0.00	0.00	74.00	0.00	0.00	**110.43**
Rehabilitation Case Management	0.00	0.00	0.00	146.60	100.58	0.00	111.28	0.00	127.60	0.00	0.00	0.00	60.09	0.00	**105.72**
Therapeutic Psychoeducation	273.51	0.00	0.00	66.15	76.84	32.55	0.00	236.27	0.00	0.00	51.83	97.29	118.04	56.65	**97.00**
Day Support	0.00	49.70	0.00	23.08	21.04	0.00	10.43	0.00	27.88	50.80	0.00	0.00	53.48	0.00	**27.78**
Supported Employment (B3)	0.00	85.50	48.61	0.00	0.00	128.38	65.11	0.00	20.07	0.00	68.89	0.00	55.29	68.79	**73.40**
Total	**50.52**	**75.56**	**75.59**	**64.53**	**59.25**	**57.42**	**60.56**	**78.79**	**71.56**	**68.71**	**37.94**	**60.82**	**67.74**	**72.30**	**61.77**
Per Eligible per Month (PEPM) Cost															
Crisis Services	0.65	0.43	0.29	0.57	0.25	0.95	0.32	0.33	0.54	0.23	0.54	0.02	0.26	0.43	**0.34**
Family Treatment	0.07	0.00	0.01	0.07	0.15	0.02	0.01	0.02	0.11	0.09	0.07	0.22	0.16	0.03	**0.09**
Group Treatment	0.25	0.19	0.00	0.12	0.38	0.15	0.20	0.20	0.62	0.21	0.07	0.34	0.24	0.11	**0.26**
Individual Treatment	4.98	4.39	4.21	4.40	8.55	5.97	1.69	6.39	4.04	2.61	5.47	4.37	3.57	5.32	**4.88**
Intake Evaluation	0.53	0.61	1.15	0.86	1.42	0.80	0.51	0.59	0.55	0.29	1.00	0.74	0.94	0.98	**0.83**
Medication Management	0.98	0.83	0.32	1.14	0.97	0.33	0.40	0.36	0.74	0.52	0.39	0.61	0.40	0.52	**0.72**
Medication Monitoring	0.00	0.00	0.00	0.33	0.20	0.26	0.01	0.01	0.00	0.00	0.39	0.10	0.10	0.39	**0.13**
Peer Support	0.00	0.00	0.00	0.00	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Psychological Assessment	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.00	0.00	**0.00**
Rehabilitation Case Management	0.00	0.00	0.00	0.10	0.40	0.00	0.09	0.00	0.23	0.00	0.00	0.00	0.04	0.00	**0.13**
Therapeutic Psychoeducation	0.66	0.00	0.00	0.03	0.05	0.07	0.00	0.13	0.00	0.00	0.00	0.19	0.05	0.01	**0.05**
Day Support	0.00	0.37	0.00	0.02	0.11	0.00	0.01	0.00	0.08	0.00	0.00	0.00	0.05	0.00	**0.06**
Supported Employment (B3)	0.00	0.03	0.01	0.00	0.00	0.06	0.00	0.00	0.00	0.00	0.32	0.00	0.01	0.08	**0.01**
Total	**8.12**	**6.87**	**5.98**	**7.65**	**12.50**	**8.60**	**3.24**	**8.04**	**6.90**	**3.95**	**8.26**	**6.62**	**5.82**	**7.86**	**7.52**

Exhibit 12-2g (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
Outpatient Professional (Hourly Modalities) Experience Summary
Aid Category: Title XIX Disabled Child

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (CY2004)	3,645	14,717	3,752	32,452	44,916	7,351	30,429	3,174	12,326	34,521	5,804	22,911	10,746	4,772	**231,516**
Services per 1,000 Eligibles															
Crisis Services	100.7	260.3	63.8	268.0	187.3	225.3	170.8	75.4	305.6	54.6	629.7	14.1	228.7	123.7	**178.5**
Family Treatment	459.8	1,320.9	459.4	308.8	939.4	101.7	206.6	256.4	666.6	654.2	112.1	546.3	200.5	468.2	**566.9**
Group Treatment	363.4	159.4	59.6	414.2	295.8	184.5	337.2	20.1	393.7	67.4	60.5	511.2	188.6	919.7	**293.5**
Individual Treatment	3,918.8	5,346.1	2,258.7	5,629.8	7,851.0	3,576.3	3,516.8	2,996.9	4,045.5	1,995.3	8,632.2	5,391.1	2,851.6	3,852.9	**4,841.9**
Intake Evaluation	113.8	358.7	289.3	116.5	232.3	93.0	114.4	105.6	107.3	83.1	159.6	132.5	135.2	194.0	**155.6**
Medication Management	210.2	368.7	93.6	441.8	338.2	100.6	138.2	196.1	218.9	128.9	63.9	124.1	307.4	267.6	**244.4**
Medication Monitoring	65.7	18.4	0.0	254.2	330.6	77.8	0.8	5.0	1.1	1.4	2,543.7	114.2	120.3	240.8	**190.5**
Peer Support	13.1	0.0	0.0	0.0	16.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**3.4**
Psychological Assessment	4.4	18.4	0.0	1.0	1.1	0.0	0.0	0.0	0.0	0.0	13.7	136.7	0.0	0.0	**15.5**
Rehabilitation Case Management	0.0	0.0	0.0	14.3	0.0	0.0	48.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**8.4**
Therapeutic Psychoeducation	61.3	4.3	0.0	33.9	25.4	117.5	4.7	0.0	0.0	0.0	5.0	190.7	44.6	10.0	**36.5**
Day Support	0.0	54.2	0.0	302.4	167.8	0.0	4.3	0.0	329.4	0.0	0.0	1,247.9	5.9	0.0	**220.3**
Supported Employment (B3)	0.0	3.3	21.3	1.5	0.0	70.2	0.4	0.0	3.2	0.0	10.3	0.0	3.0	3.3	**3.7**
Total	**5,311.2**	**7,912.8**	**3,245.6**	**7,786.2**	**10,385.3**	**4,546.9**	**4,542.6**	**3,655.6**	**6,071.2**	**2,984.9**	**12,230.9**	**8,408.8**	**4,085.8**	**6,080.3**	**6,759.0**
Average Length of Service (Minutes)															
Crisis Services	68.5	67.9	38.9	49.0	68.1	40.8	63.0	60.0	60.9	56.0	35.9	28.9	24.5	50.8	**54.9**
Family Treatment	59.8	74.4	59.3	56.2	56.7	47.0	63.1	53.1	70.2	65.9	59.1	55.5	51.9	53.0	**61.8**
Group Treatment	130.1	76.3	22.5	187.2	96.3	86.5	102.4	105.0	136.0	76.9	60.0	129.6	111.1	115.7	**124.1**
Individual Treatment	31.3	66.5	48.5	46.1	40.8	27.5	43.9	41.4	43.6	41.5	36.8	38.2	38.4	50.0	**43.2**
Intake Evaluation	100.0	59.6	62.8	82.3	67.9	63.6	70.3	64.8	101.6	77.6	84.3	96.7	81.3	73.7	**74.1**
Medication Management	35.1	36.7	28.4	27.5	28.9	27.1	30.8	22.6	33.7	32.4	31.7	25.1	31.6	27.0	**29.9**
Medication Monitoring	32.0	56.5	0.0	26.4	19.0	38.2	30.0	15.0	30.0	52.5	9.3	18.8	30.1	30.6	**18.4**
Peer Support	80.0	0.0	0.0	0.0	34.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**37.4**
Psychological Assessment	30.0	76.5	0.0	90.0	142.5	0.0	0.0	0.0	0.0	0.0	303.0	64.7	0.0	0.0	**72.0**
Rehabilitation Case Management	0.0	0.0	0.0	17.8	0.0	0.0	28.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**25.7**
Therapeutic Psychoeducation	80.7	60.0	0.0	21.4	51.1	16.1	62.5	0.0	0.0	0.0	237.5	66.2	126.5	90.0	**57.6**
Day Support	0.0	336.2	0.0	247.2	243.5	0.0	90.0	0.0	291.0	0.0	0.0	314.3	360.0	0.0	**288.9**
Supported Employment (B3)	0.0	140.0	58.0	40.0	0.0	96.0	60.0	0.0	50.0	0.0	62.0	0.0	105.0	60.0	**86.4**
Total	**43.5**	**68.2**	**50.1**	**60.6**	**47.2**	**32.6**	**50.0**	**42.6**	**67.5**	**48.5**	**32.4**	**87.4**	**43.8**	**59.2**	**56.3**
Average Cost of Service															
Crisis Services	120.37	121.60	74.71	101.72	126.29	93.52	115.61	137.09	127.79	122.75	60.68	44.12	49.77	102.36	**106.37**
Family Treatment	88.01	86.22	93.36	90.28	88.46	89.91	97.04	102.06	109.28	110.90	98.92	78.92	75.05	90.07	**92.95**
Group Treatment	30.18	21.13	15.43	37.54	30.06	27.16	27.72	39.52	29.13	23.83	16.42	29.85	29.36	24.45	**30.01**
Individual Treatment	42.68	58.78	57.97	55.32	58.06	45.41	57.86	63.38	56.87	55.27	36.19	48.95	44.84	62.56	**54.70**
Intake Evaluation	144.89	86.91	120.05	177.06	143.33	147.72	121.33	126.78	175.23	144.55	142.33	161.23	161.42	159.99	**139.63**
Medication Management	118.42	125.38	109.67	127.30	108.48	121.88	102.19	81.11	128.33	128.25	163.86	82.94	105.21	97.55	**115.56**
Medication Monitoring	44.71	47.79	0.00	40.30	55.88	45.58	47.76	26.93	56.40	49.67	14.04	24.01	39.39	47.18	**36.09**
Peer Support	20.58	0.00	0.00	0.00	10.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**10.75**
Psychological Assessment	44.71	218.97	0.00	140.24	192.57	0.00	0.00	0.00	0.00	0.00	233.79	91.74	0.00	0.00	**106.13**
Rehabilitation Case Management	0.00	0.00	0.00	106.59	0.00	0.00	100.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**101.98**
Therapeutic Psychoeducation	322.58	72.15	0.00	33.25	69.68	31.35	92.73	0.00	0.00	0.00	32.52	96.38	131.37	112.80	**85.52**
Day Support	0.00	38.91	0.00	30.29	35.53	0.00	11.89	0.00	43.55	0.00	0.00	46.12	55.37	0.00	**41.11**
Supported Employment (B3)	0.00	144.30	80.55	48.78	0.00	150.40	79.26	0.00	76.38	0.00	105.01	0.00	122.71	101.62	**128.21**
Total	**55.61**	**69.30**	**69.70**	**61.81**	**64.32**	**53.10**	**62.97**	**70.22**	**68.35**	**73.62**	**35.65**	**53.01**	**55.14**	**63.87**	**61.75**
Per Eligible per Month (PEPM) Cost															
Crisis Services	1.0	2.64	0.40	2.27	1.97	1.76	1.65	0.86	3.25	0.56	3.18	0.05	0.95	1.06	**1.58**
Family Treatment	3.4	9.49	3.57	2.32	6.92	0.76	1.67	2.18	6.07	6.05	0.92	3.59	1.25	3.51	**4.39**
Group Treatment	0.9	0.28	0.08	1.30	0.74	0.42	0.78	0.07	0.96	0.13	0.08	1.27	0.46	1.87	**0.73**
Individual Treatment	13.9	26.19	10.91	25.95	37.98	13.53	16.96	15.83	19.17	9.19	26.03	21.99	10.66	20.09	**22.07**
Intake Evaluation	1.4	2.60	2.89	1.72	2.77	1.15	1.16	1.12	1.57	1.00	1.89	1.78	1.82	2.59	**1.81**
Medication Management	2.1	3.85	0.86	4.69	3.06	1.02	1.18	1.33	2.34	1.38	0.87	0.86	2.70	2.18	**2.35**
Medication Monitoring	0.2	0.07	0.00	0.85	1.54	0.30	0.00	0.01	0.00	0.01	2.98	0.23	0.39	0.95	**0.57**
Peer Support	0.0	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Psychological Assessment	0.0	0.34	0.00	0.01	0.02	0.00	0.00	0.00	0.00	0.00	0.27	1.05	0.00	0.00	**0.14**
Rehabilitation Case Management	0.0	0.00	0.00	0.13	0.00	0.00	0.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.07**
Therapeutic Psychoeducation	1.6	0.03	0.00	0.09	0.15	0.31	0.04	0.00	0.00	0.00	0.01	1.53	0.49	0.09	**0.26**
Day Support	0.0	0.18	0.00	0.76	0.50	0.00	0.00	0.00	1.20	0.00	0.00	4.80	0.03	0.00	**0.75**
Supported Employment (B3)	0.0	0.04	0.14	0.01	0.00	0.88	0.00	0.00	0.02	0.00	0.09	0.00	0.03	0.03	**0.04**
Total	**24.61**	**45.70**	**18.85**	**40.11**	**55.67**	**20.12**	**23.84**	**21.39**	**34.58**	**18.31**	**36.34**	**37.15**	**18.77**	**32.36**	**34.78**

Exhibit 12-2h (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
Outpatient Professional (Hourly Modalities) Experience Summary
Aid Category: Title XIX Non-Disabled Child

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (CY2004)	150,350	411,815	98,251	1,049,915	1,262,663	281,674	920,163	114,018	275,704	742,217	127,221	536,439	256,967	129,172	**6,356,569**
Services per 1,000 Eligibles															
Crisis Services	9.3	13.5	13.8	21.9	8.5	22.9	19.8	10.9	50.5	21.6	29.2	0.3	46.9	24.6	**18.4**
Family Treatment	109.4	312.3	179.7	57.8	248.5	15.4	48.6	50.7	123.0	184.1	29.2	152.1	79.4	87.6	**138.4**
Group Treatment	23.7	19.5	0.8	47.5	39.6	16.0	42.6	6.9	41.0	14.5	14.6	68.7	32.0	123.9	**37.9**
Individual Treatment	1,155.9	967.2	578.1	639.7	1,490.0	543.4	623.7	335.9	656.2	684.8	1,678.3	961.6	668.6	827.6	**888.0**
Intake Evaluation	35.6	62.0	66.0	33.2	65.0	20.2	43.2	21.4	25.9	29.8	57.4	47.3	51.8	58.6	**44.8**
Medication Management	28.2	41.4	18.5	48.7	36.5	9.4	16.9	9.9	34.6	27.7	1.4	42.8	57.6	44.0	**33.6**
Medication Monitoring	15.0	0.9	0.0	27.9	32.0	9.4	0.1	1.1	0.0	0.2	53.3	38.8	12.8	5.7	**16.8**
Peer Support	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Psychological Assessment	1.0	4.1	0.0	0.5	0.8	0.3	0.0	0.0	0.0	0.0	0.1	24.5	0.0	0.0	**2.6**
Rehabilitation Case Management	0.0	0.0	0.0	0.1	0.0	0.0	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.2**
Therapeutic Psychoeducation	17.7	1.4	0.0	5.6	0.3	34.2	1.3	0.0	0.0	0.0	1.7	4.0	15.2	0.9	**4.2**
Day Support	0.0	1.6	0.0	16.7	16.3	0.0	3.5	0.0	106.0	0.0	0.0	130.4	0.0	0.1	**22.2**
Supported Employment (B3)	0.0	2.5	0.2	0.9	0.0	1.1	0.0	0.0	0.1	0.0	2.5	0.0	0.1	0.0	**0.4**
Total	**1,395.8**	**1,426.3**	**857.0**	**900.5**	**1,937.6**	**672.2**	**801.0**	**436.9**	**1,037.4**	**962.7**	**1,867.7**	**1,470.6**	**964.4**	**1,172.9**	**1,207.6**
Average Length of Service (Minutes)															
Crisis Services	65.9	96.3	61.5	49.0	83.3	43.0	55.9	70.2	52.6	52.3	49.3	26.0	16.4	48.7	**53.2**
Family Treatment	61.9	67.8	54.8	58.9	57.4	58.7	62.2	49.9	65.5	63.3	58.1	58.7	56.9	52.5	**60.5**
Group Treatment	101.5	88.5	139.0	167.6	113.1	94.1	104.8	73.5	220.3	69.9	66.5	139.5	99.4	171.3	**131.7**
Individual Treatment	34.0	59.7	40.8	43.6	40.8	31.1	42.4	43.9	56.3	46.6	36.7	40.7	39.0	47.0	**43.1**
Intake Evaluation	114.4	75.6	69.5	85.8	77.2	70.6	69.1	75.6	125.1	76.0	84.4	107.6	83.8	81.5	**81.8**
Medication Management	34.5	46.8	26.6	28.7	31.2	28.6	32.0	25.2	31.5	34.6	38.6	31.6	30.0	25.6	**32.0**
Medication Monitoring	32.2	34.8	0.0	29.8	19.5	28.2	36.0	15.6	0.0	138.0	22.7	11.8	30.8	36.8	**22.2**
Peer Support	0.0	0.0	0.0	0.0	63.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**63.3**
Psychological Assessment	91.7	77.2	0.0	66.4	105.7	600.0	0.0	0.0	0.0	0.0	300.0	63.9	0.0	0.0	**70.7**
Rehabilitation Case Management	0.0	0.0	0.0	32.5	0.0	0.0	29.0	0.0	30.0	0.0	0.0	0.0	0.0	0.0	**29.2**
Therapeutic Psychoeducation	90.0	60.0	0.0	29.0	52.6	15.9	67.8	0.0	0.0	0.0	75.7	52.2	137.6	90.0	**51.5**
Day Support	0.0	318.8	0.0	212.0	113.5	0.0	94.0	0.0	224.5	0.0	0.0	348.7	0.0	30.0	**265.7**
Supported Employment (B3)	0.0	89.9	15.0	211.7	0.0	79.0	60.0	0.0	30.0	0.0	41.7	0.0	60.0	0.0	**124.0**
Total	**40.4**	**62.9**	**46.0**	**54.8**	**45.9**	**34.3**	**48.7**	**46.8**	**81.8**	**50.9**	**38.6**	**76.0**	**44.7**	**61.5**	**53.1**
Average Cost of Service															
Crisis Services	114.27	208.63	116.16	101.25	164.99	94.33	103.42	162.08	111.50	117.54	84.41	37.65	36.03	96.92	**109.10**
Family Treatment	88.73	86.79	86.36	93.97	88.75	104.85	95.82	106.61	108.07	107.03	95.75	83.58	82.06	90.25	**92.33**
Group Treatment	26.67	23.45	29.00	34.82	28.66	28.53	28.79	17.50	37.53	23.09	15.01	31.25	25.79	28.85	**30.09**
Individual Treatment	45.34	57.93	53.28	56.56	59.53	52.68	58.06	80.88	62.82	58.49	35.09	56.62	46.97	63.82	**56.89**
Intake Evaluation	166.65	109.29	135.22	168.44	153.09	149.11	112.35	151.29	190.45	144.58	128.78	175.27	160.10	156.66	**147.15**
Medication Management	139.76	127.61	113.65	127.00	121.07	124.43	103.41	104.09	116.30	136.03	99.00	98.59	103.65	90.92	**118.76**
Medication Monitoring	44.53	43.83	0.00	45.61	60.97	46.83	48.78	25.91	0.00	50.20	36.21	18.43	39.75	67.92	**45.49**
Peer Support	0.00	0.00	0.00	0.00	15.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**15.50**
Psychological Assessment	135.34	192.42	0.00	87.63	145.62	291.65	0.00	0.00	0.00	0.00	220.52	89.35	0.00	0.00	**104.62**
Rehabilitation Case Management	0.00	0.00	0.00	171.74	0.00	0.00	94.41	0.00	132.61	0.00	0.00	0.00	0.00	0.00	**99.31**
Therapeutic Psychoeducation	345.10	72.15	0.00	42.89	75.71	30.96	97.46	0.00	0.00	0.00	64.17	72.74	136.67	112.80	**88.93**
Day Support	0.00	74.21	0.00	30.14	15.83	0.00	13.48	0.00	31.94	0.00	0.00	47.43	0.00	10.16	**36.81**
Supported Employment (B3)	0.00	93.20	20.83	145.81	0.00	128.00	95.52	0.00	40.14	0.00	48.51	0.00	70.12	0.00	**109.13**
Total	**57.75**	**69.92**	**68.81**	**66.03**	**67.10**	**57.65**	**63.73**	**88.73**	**71.37**	**73.46**	**39.67**	**62.02**	**59.41**	**68.50**	**65.69**
Per Eligible per Month (PEPM) Cost															
Crisis Services	0.1	0.23	0.13	0.18	0.12	0.18	0.17	0.15	0.47	0.21	0.21	0.00	0.14	0.20	**0.17**
Family Treatment	0.8	2.26	1.29	0.45	1.84	0.13	0.39	0.45	1.11	1.64	0.23	1.06	0.54	0.66	**1.06**
Group Treatment	0.1	0.04	0.00	0.14	0.09	0.04	0.10	0.01	0.13	0.03	0.02	0.18	0.07	0.30	**0.10**
Individual Treatment	4.4	4.67	2.57	3.02	7.39	2.39	3.02	2.26	3.44	3.34	4.91	4.54	2.62	4.40	**4.21**
Intake Evaluation	0.5	0.56	0.74	0.47	0.83	0.25	0.40	0.27	0.41	0.36	0.62	0.69	0.69	0.76	**0.55**
Medication Management	0.3	0.44	0.18	0.52	0.37	0.10	0.15	0.09	0.34	0.31	0.01	0.35	0.50	0.33	**0.33**
Medication Monitoring	0.1	0.00	0.00	0.11	0.16	0.04	0.00	0.00	0.00	0.00	0.16	0.06	0.04	0.03	**0.06**
Peer Support	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Psychological Assessment	0.0	0.07	0.00	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.18	0.00	0.00	**0.02**
Rehabilitation Case Management	0.0	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Therapeutic Psychoeducation	0.5	0.01	0.00	0.02	0.00	0.09	0.01	0.00	0.00	0.00	0.01	0.02	0.17	0.01	**0.03**
Day Support	0.0	0.01	0.00	0.04	0.02	0.00	0.00	0.00	0.28	0.00	0.00	0.52	0.00	0.00	**0.07**
Supported Employment (B3)	0.0	0.02	0.00	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	**0.00**
Total	**6.72**	**8.31**	**4.91**	**4.95**	**10.83**	**3.23**	**4.25**	**3.23**	**6.17**	**5.89**	**6.17**	**7.60**	**4.77**	**6.69**	**6.61**

Exhibit 12-2i (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
Outpatient Professional (Hourly Modalities) Experience Summary
Aid Category: All Title XIX Aid Categories

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (CY2004)	211,629	631,689	165,299	1,493,040	2,154,798	390,692	1,436,970	182,868	467,117	1,212,683	213,350	886,391	417,284	213,444	**10,077,254**
Services per 1,000 Eligibles															
Crisis Services	37.7	74.6	101.8	82.7	84.9	112.2	63.2	29.1	136.2	31.9	161.7	8.4	96.2	69.8	**71.2**
Family Treatment	88.7	234.4	117.9	50.6	191.2	13.8	36.1	37.9	96.3	139.7	23.0	114.3	61.1	65.4	**109.0**
Group Treatment	151.1	146.0	54.0	156.9	312.9	83.9	175.7	64.8	310.0	161.1	61.0	279.2	138.6	276.8	**204.0**
Individual Treatment	1,884.1	1,430.1	1,160.8	1,429.9	3,247.0	1,487.3	1,191.6	1,061.0	2,347.1	1,376.4	3,198.0	1,855.7	1,646.7	2,017.1	**1,917.5**
Intake Evaluation	51.3	124.4	107.7	49.4	117.8	38.4	59.9	38.8	53.2	37.7	76.9	64.8	72.1	85.5	**73.0**
Medication Management	230.8	143.1	186.3	135.8	274.2	42.0	91.1	71.1	141.9	170.6	61.9	135.0	135.6	103.5	**159.6**
Medication Monitoring	15.2	46.5	0.1	156.1	223.4	74.2	0.9	5.0	0.5	0.2	1,013.8	91.8	56.3	156.7	**112.5**
Peer Support	29.8	0.0	0.0	0.0	207.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**45.0**
Psychological Assessment	0.8	3.6	0.0	0.5	0.9	0.2	0.0	0.0	0.0	0.0	0.6	23.7	0.0	0.0	**2.6**
Rehabilitation Case Management	0.0	0.0	0.0	7.7	15.1	0.0	26.9	0.0	6.0	0.0	0.0	0.0	1.8	0.0	**8.6**
Therapeutic Psychoeducation	28.2	1.0	1.5	12.2	52.7	41.1	1.0	1.9	0.0	0.0	2.5	84.7	20.7	3.7	**24.0**
Day Support	0.0	106.3	0.0	108.8	344.2	0.0	59.8	0.0	446.0	0.2	0.0	111.2	6.0	2.5	**135.7**
Supported Employment (B3)	0.0	3.7	19.1	1.6	0.0	13.6	0.5	0.0	22.8	0.0	29.7	0.0	5.8	19.2	**3.7**
Total	**2,517.7**	**2,313.7**	**1,749.2**	**2,192.2**	**5,071.9**	**1,906.7**	**1,706.5**	**1,309.6**	**3,559.9**	**1,917.7**	**4,629.2**	**2,768.8**	**2,240.8**	**2,800.2**	**2,866.4**
Average Length of Service (Minutes)															
Crisis Services	71.7	67.8	38.6	44.1	47.3	41.3	62.2	74.3	50.3	57.0	42.3	32.8	28.9	49.8	**49.3**
Family Treatment	62.1	68.7	55.2	58.2	52.7	56.5	62.4	50.7	66.0	62.8	58.1	59.2	53.3	52.7	**58.6**
Group Treatment	100.2	98.8	38.4	116.4	103.1	130.2	89.2	122.7	127.0	95.9	72.7	103.8	116.3	119.2	**104.7**
Individual Treatment	31.0	61.3	47.3	41.7	34.1	30.1	37.3	51.5	37.8	38.5	31.5	39.3	41.4	47.2	**38.1**
Intake Evaluation	103.0	53.8	69.0	81.0	69.4	72.5	68.3	78.1	88.7	69.1	83.1	96.6	95.0	70.6	**73.6**
Medication Management	25.4	34.5	22.1	26.8	21.7	27.3	26.9	25.4	32.2	22.2	31.3	26.4	29.5	25.9	**24.9**
Medication Monitoring	29.1	63.5	60.0	20.3	13.7	24.8	32.6	15.9	32.5	120.0	8.2	26.0	30.3	29.5	**17.4**
Peer Support	121.6	0.0	0.0	0.0	87.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**87.9**
Psychological Assessment	85.5	78.3	0.0	72.6	123.3	600.0	0.0	0.0	0.0	120.0	290.6	61.7	0.0	0.0	**70.7**
Rehabilitation Case Management	0.0	0.0	0.0	26.2	36.5	0.0	28.6	0.0	30.8	0.0	0.0	0.0	23.3	0.0	**31.3**
Therapeutic Psychoeducation	72.2	60.0	89.1	48.1	60.4	17.4	69.8	165.0	0.0	0.0	78.3	82.9	122.3	53.9	**66.4**
Day Support	0.0	289.2	0.0	232.4	157.9	0.0	78.5	0.0	190.2	300.0	0.0	338.7	347.8	78.1	**186.5**
Supported Employment (B3)	0.0	96.3	65.9	128.2	0.0	72.2	76.8	0.0	38.1	0.0	45.9	0.0	59.7	67.6	**61.5**
Total	**39.3**	**73.2**	**46.0**	**55.4**	**49.4**	**36.1**	**46.0**	**54.9**	**66.5**	**44.6**	**28.5**	**60.4**	**48.2**	**53.6**	**51.3**
Average Cost of Service															
Crisis Services	126.23	123.71	75.24	95.55	91.34	88.67	115.11	171.40	105.77	126.82	70.43	48.94	57.04	98.45	**97.61**
Family Treatment	89.13	86.72	87.07	93.16	82.16	101.99	96.14	106.72	106.86	105.86	96.04	84.60	79.59	90.40	**89.65**
Group Treatment	25.38	25.08	16.11	28.70	27.08	37.63	23.85	30.33	31.76	31.24	16.02	25.04	28.95	25.35	**27.30**
Individual Treatment	42.38	64.21	55.46	54.68	51.71	50.69	51.22	75.92	52.34	58.64	34.46	51.32	49.06	58.16	**52.68**
Intake Evaluation	150.43	87.10	143.07	160.78	145.57	158.50	115.77	156.52	164.95	141.58	133.19	160.29	167.33	148.29	**139.98**
Medication Management	78.66	107.37	60.31	113.05	81.20	98.92	81.71	74.32	116.14	75.21	120.88	83.14	99.70	91.73	**88.31**
Medication Monitoring	43.04	44.70	47.76	33.45	32.47	39.26	46.25	27.71	50.15	50.09	11.48	29.28	39.56	50.75	**29.66**
Peer Support	31.26	0.00	0.00	0.00	22.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**22.17**
Psychological Assessment	126.28	184.81	0.00	98.62	168.81	291.65	0.00	0.00	0.00	203.24	232.96	86.77	0.00	0.00	**103.19**
Rehabilitation Case Management	0.00	0.00	0.00	140.60	101.48	0.00	99.45	0.00	127.57	0.00	0.00	0.00	59.79	0.00	**106.26**
Therapeutic Psychoeducation	291.67	72.15	111.97	71.09	79.17	31.77	100.43	212.85	0.00	0.00	72.02	110.39	130.33	70.49	**92.49**
Day Support	0.00	45.37	0.00	27.09	23.67	0.00	12.52	0.00	29.80	50.80	0.00	47.05	52.03	15.46	**27.11**
Supported Employment (B3)	0.00	102.11	86.66	106.24	0.00	114.01	85.29	0.00	48.81	0.00	63.75	0.00	62.87	77.21	**75.57**
Total	**52.48**	**68.84**	**63.82**	**58.81**	**52.27**	**55.58**	**55.04**	**78.99**	**55.57**	**64.02**	**33.78**	**55.35**	**56.42**	**60.36**	**55.58**
Per Eligible per Month (PEPM) Cost															
Crisis Services	0.40	0.77	0.64	0.66	0.65	0.83	0.61	0.42	1.20	0.34	0.95	0.03	0.46	0.57	**0.58**
Family Treatment	0.66	1.69	0.86	0.39	1.31	0.12	0.29	0.34	0.86	1.23	0.18	0.81	0.41	0.49	**0.81**
Group Treatment	0.32	0.31	0.07	0.38	0.71	0.26	0.35	0.16	0.82	0.42	0.08	0.58	0.33	0.58	**0.46**
Individual Treatment	6.65	7.65	5.36	6.52	13.99	6.28	5.09	6.71	10.24	6.73	9.18	7.94	6.73	9.78	**8.42**
Intake Evaluation	0.64	0.90	1.28	0.66	1.43	0.51	0.58	0.51	0.73	0.44	0.85	0.87	1.00	1.06	**0.85**
Medication Management	1.51	1.28	0.94	1.28	1.86	0.35	0.62	0.44	1.37	1.07	0.62	0.94	1.13	0.79	**1.17**
Medication Monitoring	0.05	0.17	0.00	0.44	0.60	0.24	0.00	0.01	0.00	0.00	0.97	0.22	0.19	0.66	**0.28**
Peer Support	0.08	0.00	0.00	0.00	0.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.08**
Psychological Assessment	0.01	0.06	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.01	0.17	0.00	0.00	**0.02**
Rehabilitation Case Management	0.00	0.00	0.00	0.09	0.13	0.00	0.22	0.00	0.06	0.00	0.00	0.00	0.01	0.00	**0.08**
Therapeutic Psychoeducation	0.69	0.01	0.01	0.07	0.35	0.11	0.01	0.03	0.00	0.00	0.01	0.78	0.22	0.02	**0.18**
Day Support	0.00	0.40	0.00	0.25	0.68	0.00	0.06	0.00	1.11	0.00	0.00	0.44	0.03	0.00	**0.31**
Supported Employment (B3)	0.00	0.03	0.14	0.01	0.00	0.13	0.00	0.00	0.09	0.00	0.16	0.00	0.03	0.12	**0.02**
Total	**11.01**	**13.27**	**9.30**	**10.74**	**22.09**	**8.83**	**7.83**	**8.62**	**16.49**	**10.23**	**13.03**	**12.77**	**10.54**	**14.09**	**13.28**

Exhibit 12-3a
Washington State Mental Health Division
2005 Actuarial Rate Development
Per Diem Services Experience Summary
Aid Category: Title XIX Disabled Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (CY2004)	13,171	41,062	18,525	83,874	220,711	23,470	118,193	18,050	50,890	116,278	21,213	78,804	38,796	19,711	**862,748**
Days per 1,000 Eligibles															
Evaluation and Treatment	0.0	0.0	0.0	0.0	0.0	0.0	307.1	0.0	412.0	0.0	0.0	0.0	0.0	0.0	**66.4**
Stabilization Services	1,591.1	129.0	363.6	30.0	318.7	0.0	366.9	49.0	75.8	311.0	21.1	369.0	144.0	165.2	**264.8**
High Intensity Treatment	0.0	0.0	0.0	0.8	106.5	0.0	49.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**34.1**
Residential Treatment	7,488.3	1,161.8	299.0	1,262.4	2,947.2	0.0	1,934.1	0.0	942.8	2,295.7	784.7	3,936.4	0.0	0.0	**2,061.5**
Respite Services (B3)	0.0	0.0	0.0	4.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	39.9	0.0	**2.2**
Clubhouse (B3)	0.0	0.0	0.0	153.4	11.6	0.0	0.0	0.0	0.0	0.0	537.2	903.6	0.0	28.3	**114.3**
Total	**9,079.4**	**1,290.8**	**662.5**	**1,450.9**	**3,383.9**	**0.0**	**2,657.5**	**49.0**	**1,430.6**	**2,606.8**	**1,343.0**	**5,209.0**	**183.9**	**193.5**	**2,543.3**
Average Cost of Service															
Evaluation and Treatment	0.00	0.00	0.00	0.00	0.00	0.00	546.00	0.00	546.00	0.00	0.00	0.00	0.00	0.00	**546.00**
Stabilization Services	359.00	359.00	398.49	359.00	359.00	0.00	300.59	359.00	333.87	412.85	348.23	359.00	359.00	359.00	**357.16**
High Intensity Treatment	0.00	0.00	0.00	95.00	95.00	0.00	95.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**95.00**
Residential Treatment	45.40	45.40	155.72	72.42	66.94	0.00	65.73	0.00	102.01	94.48	45.40	62.29	0.00	0.00	**69.68**
Respite Services (B3)	0.00	0.00	0.00	45.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	45.40	0.00	**45.40**
Clubhouse (B3)	0.00	0.00	0.00	26.06	26.06	0.00	0.00	0.00	0.00	0.00	26.06	26.06	0.00	26.06	**26.06**
Total	**100.36**	**76.75**	**288.94**	**73.37**	**95.19**	**0.00**	**154.21**	**359.00**	**242.18**	**132.47**	**42.41**	**77.02**	**290.95**	**310.24**	**110.40**
Per Eligible per Month (PEPM) Cost															
Evaluation and Treatment	0.0	0.00	0.00	0.00	0.00	0.00	13.97	0.00	18.75	0.00	0.00	0.00	0.00	0.00	**3.02**
Stabilization Services	47.60	3.86	12.07	0.90	9.53	0.00	9.19	1.47	2.11	10.70	0.61	11.04	4.31	4.94	**7.88**
High Intensity Treatment	0.00	0.00	0.00	0.01	0.84	0.00	0.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.27**
Residential Treatment	28.33	4.40	3.88	7.62	16.44	0.00	10.59	0.00	8.01	18.07	2.97	20.43	0.00	0.00	**11.97**
Respite Services (B3)	0.00	0.00	0.00	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.15	0.00	**0.01**
Clubhouse (B3)	0.00	0.00	0.00	0.33	0.03	0.00	0.00	0.00	0.00	0.00	1.17	1.96	0.00	0.06	**0.25**
Total	**75.93**	**8.26**	**15.95**	**8.87**	**26.84**	**0.00**	**34.15**	**1.47**	**28.87**	**28.78**	**4.75**	**33.43**	**4.46**	**5.00**	**23.40**

Exhibit 12-3b
Washington State Mental Health Division
2005 Actuarial Rate Development
Per Diem Services Experience Summary
Aid Category: Title XIX Disabled Dual Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (CY2004)	9,223	26,107	10,235	53,949	122,070	15,001	69,885	8,822	28,784	68,607	11,335	52,051	25,024	12,145	**513,238**
Days per 1,000 Eligibles															
Evaluation and Treatment	0.0	0.0	0.0	0.0	0.0	0.0	428.6	0.0	448.1	0.0	0.0	0.0	0.0	0.0	**83.5**
Stabilization Services	1,408.5	190.7	324.3	20.9	236.9	0.0	437.0	250.3	101.8	354.2	26.8	294.4	161.4	565.6	**268.6**
High Intensity Treatment	0.0	0.0	0.0	0.0	541.1	0.0	111.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**143.9**
Residential Treatment	2,898.1	4,187.6	884.2	2,262.1	9,559.2	0.0	4,213.4	0.0	1,828.6	3,904.5	171.8	9,966.4	0.0	0.0	**5,006.9**
Respite Services (B3)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	53.6	0.0	**2.6**
Clubhouse (B3)	0.0	0.0	0.0	328.1	37.4	0.0	0.0	0.0	0.0	0.0	1,051.8	1,722.4	0.0	42.1	**242.3**
Total	**4,306.6**	**4,378.3**	**1,208.5**	**2,611.1**	**10,374.5**	**0.0**	**5,190.6**	**250.3**	**2,378.5**	**4,258.7**	**1,250.3**	**11,983.2**	**214.9**	**607.6**	**5,747.7**
Average Cost of Service															
Evaluation and Treatment	0.00	0.00	0.00	0.00	0.00	0.00	546.00	0.00	546.00	0.00	0.00	0.00	0.00	0.00	**546.00**
Stabilization Services	359.00	359.00	398.49	359.00	359.00	0.00	299.32	359.00	333.87	412.85	348.23	359.00	359.00	359.00	**355.66**
High Intensity Treatment	0.00	0.00	0.00	0.00	95.00	0.00	95.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**95.00**
Residential Treatment	45.40	70.09	155.72	73.89	61.63	0.00	53.31	0.00	135.46	90.79	45.40	59.62	0.00	0.00	**65.91**
Respite Services (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	45.40	0.00	**45.40**
Clubhouse (B3)	0.00	0.00	0.00	26.06	26.06	0.00	0.00	0.00	0.00	0.00	26.06	26.06	0.00	26.06	**26.06**
Total	**147.97**	**82.67**	**220.88**	**70.16**	**70.03**	**0.00**	**115.60**	**359.00**	**221.29**	**117.58**	**35.61**	**62.15**	**280.83**	**335.96**	**85.46**
Per Eligible per Month (PEPM) Cost															
Evaluation and Treatment	0.0	0.00	0.00	0.00	0.00	0.00	19.50	0.00	20.39	0.00	0.00	0.00	0.00	0.00	**3.80**
Stabilization Services	42.14	5.71	10.77	0.63	7.09	0.00	10.90	7.49	2.83	12.19	0.78	8.81	4.83	16.92	**7.96**
High Intensity Treatment	0.00	0.00	0.00	0.00	4.28	0.00	0.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**1.14**
Residential Treatment	10.96	24.46	11.47	13.93	49.09	0.00	18.72	0.00	20.64	29.54	0.65	49.51	0.00	0.00	**27.50**
Respite Services (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.20	0.00	**0.01**
Clubhouse (B3)	0.00	0.00	0.00	0.71	0.08	0.00	0.00	0.00	0.00	0.00	2.28	3.74	0.00	0.09	**0.53**
Total	**53.10**	**30.16**	**22.24**	**15.27**	**60.54**	**0.00**	**50.00**	**7.49**	**43.86**	**41.73**	**3.71**	**62.06**	**5.03**	**17.01**	**40.94**

Exhibit 12-3c
Washington State Mental Health Division
2005 Actuarial Rate Development
Outpatient Professional (Hourly Modalities) Experience Summary
Aid Category: Title XIX Disabled Adult (All)

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (CY2004)	22,394	67,169	28,760	137,823	342,781	38,471	188,078	26,872	79,674	184,885	32,548	130,855	63,820	31,856	**1,375,986**
Days per 1,000 Eligibles															
Evaluation and Treatment	0.0	0.0	0.0	0.0	0.0	0.0	352.3	0.0	425.1	0.0	0.0	0.0	0.0	0.0	**72.8**
Stabilization Services	1,515.9	153.0	349.6	26.4	289.5	0.0	393.0	115.1	85.2	327.1	23.0	339.3	150.8	317.8	**266.2**
High Intensity Treatment	0.0	0.0	0.0	0.5	261.2	0.0	72.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**75.0**
Residential Treatment	5,597.8	2,337.8	507.2	1,653.8	5,301.8	0.0	2,781.0	0.0	1,262.8	2,892.7	571.3	6,335.0	0.0	0.0	**3,160.1**
Respite Services (B3)	0.0	0.0	0.0	2.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	45.3	0.0	**2.4**
Clubhouse (B3)	0.0	0.0	0.0	221.8	20.8	0.0	0.0	0.0	0.0	0.0	716.4	1,229.3	0.0	33.6	**162.0**
Total	**7,113.7**	**2,490.9**	**856.8**	**1,905.1**	**5,873.4**	**0.0**	**3,598.8**	**115.1**	**1,773.1**	**3,219.8**	**1,310.7**	**7,903.6**	**196.1**	**351.4**	**3,738.5**
Average Cost of Service															
Evaluation and Treatment	0.00	0.00	0.00	0.00	0.00	0.00	546.00	0.00	546.00	0.00	0.00	0.00	0.00	0.00	**546.00**
Stabilization Services	359.00	359.00	398.49	359.00	359.00	0.00	300.07	359.00	333.87	412.85	348.23	359.00	359.00	359.00	**356.59**
High Intensity Treatment	0.00	0.00	0.00	95.00	95.00	0.00	95.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**95.00**
Residential Treatment	45.40	62.59	155.72	73.20	63.53	0.00	58.74	0.00	119.51	92.63	45.40	60.62	0.00	0.00	**67.45**
Respite Services (B3)	0.00	0.00	0.00	45.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	45.40	0.00	**45.40**
Clubhouse (B3)	0.00	0.00	0.00	26.06	26.06	0.00	0.00	0.00	0.00	0.00	26.06	26.06	0.00	26.06	**26.06**
Total	**112.23**	**80.80**	**254.78**	**71.65**	**79.36**	**0.00**	**133.51**	**359.00**	**232.05**	**125.16**	**40.15**	**68.05**	**286.60**	**327.20**	**96.10**
Per Eligible per Month (PEPM) Cost															
Evaluation and Treatment	0.0	0.00	0.00	0.00	0.00	0.00	16.03	0.00	19.34	0.00	0.00	0.00	0.00	0.00	**3.31**
Stabilization Services	45.4	4.58	11.61	0.79	8.66	0.00	9.83	3.44	2.37	11.25	0.67	10.15	4.51	9.51	**7.91**
High Intensity Treatment	0.0	0.00	0.00	0.00	2.07	0.00	0.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.59**
Residential Treatment	21.2	12.19	6.58	10.09	28.07	0.00	13.61	0.00	12.58	22.33	2.16	32.00	0.00	0.00	**17.76**
Respite Services (B3)	0.0	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.17	0.00	**0.01**
Clubhouse (B3)	0.0	0.00	0.00	0.48	0.05	0.00	0.00	0.00	0.00	0.00	1.56	2.67	0.00	0.07	**0.35**
Total	**66.53**	**16.77**	**18.19**	**11.37**	**38.84**	**0.00**	**40.04**	**3.44**	**34.29**	**33.58**	**4.39**	**44.82**	**4.68**	**9.58**	**29.94**

Exhibit 12-3d
Washington State Mental Health Division
2005 Actuarial Rate Development
Per Diem Services Experience Summary
Aid Category: Title XIX Non-Disabled Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (CY2004)	21,693	110,285	24,147	198,118	321,164	45,512	208,977	27,554	68,134	180,968	35,389	146,855	62,885	32,672	**1,484,353**
Days per 1,000 Eligibles															
Evaluation and Treatment	0.0	0.0	0.0	0.0	0.0	0.0	16.6	0.0	36.4	0.0	0.0	0.0	0.0	0.0	**4.0**
Stabilization Services	167.8	8.0	11.9	1.9	14.8	0.0	10.5	0.0	9.6	29.6	5.0	40.8	2.3	8.8	**16.7**
High Intensity Treatment	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Residential Treatment	165.4	13.9	0.0	43.8	75.4	0.0	10.3	0.0	1.0	52.2	0.0	33.8	0.0	0.0	**36.8**
Respite Services (B3)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.8	0.0	**0.2**
Clubhouse (B3)	0.0	0.0	0.0	1.5	0.3	0.0	0.0	0.0	0.0	0.0	86.6	10.4	0.0	0.0	**3.4**
Total	**333.2**	**21.9**	**11.9**	**47.3**	**90.5**	**0.0**	**37.4**	**0.0**	**46.9**	**81.8**	**91.6**	**85.0**	**6.1**	**8.8**	**61.0**
Average Cost of Service															
Evaluation and Treatment	0.00	0.00	0.00	0.00	0.00	0.00	546.00	0.00	546.00	0.00	0.00	0.00	0.00	0.00	**546.00**
Stabilization Services	359.00	359.00	398.49	359.00	359.00	0.00	389.00	0.00	334.37	412.85	348.23	359.00	359.00	359.00	**373.03**
High Intensity Treatment	0.00	0.00	0.00	95.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**95.00**
Residential Treatment	45.40	45.40	0.00	60.87	90.36	0.00	126.21	0.00	215.20	92.36	0.00	73.62	0.00	0.00	**81.86**
Respite Services (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	45.40	0.00	**45.40**
Clubhouse (B3)	0.00	0.00	0.00	26.06	26.06	0.00	0.00	0.00	0.00	0.00	26.06	26.06	0.00	0.00	**26.06**
Total	**203.35**	**159.63**	**398.49**	**72.13**	**134.08**	**0.00**	**386.04**	**0.00**	**495.97**	**208.29**	**43.52**	**204.74**	**163.00**	**359.00**	**188.69**
Per Eligible per Month (PEPM) Cost															
Evaluation and Treatment	0.0	0.00	0.00	0.00	0.00	0.00	0.76	0.00	1.66	0.00	0.00	0.00	0.00	0.00	**0.18**
Stabilization Services	5.02	0.24	0.40	0.06	0.44	0.00	0.34	0.00	0.27	1.02	0.14	1.22	0.07	0.26	**0.52**
High Intensity Treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Residential Treatment	0.63	0.05	0.00	0.22	0.57	0.00	0.11	0.00	0.02	0.40	0.00	0.21	0.00	0.00	**0.25**
Respite Services (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	**0.00**
Clubhouse (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.19	0.02	0.00	0.00	**0.01**
Total	**5.65**	**0.29**	**0.40**	**0.28**	**1.01**	**0.00**	**1.20**	**0.00**	**1.94**	**1.42**	**0.33**	**1.45**	**0.08**	**0.26**	**0.96**

Exhibit 12-3e
Washington State Mental Health Division
2005 Actuarial Rate Development
Per Diem Services Experience Summary
Aid Category: Title XIX Non-Disabled Dual Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (CY2004)	13,547	27,703	10,389	74,732	183,274	17,684	89,323	11,250	31,279	70,092	12,388	49,331	22,866	14,972	**628,830**
Days per 1,000 Eligibles															
Evaluation and Treatment	0.0	0.0	0.0	0.0	1.0	0.0	6.3	0.0	73.4	0.0	0.0	0.0	0.0	0.0	**4.8**
Stabilization Services	45.4	0.0	4.6	4.3	11.2	0.0	13.4	0.0	1.3	23.1	0.0	48.4	5.6	2.1	**13.4**
High Intensity Treatment	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Residential Treatment	39.7	793.3	0.0	151.2	693.2	0.0	306.7	0.0	257.6	1,109.6	12.9	795.7	0.0	0.0	**498.5**
Respite Services (B3)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.9	0.0	0.0	0.0	**0.1**
Clubhouse (B3)	0.0	0.0	0.0	48.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	105.3	0.0	1.1	**14.1**
Total	**85.1**	**793.3**	**4.6**	**204.2**	**705.4**	**0.0**	**326.5**	**0.0**	**332.2**	**1,132.7**	**16.7**	**949.4**	**5.6**	**3.2**	**531.0**
Average Cost of Service															
Evaluation and Treatment	0.00	0.00	0.00	0.00	546.00	0.00	546.00	0.00	546.00	0.00	0.00	0.00	0.00	0.00	**546.00**
Stabilization Services	359.00	0.00	398.49	359.00	359.00	0.00	241.39	0.00	333.87	412.85	0.00	359.00	359.00	359.00	**352.72**
High Intensity Treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Residential Treatment	45.40	50.43	0.00	46.11	72.84	0.00	40.63	0.00	127.55	95.71	45.40	66.29	0.00	0.00	**73.69**
Respite Services (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	45.40	0.00	0.00	0.00	**45.40**
Clubhouse (B3)	0.00	0.00	0.00	26.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	26.06	0.00	26.06	**26.06**
Total	**212.69**	**50.43**	**398.49**	**47.96**	**78.03**	**0.00**	**58.67**	**0.00**	**220.74**	**102.18**	**45.40**	**76.75**	**359.00**	**248.02**	**83.78**
Per Eligible per Month (PEPM) Cost															
Evaluation and Treatment	0.0	0.00	0.00	0.00	0.04	0.00	0.29	0.00	3.34	0.00	0.00	0.00	0.00	0.00	**0.22**
Stabilization Services	1.36	0.00	0.15	0.13	0.33	0.00	0.27	0.00	0.03	0.80	0.00	1.45	0.17	0.06	**0.39**
High Intensity Treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Residential Treatment	0.15	3.33	0.00	0.58	4.21	0.00	1.04	0.00	2.74	8.85	0.05	4.40	0.00	0.00	**3.06**
Respite Services (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	**0.00**
Clubhouse (B3)	0.00	0.00	0.00	0.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.23	0.00	0.00	**0.03**
Total	**1.51**	**3.33**	**0.15**	**0.82**	**4.59**	**0.00**	**1.60**	**0.00**	**6.11**	**9.65**	**0.06**	**6.07**	**0.17**	**0.07**	**3.71**

Exhibit 12-3f
Washington State Mental Health Division
2005 Actuarial Rate Development
Outpatient Professional (Hourly Modalities) Experience Summary
Aid Category: Title XIX Disabled Adult (All)

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (CY2004)	35,240	137,988	34,536	272,850	504,438	63,196	298,300	38,804	99,413	251,060	47,777	196,186	85,751	47,644	**2,113,183**
Days per 1,000 Eligibles															
Evaluation and Treatment	0.0	0.0	0.0	0.0	0.4	0.0	13.5	0.0	48.0	0.0	0.0	0.0	0.0	0.0	**4.3**
Stabilization Services	120.8	6.4	9.7	2.6	13.5	0.0	11.3	0.0	7.0	27.8	3.7	42.7	3.2	6.7	**15.7**
High Intensity Treatment	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Residential Treatment	117.1	170.4	0.0	73.2	299.8	0.0	99.1	0.0	81.7	347.4	3.3	225.4	0.0	0.0	**174.2**
Respite Services (B3)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	2.8	0.0	**0.1**
Clubhouse (B3)	0.0	0.0	0.0	14.4	0.2	0.0	0.0	0.0	0.0	0.0	64.1	34.3	0.0	0.3	**6.5**
Total	**237.9**	**176.7**	**9.7**	**90.3**	**313.9**	**0.0**	**123.9**	**0.0**	**136.7**	**375.2**	**72.2**	**302.3**	**6.0**	**7.0**	**200.9**
Average Cost of Service															
Evaluation and Treatment	0.00	0.00	0.00	0.00	546.00	0.00	546.00	0.00	546.00	0.00	0.00	0.00	0.00	0.00	**546.00**
Stabilization Services	359.00	359.00	398.49	359.00	359.00	0.00	336.66	0.00	334.34	412.85	348.23	359.00	359.00	359.00	**367.87**
High Intensity Treatment	0.00	0.00	0.00	95.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**95.00**
Residential Treatment	45.40	50.10	0.00	52.52	75.64	0.00	46.89	0.00	128.26	95.35	45.40	67.12	0.00	0.00	**74.90**
Respite Services (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	45.40	0.00	45.40	0.00	**45.40**
Clubhouse (B3)	0.00	0.00	0.00	26.06	26.06	0.00	0.00	0.00	0.00	0.00	26.06	26.06	0.00	26.06	**26.06**
Total	**204.64**	**61.22**	**398.49**	**57.16**	**88.32**	**0.00**	**127.84**	**0.00**	**285.52**	**118.85**	**43.63**	**103.68**	**212.00**	**343.15**	**106.16**
Per Eligible per Month (PEPM) Cost															
Evaluation and Treatment	0.0	0.00	0.00	0.00	0.02	0.00	0.62	0.00	2.19	0.00	0.00	0.00	0.00	0.00	**0.19**
Stabilization Services	3.6	0.19	0.32	0.08	0.40	0.00	0.32	0.00	0.19	0.96	0.11	1.28	0.09	0.20	**0.48**
High Intensity Treatment	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Residential Treatment	0.4	0.71	0.00	0.32	1.89	0.00	0.39	0.00	0.87	2.76	0.01	1.26	0.00	0.00	**1.09**
Respite Services (B3)	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	**0.00**
Clubhouse (B3)	0.0	0.00	0.00	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.14	0.07	0.00	0.00	**0.01**
Total	**4.06**	**0.90**	**0.32**	**0.43**	**2.31**	**0.00**	**1.32**	**0.00**	**3.25**	**3.72**	**0.26**	**2.61**	**0.11**	**0.20**	**1.78**

Exhibit 12-3g
Washington State Mental Health Division
2005 Actuarial Rate Development
Per Diem Services Experience Summary
Aid Category: Title XIX Disabled Child

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (CY2004)	3,645	14,717	3,752	32,452	44,916	7,351	30,429	3,174	12,326	34,521	5,804	22,911	10,746	4,772	**231,516**
Days per 1,000 Eligibles															
Evaluation and Treatment	0.0	0.0	0.0	0.0	54.0	0.0	87.9	0.0	454.7	0.0	0.0	0.0	0.0	0.0	**46.2**
Stabilization Services	136.0	79.2	0.0	11.1	93.0	0.0	173.5	278.7	168.7	103.2	35.7	122.0	81.2	0.0	**94.5**
High Intensity Treatment	0.0	0.0	0.0	7.3	0.0	0.0	0.0	0.0	0.0	621.2	0.0	0.0	0.0	0.0	**93.6**
Residential Treatment	0.0	533.6	0.0	156.8	313.7	0.0	43.9	0.0	106.1	54.9	0.0	629.6	0.0	0.0	**198.7**
Respite Services (B3)	0.0	0.0	0.0	8.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.5	0.0	**1.4**
Clubhouse (B3)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	60.5	75.9	0.0	13.4	**9.3**
Total	**136.0**	**612.7**	**0.0**	**184.0**	**460.6**	**0.0**	**305.4**	**278.7**	**729.6**	**779.4**	**96.2**	**827.5**	**85.7**	**13.4**	**443.8**
Average Cost of Service															
Evaluation and Treatment	0.00	0.00	0.00	0.00	546.00	0.00	546.00	0.00	546.00	0.00	0.00	0.00	0.00	0.00	**546.00**
Stabilization Services	359.00	359.00	0.00	359.00	359.00	0.00	402.20	359.00	333.87	412.85	348.23	359.00	366.68	0.00	**376.01**
High Intensity Treatment	0.00	0.00	0.00	95.00	0.00	0.00	0.00	0.00	0.00	329.65	0.00	0.00	0.00	0.00	**327.10**
Residential Treatment	0.00	102.15	0.00	96.74	49.10	0.00	107.83	0.00	215.20	115.64	0.00	42.49	0.00	0.00	**70.53**
Respite Services (B3)	0.00	0.00	0.00	45.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	45.40	0.00	**45.40**
Clubhouse (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	26.06	26.06	0.00	26.06	**26.06**
Total	**359.00**	**135.34**	**0.00**	**110.02**	**169.87**	**0.00**	**401.29**	**359.00**	**448.83**	**325.59**	**145.72**	**87.66**	**349.97**	**26.06**	**238.24**
Per Eligible per Month (PEPM) Cost															
Evaluation and Treatment	0.0	0.00	0.00	0.00	2.46	0.00	4.00	0.00	20.69	0.00	0.00	0.00	0.00	0.00	**2.10**
Stabilization Services	4.07	2.37	0.00	0.33	2.78	0.00	5.82	8.34	4.69	3.55	1.04	3.65	2.48	0.00	**2.96**
High Intensity Treatment	0.00	0.00	0.00	0.06	0.00	0.00	0.00	0.00	0.00	17.06	0.00	0.00	0.00	0.00	**2.55**
Residential Treatment	0.00	4.54	0.00	1.26	1.28	0.00	0.39	0.00	1.90	0.53	0.00	2.23	0.00	0.00	**1.17**
Respite Services (B3)	0.00	0.00	0.00	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.00	**0.01**
Clubhouse (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.13	0.16	0.00	0.03	**0.02**
Total	**4.07**	**6.91**	**0.00**	**1.69**	**6.52**	**0.00**	**10.21**	**8.34**	**27.29**	**21.15**	**1.17**	**6.04**	**2.50**	**0.03**	**8.81**

Exhibit 12-3h
Washington State Mental Health Division
2005 Actuarial Rate Development
Per Diem Services Experience Summary
Aid Category: Title XIX Non-Disabled Child

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (CY2004)	150,350	411,815	98,251	1,049,915	1,262,663	281,674	920,163	114,018	275,704	742,217	127,221	536,439	256,967	129,172	**6,356,569**
Days per 1,000 Eligibles															
Evaluation and Treatment	0.0	0.0	0.0	0.0	0.8	0.0	1.4	0.0	102.7	0.0	0.0	0.0	0.0	0.0	**4.8**
Stabilization Services	10.7	7.2	0.0	0.1	6.0	0.0	14.0	0.0	27.5	7.0	0.5	12.8	3.8	0.0	**7.2**
High Intensity Treatment	0.0	0.0	0.0	3.9	0.0	1.4	0.0	0.0	0.0	62.6	0.0	0.0	0.0	0.0	**8.0**
Residential Treatment	0.0	2.4	0.0	0.3	17.5	0.0	0.4	0.0	2.8	0.0	0.0	5.6	0.0	0.0	**4.3**
Respite Services (B3)	0.0	0.0	0.0	0.5	0.0	0.0	2.4	0.0	0.7	0.0	0.1	0.0	0.0	0.0	**0.5**
Clubhouse (B3)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Total	**10.7**	**9.6**	**0.0**	**4.8**	**24.3**	**1.4**	**18.1**	**0.0**	**133.6**	**69.6**	**0.6**	**18.4**	**3.8**	**0.0**	**24.8**
Average Cost of Service															
Evaluation and Treatment	0.00	0.00	0.00	0.00	546.00	0.00	546.00	0.00	546.00	0.00	0.00	0.00	0.00	0.00	**546.00**
Stabilization Services	359.00	359.00	0.00	359.00	359.00	0.00	554.20	0.00	333.87	412.85	348.23	359.00	439.92	0.00	**417.41**
High Intensity Treatment	0.00	0.00	0.00	95.00	0.00	95.00	0.00	0.00	0.00	329.65	0.00	95.00	0.00	0.00	**309.18**
Residential Treatment	0.00	102.15	0.00	144.69	45.47	0.00	114.41	0.00	206.86	0.00	0.00	39.95	0.00	0.00	**53.56**
Respite Services (B3)	0.00	0.00	0.00	45.40	0.00	0.00	45.40	0.00	45.40	0.00	45.40	0.00	0.00	0.00	**45.40**
Clubhouse (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Total	**359.00**	**294.56**	**0.00**	**100.59**	**138.91**	**95.00**	**476.90**	**0.00**	**492.67**	**338.02**	**292.49**	**262.04**	**439.92**	**0.00**	**336.86**
Per Eligible per Month (PEPM) Cost															
Evaluation and Treatment	0.0	0.00	0.00	0.00	0.03	0.00	0.06	0.00	4.67	0.00	0.00	0.00	0.00	0.00	**0.22**
Stabilization Services	0.32	0.21	0.00	0.00	0.18	0.00	0.65	0.00	0.77	0.24	0.01	0.38	0.14	0.00	**0.25**
High Intensity Treatment	0.00	0.00	0.00	0.03	0.00	0.01	0.00	0.00	0.00	1.72	0.00	0.00	0.00	0.00	**0.21**
Residential Treatment	0.00	0.02	0.00	0.00	0.07	0.00	0.00	0.00	0.05	0.00	0.00	0.02	0.00	0.00	**0.02**
Respite Services (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Clubhouse (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Total	**0.32**	**0.24**	**0.00**	**0.04**	**0.28**	**0.01**	**0.72**	**0.00**	**5.49**	**1.96**	**0.01**	**0.40**	**0.14**	**0.00**	**0.70**

Exhibit 12-3i
Washington State Mental Health Division
2005 Actuarial Rate Development
Outpatient Professional (Hourly Modalities) Experience Summary
Aid Category: All Title XIX Aid Categories

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Tmber-lands	Total
Medicaid Eligible Months (CY2004)	211,629	631,689	165,299	1,493,040	2,154,798	390,692	1,436,970	182,868	467,117	1,212,683	213,350	886,391	417,284	213,444	**10,077,254**
Days per 1,000 Eligibles															
Evaluation and Treatment	0.0	0.0	0.0	0.0	1.7	0.0	51.6	0.0	155.3	0.0	0.0	0.0	0.0	0.0	**14.92**
Stabilization Services	190.5	24.2	62.9	3.3	54.7	0.0	66.4	21.8	36.7	62.8	5.6	70.5	28.1	48.9	**46.37**
High Intensity Treatment	0.0	0.0	0.0	2.9	41.6	1.0	9.5	0.0	0.0	56.0	0.0	0.0	0.0	0.0	**17.45**
Residential Treatment	611.8	299.8	88.2	169.7	930.4	0.0	385.8	0.0	237.2	514.5	87.9	1,004.8	0.0	0.0	**475.33**
Respite Services (B3)	0.0	0.0	0.0	0.8	0.0	0.0	1.5	0.0	0.4	0.0	0.3	0.0	7.6	0.0	**0.68**
Clubhouse (B3)	0.0	0.0	0.0	23.1	3.4	0.0	0.0	0.0	0.0	0.0	125.3	191.0	0.0	5.4	**23.71**
Total	**802.3**	**324.0**	**151.1**	**199.8**	**1,031.6**	**1.0**	**514.8**	**21.8**	**429.6**	**633.3**	**219.1**	**1,266.2**	**35.7**	**54.3**	**578.45**
Average Cost of Service															
Evaluation and Treatment	0.00	0.00	0.00	0.00	546.00	0.00	546.00	0.00	546.00	0.00	0.00	0.00	0.00	0.00	**546.00**
Stabilization Services	359.00	359.00	398.49	359.00	359.00	0.00	341.30	359.00	333.89	412.85	348.23	359.00	366.28	359.00	**364.28**
High Intensity Treatment	0.00	0.00	0.00	95.00	95.00	95.00	95.00	0.00	0.00	329.65	0.00	95.00	0.00	0.00	**185.60**
Residential Treatment	45.40	62.89	155.72	72.14	64.14	0.00	58.26	0.00	121.88	93.08	45.40	60.58	0.00	0.00	**67.98**
Respite Services (B3)	0.00	0.00	0.00	45.40	0.00	0.00	45.40	0.00	45.40	0.00	45.40	0.00	45.40	0.00	**45.40**
Clubhouse (B3)	0.00	0.00	0.00	26.06	26.06	0.00	0.00	0.00	0.00	0.00	26.06	26.06	0.00	26.06	**26.06**
Total	**119.85**	**84.99**	**256.71**	**71.71**	**81.66**	**95.00**	**144.34**	**359.00**	**293.23**	**145.72**	**42.09**	**71.97**	**297.96**	**326.00**	**105.86**
Per Eligible per Month (PEPM) Cost															
Evaluation and Treatment	0.0	0.00	0.00	0.00	0.08	0.00	2.35	0.00	7.07	0.00	0.00	0.00	0.00	0.00	**0.68**
Stabilization Services	5.70	0.72	2.09	0.10	1.64	0.00	1.89	0.65	1.02	2.16	0.16	2.11	0.86	1.46	**1.41**
High Intensity Treatment	0.00	0.00	0.00	0.02	0.33	0.01	0.08	0.00	0.00	1.54	0.00	0.00	0.00	0.00	**0.27**
Residential Treatment	2.31	1.57	1.15	1.02	4.97	0.00	1.87	0.00	2.41	3.99	0.33	5.07	0.00	0.00	**2.69**
Respite Services (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.03	0.00	**0.00**
Clubhouse (B3)	0.00	0.00	0.00	0.05	0.01	0.00	0.00	0.00	0.00	0.00	0.27	0.41	0.00	0.01	**0.05**
Total	**8.01**	**2.29**	**3.23**	**1.19**	**7.02**	**0.01**	**6.19**	**0.65**	**10.50**	**7.69**	**0.77**	**7.59**	**0.89**	**1.48**	**5.10**

Exhibits 12-4a (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
CY 2004 Experience Summary
Aid Category: Title XIX Disabled Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	13,171	41,062	18,525	83,874	220,711	23,470	118,193	18,050	50,890	116,278	21,213	78,804	38,796	19,711	**862,748**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	64.98	59.33	28.80	70.35	83.48	67.39	34.69	42.44	72.76	40.62	54.92	53.75	47.96	61.08	**59.68**
Outpatient Hourly Services (B3)	0.00	0.12	0.70	0.15	0.00	2.03	0.03	0.00	0.67	0.00	0.43	0.00	0.19	0.69	**0.17**
Per Diem Services	75.93	8.26	15.95	8.52	26.82	0.00	34.15	1.47	28.87	28.78	3.58	31.47	4.31	4.94	**23.14**
Per Diem Services (B3)	0.00	0.00	0.00	0.35	0.03	0.00	0.00	0.00	0.00	0.00	1.17	1.96	0.15	0.06	**0.26**
Subtoal	140.91	67.71	45.45	79.37	110.32	69.42	68.88	43.90	102.31	69.39	60.09	87.18	52.61	66.77	**83.25**
Utilization Adjustments															
Further Implementation of HIT	1.30	1.30	1.30	1.30	0.00	1.30	0.73	1.30	1.30	1.30	1.30	1.30	1.30	1.30	**0.89**
Further Implementation of Peer Support	0.00	1.39	1.39	1.39	0.00	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	**1.01**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	1.30	2.69	2.69	2.69	0.00	2.69	2.12	2.69	2.69	2.69	2.69	2.69	2.69	2.69	**1.90**
Total Adjusted Services Cost	142.21	70.40	48.14	82.06	110.32	72.11	71.00	46.59	105.00	72.08	62.78	89.87	55.30	69.46	**85.15**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.61)	(0.30)	(0.21)	(0.35)	(0.47)	(0.31)	(0.31)	(0.20)	(0.45)	(0.31)	(0.27)	(0.39)	(0.24)	(0.30)	**(0.37)**
Less: Spend-down	(0.07)	(0.04)	(0.02)	(0.04)	(0.06)	(0.04)	(0.04)	(0.02)	(0.05)	(0.04)	(0.03)	(0.04)	(0.03)	(0.03)	**(0.04)**
Less: Medicare Recoveries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Cost-Sharing Recoveries	(0.68)	(0.34)	(0.23)	(0.39)	(0.53)	(0.35)	(0.34)	(0.22)	(0.50)	(0.35)	(0.30)	(0.43)	(0.27)	(0.33)	**(0.41)**
Adjusted Base Year OP Claim Costs	141.53	70.06	47.91	81.66	109.79	71.77	70.66	46.37	104.49	71.74	62.48	89.44	55.03	69.13	**84.74**
Outpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended OP Claim Costs	**141.53**	**70.06**	**47.91**	**81.66**	**109.79**	**71.77**	**70.66**	**46.37**	**104.49**	**71.74**	**62.48**	**89.44**	**55.03**	**69.13**	**84.74**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	9.79	17.84	6.78	11.01	27.47	12.67	19.68	6.23	3.51	6.44	34.84	26.04	16.11	7.72	**17.62**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	9.98	18.18	6.91	11.22	28.00	12.92	20.06	6.35	3.57	6.57	35.51	26.54	16.42	7.87	**17.96**
Inpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended IP Claim Costs	**9.98**	**18.18**	**6.91**	**11.22**	**28.00**	**12.92**	**20.06**	**6.35**	**3.57**	**6.57**	**35.51**	**26.54**	**16.42**	**7.87**	**17.96**
Composite Claim Costs	**151.51**	**88.24**	**54.82**	**92.89**	**137.79**	**84.68**	**90.72**	**52.72**	**108.06**	**78.31**	**97.99**	**115.98**	**71.45**	**76.99**	**102.71**
Administration and Profit @ 15%	26.74	15.57	9.67	16.39	24.32	14.94	16.01	9.30	19.07	13.82	17.29	20.47	12.61	13.59	**18.13**
PMPM Composite Rate	**178.24**	**103.81**	**64.49**	**109.28**	**162.11**	**99.63**	**106.73**	**62.03**	**127.13**	**92.13**	**115.28**	**136.45**	**84.06**	**90.58**	**120.83**

Exhibits 12-4b (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
CY 2004 Experience Summary
Aid Category: Title XIX Disabled Dual Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	9,223	26,107	10,235	53,949	122,070	15,001	69,885	8,822	28,784	68,607	11,335	52,051	25,024	12,145	**513,238**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	42.23	75.03	45.23	72.47	120.36	53.84	47.70	36.97	93.31	54.30	56.84	47.63	55.10	73.47	**73.43**
Outpatient Hourly Services (B3)	0.00	0.17	1.57	0.02	0.00	0.07	0.03	0.00	0.77	0.00	1.13	0.00	0.30	1.34	**0.16**
Per Diem Services	53.10	30.16	22.24	14.55	60.46	0.00	50.00	7.49	43.86	41.73	1.43	58.32	4.83	16.92	**40.40**
Per Diem Services (B3)	0.00	0.00	0.00	0.71	0.08	0.00	0.00	0.00	0.00	0.00	2.28	3.74	0.20	0.09	**0.54**
Subtoal	95.33	105.37	69.04	87.76	180.90	53.92	97.74	44.46	137.94	96.02	61.68	109.70	60.43	91.83	**114.53**
Utilization Adjustments															
Further Implementation of HIT	1.30	1.30	1.30	1.30	0.00	1.30	0.73	1.30	1.30	1.30	1.30	1.30	1.30	1.30	**0.91**
Further Implementation of Peer Support	0.00	1.39	1.39	1.39	0.00	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	**1.03**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	1.30	2.69	2.69	2.69	0.00	2.69	2.12	2.69	2.69	2.69	2.69	2.69	2.69	2.69	**1.95**
Total Adjusted Services Cost	96.63	108.06	71.73	90.45	180.90	56.61	99.86	47.15	140.63	98.71	64.37	112.39	63.12	94.52	**116.48**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.42)	(0.46)	(0.31)	(0.39)	(0.78)	(0.24)	(0.43)	(0.20)	(0.60)	(0.42)	(0.28)	(0.48)	(0.27)	(0.41)	**(0.50)**
Less: Spend-down	(0.05)	(0.05)	(0.04)	(0.05)	(0.09)	(0.03)	(0.05)	(0.02)	(0.07)	(0.05)	(0.03)	(0.06)	(0.03)	(0.05)	**(0.06)**
Less: Medicare Recoveries	(3.38)	(3.78)	(2.51)	(3.17)	(6.33)	(1.98)	(3.49)	(1.65)	(4.92)	(3.46)	(2.25)	(3.93)	(2.21)	(3.31)	**(4.08)**
Subtotal Cost-Sharing Recoveries	(3.85)	(4.30)	(2.86)	(3.60)	(7.20)	(2.25)	(3.97)	(1.88)	(5.60)	(3.93)	(2.56)	(4.47)	(2.51)	(3.76)	**(4.64)**
Adjusted Base Year OP Claim Costs	92.79	103.76	68.88	86.85	173.70	54.35	95.88	45.27	135.03	94.79	61.81	107.91	60.61	90.75	**111.84**
Outpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended OP Claim Costs	**92.79**	**103.76**	**68.88**	**86.85**	**173.70**	**54.35**	**95.88**	**45.27**	**135.03**	**94.79**	**61.81**	**107.91**	**60.61**	**90.75**	**111.84**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	1.06	2.43	1.00	0.65	2.05	0.67	1.04	0.64	0.75	0.46	2.00	1.66	1.08	0.88	**1.28**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	1.08	2.48	1.02	0.66	2.09	0.68	1.06	0.66	0.76	0.47	2.04	1.69	1.10	0.89	**1.30**
Inpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended IP Claim Costs	**1.08**	**2.48**	**1.02**	**0.66**	**2.09**	**0.68**	**1.06**	**0.66**	**0.76**	**0.47**	**2.04**	**1.69**	**1.10**	**0.89**	**1.30**
Composite Claim Costs	**93.86**	**106.24**	**69.89**	**87.51**	**175.78**	**55.03**	**96.94**	**45.93**	**135.79**	**95.25**	**63.85**	**109.61**	**61.71**	**91.65**	**113.14**
Administration and Profit @ 15%	16.56	18.75	12.33	15.44	31.02	9.71	17.11	8.10	23.96	16.81	11.27	19.34	10.89	16.17	**19.97**
PMPM Composite Rate	**110.43**	**124.99**	**82.23**	**102.96**	**206.80**	**64.74**	**114.05**	**54.03**	**159.76**	**112.06**	**75.11**	**128.95**	**72.60**	**107.82**	**133.11**

Exhibits 12-4c (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
CY 2004 Experience Summary
Aid Category: Title XIX Disabled (All) Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	22,394	67,169	28,760	137,823	342,781	38,471	188,078	26,872	79,674	184,885	32,548	130,855	63,820	31,856	**1,375,986**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	55.61	65.43	34.64	71.18	96.61	62.11	39.53	40.64	80.18	45.69	55.58	51.31	50.76	65.80	**64.81**
Outpatient Hourly Services (B3)	0.00	0.14	1.01	0.10	0.00	1.27	0.03	0.00	0.71	0.00	0.68	0.00	0.23	0.94	**0.17**
Per Diem Services	66.53	16.77	18.19	10.88	38.80	0.00	40.04	3.44	34.29	33.58	2.83	42.15	4.51	9.51	**29.58**
Per Diem Services (B3)	0.00	0.00	0.00	0.49	0.05	0.00	0.00	0.00	0.00	0.00	1.56	2.67	0.17	0.07	**0.36**
Subtoal	122.14	82.35	53.85	82.65	135.45	63.38	79.60	44.08	115.18	79.28	60.65	96.14	55.68	76.32	**94.92**
Utilization Adjustments															
Further Implementation of HIT	1.30	1.30	1.30	1.30	0.00	1.30	0.73	1.30	1.30	1.30	1.30	1.30	1.30	1.30	**0.90**
Further Implementation of Peer Support	0.00	1.39	1.39	1.39	0.00	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	**1.02**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	1.30	2.69	2.69	2.69	0.00	2.69	2.12	2.69	2.69	2.69	2.69	2.69	2.69	2.69	**1.92**
Total Adjusted Services Cost	123.44	85.04	56.54	85.34	135.45	66.07	81.72	46.77	117.87	81.97	63.34	98.83	58.37	79.01	**96.84**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.53)	(0.37)	(0.24)	(0.37)	(0.58)	(0.28)	(0.35)	(0.20)	(0.51)	(0.35)	(0.27)	(0.42)	(0.25)	(0.34)	**(0.42)**
Less: Spend-down	(0.06)	(0.04)	(0.03)	(0.04)	(0.07)	(0.03)	(0.04)	(0.02)	(0.06)	(0.04)	(0.03)	(0.05)	(0.03)	(0.04)	**(0.05)**
Less: Medicare Recoveries	(1.39)	(1.47)	(0.89)	(1.24)	(2.25)	(0.77)	(1.30)	(0.54)	(1.78)	(1.28)	(0.78)	(1.56)	(0.87)	(1.26)	**(1.52)**
Subtotal Cost-Sharing Recoveries	(1.99)	(1.88)	(1.16)	(1.65)	(2.90)	(1.09)	(1.69)	(0.77)	(2.34)	(1.68)	(1.09)	(2.04)	(1.15)	(1.64)	**(1.99)**
Adjusted Base Year OP Claim Costs	121.46	83.16	55.37	83.69	132.55	64.98	80.03	46.01	115.53	80.29	62.25	96.79	57.22	77.37	**94.85**
Outpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended OP Claim Costs	**121.46**	**83.16**	**55.37**	**83.69**	**132.55**	**64.98**	**80.03**	**46.01**	**115.53**	**80.29**	**62.25**	**96.79**	**57.22**	**77.37**	**94.85**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	6.19	11.85	4.72	6.95	18.42	7.99	12.75	4.40	2.51	4.22	23.40	16.34	10.21	5.11	**11.53**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	6.31	12.08	4.81	7.09	18.77	8.14	13.00	4.48	2.56	4.30	23.85	16.66	10.41	5.21	**11.75**
Inpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended IP Claim Costs	**6.31**	**12.08**	**4.81**	**7.09**	**18.77**	**8.14**	**13.00**	**4.48**	**2.56**	**4.30**	**23.85**	**16.66**	**10.41**	**5.21**	**11.75**
Composite Claim Costs	**127.77**	**95.24**	**60.18**	**90.78**	**151.32**	**73.12**	**93.03**	**50.49**	**118.08**	**84.60**	**86.10**	**113.45**	**67.63**	**82.58**	**106.60**
Administration and Profit @ 15%	22.55	16.81	10.62	16.02	26.70	12.90	16.42	8.91	20.84	14.93	15.19	20.02	11.94	14.57	**18.81**
PMPM Composite Rate	**150.31**	**112.04**	**70.81**	**106.80**	**178.03**	**86.02**	**109.45**	**59.40**	**138.92**	**99.52**	**101.29**	**133.46**	**79.57**	**97.15**	**125.41**

Exhibits 12-4d (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
CY 2004 Experience Summary
Aid Category: Title XIX Non-Disabled Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	21,693	110,285	24,147	198,118	321,164	45,512	208,977	27,554	68,134	180,968	35,389	146,855	62,885	32,672	**1,484,353**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	12.16	9.10	6.07	10.62	13.66	12.10	4.00	11.97	7.74	3.74	12.54	10.31	7.73	10.33	**9.17**
Outpatient Hourly Services (B3)	0.00	0.05	0.01	0.00	0.00	0.11	0.00	0.00	0.00	0.00	0.56	0.00	0.02	0.15	**0.03**
Per Diem Services	5.65	0.29	0.40	0.28	1.01	0.00	1.20	0.00	1.94	1.42	0.14	1.43	0.07	0.26	**0.95**
Per Diem Services (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.19	0.02	0.01	0.00	**0.01**
Subtoal	17.80	9.44	6.48	10.91	14.67	12.21	5.21	11.97	9.68	5.16	13.44	11.76	7.84	10.74	**10.15**
Utilization Adjustments															
Further Implementation of HIT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Further Implementation of Peer Support	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Total Adjusted Services Cost	17.97	9.61	6.65	11.08	14.84	12.38	5.38	12.14	9.85	5.33	13.61	11.93	8.01	10.91	**10.32**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.08)	(0.04)	(0.03)	(0.05)	(0.06)	(0.05)	(0.02)	(0.05)	(0.04)	(0.02)	(0.06)	(0.05)	(0.03)	(0.05)	**(0.04)**
Less: Spend-down	(0.01)	(0.00)	(0.00)	(0.01)	(0.01)	(0.01)	(0.00)	(0.01)	(0.00)	(0.00)	(0.01)	(0.01)	(0.00)	(0.01)	**(0.01)**
Less: Medicare Recoveries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Cost-Sharing Recoveries	(0.09)	(0.05)	(0.03)	(0.05)	(0.07)	(0.06)	(0.03)	(0.06)	(0.05)	(0.03)	(0.07)	(0.06)	(0.04)	(0.05)	**(0.05)**
Adjusted Base Year OP Claim Costs	17.89	9.56	6.62	11.02	14.77	12.32	5.35	12.08	9.80	5.30	13.55	11.87	7.97	10.85	**10.27**
Outpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended OP Claim Costs	**17.89**	**9.56**	**6.62**	**11.02**	**14.77**	**12.32**	**5.35**	**12.08**	**9.80**	**5.30**	**13.55**	**11.87**	**7.97**	**10.85**	**10.27**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	1.24	0.92	0.00	0.63	4.18	1.90	1.94	1.37	0.72	2.49	4.31	2.20	2.33	2.92	**2.25**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	1.26	0.93	0.00	0.64	4.26	1.93	1.98	1.39	0.73	2.54	4.40	2.25	2.37	2.98	**2.29**
Inpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended IP Claim Costs	**1.26**	**0.93**	**0.00**	**0.64**	**4.26**	**1.93**	**1.98**	**1.39**	**0.73**	**2.54**	**4.40**	**2.25**	**2.37**	**2.98**	**2.29**
Composite Claim Costs	**19.15**	**10.50**	**6.62**	**11.66**	**19.02**	**14.25**	**7.33**	**13.47**	**10.53**	**7.84**	**17.94**	**14.12**	**10.34**	**13.83**	**12.57**
Administration and Profit @ 15%	3.38	1.85	1.17	2.06	3.36	2.51	1.29	2.38	1.86	1.38	3.17	2.49	1.83	2.44	**2.22**
PMPM Composite Rate	**22.52**	**12.35**	**7.79**	**13.72**	**22.38**	**16.76**	**8.62**	**15.85**	**12.39**	**9.23**	**21.11**	**16.61**	**12.17**	**16.27**	**14.78**

Exhibits 12-4e (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
CY 2004 Experience Summary
Aid Category: Title XIX Non-Disabled Dual Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	13,547	27,703	10,389	74,732	183,274	17,684	89,323	11,250	31,279	70,092	12,388	49,331	22,866	14,972	**628,830**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	8.37	8.70	12.07	8.67	21.41	9.11	4.89	7.23	12.04	9.00	4.55	4.01	7.47	10.12	**11.63**
Outpatient Hourly Services (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	**0.00**
Per Diem Services	1.51	3.33	0.15	0.71	4.59	0.00	1.60	0.00	6.11	9.65	0.05	5.84	0.17	0.06	**3.68**
Per Diem Services (B3)	0.00	0.00	0.00	0.11	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.23	0.00	0.00	**0.03**
Subtoal	9.88	12.03	12.23	9.48	26.00	9.11	6.49	7.23	18.16	18.65	4.61	10.08	7.64	10.19	**15.34**
Utilization Adjustments															
Further Implementation of HIT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Further Implementation of Peer Support	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Total Adjusted Services Cost	10.05	12.20	12.40	9.65	26.17	9.28	6.66	7.40	18.33	18.82	4.78	10.25	7.81	10.36	**15.51**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.04)	(0.05)	(0.05)	(0.04)	(0.11)	(0.04)	(0.03)	(0.03)	(0.08)	(0.08)	(0.02)	(0.04)	(0.03)	(0.04)	**(0.07)**
Less: Spend-down	(0.01)	(0.01)	(0.01)	(0.00)	(0.01)	(0.00)	(0.00)	(0.00)	(0.01)	(0.01)	(0.00)	(0.01)	(0.00)	(0.01)	**(0.01)**
Less: Medicare Recoveries	(0.35)	(0.43)	(0.43)	(0.34)	(0.92)	(0.32)	(0.23)	(0.26)	(0.64)	(0.66)	(0.17)	(0.36)	(0.27)	(0.36)	**(0.54)**
Subtotal Cost-Sharing Recoveries	(0.40)	(0.49)	(0.49)	(0.38)	(1.04)	(0.37)	(0.26)	(0.29)	(0.73)	(0.75)	(0.19)	(0.41)	(0.31)	(0.41)	**(0.62)**
Adjusted Base Year OP Claim Costs	9.65	11.72	11.90	9.27	25.13	8.91	6.39	7.11	17.60	18.07	4.59	9.85	7.50	9.95	**14.89**
Outpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended OP Claim Costs	**9.65**	**11.72**	**11.90**	**9.27**	**25.13**	**8.91**	**6.39**	**7.11**	**17.60**	**18.07**	**4.59**	**9.85**	**7.50**	**9.95**	**14.89**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	0.08	0.40	0.01	0.06	0.24	0.19	0.15	0.15	0.12	0.29	0.31	0.47	0.11	0.11	**0.21**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	0.09	0.40	0.01	0.06	0.25	0.19	0.15	0.15	0.12	0.29	0.32	0.48	0.11	0.12	**0.22**
Inpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended IP Claim Costs	**0.09**	**0.40**	**0.01**	**0.06**	**0.25**	**0.19**	**0.15**	**0.15**	**0.12**	**0.29**	**0.32**	**0.48**	**0.11**	**0.12**	**0.22**
Composite Claim Costs	**9.73**	**12.12**	**11.92**	**9.33**	**25.38**	**9.10**	**6.54**	**7.26**	**17.72**	**18.36**	**4.91**	**10.33**	**7.61**	**10.06**	**15.11**
Administration and Profit @ 15%	1.72	2.14	2.10	1.65	4.48	1.61	1.15	1.28	3.13	3.24	0.87	1.82	1.34	1.78	**2.67**
PMPM Composite Rate	**11.45**	**14.26**	**14.02**	**10.98**	**29.85**	**10.71**	**7.70**	**8.55**	**20.85**	**21.60**	**5.78**	**12.15**	**8.95**	**11.84**	**17.78**

Exhibits 12-4f (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
CY 2004 Experience Summary
Aid Category: Title XIX Non-Disabled (All) Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	35,240	137,988	34,536	272,850	504,438	63,196	298,300	38,804	99,413	251,060	47,777	196,186	85,751	47,644	**2,113,183**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	10.70	9.02	7.88	10.09	16.48	11.26	4.27	10.60	9.09	5.21	10.47	8.72	7.66	10.26	**9.90**
Outpatient Hourly Services (B3)	0.00	0.04	0.01	0.00	0.00	0.08	0.00	0.00	0.00	0.00	0.42	0.00	0.01	0.10	**0.02**
Per Diem Services	4.06	0.90	0.32	0.40	2.31	0.00	1.32	0.00	3.25	3.72	0.12	2.54	0.09	0.20	**1.76**
Per Diem Services (B3)	0.00	0.00	0.00	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.14	0.07	0.01	0.00	**0.01**
Subtoal	14.76	9.96	8.21	10.52	18.79	11.34	5.59	10.60	12.35	8.93	11.15	11.34	7.78	10.56	**11.70**
Utilization Adjustments															
Further Implementation of HIT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Further Implementation of Peer Support	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Total Adjusted Services Cost	14.93	10.13	8.38	10.69	18.96	11.51	5.76	10.77	12.52	9.10	11.32	11.51	7.95	10.73	**11.87**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.06)	(0.04)	(0.04)	(0.05)	(0.08)	(0.05)	(0.02)	(0.05)	(0.05)	(0.04)	(0.05)	(0.05)	(0.03)	(0.05)	**(0.05)**
Less: Spend-down	(0.01)	(0.01)	(0.00)	(0.01)	(0.01)	(0.01)	(0.00)	(0.01)	(0.01)	(0.00)	(0.01)	(0.01)	(0.00)	(0.01)	**(0.01)**
Less: Medicare Recoveries	(0.14)	(0.09)	(0.13)	(0.09)	(0.33)	(0.09)	(0.07)	(0.08)	(0.20)	(0.18)	(0.04)	(0.09)	(0.07)	(0.11)	**(0.16)**
Subtotal Cost-Sharing Recoveries	(0.21)	(0.13)	(0.17)	(0.14)	(0.42)	(0.15)	(0.10)	(0.13)	(0.26)	(0.23)	(0.10)	(0.15)	(0.11)	(0.17)	**(0.22)**
Adjusted Base Year OP Claim Costs	14.72	10.00	8.21	10.54	18.53	11.36	5.66	10.64	12.26	8.87	11.22	11.36	7.84	10.57	**11.65**
Outpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended OP Claim Costs	**14.72**	**10.00**	**8.21**	**10.54**	**18.53**	**11.36**	**5.66**	**10.64**	**12.26**	**8.87**	**11.22**	**11.36**	**7.84**	**10.57**	**11.65**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	0.79	0.81	0.00	0.47	2.75	1.42	1.41	1.01	0.53	1.88	3.28	1.77	1.74	2.04	**1.64**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	0.81	0.83	0.00	0.48	2.80	1.45	1.43	1.03	0.54	1.91	3.34	1.80	1.77	2.08	**1.68**
Inpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended IP Claim Costs	**0.81**	**0.83**	**0.00**	**0.48**	**2.80**	**1.45**	**1.43**	**1.03**	**0.54**	**1.91**	**3.34**	**1.80**	**1.77**	**2.08**	**1.68**
Composite Claim Costs	**15.53**	**10.82**	**8.21**	**11.02**	**21.33**	**12.81**	**7.09**	**11.67**	**12.80**	**10.78**	**14.56**	**13.16**	**9.61**	**12.65**	**13.32**
Administration and Profit @ 15%	2.74	1.91	1.45	1.94	3.76	2.26	1.25	2.06	2.26	1.90	2.57	2.32	1.70	2.23	**2.35**
PMPM Composite Rate	**18.27**	**12.73**	**9.66**	**12.97**	**25.10**	**15.07**	**8.35**	**13.73**	**15.05**	**12.68**	**17.13**	**15.49**	**11.31**	**14.88**	**15.67**

Exhibits 12-4g (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
CY 2004 Experience Summary
Aid Category: Title XIX Disabled Child

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	3,645	14,717	3,752	32,452	44,916	7,351	30,429	3,174	12,326	34,521	5,804	22,911	10,746	4,772	**231,516**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	32.45	60.20	24.66	52.87	73.39	25.37	31.42	28.20	45.57	24.14	47.79	48.98	24.71	42.63	**45.80**
Outpatient Hourly Services (B3)	0.00	0.05	0.19	0.01	0.00	1.16	0.00	0.00	0.03	0.00	0.12	0.00	0.04	0.04	**0.05**
Per Diem Services	4.07	6.91	0.00	1.65	6.52	0.00	10.21	8.34	27.29	21.15	1.04	5.88	2.48	0.00	**8.79**
Per Diem Services (B3)	0.00	0.00	0.00	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.13	0.16	0.02	0.03	**0.03**
Subtoal	36.52	67.16	24.85	54.56	79.91	26.53	41.64	36.54	72.88	45.29	49.08	55.02	27.25	42.69	**54.67**
Utilization Adjustments															
Further Implementation of HIT	2.52	0.00	2.52	2.52	2.52	2.52	2.52	2.52	2.52	0.00	2.52	2.52	2.52	2.52	**1.98**
Further Implementation of Peer Support	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	**0.87**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.47	0.00	0.00	0.00	0.00	3.16	0.00	0.00	1.26	0.00	**0.62**
Subtotal Utilization Adjustments	3.39	0.87	3.39	3.39	3.86	3.39	3.39	3.39	3.39	4.03	3.39	3.39	4.65	3.39	**3.47**
Total Adjusted Services Cost	39.91	68.03	28.24	57.95	83.77	29.92	45.03	39.93	76.27	49.32	52.47	58.41	31.90	46.08	**58.14**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.17)	(0.29)	(0.12)	(0.25)	(0.36)	(0.13)	(0.19)	(0.17)	(0.33)	(0.21)	(0.23)	(0.25)	(0.14)	(0.20)	**(0.25)**
Less: Spend-down	(0.02)	(0.03)	(0.01)	(0.03)	(0.04)	(0.01)	(0.02)	(0.02)	(0.04)	(0.02)	(0.03)	(0.03)	(0.02)	(0.02)	**(0.03)**
Less: Medicare Recoveries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Cost-Sharing Recoveries	(0.19)	(0.33)	(0.14)	(0.28)	(0.40)	(0.14)	(0.22)	(0.19)	(0.37)	(0.24)	(0.25)	(0.28)	(0.15)	(0.22)	**(0.28)**
Adjusted Base Year OP Claim Costs	39.72	67.70	28.11	57.68	83.37	29.77	44.81	39.74	75.91	49.08	52.22	58.13	31.75	45.86	**57.86**
Outpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended OP Claim Costs	**39.72**	**67.70**	**28.11**	**57.68**	**83.37**	**29.77**	**44.81**	**39.74**	**75.91**	**49.08**	**52.22**	**58.13**	**31.75**	**45.86**	**57.86**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	8.73	8.01	12.31	11.73	17.64	4.20	18.73	5.56	5.40	13.85	21.63	14.40	6.37	5.41	**13.31**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	8.89	8.16	12.55	11.96	17.98	4.28	19.09	5.67	5.50	14.12	22.05	14.68	6.50	5.52	**13.57**
Inpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended IP Claim Costs	**8.89**	**8.16**	**12.55**	**11.96**	**17.98**	**4.28**	**19.09**	**5.67**	**5.50**	**14.12**	**22.05**	**14.68**	**6.50**	**5.52**	**13.57**
Composite Claim Costs	**48.61**	**75.86**	**40.65**	**69.64**	**101.35**	**34.05**	**63.90**	**45.40**	**81.41**	**63.20**	**74.27**	**72.81**	**38.24**	**51.38**	**71.43**
Administration and Profit @ 15%	8.58	13.39	7.17	12.29	17.89	6.01	11.28	8.01	14.37	11.15	13.11	12.85	6.75	9.07	**12.61**
PMPM Composite Rate	**57.19**	**89.25**	**47.83**	**81.92**	**119.24**	**40.06**	**75.18**	**53.41**	**95.77**	**74.36**	**87.37**	**85.66**	**44.99**	**60.45**	**84.04**

Exhibits 12-4h (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
CY 2004 Experience Summary
Aid Category: Title XIX Non-Disabled Child

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	150,350	411,815	98,251	1,049,915	1,262,663	281,674	920,163	114,018	275,704	742,217	127,221	536,439	256,967	129,172	**6,356,569**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	8.86	10.93	6.48	6.52	14.28	4.24	5.61	4.26	8.13	7.77	8.13	10.02	6.29	8.83	**8.71**
Outpatient Hourly Services (B3)	0.00	0.03	0.00	0.01	0.00	0.02	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	**0.01**
Per Diem Services	0.32	0.24	0.00	0.04	0.28	0.01	0.71	0.00	5.48	1.96	0.01	0.40	0.14	0.00	**0.70**
Per Diem Services (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtoal	9.18	11.19	6.48	6.57	14.56	4.27	6.33	4.26	13.62	9.73	8.15	10.42	6.43	8.83	**9.41**
Utilization Adjustments															
Further Implementation of HIT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Further Implementation of Peer Support	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.06	0.00	0.00	0.00	0.00	0.55	0.00	0.00	0.21	0.00	**0.08**
Subtotal Utilization Adjustments	0.00	0.00	0.00	0.00	0.06	0.00	0.00	0.00	0.00	0.55	0.00	0.00	0.21	0.00	**0.08**
Total Adjusted Services Cost	9.18	11.19	6.48	6.57	14.62	4.27	6.33	4.26	13.62	10.28	8.15	10.42	6.64	8.83	**9.50**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.04)	(0.05)	(0.03)	(0.03)	(0.06)	(0.02)	(0.03)	(0.02)	(0.06)	(0.04)	(0.04)	(0.04)	(0.03)	(0.04)	**(0.04)**
Less: Spend-down	(0.00)	(0.01)	(0.00)	(0.00)	(0.01)	(0.00)	(0.00)	(0.00)	(0.01)	(0.01)	(0.00)	(0.01)	(0.00)	(0.00)	**(0.00)**
Less: Medicare Recoveries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Cost-Sharing Recoveries	(0.04)	(0.05)	(0.03)	(0.03)	(0.07)	(0.02)	(0.03)	(0.02)	(0.07)	(0.05)	(0.04)	(0.05)	(0.03)	(0.04)	**(0.05)**
Adjusted Base Year OP Claim Costs	9.13	11.14	6.45	6.54	14.55	4.25	6.30	4.24	13.56	10.23	8.12	10.37	6.61	8.78	**9.45**
Outpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended OP Claim Costs	**9.13**	**11.14**	**6.45**	**6.54**	**14.55**	**4.25**	**6.30**	**4.24**	**13.56**	**10.23**	**8.12**	**10.37**	**6.61**	**8.78**	**9.45**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	1.27	0.28	0.96	1.54	1.56	0.47	2.33	0.67	0.55	0.66	1.77	1.69	1.25	0.78	**1.34**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	1.29	0.28	0.97	1.57	1.59	0.48	2.38	0.68	0.56	0.68	1.81	1.72	1.27	0.80	**1.37**
Inpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended IP Claim Costs	**1.29**	**0.28**	**0.97**	**1.57**	**1.59**	**0.48**	**2.38**	**0.68**	**0.56**	**0.68**	**1.81**	**1.72**	**1.27**	**0.80**	**1.37**
Composite Claim Costs	**10.42**	**11.42**	**7.42**	**8.11**	**16.15**	**4.72**	**8.68**	**4.92**	**14.12**	**10.91**	**9.92**	**12.10**	**7.88**	**9.58**	**10.82**
Administration and Profit @ 15%	1.84	2.02	1.31	1.43	2.85	0.83	1.53	0.87	2.49	1.92	1.75	2.13	1.39	1.69	**1.91**
PMPM Composite Rate	**12.26**	**13.44**	**8.73**	**9.54**	**19.00**	**5.56**	**10.21**	**5.78**	**16.61**	**12.83**	**11.67**	**14.23**	**9.28**	**11.27**	**12.73**

Exhibits 12-4i (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
CY 2004 Experience Summary
Aid Category: Title XIX Composite

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	211,629	631,689	165,299	1,493,040	2,154,798	390,692	1,436,970	182,868	467,117	1,212,683	213,350	886,391	417,284	213,444	**10,077,254**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	14.52	17.46	12.08	14.15	29.12	11.47	10.32	11.37	21.62	13.49	16.97	16.84	13.85	18.41	**17.47**
Outpatient Hourly Services (B3)	0.00	0.04	0.18	0.02	0.00	0.17	0.00	0.00	0.12	0.00	0.21	0.00	0.04	0.16	**0.03**
Per Diem Services	8.01	2.29	3.23	1.14	7.01	0.01	6.19	0.65	10.50	7.69	0.50	7.18	0.86	1.46	**5.05**
Per Diem Services (B3)	0.00	0.00	0.00	0.05	0.01	0.00	0.01	0.00	0.00	0.00	0.27	0.41	0.03	0.01	**0.05**
Subtoal	22.53	19.79	15.50	15.36	36.15	11.65	16.51	12.02	32.24	21.18	17.95	24.43	14.78	20.05	**22.61**
Utilization Adjustments															
Further Implementation of HIT	0.18	0.14	0.28	0.17	0.05	0.18	0.15	0.23	0.29	0.20	0.27	0.26	0.26	0.25	**0.17**
Further Implementation of Peer Support	0.04	0.21	0.30	0.18	0.06	0.18	0.24	0.26	0.30	0.27	0.27	0.27	0.27	0.26	**0.20**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.04	0.00	0.00	0.00	0.00	0.43	0.00	0.00	0.16	0.00	**0.07**
Subtotal Utilization Adjustments	0.22	0.34	0.58	0.35	0.16	0.36	0.38	0.49	0.58	0.90	0.54	0.52	0.70	0.52	**0.43**
Total Adjusted Services Cost	22.75	20.14	16.08	15.71	36.30	12.01	16.90	12.51	32.82	22.07	18.49	24.95	15.47	20.56	**23.04**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.10)	(0.09)	(0.07)	(0.07)	(0.16)	(0.05)	(0.07)	(0.05)	(0.14)	(0.09)	(0.08)	(0.11)	(0.07)	(0.09)	**(0.10)**
Less: Spend-down	(0.01)	(0.01)	(0.01)	(0.01)	(0.02)	(0.01)	(0.01)	(0.01)	(0.02)	(0.01)	(0.01)	(0.01)	(0.01)	(0.01)	**(0.01)**
Less: Medicare Recoveries	(0.17)	(0.18)	(0.18)	(0.13)	(0.44)	(0.09)	(0.18)	(0.10)	(0.35)	(0.23)	(0.13)	(0.25)	(0.15)	(0.21)	**(0.24)**
Subtotal Cost-Sharing Recoveries	(0.28)	(0.27)	(0.26)	(0.21)	(0.61)	(0.15)	(0.27)	(0.16)	(0.50)	(0.34)	(0.22)	(0.37)	(0.22)	(0.31)	**(0.35)**
Adjusted Base Year OP Claim Costs	22.48	19.86	15.82	15.51	35.69	11.86	16.63	12.35	32.32	21.74	18.27	24.58	15.25	20.25	**22.68**
Outpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended OP Claim Costs	**22.48**	**19.86**	**15.82**	**15.51**	**35.69**	**11.86**	**16.63**	**12.35**	**32.32**	**21.74**	**18.27**	**24.58**	**15.25**	**20.25**	**22.68**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	1.84	1.80	1.67	2.06	4.86	1.43	3.85	1.37	1.01	1.83	5.95	4.20	2.85	1.81	**3.07**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	1.87	1.84	1.70	2.10	4.95	1.46	3.93	1.40	1.03	1.87	6.06	4.28	2.91	1.85	**3.13**
Inpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended IP Claim Costs	**1.87**	**1.84**	**1.70**	**2.10**	**4.95**	**1.46**	**3.93**	**1.40**	**1.03**	**1.87**	**6.06**	**4.28**	**2.91**	**1.85**	**3.13**
Composite Claim Costs	**24.35**	**21.70**	**17.52**	**17.61**	**40.64**	**13.32**	**20.56**	**13.75**	**33.34**	**23.60**	**24.33**	**28.86**	**18.16**	**22.10**	**25.82**
Administration and Profit @ 15%	4.30	3.83	3.09	3.11	7.17	2.35	3.63	2.43	5.88	4.17	4.29	5.09	3.20	3.90	**4.56**
PMPM Composite Rate	**28.64**	**25.53**	**20.61**	**20.72**	**47.81**	**15.67**	**24.19**	**16.18**	**39.23**	**27.77**	**28.63**	**33.96**	**21.36**	**25.99**	**30.37**

Exhibits 12-5a (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
CY 2004 Experience Summary
Aid Category: Title XIX Disabled Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	13,171	41,062	18,525	83,874	220,711	23,470	118,193	18,050	50,890	116,278	21,213	78,804	38,796	19,711	**862,748**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	49.29	45.00	21.84	53.36	63.32	51.11	26.31	32.19	55.18	30.81	41.65	40.77	36.38	46.33	**45.27**
Outpatient Hourly Services (B3)	0.00	0.09	0.53	0.11	0.00	1.54	0.03	0.00	0.51	0.00	0.33	0.00	0.14	0.52	**0.13**
Per Diem Services	75.93	8.26	15.95	8.52	26.82	0.00	34.15	1.47	28.87	28.78	3.58	31.47	4.31	4.94	**23.14**
Per Diem Services (B3)	0.00	0.00	0.00	0.35	0.03	0.00	0.00	0.00	0.00	0.00	1.17	1.96	0.15	0.06	**0.26**
Subtoal	125.22	53.35	38.33	62.34	90.16	52.65	60.49	33.65	84.57	59.58	46.72	74.20	40.98	51.85	**68.80**
Utilization Adjustments															
Further Implementation of HIT	1.30	1.30	1.30	1.30	0.00	1.30	0.73	1.30	1.30	1.30	1.30	1.30	1.30	1.30	**0.89**
Further Implementation of Peer Support	0.00	1.39	1.39	1.39	0.00	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	**1.01**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	1.30	2.69	2.69	2.69	0.00	2.69	2.12	2.69	2.69	2.69	2.69	2.69	2.69	2.69	**1.90**
Total Adjusted Services Cost	126.52	56.04	41.02	65.03	90.16	55.34	62.61	36.34	87.26	62.27	49.41	76.89	43.67	54.54	**70.70**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.54)	(0.24)	(0.18)	(0.28)	(0.39)	(0.24)	(0.27)	(0.16)	(0.38)	(0.27)	(0.21)	(0.33)	(0.19)	(0.23)	**(0.30)**
Less: Spend-down	(0.06)	(0.03)	(0.02)	(0.03)	(0.05)	(0.03)	(0.03)	(0.02)	(0.04)	(0.03)	(0.02)	(0.04)	(0.02)	(0.03)	**(0.04)**
Less: Medicare Recoveries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Cost-Sharing Recoveries	(0.61)	(0.27)	(0.20)	(0.31)	(0.43)	(0.27)	(0.30)	(0.17)	(0.42)	(0.30)	(0.24)	(0.37)	(0.21)	(0.26)	**(0.34)**
Adjusted Base Year OP Claim Costs	125.91	55.77	40.82	64.72	89.73	55.08	62.31	36.17	86.84	61.98	49.18	76.52	43.46	54.28	**70.36**
Outpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended OP Claim Costs	**125.91**	**55.77**	**40.82**	**64.72**	**89.73**	**55.08**	**62.31**	**36.17**	**86.84**	**61.98**	**49.18**	**76.52**	**43.46**	**54.28**	**70.36**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	9.79	17.84	6.78	11.01	27.47	12.67	19.68	6.23	3.51	6.44	34.84	26.04	16.11	7.72	**17.62**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	9.98	18.18	6.91	11.22	28.00	12.92	20.06	6.35	3.57	6.57	35.51	26.54	16.42	7.87	**17.96**
Inpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended IP Claim Costs	**9.98**	**18.18**	**6.91**	**11.22**	**28.00**	**12.92**	**20.06**	**6.35**	**3.57**	**6.57**	**35.51**	**26.54**	**16.42**	**7.87**	**17.96**
Composite Claim Costs	**135.89**	**73.95**	**47.73**	**75.94**	**117.73**	**67.99**	**82.37**	**42.52**	**90.41**	**68.55**	**84.69**	**103.06**	**59.88**	**62.15**	**88.32**
Administration and Profit @ 10%	15.10	8.22	5.30	8.44	13.08	7.55	9.15	4.72	10.05	7.62	9.41	11.45	6.65	6.91	**9.81**
PMPM Composite Rate	**150.99**	**82.16**	**53.03**	**84.38**	**130.81**	**75.55**	**91.52**	**47.25**	**100.46**	**76.16**	**94.10**	**114.52**	**66.53**	**69.05**	**98.14**

Exhibits 12-5b (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
CY 2004 Experience Summary
Aid Category: Title XIX Disabled Dual Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	9,223	26,107	10,235	53,949	122,070	15,001	69,885	8,822	28,784	68,607	11,335	52,051	25,024	12,145	**513,238**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	32.03	56.91	34.30	54.97	91.29	40.84	36.18	28.04	70.77	41.19	43.11	36.13	41.80	55.73	**55.69**
Outpatient Hourly Services (B3)	0.00	0.13	1.19	0.01	0.00	0.06	0.02	0.00	0.59	0.00	0.86	0.00	0.23	1.02	**0.12**
Per Diem Services	53.10	30.16	22.24	14.55	60.46	0.00	50.00	7.49	43.86	41.73	1.43	58.32	4.83	16.92	**40.40**
Per Diem Services (B3)	0.00	0.00	0.00	0.71	0.08	0.00	0.00	0.00	0.00	0.00	2.28	3.74	0.20	0.09	**0.54**
Subtoal	85.13	87.21	57.74	70.25	151.83	40.89	86.21	35.53	115.22	82.91	47.68	98.20	47.05	73.76	**96.75**
Utilization Adjustments															
Further Implementation of HIT	1.30	1.30	1.30	1.30	0.00	1.30	0.73	1.30	1.30	1.30	1.30	1.30	1.30	1.30	**0.91**
Further Implementation of Peer Support	0.00	1.39	1.39	1.39	0.00	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	**1.03**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	1.30	2.69	2.69	2.69	0.00	2.69	2.12	2.69	2.69	2.69	2.69	2.69	2.69	2.69	**1.95**
Total Adjusted Services Cost	86.43	89.90	60.43	72.94	151.83	43.58	88.33	38.22	117.91	85.60	50.37	100.89	49.74	76.45	**98.70**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.37)	(0.39)	(0.26)	(0.31)	(0.65)	(0.19)	(0.38)	(0.16)	(0.51)	(0.37)	(0.22)	(0.43)	(0.21)	(0.33)	**(0.42)**
Less: Spend-down	(0.04)	(0.04)	(0.03)	(0.04)	(0.08)	(0.02)	(0.04)	(0.02)	(0.06)	(0.04)	(0.03)	(0.05)	(0.02)	(0.04)	**(0.05)**
Less: Medicare Recoveries	(3.03)	(3.15)	(2.12)	(2.55)	(5.31)	(1.53)	(3.09)	(1.34)	(4.13)	(3.00)	(1.76)	(3.53)	(1.74)	(2.68)	**(3.45)**
Subtotal Cost-Sharing Recoveries	(3.44)	(3.58)	(2.41)	(2.90)	(6.04)	(1.73)	(3.52)	(1.52)	(4.69)	(3.41)	(2.00)	(4.02)	(1.98)	(3.04)	**(3.93)**
Adjusted Base Year OP Claim Costs	82.99	86.32	58.02	70.04	145.79	41.85	84.81	36.70	113.21	82.20	48.36	96.87	47.76	73.41	**94.77**
Outpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended OP Claim Costs	**82.99**	**86.32**	**58.02**	**70.04**	**145.79**	**41.85**	**84.81**	**36.70**	**113.21**	**82.20**	**48.36**	**96.87**	**47.76**	**73.41**	**94.77**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	1.06	2.43	1.00	0.65	2.05	0.67	1.04	0.64	0.75	0.46	2.00	1.66	1.08	0.88	**1.28**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	1.08	2.48	1.02	0.66	2.09	0.68	1.06	0.66	0.76	0.47	2.04	1.69	1.10	0.89	**1.30**
Inpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended IP Claim Costs	**1.08**	**2.48**	**1.02**	**0.66**	**2.09**	**0.68**	**1.06**	**0.66**	**0.76**	**0.47**	**2.04**	**1.69**	**1.10**	**0.89**	**1.30**
Composite Claim Costs	**84.07**	**88.80**	**59.04**	**70.70**	**147.87**	**42.53**	**85.87**	**37.35**	**113.97**	**82.66**	**50.40**	**98.56**	**48.87**	**74.30**	**96.08**
Administration and Profit @ 10%	9.34	9.87	6.56	7.86	16.43	4.73	9.54	4.15	12.66	9.18	5.60	10.95	5.43	8.26	**10.68**
PMPM Composite Rate	**93.41**	**98.67**	**65.60**	**78.56**	**164.30**	**47.25**	**95.41**	**41.51**	**126.64**	**91.85**	**56.00**	**109.52**	**54.29**	**82.56**	**106.75**

Exhibits 12-5c (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
CY 2004 Experience Summary
Aid Category: Title XIX Disabled (All) Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	22,394	67,169	28,760	137,823	342,781	38,471	188,078	26,872	79,674	184,885	32,548	130,855	63,820	31,856	**1,375,986**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	42.18	49.63	26.28	53.99	73.28	47.11	29.98	30.83	60.81	34.66	42.16	38.92	38.50	49.91	**49.16**
Outpatient Hourly Services (B3)	0.00	0.11	0.77	0.07	0.00	0.96	0.03	0.00	0.54	0.00	0.51	0.00	0.18	0.71	**0.13**
Per Diem Services	66.53	16.77	18.19	10.88	38.80	0.00	40.04	3.44	34.29	33.58	2.83	42.15	4.51	9.51	**29.58**
Per Diem Services (B3)	0.00	0.00	0.00	0.49	0.05	0.00	0.00	0.00	0.00	0.00	1.56	2.67	0.17	0.07	**0.36**
Subtoal	108.71	66.51	45.23	65.44	112.12	48.07	70.04	34.27	95.64	68.24	47.06	83.75	43.36	60.20	**79.22**
Utilization Adjustments															
Further Implementation of HIT	1.30	1.30	1.30	1.30	0.00	1.30	0.73	1.30	1.30	1.30	1.30	1.30	1.30	1.30	**0.90**
Further Implementation of Peer Support	0.00	1.39	1.39	1.39	0.00	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	**1.02**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	1.30	2.69	2.69	2.69	0.00	2.69	2.12	2.69	2.69	2.69	2.69	2.69	2.69	2.69	**1.92**
Total Adjusted Services Cost	110.01	69.20	47.92	68.13	112.12	50.76	72.16	36.96	98.33	70.93	49.75	86.44	46.05	62.89	**81.14**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.47)	(0.30)	(0.21)	(0.29)	(0.48)	(0.22)	(0.31)	(0.16)	(0.42)	(0.31)	(0.21)	(0.37)	(0.20)	(0.27)	**(0.35)**
Less: Spend-down	(0.06)	(0.03)	(0.02)	(0.03)	(0.06)	(0.03)	(0.04)	(0.02)	(0.05)	(0.04)	(0.02)	(0.04)	(0.02)	(0.03)	**(0.04)**
Less: Medicare Recoveries	(1.25)	(1.22)	(0.75)	(1.00)	(1.89)	(0.59)	(1.15)	(0.44)	(1.49)	(1.11)	(0.61)	(1.40)	(0.68)	(1.02)	**(1.29)**
Subtotal Cost-Sharing Recoveries	(1.77)	(1.56)	(0.98)	(1.33)	(2.43)	(0.84)	(1.50)	(0.62)	(1.96)	(1.45)	(0.85)	(1.82)	(0.90)	(1.32)	**(1.68)**
Adjusted Base Year OP Claim Costs	108.24	67.64	46.94	66.80	109.69	49.92	70.67	36.34	96.37	69.48	48.89	84.62	45.15	61.57	**79.47**
Outpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended OP Claim Costs	**108.24**	**67.64**	**46.94**	**66.80**	**109.69**	**49.92**	**70.67**	**36.34**	**96.37**	**69.48**	**48.89**	**84.62**	**45.15**	**61.57**	**79.47**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	6.19	11.85	4.72	6.95	18.42	7.99	12.75	4.40	2.51	4.22	23.40	16.34	10.21	5.11	**11.53**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	6.31	12.08	4.81	7.09	18.77	8.14	13.00	4.48	2.56	4.30	23.85	16.66	10.41	5.21	**11.75**
Inpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended IP Claim Costs	**6.31**	**12.08**	**4.81**	**7.09**	**18.77**	**8.14**	**13.00**	**4.48**	**2.56**	**4.30**	**23.85**	**16.66**	**10.41**	**5.21**	**11.75**
Composite Claim Costs	**114.55**	**79.72**	**51.75**	**73.89**	**128.46**	**58.06**	**83.67**	**40.83**	**98.92**	**73.78**	**72.75**	**101.27**	**55.56**	**66.78**	**91.22**
Administration and Profit @ 10%	12.73	8.86	5.75	8.21	14.27	6.45	9.30	4.54	10.99	8.20	8.08	11.25	6.17	7.42	**10.14**
PMPM Composite Rate	**127.27**	**88.58**	**57.50**	**82.10**	**142.74**	**64.52**	**92.97**	**45.36**	**109.91**	**81.98**	**80.83**	**112.53**	**61.73**	**74.20**	**101.35**

Exhibits 12-5d (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
CY 2004 Experience Summary
Aid Category: Title XIX Non-Disabled Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	21,693	110,285	24,147	198,118	321,164	45,512	208,977	27,554	68,134	180,968	35,389	146,855	62,885	32,672	**1,484,353**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	9.22	6.90	4.61	8.06	10.36	9.18	3.04	9.08	5.87	2.84	9.51	7.82	5.87	7.83	**6.95**
Outpatient Hourly Services (B3)	0.00	0.04	0.01	0.00	0.00	0.08	0.00	0.00	0.00	0.00	0.43	0.00	0.02	0.11	**0.02**
Per Diem Services	5.65	0.29	0.40	0.28	1.01	0.00	1.20	0.00	1.94	1.42	0.14	1.43	0.07	0.26	**0.95**
Per Diem Services (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.19	0.02	0.01	0.00	**0.01**
Subtoal	14.87	7.23	5.01	8.34	11.37	9.26	4.24	9.08	7.81	4.26	10.27	9.27	5.96	8.21	**7.93**
Utilization Adjustments															
Further Implementation of HIT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Further Implementation of Peer Support	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Total Adjusted Services Cost	15.04	7.40	5.18	8.51	11.54	9.43	4.41	9.25	7.98	4.43	10.44	9.44	6.13	8.38	**8.10**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.06)	(0.03)	(0.02)	(0.04)	(0.05)	(0.04)	(0.02)	(0.04)	(0.03)	(0.02)	(0.04)	(0.04)	(0.03)	(0.04)	**(0.03)**
Less: Spend-down	(0.01)	(0.00)	(0.00)	(0.00)	(0.01)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	(0.01)	(0.00)	(0.00)	(0.00)	**(0.00)**
Less: Medicare Recoveries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Cost-Sharing Recoveries	(0.07)	(0.04)	(0.02)	(0.04)	(0.06)	(0.05)	(0.02)	(0.04)	(0.04)	(0.02)	(0.05)	(0.05)	(0.03)	(0.04)	**(0.04)**
Adjusted Base Year OP Claim Costs	14.96	7.36	5.16	8.47	11.48	9.38	4.39	9.20	7.94	4.40	10.39	9.39	6.10	8.34	**8.06**
Outpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended OP Claim Costs	**14.96**	**7.36**	**5.16**	**8.47**	**11.48**	**9.38**	**4.39**	**9.20**	**7.94**	**4.40**	**10.39**	**9.39**	**6.10**	**8.34**	**8.06**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	1.24	0.92	0.00	0.63	4.18	1.90	1.94	1.37	0.72	2.49	4.31	2.20	2.33	2.92	**2.25**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	1.26	0.93	0.00	0.64	4.26	1.93	1.98	1.39	0.73	2.54	4.40	2.25	2.37	2.98	**2.29**
Inpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended IP Claim Costs	**1.26**	**0.93**	**0.00**	**0.64**	**4.26**	**1.93**	**1.98**	**1.39**	**0.73**	**2.54**	**4.40**	**2.25**	**2.37**	**2.98**	**2.29**
Composite Claim Costs	**16.22**	**8.30**	**5.16**	**9.11**	**15.74**	**11.31**	**6.37**	**10.60**	**8.67**	**6.94**	**14.79**	**11.64**	**8.48**	**11.32**	**10.36**
Administration and Profit @ 10%	1.80	0.92	0.57	1.01	1.75	1.26	0.71	1.18	0.96	0.77	1.64	1.29	0.94	1.26	**1.15**
PMPM Composite Rate	**18.03**	**9.22**	**5.73**	**10.12**	**17.49**	**12.57**	**7.08**	**11.77**	**9.64**	**7.72**	**16.43**	**12.93**	**9.42**	**12.57**	**11.51**

Exhibits 12-5e (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
CY 2004 Experience Summary
Aid Category: Title XIX Non-Disabled Dual Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	13,547	27,703	10,389	74,732	183,274	17,684	89,323	11,250	31,279	70,092	12,388	49,331	22,866	14,972	**628,830**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	6.35	6.60	9.16	6.57	16.24	6.91	3.71	5.49	9.13	6.83	3.45	3.04	5.67	7.68	**8.82**
Outpatient Hourly Services (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	**0.00**
Per Diem Services	1.51	3.33	0.15	0.71	4.59	0.00	1.60	0.00	6.11	9.65	0.05	5.84	0.17	0.06	**3.68**
Per Diem Services (B3)	0.00	0.00	0.00	0.11	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.23	0.00	0.00	**0.03**
Subtoal	7.86	9.93	9.31	7.39	20.83	6.91	5.30	5.49	15.25	16.48	3.51	9.12	5.83	7.74	**12.53**
Utilization Adjustments															
Further Implementation of HIT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Further Implementation of Peer Support	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Total Adjusted Services Cost	8.03	10.10	9.48	7.56	21.00	7.08	5.47	5.66	15.42	16.65	3.68	9.29	6.00	7.91	**12.70**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.03)	(0.04)	(0.04)	(0.03)	(0.09)	(0.03)	(0.02)	(0.02)	(0.07)	(0.07)	(0.02)	(0.04)	(0.03)	(0.03)	**(0.05)**
Less: Spend-down	(0.00)	(0.01)	(0.00)	(0.00)	(0.01)	(0.00)	(0.00)	(0.00)	(0.01)	(0.01)	(0.00)	(0.00)	(0.00)	(0.00)	**(0.01)**
Less: Medicare Recoveries	(0.28)	(0.35)	(0.33)	(0.26)	(0.73)	(0.25)	(0.19)	(0.20)	(0.54)	(0.58)	(0.13)	(0.33)	(0.21)	(0.28)	**(0.44)**
Subtotal Cost-Sharing Recoveries	(0.32)	(0.40)	(0.38)	(0.30)	(0.84)	(0.28)	(0.22)	(0.23)	(0.61)	(0.66)	(0.15)	(0.37)	(0.24)	(0.32)	**(0.51)**
Adjusted Base Year OP Claim Costs	7.71	9.70	9.10	7.26	20.16	6.79	5.26	5.43	14.80	15.98	3.54	8.92	5.76	7.60	**12.20**
Outpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended OP Claim Costs	**7.71**	**9.70**	**9.10**	**7.26**	**20.16**	**6.79**	**5.26**	**5.43**	**14.80**	**15.98**	**3.54**	**8.92**	**5.76**	**7.60**	**12.20**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	0.08	0.40	0.01	0.06	0.24	0.19	0.15	0.15	0.12	0.29	0.31	0.47	0.11	0.11	**0.21**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	0.09	0.40	0.01	0.06	0.25	0.19	0.15	0.15	0.12	0.29	0.32	0.48	0.11	0.12	**0.22**
Inpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended IP Claim Costs	**0.09**	**0.40**	**0.01**	**0.06**	**0.25**	**0.19**	**0.15**	**0.15**	**0.12**	**0.29**	**0.32**	**0.48**	**0.11**	**0.12**	**0.22**
Composite Claim Costs	**7.79**	**10.10**	**9.12**	**7.32**	**20.41**	**6.99**	**5.41**	**5.59**	**14.93**	**16.28**	**3.86**	**9.40**	**5.88**	**7.71**	**12.41**
Administration and Profit @ 10%	0.87	1.12	1.01	0.81	2.27	0.78	0.60	0.62	1.66	1.81	0.43	1.04	0.65	0.86	**1.38**
PMPM Composite Rate	**8.66**	**11.23**	**10.13**	**8.13**	**22.68**	**7.77**	**6.01**	**6.21**	**16.59**	**18.08**	**4.29**	**10.44**	**6.53**	**8.57**	**13.79**

Exhibits 12-5f (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
CY 2004 Experience Summary
Aid Category: Title XIX Non-Disabled (All) Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	35,240	137,988	34,536	272,850	504,438	63,196	298,300	38,804	99,413	251,060	47,777	196,186	85,751	47,644	**2,113,183**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	8.12	6.84	5.98	7.65	12.50	8.54	3.24	8.04	6.90	3.95	7.94	6.62	5.81	7.78	**7.51**
Outpatient Hourly Services (B3)	0.00	0.03	0.01	0.00	0.00	0.06	0.00	0.00	0.00	0.00	0.32	0.00	0.01	0.08	**0.01**
Per Diem Services	4.06	0.90	0.32	0.40	2.31	0.00	1.32	0.00	3.25	3.72	0.12	2.54	0.09	0.20	**1.76**
Per Diem Services (B3)	0.00	0.00	0.00	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.14	0.07	0.01	0.00	**0.01**
Subtoal	12.17	7.77	6.30	8.08	14.81	8.60	4.56	8.04	10.15	7.67	8.52	9.23	5.93	8.06	**9.30**
Utilization Adjustments															
Further Implementation of HIT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Further Implementation of Peer Support	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Total Adjusted Services Cost	12.34	7.94	6.47	8.25	14.98	8.77	4.73	8.21	10.32	7.84	8.69	9.40	6.10	8.23	**9.47**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.05)	(0.03)	(0.03)	(0.04)	(0.06)	(0.04)	(0.02)	(0.04)	(0.04)	(0.03)	(0.04)	(0.04)	(0.03)	(0.04)	**(0.04)**
Less: Spend-down	(0.01)	(0.00)	(0.00)	(0.00)	(0.01)	(0.00)	(0.00)	(0.00)	(0.01)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	**(0.00)**
Less: Medicare Recoveries	(0.11)	(0.07)	(0.10)	(0.07)	(0.27)	(0.07)	(0.06)	(0.06)	(0.17)	(0.16)	(0.03)	(0.08)	(0.06)	(0.09)	**(0.13)**
Subtotal Cost-Sharing Recoveries	(0.17)	(0.11)	(0.13)	(0.11)	(0.34)	(0.11)	(0.08)	(0.10)	(0.22)	(0.20)	(0.08)	(0.13)	(0.09)	(0.13)	**(0.18)**
Adjusted Base Year OP Claim Costs	12.17	7.83	6.34	8.14	14.64	8.66	4.65	8.11	10.10	7.64	8.62	9.27	6.01	8.11	**9.29**
Outpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended OP Claim Costs	**12.17**	**7.83**	**6.34**	**8.14**	**14.64**	**8.66**	**4.65**	**8.11**	**10.10**	**7.64**	**8.62**	**9.27**	**6.01**	**8.11**	**9.29**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	0.79	0.81	0.00	0.47	2.75	1.42	1.41	1.01	0.53	1.88	3.28	1.77	1.74	2.04	**1.64**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	0.81	0.83	0.00	0.48	2.80	1.45	1.43	1.03	0.54	1.91	3.34	1.80	1.77	2.08	**1.68**
Inpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended IP Claim Costs	**0.81**	**0.83**	**0.00**	**0.48**	**2.80**	**1.45**	**1.43**	**1.03**	**0.54**	**1.91**	**3.34**	**1.80**	**1.77**	**2.08**	**1.68**
Composite Claim Costs	**12.98**	**8.66**	**6.35**	**8.62**	**17.44**	**10.10**	**6.08**	**9.14**	**10.64**	**9.55**	**11.96**	**11.08**	**7.79**	**10.18**	**10.97**
Administration and Profit @ 10%	1.44	0.96	0.71	0.96	1.94	1.12	0.68	1.02	1.18	1.06	1.33	1.23	0.87	1.13	**1.22**
PMPM Composite Rate	**14.43**	**9.62**	**7.05**	**9.57**	**19.38**	**11.23**	**6.76**	**10.16**	**11.82**	**10.61**	**13.28**	**12.31**	**8.65**	**11.32**	**12.19**

Exhibits 12-5g (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
CY 2004 Experience Summary
Aid Category: Title XIX Disabled Child

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	3,645	14,717	3,752	32,452	44,916	7,351	30,429	3,174	12,326	34,521	5,804	22,911	10,746	4,772	**231,516**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	24.61	45.66	18.71	40.10	55.67	19.24	23.83	21.39	34.56	18.31	36.25	37.15	18.74	32.33	**34.74**
Outpatient Hourly Services (B3)	0.00	0.04	0.14	0.01	0.00	0.88	0.00	0.00	0.02	0.00	0.09	0.00	0.03	0.03	**0.04**
Per Diem Services	4.07	6.91	0.00	1.65	6.52	0.00	10.21	8.34	27.29	21.15	1.04	5.88	2.48	0.00	**8.79**
Per Diem Services (B3)	0.00	0.00	0.00	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.13	0.16	0.02	0.03	**0.03**
Subtoal	28.68	52.61	18.85	41.79	62.19	20.12	34.05	29.73	61.87	39.46	37.51	43.19	21.27	32.39	**43.59**
Utilization Adjustments															
Further Implementation of HIT	2.52	0.00	2.52	2.52	2.52	2.52	2.52	2.52	2.52	0.00	2.52	2.52	2.52	2.52	**1.98**
Further Implementation of Peer Support	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	**0.87**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.47	0.00	0.00	0.00	0.00	3.16	0.00	0.00	1.26	0.00	**0.62**
Subtotal Utilization Adjustments	3.39	0.87	3.39	3.39	3.86	3.39	3.39	3.39	3.39	4.03	3.39	3.39	4.65	3.39	**3.47**
Total Adjusted Services Cost	32.07	53.48	22.24	45.18	66.05	23.51	37.44	33.12	65.26	43.49	40.90	46.58	25.92	35.78	**47.07**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.14)	(0.23)	(0.10)	(0.19)	(0.28)	(0.10)	(0.16)	(0.14)	(0.28)	(0.19)	(0.18)	(0.20)	(0.11)	(0.15)	**(0.20)**
Less: Spend-down	(0.02)	(0.03)	(0.01)	(0.02)	(0.03)	(0.01)	(0.02)	(0.02)	(0.03)	(0.02)	(0.02)	(0.02)	(0.01)	(0.02)	**(0.02)**
Less: Medicare Recoveries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Cost-Sharing Recoveries	(0.15)	(0.26)	(0.11)	(0.22)	(0.32)	(0.11)	(0.18)	(0.16)	(0.31)	(0.21)	(0.20)	(0.22)	(0.12)	(0.17)	**(0.23)**
Adjusted Base Year OP Claim Costs	31.92	53.22	22.13	44.97	65.73	23.40	37.26	32.96	64.95	43.28	40.70	46.36	25.80	35.61	**46.84**
Outpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended OP Claim Costs	**31.92**	**53.22**	**22.13**	**44.97**	**65.73**	**23.40**	**37.26**	**32.96**	**64.95**	**43.28**	**40.70**	**46.36**	**25.80**	**35.61**	**46.84**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	8.73	8.01	12.31	11.73	17.64	4.20	18.73	5.56	5.40	13.85	21.63	14.40	6.37	5.41	**13.31**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	8.89	8.16	12.55	11.96	17.98	4.28	19.09	5.67	5.50	14.12	22.05	14.68	6.50	5.52	**13.57**
Inpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended IP Claim Costs	**8.89**	**8.16**	**12.55**	**11.96**	**17.98**	**4.28**	**19.09**	**5.67**	**5.50**	**14.12**	**22.05**	**14.68**	**6.50**	**5.52**	**13.57**
Composite Claim Costs	**40.81**	**61.38**	**34.68**	**56.93**	**83.71**	**27.68**	**56.35**	**38.62**	**70.45**	**57.40**	**62.75**	**61.04**	**32.29**	**41.13**	**60.41**
Administration and Profit @ 10%	4.53	6.82	3.85	6.33	9.30	3.08	6.26	4.29	7.83	6.38	6.97	6.78	3.59	4.57	**6.71**
PMPM Composite Rate	**45.35**	**68.20**	**38.53**	**63.25**	**93.01**	**30.75**	**62.61**	**42.92**	**78.27**	**63.78**	**69.72**	**67.82**	**35.88**	**45.70**	**67.12**

Exhibits 12-5h (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
CY 2004 Experience Summary
Aid Category: Title XIX Non-Disabled Child

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	150,350	411,815	98,251	1,049,915	1,262,663	281,674	920,163	114,018	275,704	742,217	127,221	536,439	256,967	129,172	**6,356,569**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	6.72	8.29	4.91	4.94	10.83	3.22	4.25	3.23	6.17	5.89	6.16	7.60	4.77	6.69	**6.61**
Outpatient Hourly Services (B3)	0.00	0.02	0.00	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	**0.00**
Per Diem Services	0.32	0.24	0.00	0.04	0.28	0.01	0.71	0.00	5.48	1.96	0.01	0.40	0.14	0.00	**0.70**
Per Diem Services (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtoal	7.04	8.55	4.91	5.00	11.12	3.24	4.97	3.23	11.66	7.85	6.19	8.00	4.91	6.69	**7.31**
Utilization Adjustments															
Further Implementation of HIT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Further Implementation of Peer Support	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.06	0.00	0.00	0.00	0.00	0.55	0.00	0.00	0.21	0.00	**0.08**
Subtotal Utilization Adjustments	0.00	0.00	0.00	0.00	0.06	0.00	0.00	0.00	0.00	0.55	0.00	0.00	0.21	0.00	**0.08**
Total Adjusted Services Cost	7.04	8.55	4.91	5.00	11.18	3.24	4.97	3.23	11.66	8.40	6.19	8.00	5.12	6.69	**7.39**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.03)	(0.04)	(0.02)	(0.02)	(0.05)	(0.01)	(0.02)	(0.01)	(0.05)	(0.04)	(0.03)	(0.03)	(0.02)	(0.03)	**(0.03)**
Less: Spend-down	(0.00)	(0.00)	(0.00)	(0.00)	(0.01)	(0.00)	(0.00)	(0.00)	(0.01)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	**(0.00)**
Less: Medicare Recoveries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Cost-Sharing Recoveries	(0.03)	(0.04)	(0.02)	(0.02)	(0.05)	(0.02)	(0.02)	(0.02)	(0.06)	(0.04)	(0.03)	(0.04)	(0.02)	(0.03)	**(0.04)**
Adjusted Base Year OP Claim Costs	7.00	8.50	4.89	4.97	11.12	3.22	4.95	3.21	11.60	8.36	6.16	7.96	5.10	6.66	**7.36**
Outpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended OP Claim Costs	**7.00**	**8.50**	**4.89**	**4.97**	**11.12**	**3.22**	**4.95**	**3.21**	**11.60**	**8.36**	**6.16**	**7.96**	**5.10**	**6.66**	**7.36**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	1.27	0.28	0.96	1.54	1.56	0.47	2.33	0.67	0.55	0.66	1.77	1.69	1.25	0.78	**1.34**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	1.29	0.28	0.97	1.57	1.59	0.48	2.38	0.68	0.56	0.68	1.81	1.72	1.27	0.80	**1.37**
Inpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended IP Claim Costs	**1.29**	**0.28**	**0.97**	**1.57**	**1.59**	**0.48**	**2.38**	**0.68**	**0.56**	**0.68**	**1.81**	**1.72**	**1.27**	**0.80**	**1.37**
Composite Claim Costs	**8.29**	**8.79**	**5.86**	**6.54**	**12.72**	**3.70**	**7.33**	**3.89**	**12.16**	**9.04**	**7.97**	**9.69**	**6.37**	**7.46**	**8.73**
Administration and Profit @ 10%	0.92	0.98	0.65	0.73	1.41	0.41	0.81	0.43	1.35	1.00	0.89	1.08	0.71	0.83	**0.97**
PMPM Composite Rate	**9.22**	**9.76**	**6.52**	**7.26**	**14.13**	**4.11**	**8.14**	**4.33**	**13.51**	**10.04**	**8.85**	**10.76**	**7.08**	**8.29**	**9.70**

Exhibits 12-5i (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
CY 2004 Experience Summary
Aid Category: Title XIX Composite

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	211,629	631,689	165,299	1,493,040	2,154,798	390,692	1,436,970	182,868	467,117	1,212,683	213,350	886,391	417,284	213,444	**10,077,254**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	11.01	13.24	9.17	10.73	22.09	8.70	7.82	8.62	16.39	10.23	12.87	12.77	10.51	13.96	**13.25**
Outpatient Hourly Services (B3)	0.00	0.03	0.14	0.01	0.00	0.13	0.00	0.00	0.09	0.00	0.16	0.00	0.03	0.12	**0.02**
Per Diem Services	8.01	2.29	3.23	1.14	7.01	0.01	6.19	0.65	10.50	7.69	0.50	7.18	0.86	1.46	**5.05**
Per Diem Services (B3)	0.00	0.00	0.00	0.05	0.01	0.00	0.01	0.00	0.00	0.00	0.27	0.41	0.03	0.01	**0.05**
Subtoal	19.02	15.57	12.54	11.94	29.11	8.84	14.02	9.27	26.99	17.92	13.80	20.37	11.42	15.56	**18.38**
Utilization Adjustments															
Further Implementation of HIT	0.18	0.14	0.28	0.17	0.05	0.18	0.15	0.23	0.29	0.20	0.27	0.26	0.26	0.25	**0.17**
Further Implementation of Peer Support	0.04	0.21	0.30	0.18	0.06	0.18	0.24	0.26	0.30	0.27	0.27	0.27	0.27	0.26	**0.20**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.04	0.00	0.00	0.00	0.00	0.43	0.00	0.00	0.16	0.00	**0.07**
Subtotal Utilization Adjustments	0.22	0.34	0.58	0.35	0.16	0.36	0.38	0.49	0.58	0.90	0.54	0.52	0.70	0.52	**0.43**
Total Adjusted Services Cost	19.25	15.91	13.12	12.29	29.27	9.19	14.41	9.76	27.57	18.82	14.34	20.89	12.12	16.08	**18.81**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.08)	(0.07)	(0.06)	(0.05)	(0.13)	(0.04)	(0.06)	(0.04)	(0.12)	(0.08)	(0.06)	(0.09)	(0.05)	(0.07)	**(0.08)**
Less: Spend-down	(0.01)	(0.01)	(0.01)	(0.01)	(0.01)	(0.00)	(0.01)	(0.00)	(0.01)	(0.01)	(0.01)	(0.01)	(0.01)	(0.01)	**(0.01)**
Less: Medicare Recoveries	(0.15)	(0.15)	(0.15)	(0.11)	(0.36)	(0.07)	(0.16)	(0.08)	(0.29)	(0.20)	(0.10)	(0.23)	(0.12)	(0.17)	**(0.20)**
Subtotal Cost-Sharing Recoveries	(0.24)	(0.22)	(0.21)	(0.16)	(0.50)	(0.11)	(0.23)	(0.12)	(0.42)	(0.29)	(0.17)	(0.33)	(0.17)	(0.25)	**(0.29)**
Adjusted Base Year OP Claim Costs	19.01	15.69	12.90	12.13	28.76	9.08	14.17	9.64	27.15	18.52	14.17	20.56	11.95	15.83	**18.52**
Outpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended OP Claim Costs	**19.01**	**15.69**	**12.90**	**12.13**	**28.76**	**9.08**	**14.17**	**9.64**	**27.15**	**18.52**	**14.17**	**20.56**	**11.95**	**15.83**	**18.52**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	1.84	1.80	1.67	2.06	4.86	1.43	3.85	1.37	1.01	1.83	5.95	4.20	2.85	1.81	**3.07**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	1.87	1.84	1.70	2.10	4.95	1.46	3.93	1.40	1.03	1.87	6.06	4.28	2.91	1.85	**3.13**
Inpatient Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Trended IP Claim Costs	**1.87**	**1.84**	**1.70**	**2.10**	**4.95**	**1.46**	**3.93**	**1.40**	**1.03**	**1.87**	**6.06**	**4.28**	**2.91**	**1.85**	**3.13**
Composite Claim Costs	**20.88**	**17.53**	**14.60**	**14.23**	**33.71**	**10.54**	**18.10**	**11.04**	**28.18**	**20.39**	**20.23**	**24.84**	**14.85**	**17.67**	**21.65**
Administration and Profit @ 10%	2.32	1.95	1.62	1.58	3.75	1.17	2.01	1.23	3.13	2.27	2.25	2.76	1.65	1.96	**2.41**
PMPM Composite Rate	**23.20**	**19.48**	**16.23**	**15.81**	**37.46**	**11.71**	**20.11**	**12.26**	**31.31**	**22.66**	**22.48**	**27.60**	**16.50**	**19.64**	**24.05**

Appendix 13
Contract Year Rate Projections

Exhibits 13-1a (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2006 Experience Projection
Aid Category: Title XIX Disabled Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	13,171	41,062	18,525	83,874	220,711	23,470	118,193	18,050	50,890	116,278	21,213	78,804	38,796	19,711	**862,748**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	64.98	59.33	28.80	70.35	83.48	67.39	34.69	42.44	72.76	40.62	54.92	53.75	47.96	61.08	**59.68**
Outpatient Hourly Services (B3)	0.00	0.12	0.70	0.15	0.00	2.03	0.03	0.00	0.67	0.00	0.43	0.00	0.19	0.69	**0.17**
Per Diem Services	75.93	8.26	15.95	8.52	26.82	0.00	34.15	1.47	28.87	28.78	3.58	31.47	4.31	4.94	**23.14**
Per Diem Services (B3)	0.00	0.00	0.00	0.35	0.03	0.00	0.00	0.00	0.00	0.00	1.17	1.96	0.15	0.06	**0.26**
Subtoal	140.91	67.71	45.45	79.37	110.32	69.42	68.88	43.90	102.31	69.39	60.09	87.18	52.61	66.77	**83.25**
Utilization Adjustments															
Further Implementation of HIT	1.30	1.30	1.30	1.30	0.00	1.30	0.73	1.30	1.30	1.30	1.30	1.30	1.30	1.30	**0.89**
Further Implementation of Peer Support	0.00	1.39	1.39	1.39	0.00	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	**1.01**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	1.30	2.69	2.69	2.69	0.00	2.69	2.12	2.69	2.69	2.69	2.69	2.69	2.69	2.69	**1.90**
Total Adjusted Services Cost	142.21	70.40	48.14	82.06	110.32	72.11	71.00	46.59	105.00	72.08	62.78	89.87	55.30	69.46	**85.15**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.61)	(0.30)	(0.21)	(0.35)	(0.47)	(0.31)	(0.31)	(0.20)	(0.45)	(0.31)	(0.27)	(0.39)	(0.24)	(0.30)	**(0.37)**
Less: Spend-down	(0.07)	(0.04)	(0.02)	(0.04)	(0.06)	(0.04)	(0.04)	(0.02)	(0.05)	(0.04)	(0.03)	(0.04)	(0.03)	(0.03)	**(0.04)**
Less: Medicare Recoveries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Cost-Sharing Recoveries	(0.68)	(0.34)	(0.23)	(0.39)	(0.53)	(0.35)	(0.34)	(0.22)	(0.50)	(0.35)	(0.30)	(0.43)	(0.27)	(0.33)	**(0.41)**
Adjusted Base Year OP Claim Costs	141.53	70.06	47.91	81.66	109.79	71.77	70.66	46.37	104.49	71.74	62.48	89.44	55.03	69.13	**84.74**
Outpatient Trend Factor	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	
Trended OP Claim Costs	**147.09**	**72.81**	**49.79**	**84.87**	**114.10**	**74.58**	**73.43**	**48.19**	**108.59**	**74.55**	**64.93**	**92.95**	**57.20**	**71.84**	**88.07**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	9.79	17.84	6.78	11.01	27.47	12.67	19.68	6.23	3.51	6.44	34.84	26.04	16.11	7.72	**17.62**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	9.98	18.18	6.91	11.22	28.00	12.92	20.06	6.35	3.57	6.57	35.51	26.54	16.42	7.87	**17.96**
Inpatient Trend Factor	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	
Trended IP Claim Costs	**10.56**	**19.25**	**7.32**	**11.89**	**29.66**	**13.68**	**21.25**	**6.73**	**3.78**	**6.96**	**37.61**	**28.11**	**17.39**	**8.33**	**19.03**
Composite Claim Costs	**157.65**	**92.06**	**57.11**	**96.76**	**143.76**	**88.26**	**94.68**	**54.92**	**112.38**	**81.51**	**102.54**	**121.06**	**74.58**	**80.17**	**107.10**
Administration and Profit @ 15%	27.82	16.25	10.08	17.07	25.37	15.58	16.71	9.69	19.83	14.38	18.10	21.36	13.16	14.15	**18.90**
PMPM Composite Rate	**185.47**	**108.31**	**67.19**	**113.83**	**169.13**	**103.84**	**111.38**	**64.61**	**132.21**	**95.89**	**120.64**	**142.42**	**87.74**	**94.32**	**126.00**

Exhibits 13-1b (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2006 Experience Projection
Aid Category: Title XIX Disabled Dual Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	9,223	26,107	10,235	53,949	122,070	15,001	69,885	8,822	28,784	68,607	11,335	52,051	25,024	12,145	**513,238**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	42.23	75.03	45.23	72.47	120.36	53.84	47.70	36.97	93.31	54.30	56.84	47.63	55.10	73.47	**73.43**
Outpatient Hourly Services (B3)	0.00	0.17	1.57	0.02	0.00	0.07	0.03	0.00	0.77	0.00	1.13	0.00	0.30	1.34	**0.16**
Per Diem Services	53.10	30.16	22.24	14.55	60.46	0.00	50.00	7.49	43.86	41.73	1.43	58.32	4.83	16.92	**40.40**
Per Diem Services (B3)	0.00	0.00	0.00	0.71	0.08	0.00	0.00	0.00	0.00	0.00	2.28	3.74	0.20	0.09	**0.54**
Subtoal	95.33	105.37	69.04	87.76	180.90	53.92	97.74	44.46	137.94	96.02	61.68	109.70	60.43	91.83	**114.53**
Utilization Adjustments															
Further Implementation of HIT	1.30	1.30	1.30	1.30	0.00	1.30	0.73	1.30	1.30	1.30	1.30	1.30	1.30	1.30	**0.91**
Further Implementation of Peer Support	0.00	1.39	1.39	1.39	0.00	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	**1.03**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	1.30	2.69	2.69	2.69	0.00	2.69	2.12	2.69	2.69	2.69	2.69	2.69	2.69	2.69	**1.95**
Total Adjusted Services Cost	96.63	108.06	71.73	90.45	180.90	56.61	99.86	47.15	140.63	98.71	64.37	112.39	63.12	94.52	**116.48**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.42)	(0.46)	(0.31)	(0.39)	(0.78)	(0.24)	(0.43)	(0.20)	(0.60)	(0.42)	(0.28)	(0.48)	(0.27)	(0.41)	**(0.50)**
Less: Spend-down	(0.05)	(0.05)	(0.04)	(0.05)	(0.09)	(0.03)	(0.05)	(0.02)	(0.07)	(0.05)	(0.03)	(0.06)	(0.03)	(0.05)	**(0.06)**
Less: Medicare Recoveries	(3.38)	(3.78)	(2.51)	(3.17)	(6.33)	(1.98)	(3.49)	(1.65)	(4.92)	(3.46)	(2.25)	(3.93)	(2.21)	(3.31)	**(4.08)**
Subtotal Cost-Sharing Recoveries	(3.85)	(4.30)	(2.86)	(3.60)	(7.20)	(2.25)	(3.97)	(1.88)	(5.60)	(3.93)	(2.56)	(4.47)	(2.51)	(3.76)	**(4.64)**
Adjusted Base Year OP Claim Costs	92.79	103.76	68.88	86.85	173.70	54.35	95.88	45.27	135.03	94.79	61.81	107.91	60.61	90.75	**111.84**
Outpatient Trend Factor	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	
Trended OP Claim Costs	**96.43**	**107.83**	**71.58**	**90.26**	**180.52**	**56.49**	**99.65**	**47.05**	**140.34**	**98.51**	**64.23**	**112.15**	**62.99**	**94.32**	**116.23**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	1.06	2.43	1.00	0.65	2.05	0.67	1.04	0.64	0.75	0.46	2.00	1.66	1.08	0.88	**1.28**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	1.08	2.48	1.02	0.66	2.09	0.68	1.06	0.66	0.76	0.47	2.04	1.69	1.10	0.89	**1.30**
Inpatient Trend Factor	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	
Trended IP Claim Costs	**1.14**	**2.63**	**1.07**	**0.70**	**2.21**	**0.72**	**1.12**	**0.69**	**0.80**	**0.49**	**2.16**	**1.79**	**1.17**	**0.95**	**1.38**
Composite Claim Costs	**97.57**	**110.46**	**72.66**	**90.96**	**182.73**	**57.21**	**100.77**	**47.74**	**141.14**	**99.00**	**66.39**	**113.94**	**64.16**	**95.26**	**117.61**
Administration and Profit @ 15%	17.22	19.49	12.82	16.05	32.25	10.10	17.78	8.43	24.91	17.47	11.72	20.11	11.32	16.81	**20.75**
PMPM Composite Rate	**114.79**	**129.96**	**85.48**	**107.01**	**214.97**	**67.30**	**118.55**	**56.17**	**166.05**	**116.47**	**78.11**	**134.05**	**75.48**	**112.07**	**138.36**

Exhibits 13-1c (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2006 Experience Projection
Aid Category: Title XIX Disabled (All) Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	22,394	67,169	28,760	137,823	342,781	38,471	188,078	26,872	79,674	184,885	32,548	130,855	63,820	31,856	**1,375,986**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	55.61	65.43	34.64	71.18	96.61	62.11	39.53	40.64	80.18	45.69	55.58	51.31	50.76	65.80	**64.81**
Outpatient Hourly Services (B3)	0.00	0.14	1.01	0.10	0.00	1.27	0.03	0.00	0.71	0.00	0.68	0.00	0.23	0.94	**0.17**
Per Diem Services	66.53	16.77	18.19	10.88	38.80	0.00	40.04	3.44	34.29	33.58	2.83	42.15	4.51	9.51	**29.58**
Per Diem Services (B3)	0.00	0.00	0.00	0.49	0.05	0.00	0.00	0.00	0.00	0.00	1.56	2.67	0.17	0.07	**0.36**
Subtoal	122.14	82.35	53.85	82.65	135.45	63.38	79.60	44.08	115.18	79.28	60.65	96.14	55.68	76.32	**94.92**
Utilization Adjustments															
Further Implementation of HIT	1.30	1.30	1.30	1.30	0.00	1.30	0.73	1.30	1.30	1.30	1.30	1.30	1.30	1.30	**0.90**
Further Implementation of Peer Support	0.00	1.39	1.39	1.39	0.00	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	**1.02**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	1.30	2.69	2.69	2.69	0.00	2.69	2.12	2.69	2.69	2.69	2.69	2.69	2.69	2.69	**1.92**
Total Adjusted Services Cost	123.44	85.04	56.54	85.34	135.45	66.07	81.72	46.77	117.87	81.97	63.34	98.83	58.37	79.01	**96.84**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.53)	(0.37)	(0.24)	(0.37)	(0.58)	(0.28)	(0.35)	(0.20)	(0.51)	(0.35)	(0.27)	(0.42)	(0.25)	(0.34)	**(0.42)**
Less: Spend-down	(0.06)	(0.04)	(0.03)	(0.04)	(0.07)	(0.03)	(0.04)	(0.02)	(0.06)	(0.04)	(0.03)	(0.05)	(0.03)	(0.04)	**(0.05)**
Less: Medicare Recoveries	(1.39)	(1.47)	(0.89)	(1.24)	(2.25)	(0.77)	(1.30)	(0.54)	(1.78)	(1.28)	(0.78)	(1.56)	(0.87)	(1.26)	**(1.52)**
Subtotal Cost-Sharing Recoveries	(1.99)	(1.88)	(1.16)	(1.65)	(2.90)	(1.09)	(1.69)	(0.77)	(2.34)	(1.68)	(1.09)	(2.04)	(1.15)	(1.64)	**(1.99)**
Adjusted Base Year OP Claim Costs	121.46	83.16	55.37	83.69	132.55	64.98	80.03	46.01	115.53	80.29	62.25	96.79	57.22	77.37	**94.85**
Outpatient Trend Factor	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	
Trended OP Claim Costs	**126.22**	**86.42**	**57.55**	**86.98**	**137.75**	**67.53**	**83.17**	**47.81**	**120.06**	**83.44**	**64.69**	**100.59**	**59.47**	**80.41**	**98.57**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	6.19	11.85	4.72	6.95	18.42	7.99	12.75	4.40	2.51	4.22	23.40	16.34	10.21	5.11	**11.53**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	6.31	12.08	4.81	7.09	18.77	8.14	13.00	4.48	2.56	4.30	23.85	16.66	10.41	5.21	**11.75**
Inpatient Trend Factor	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	
Trended IP Claim Costs	**6.68**	**12.79**	**5.10**	**7.51**	**19.88**	**8.63**	**13.77**	**4.75**	**2.71**	**4.56**	**25.26**	**17.64**	**11.03**	**5.52**	**12.44**
Composite Claim Costs	**132.91**	**99.22**	**62.64**	**94.49**	**157.63**	**76.15**	**96.94**	**52.56**	**122.77**	**88.00**	**89.95**	**118.23**	**70.49**	**85.92**	**111.02**
Administration and Profit @ 15%	23.45	17.51	11.05	16.67	27.82	13.44	17.11	9.28	21.66	15.53	15.87	20.86	12.44	15.16	**19.59**
PMPM Composite Rate	**156.36**	**116.72**	**73.70**	**111.16**	**185.45**	**89.59**	**114.05**	**61.84**	**144.43**	**103.53**	**105.83**	**139.09**	**82.93**	**101.09**	**130.61**

Exhibits 13-1d (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2006 Experience Projection
Aid Category: Title XIX Non-Disabled Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	21,693	110,285	24,147	198,118	321,164	45,512	208,977	27,554	68,134	180,968	35,389	146,855	62,885	32,672	**1,484,353**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	12.16	9.10	6.07	10.62	13.66	12.10	4.00	11.97	7.74	3.74	12.54	10.31	7.73	10.33	**9.17**
Outpatient Hourly Services (B3)	0.00	0.05	0.01	0.00	0.00	0.11	0.00	0.00	0.00	0.00	0.56	0.00	0.02	0.15	**0.03**
Per Diem Services	5.65	0.29	0.40	0.28	1.01	0.00	1.20	0.00	1.94	1.42	0.14	1.43	0.07	0.26	**0.95**
Per Diem Services (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.19	0.02	0.01	0.00	**0.01**
Subtoal	17.80	9.44	6.48	10.91	14.67	12.21	5.21	11.97	9.68	5.16	13.44	11.76	7.84	10.74	**10.15**
Utilization Adjustments															
Further Implementation of HIT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Further Implementation of Peer Support	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Total Adjusted Services Cost	17.97	9.61	6.65	11.08	14.84	12.38	5.38	12.14	9.85	5.33	13.61	11.93	8.01	10.91	**10.32**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.08)	(0.04)	(0.03)	(0.05)	(0.06)	(0.05)	(0.02)	(0.05)	(0.04)	(0.02)	(0.06)	(0.05)	(0.03)	(0.05)	**(0.04)**
Less: Spend-down	(0.01)	(0.00)	(0.00)	(0.01)	(0.01)	(0.01)	(0.00)	(0.01)	(0.00)	(0.00)	(0.01)	(0.01)	(0.00)	(0.01)	**(0.01)**
Less: Medicare Recoveries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Cost-Sharing Recoveries	(0.09)	(0.05)	(0.03)	(0.05)	(0.07)	(0.06)	(0.03)	(0.06)	(0.05)	(0.03)	(0.07)	(0.06)	(0.04)	(0.05)	**(0.05)**
Adjusted Base Year OP Claim Costs	17.89	9.56	6.62	11.02	14.77	12.32	5.35	12.08	9.80	5.30	13.55	11.87	7.97	10.85	**10.27**
Outpatient Trend Factor	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	
Trended OP Claim Costs	**18.59**	**9.94**	**6.88**	**11.45**	**15.35**	**12.80**	**5.56**	**12.55**	**10.19**	**5.51**	**14.08**	**12.34**	**8.28**	**11.28**	**10.67**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	1.24	0.92	0.00	0.63	4.18	1.90	1.94	1.37	0.72	2.49	4.31	2.20	2.33	2.92	**2.25**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	1.26	0.93	0.00	0.64	4.26	1.93	1.98	1.39	0.73	2.54	4.40	2.25	2.37	2.98	**2.29**
Inpatient Trend Factor	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	
Trended IP Claim Costs	**1.33**	**0.99**	**0.00**	**0.68**	**4.51**	**2.05**	**2.10**	**1.47**	**0.77**	**2.69**	**4.65**	**2.38**	**2.51**	**3.15**	**2.43**
Composite Claim Costs	**19.92**	**10.93**	**6.88**	**12.13**	**19.85**	**14.85**	**7.66**	**14.03**	**10.96**	**8.20**	**18.73**	**14.72**	**10.80**	**14.44**	**13.10**
Administration and Profit @ 15%	3.52	1.93	1.21	2.14	3.50	2.62	1.35	2.48	1.93	1.45	3.31	2.60	1.91	2.55	**2.31**
PMPM Composite Rate	**23.44**	**12.86**	**8.09**	**14.27**	**23.36**	**17.47**	**9.01**	**16.50**	**12.90**	**9.65**	**22.04**	**17.31**	**12.70**	**16.98**	**15.42**

Exhibits 13-1e (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2006 Experience Projection
Aid Category: Title XIX Non-Disabled Dual Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	13,547	27,703	10,389	74,732	183,274	17,684	89,323	11,250	31,279	70,092	12,388	49,331	22,866	14,972	**628,830**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	8.37	8.70	12.07	8.67	21.41	9.11	4.89	7.23	12.04	9.00	4.55	4.01	7.47	10.12	**11.63**
Outpatient Hourly Services (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	**0.00**
Per Diem Services	1.51	3.33	0.15	0.71	4.59	0.00	1.60	0.00	6.11	9.65	0.05	5.84	0.17	0.06	**3.68**
Per Diem Services (B3)	0.00	0.00	0.00	0.11	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.23	0.00	0.00	**0.03**
Subtoal	9.88	12.03	12.23	9.48	26.00	9.11	6.49	7.23	18.16	18.65	4.61	10.08	7.64	10.19	**15.34**
Utilization Adjustments															
Further Implementation of HIT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Further Implementation of Peer Support	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Total Adjusted Services Cost	10.05	12.20	12.40	9.65	26.17	9.28	6.66	7.40	18.33	18.82	4.78	10.25	7.81	10.36	**15.51**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.04)	(0.05)	(0.05)	(0.04)	(0.11)	(0.04)	(0.03)	(0.03)	(0.08)	(0.08)	(0.02)	(0.04)	(0.03)	(0.04)	**(0.07)**
Less: Spend-down	(0.01)	(0.01)	(0.01)	(0.00)	(0.01)	(0.00)	(0.00)	(0.00)	(0.01)	(0.01)	(0.00)	(0.01)	(0.00)	(0.01)	**(0.01)**
Less: Medicare Recoveries	(0.35)	(0.43)	(0.43)	(0.34)	(0.92)	(0.32)	(0.23)	(0.26)	(0.64)	(0.66)	(0.17)	(0.36)	(0.27)	(0.36)	**(0.54)**
Subtotal Cost-Sharing Recoveries	(0.40)	(0.49)	(0.49)	(0.38)	(1.04)	(0.37)	(0.26)	(0.29)	(0.73)	(0.75)	(0.19)	(0.41)	(0.31)	(0.41)	**(0.62)**
Adjusted Base Year OP Claim Costs	9.65	11.72	11.90	9.27	25.13	8.91	6.39	7.11	17.60	18.07	4.59	9.85	7.50	9.95	**14.89**
Outpatient Trend Factor	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	
Trended OP Claim Costs	**10.03**	**12.18**	**12.37**	**9.63**	**26.12**	**9.26**	**6.64**	**7.39**	**18.29**	**18.78**	**4.77**	**10.23**	**7.79**	**10.34**	**15.48**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	0.08	0.40	0.01	0.06	0.24	0.19	0.15	0.15	0.12	0.29	0.31	0.47	0.11	0.11	**0.21**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	0.09	0.40	0.01	0.06	0.25	0.19	0.15	0.15	0.12	0.29	0.32	0.48	0.11	0.12	**0.22**
Inpatient Trend Factor	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	
Trended IP Claim Costs	**0.09**	**0.43**	**0.01**	**0.06**	**0.26**	**0.21**	**0.16**	**0.16**	**0.13**	**0.31**	**0.34**	**0.51**	**0.12**	**0.12**	**0.23**
Composite Claim Costs	**10.12**	**12.60**	**12.38**	**9.70**	**26.38**	**9.46**	**6.80**	**7.55**	**18.42**	**19.09**	**5.11**	**10.74**	**7.91**	**10.46**	**15.71**
Administration and Profit @ 15%	1.79	2.22	2.19	1.71	4.65	1.67	1.20	1.33	3.25	3.37	0.90	1.90	1.40	1.85	**2.77**
PMPM Composite Rate	**11.90**	**14.83**	**14.57**	**11.41**	**31.03**	**11.13**	**8.00**	**8.89**	**21.67**	**22.46**	**6.01**	**12.64**	**9.31**	**12.31**	**18.48**

Exhibits 13-1f (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2006 Experience Projection
Aid Category: Title XIX Non-Disabled (All) Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	35,240	137,988	34,536	272,850	504,438	63,196	298,300	38,804	99,413	251,060	47,777	196,186	85,751	47,644	**2,113,183**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	10.70	9.02	7.88	10.09	16.48	11.26	4.27	10.60	9.09	5.21	10.47	8.72	7.66	10.26	**9.90**
Outpatient Hourly Services (B3)	0.00	0.04	0.01	0.00	0.00	0.08	0.00	0.00	0.00	0.00	0.42	0.00	0.01	0.10	**0.02**
Per Diem Services	4.06	0.90	0.32	0.40	2.31	0.00	1.32	0.00	3.25	3.72	0.12	2.54	0.09	0.20	**1.76**
Per Diem Services (B3)	0.00	0.00	0.00	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.14	0.07	0.01	0.00	**0.01**
Subtoal	14.76	9.96	8.21	10.52	18.79	11.34	5.59	10.60	12.35	8.93	11.15	11.34	7.78	10.56	**11.70**
Utilization Adjustments															
Further Implementation of HIT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Further Implementation of Peer Support	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Total Adjusted Services Cost	14.93	10.13	8.38	10.69	18.96	11.51	5.76	10.77	12.52	9.10	11.32	11.51	7.95	10.73	**11.87**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.06)	(0.04)	(0.04)	(0.05)	(0.08)	(0.05)	(0.02)	(0.05)	(0.05)	(0.04)	(0.05)	(0.05)	(0.03)	(0.05)	**(0.05)**
Less: Spend-down	(0.01)	(0.01)	(0.00)	(0.01)	(0.01)	(0.01)	(0.00)	(0.01)	(0.01)	(0.00)	(0.01)	(0.01)	(0.00)	(0.01)	**(0.01)**
Less: Medicare Recoveries	(0.14)	(0.09)	(0.13)	(0.09)	(0.33)	(0.09)	(0.07)	(0.08)	(0.20)	(0.18)	(0.04)	(0.09)	(0.07)	(0.11)	**(0.16)**
Subtotal Cost-Sharing Recoveries	(0.21)	(0.13)	(0.17)	(0.14)	(0.42)	(0.15)	(0.10)	(0.13)	(0.26)	(0.23)	(0.10)	(0.15)	(0.11)	(0.17)	**(0.22)**
Adjusted Base Year OP Claim Costs	14.72	10.00	8.21	10.54	18.53	11.36	5.66	10.64	12.26	8.87	11.22	11.36	7.84	10.57	**11.65**
Outpatient Trend Factor	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	
Trended OP Claim Costs	**15.30**	**10.39**	**8.53**	**10.96**	**19.26**	**11.81**	**5.88**	**11.06**	**12.74**	**9.22**	**11.66**	**11.81**	**8.15**	**10.98**	**12.10**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	0.79	0.81	0.00	0.47	2.75	1.42	1.41	1.01	0.53	1.88	3.28	1.77	1.74	2.04	**1.64**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	0.81	0.83	0.00	0.48	2.80	1.45	1.43	1.03	0.54	1.91	3.34	1.80	1.77	2.08	**1.68**
Inpatient Trend Factor	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	
Trended IP Claim Costs	**0.86**	**0.88**	**0.00**	**0.51**	**2.96**	**1.53**	**1.52**	**1.09**	**0.57**	**2.03**	**3.54**	**1.91**	**1.88**	**2.20**	**1.78**
Composite Claim Costs	**16.15**	**11.27**	**8.53**	**11.46**	**22.22**	**13.34**	**7.40**	**12.15**	**13.31**	**11.24**	**15.20**	**13.72**	**10.03**	**13.19**	**13.88**
Administration and Profit @ 15%	2.85	1.99	1.51	2.02	3.92	2.35	1.31	2.14	2.35	1.98	2.68	2.42	1.77	2.33	**2.45**
PMPM Composite Rate	**19.00**	**13.25**	**10.04**	**13.49**	**26.15**	**15.69**	**8.71**	**14.29**	**15.66**	**13.23**	**17.88**	**16.14**	**11.80**	**15.51**	**16.33**

Exhibits 13-1g (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2006 Experience Projection
Aid Category: Title XIX Disabled Child

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	3,645	14,717	3,752	32,452	44,916	7,351	30,429	3,174	12,326	34,521	5,804	22,911	10,746	4,772	**231,516**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	32.45	60.20	24.66	52.87	73.39	25.37	31.42	28.20	45.57	24.14	47.79	48.98	24.71	42.63	**45.80**
Outpatient Hourly Services (B3)	0.00	0.05	0.19	0.01	0.00	1.16	0.00	0.00	0.03	0.00	0.12	0.00	0.04	0.04	**0.05**
Per Diem Services	4.07	6.91	0.00	1.65	6.52	0.00	10.21	8.34	27.29	21.15	1.04	5.88	2.48	0.00	**8.79**
Per Diem Services (B3)	0.00	0.00	0.00	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.13	0.16	0.02	0.03	**0.03**
Subtoal	36.52	67.16	24.85	54.56	79.91	26.53	41.64	36.54	72.88	45.29	49.08	55.02	27.25	42.69	**54.67**
Utilization Adjustments															
Further Implementation of HIT	2.52	0.00	2.52	2.52	2.52	2.52	2.52	2.52	2.52	0.00	2.52	2.52	2.52	2.52	**1.98**
Further Implementation of Peer Support	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	**0.87**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.47	0.00	0.00	0.00	0.00	3.16	0.00	0.00	1.26	0.00	**0.62**
Subtotal Utilization Adjustments	3.39	0.87	3.39	3.39	3.86	3.39	3.39	3.39	3.39	4.03	3.39	3.39	4.65	3.39	**3.47**
Total Adjusted Services Cost	39.91	68.03	28.24	57.95	83.77	29.92	45.03	39.93	76.27	49.32	52.47	58.41	31.90	46.08	**58.14**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.17)	(0.29)	(0.12)	(0.25)	(0.36)	(0.13)	(0.19)	(0.17)	(0.33)	(0.21)	(0.23)	(0.25)	(0.14)	(0.20)	**(0.25)**
Less: Spend-down	(0.02)	(0.03)	(0.01)	(0.03)	(0.04)	(0.01)	(0.02)	(0.02)	(0.04)	(0.02)	(0.03)	(0.03)	(0.02)	(0.02)	**(0.03)**
Less: Medicare Recoveries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Cost-Sharing Recoveries	(0.19)	(0.33)	(0.14)	(0.28)	(0.40)	(0.14)	(0.22)	(0.19)	(0.37)	(0.24)	(0.25)	(0.28)	(0.15)	(0.22)	**(0.28)**
Adjusted Base Year OP Claim Costs	39.72	67.70	28.11	57.68	83.37	29.77	44.81	39.74	75.91	49.08	52.22	58.13	31.75	45.86	**57.86**
Outpatient Trend Factor	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	
Trended OP Claim Costs	**41.28**	**70.36**	**29.21**	**59.94**	**86.64**	**30.94**	**46.57**	**41.30**	**78.89**	**51.01**	**54.27**	**60.41**	**32.99**	**47.66**	**60.13**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	8.73	8.01	12.31	11.73	17.64	4.20	18.73	5.56	5.40	13.85	21.63	14.40	6.37	5.41	**13.31**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	8.89	8.16	12.55	11.96	17.98	4.28	19.09	5.67	5.50	14.12	22.05	14.68	6.50	5.52	**13.57**
Inpatient Trend Factor	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	
Trended IP Claim Costs	**9.42**	**8.64**	**13.29**	**12.67**	**19.04**	**4.53**	**20.22**	**6.00**	**5.83**	**14.96**	**23.35**	**15.55**	**6.88**	**5.84**	**14.37**
Composite Claim Costs	**50.70**	**79.00**	**42.50**	**72.61**	**105.68**	**35.47**	**66.79**	**47.30**	**84.71**	**65.96**	**77.62**	**75.96**	**39.87**	**53.51**	**74.51**
Administration and Profit @ 15%	8.95	13.94	7.50	12.81	18.65	6.26	11.79	8.35	14.95	11.64	13.70	13.41	7.04	9.44	**13.15**
PMPM Composite Rate	**59.64**	**92.94**	**50.00**	**85.42**	**124.34**	**41.73**	**78.58**	**55.64**	**99.66**	**77.60**	**91.32**	**89.37**	**46.91**	**62.95**	**87.65**

Exhibits 13-1h (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2006 Experience Projection
Aid Category: Title XIX Non-Disabled Child

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	150,350	411,815	98,251	1,049,915	1,262,663	281,674	920,163	114,018	275,704	742,217	127,221	536,439	256,967	129,172	**6,356,569**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	8.86	10.93	6.48	6.52	14.28	4.24	5.61	4.26	8.13	7.77	8.13	10.02	6.29	8.83	**8.71**
Outpatient Hourly Services (B3)	0.00	0.03	0.00	0.01	0.00	0.02	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	**0.01**
Per Diem Services	0.32	0.24	0.00	0.04	0.28	0.01	0.71	0.00	5.48	1.96	0.01	0.40	0.14	0.00	**0.70**
Per Diem Services (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtoal	9.18	11.19	6.48	6.57	14.56	4.27	6.33	4.26	13.62	9.73	8.15	10.42	6.43	8.83	**9.41**
Utilization Adjustments															
Further Implementation of HIT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Further Implementation of Peer Support	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.06	0.00	0.00	0.00	0.00	0.55	0.00	0.00	0.21	0.00	**0.08**
Subtotal Utilization Adjustments	0.00	0.00	0.00	0.00	0.06	0.00	0.00	0.00	0.00	0.55	0.00	0.00	0.21	0.00	**0.08**
Total Adjusted Services Cost	9.18	11.19	6.48	6.57	14.62	4.27	6.33	4.26	13.62	10.28	8.15	10.42	6.64	8.83	**9.50**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.04)	(0.05)	(0.03)	(0.03)	(0.06)	(0.02)	(0.03)	(0.02)	(0.06)	(0.04)	(0.04)	(0.04)	(0.03)	(0.04)	**(0.04)**
Less: Spend-down	(0.00)	(0.01)	(0.00)	(0.00)	(0.01)	(0.00)	(0.00)	(0.00)	(0.01)	(0.01)	(0.00)	(0.01)	(0.00)	(0.00)	**(0.00)**
Less: Medicare Recoveries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Cost-Sharing Recoveries	(0.04)	(0.05)	(0.03)	(0.03)	(0.07)	(0.02)	(0.03)	(0.02)	(0.07)	(0.05)	(0.04)	(0.05)	(0.03)	(0.04)	**(0.05)**
Adjusted Base Year OP Claim Costs	9.13	11.14	6.45	6.54	14.55	4.25	6.30	4.24	13.56	10.23	8.12	10.37	6.61	8.78	**9.45**
Outpatient Trend Factor	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	
Trended OP Claim Costs	**9.49**	**11.57**	**6.70**	**6.80**	**15.13**	**4.41**	**6.55**	**4.40**	**14.09**	**10.63**	**8.43**	**10.78**	**6.87**	**9.13**	**9.82**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	1.27	0.28	0.96	1.54	1.56	0.47	2.33	0.67	0.55	0.66	1.77	1.69	1.25	0.78	**1.34**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	1.29	0.28	0.97	1.57	1.59	0.48	2.38	0.68	0.56	0.68	1.81	1.72	1.27	0.80	**1.37**
Inpatient Trend Factor	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	
Trended IP Claim Costs	**1.37**	**0.30**	**1.03**	**1.66**	**1.69**	**0.50**	**2.52**	**0.72**	**0.60**	**0.72**	**1.91**	**1.82**	**1.35**	**0.84**	**1.45**
Composite Claim Costs	**10.86**	**11.87**	**7.73**	**8.46**	**16.81**	**4.92**	**9.06**	**5.12**	**14.68**	**11.35**	**10.35**	**12.60**	**8.22**	**9.97**	**11.27**
Administration and Profit @ 15%	1.92	2.10	1.36	1.49	2.97	0.87	1.60	0.90	2.59	2.00	1.83	2.22	1.45	1.76	**1.99**
PMPM Composite Rate	**12.77**	**13.97**	**9.10**	**9.95**	**19.78**	**5.79**	**10.66**	**6.03**	**17.27**	**13.35**	**12.17**	**14.83**	**9.67**	**11.73**	**13.26**

Exhibits 13-1i (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2006 Experience Projection
Aid Category: Title XIX Composite

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	211,629	631,689	165,299	1,493,040	2,154,798	390,692	1,436,970	182,868	467,117	1,212,683	213,350	886,391	417,284	213,444	**10,077,254**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	14.52	17.46	12.08	14.15	29.12	11.47	10.32	11.37	21.62	13.49	16.97	16.84	13.85	18.41	**17.47**
Outpatient Hourly Services (B3)	0.00	0.04	0.18	0.02	0.00	0.17	0.00	0.00	0.12	0.00	0.21	0.00	0.04	0.16	**0.03**
Per Diem Services	8.01	2.29	3.23	1.14	7.01	0.01	6.19	0.65	10.50	7.69	0.50	7.18	0.86	1.46	**5.05**
Per Diem Services (B3)	0.00	0.00	0.00	0.05	0.01	0.00	0.01	0.00	0.00	0.00	0.27	0.41	0.03	0.01	**0.05**
Subtoal	22.53	19.79	15.50	15.36	36.15	11.65	16.51	12.02	32.24	21.18	17.95	24.43	14.78	20.05	**22.61**
Utilization Adjustments															
Further Implementation of HIT	0.18	0.14	0.28	0.17	0.05	0.18	0.15	0.23	0.29	0.20	0.27	0.26	0.26	0.25	**0.17**
Further Implementation of Peer Support	0.04	0.21	0.30	0.18	0.06	0.18	0.24	0.26	0.30	0.27	0.27	0.27	0.27	0.26	**0.20**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.04	0.00	0.00	0.00	0.00	0.43	0.00	0.00	0.16	0.00	**0.07**
Subtotal Utilization Adjustments	0.22	0.34	0.58	0.35	0.16	0.36	0.38	0.49	0.58	0.90	0.54	0.52	0.70	0.52	**0.43**
Total Adjusted Services Cost	22.75	20.14	16.08	15.71	36.30	12.01	16.90	12.51	32.82	22.07	18.49	24.95	15.47	20.56	**23.04**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.10)	(0.09)	(0.07)	(0.07)	(0.16)	(0.05)	(0.07)	(0.05)	(0.14)	(0.09)	(0.08)	(0.11)	(0.07)	(0.09)	**(0.10)**
Less: Spend-down	(0.01)	(0.01)	(0.01)	(0.01)	(0.02)	(0.01)	(0.01)	(0.01)	(0.02)	(0.01)	(0.01)	(0.01)	(0.01)	(0.01)	**(0.01)**
Less: Medicare Recoveries	(0.17)	(0.18)	(0.18)	(0.13)	(0.44)	(0.09)	(0.18)	(0.10)	(0.35)	(0.23)	(0.13)	(0.25)	(0.15)	(0.21)	**(0.24)**
Subtotal Cost-Sharing Recoveries	(0.28)	(0.27)	(0.26)	(0.21)	(0.61)	(0.15)	(0.27)	(0.16)	(0.50)	(0.34)	(0.22)	(0.37)	(0.22)	(0.31)	**(0.35)**
Adjusted Base Year OP Claim Costs	22.48	19.86	15.82	15.51	35.69	11.86	16.63	12.35	32.32	21.74	18.27	24.58	15.25	20.25	**22.68**
Outpatient Trend Factor	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	
Trended OP Claim Costs	**23.36**	**20.64**	**16.44**	**16.11**	**37.09**	**12.32**	**17.29**	**12.84**	**33.59**	**22.59**	**18.99**	**25.55**	**15.85**	**21.04**	**23.57**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	1.84	1.80	1.67	2.06	4.86	1.43	3.85	1.37	1.01	1.83	5.95	4.20	2.85	1.81	**3.07**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	1.87	1.84	1.70	2.10	4.95	1.46	3.93	1.40	1.03	1.87	6.06	4.28	2.91	1.85	**3.13**
Inpatient Trend Factor	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	
Trended IP Claim Costs	**1.98**	**1.95**	**1.80**	**2.23**	**5.24**	**1.55**	**4.16**	**1.48**	**1.09**	**1.98**	**6.42**	**4.53**	**3.08**	**1.96**	**3.32**
Composite Claim Costs	**25.34**	**22.59**	**18.24**	**18.34**	**42.33**	**13.87**	**21.44**	**14.32**	**34.67**	**24.57**	**25.41**	**30.08**	**18.93**	**23.00**	**26.89**
Administration and Profit @ 15%	4.47	3.99	3.22	3.24	7.47	2.45	3.78	2.53	6.12	4.34	4.48	5.31	3.34	4.06	**4.75**
PMPM Composite Rate	**29.81**	**26.58**	**21.46**	**21.58**	**49.81**	**16.32**	**25.23**	**16.84**	**40.79**	**28.90**	**29.89**	**35.39**	**22.27**	**27.06**	**31.64**

Exhibits 13-2a (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2006 Experience Projection
Aid Category: Title XIX Disabled Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	13,171	41,062	18,525	83,874	220,711	23,470	118,193	18,050	50,890	116,278	21,213	78,804	38,796	19,711	**862,748**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	49.29	45.00	21.84	53.36	63.32	51.11	26.31	32.19	55.18	30.81	41.65	40.77	36.38	46.33	**45.27**
Outpatient Hourly Services (B3)	0.00	0.09	0.53	0.11	0.00	1.54	0.03	0.00	0.51	0.00	0.33	0.00	0.14	0.52	**0.13**
Per Diem Services	75.93	8.26	15.95	8.52	26.82	0.00	34.15	1.47	28.87	28.78	3.58	31.47	4.31	4.94	**23.14**
Per Diem Services (B3)	0.00	0.00	0.00	0.35	0.03	0.00	0.00	0.00	0.00	0.00	1.17	1.96	0.15	0.06	**0.26**
Subtoal	125.22	53.35	38.33	62.34	90.16	52.65	60.49	33.65	84.57	59.58	46.72	74.20	40.98	51.85	**68.80**
Utilization Adjustments															
Further Implementation of HIT	1.30	1.30	1.30	1.30	0.00	1.30	0.73	1.30	1.30	1.30	1.30	1.30	1.30	1.30	**0.89**
Further Implementation of Peer Support	0.00	1.39	1.39	1.39	0.00	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	**1.01**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	1.30	2.69	2.69	2.69	0.00	2.69	2.12	2.69	2.69	2.69	2.69	2.69	2.69	2.69	**1.90**
Total Adjusted Services Cost	126.52	56.04	41.02	65.03	90.16	55.34	62.61	36.34	87.26	62.27	49.41	76.89	43.67	54.54	**70.70**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.54)	(0.24)	(0.18)	(0.28)	(0.39)	(0.24)	(0.27)	(0.16)	(0.38)	(0.27)	(0.21)	(0.33)	(0.19)	(0.23)	**(0.30)**
Less: Spend-down	(0.06)	(0.03)	(0.02)	(0.03)	(0.05)	(0.03)	(0.03)	(0.02)	(0.04)	(0.03)	(0.02)	(0.04)	(0.02)	(0.03)	**(0.04)**
Less: Medicare Recoveries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Cost-Sharing Recoveries	(0.61)	(0.27)	(0.20)	(0.31)	(0.43)	(0.27)	(0.30)	(0.17)	(0.42)	(0.30)	(0.24)	(0.37)	(0.21)	(0.26)	**(0.34)**
Adjusted Base Year OP Claim Costs	125.91	55.77	40.82	64.72	89.73	55.08	62.31	36.17	86.84	61.98	49.18	76.52	43.46	54.28	**70.36**
Outpatient Trend Factor	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	
Trended OP Claim Costs	**130.86**	**57.96**	**42.42**	**67.26**	**93.25**	**57.24**	**64.75**	**37.59**	**90.25**	**64.41**	**51.11**	**79.53**	**45.17**	**56.41**	**73.12**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	9.79	17.84	6.78	11.01	27.47	12.67	19.68	6.23	3.51	6.44	34.84	26.04	16.11	7.72	**17.62**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	9.98	18.18	6.91	11.22	28.00	12.92	20.06	6.35	3.57	6.57	35.51	26.54	16.42	7.87	**17.96**
Inpatient Trend Factor	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	
Trended IP Claim Costs	**10.56**	**19.25**	**7.32**	**11.89**	**29.66**	**13.68**	**21.25**	**6.73**	**3.78**	**6.96**	**37.61**	**28.11**	**17.39**	**8.33**	**19.03**
Composite Claim Costs	**141.42**	**77.21**	**49.74**	**79.15**	**122.91**	**70.92**	**86.00**	**44.32**	**94.03**	**71.37**	**88.71**	**107.64**	**62.55**	**64.74**	**92.15**
Administration and Profit @ 10%	15.71	8.58	5.53	8.79	13.66	7.88	9.56	4.92	10.45	7.93	9.86	11.96	6.95	7.19	**10.24**
PMPM Composite Rate	**157.13**	**85.79**	**55.27**	**87.94**	**136.56**	**78.80**	**95.56**	**49.24**	**104.48**	**79.30**	**98.57**	**119.60**	**69.51**	**71.94**	**102.39**

Exhibits 13-2b (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2006 Experience Projection
Aid Category: Title XIX Disabled Dual Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	9,223	26,107	10,235	53,949	122,070	15,001	69,885	8,822	28,784	68,607	11,335	52,051	25,024	12,145	**513,238**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	32.03	56.91	34.30	54.97	91.29	40.84	36.18	28.04	70.77	41.19	43.11	36.13	41.80	55.73	**55.69**
Outpatient Hourly Services (B3)	0.00	0.13	1.19	0.01	0.00	0.06	0.02	0.00	0.59	0.00	0.86	0.00	0.23	1.02	**0.12**
Per Diem Services	53.10	30.16	22.24	14.55	60.46	0.00	50.00	7.49	43.86	41.73	1.43	58.32	4.83	16.92	**40.40**
Per Diem Services (B3)	0.00	0.00	0.00	0.71	0.08	0.00	0.00	0.00	0.00	0.00	2.28	3.74	0.20	0.09	**0.54**
Subtoal	85.13	87.21	57.74	70.25	151.83	40.89	86.21	35.53	115.22	82.91	47.68	98.20	47.05	73.76	**96.75**
Utilization Adjustments															
Further Implementation of HIT	1.30	1.30	1.30	1.30	0.00	1.30	0.73	1.30	1.30	1.30	1.30	1.30	1.30	1.30	**0.91**
Further Implementation of Peer Support	0.00	1.39	1.39	1.39	0.00	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	**1.03**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	1.30	2.69	2.69	2.69	0.00	2.69	2.12	2.69	2.69	2.69	2.69	2.69	2.69	2.69	**1.95**
Total Adjusted Services Cost	86.43	89.90	60.43	72.94	151.83	43.58	88.33	38.22	117.91	85.60	50.37	100.89	49.74	76.45	**98.70**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.37)	(0.39)	(0.26)	(0.31)	(0.65)	(0.19)	(0.38)	(0.16)	(0.51)	(0.37)	(0.22)	(0.43)	(0.21)	(0.33)	**(0.42)**
Less: Spend-down	(0.04)	(0.04)	(0.03)	(0.04)	(0.08)	(0.02)	(0.04)	(0.02)	(0.06)	(0.04)	(0.03)	(0.05)	(0.02)	(0.04)	**(0.05)**
Less: Medicare Recoveries	(3.03)	(3.15)	(2.12)	(2.55)	(5.31)	(1.53)	(3.09)	(1.34)	(4.13)	(3.00)	(1.76)	(3.53)	(1.74)	(2.68)	**(3.45)**
Subtotal Cost-Sharing Recoveries	(3.44)	(3.58)	(2.41)	(2.90)	(6.04)	(1.73)	(3.52)	(1.52)	(4.69)	(3.41)	(2.00)	(4.02)	(1.98)	(3.04)	**(3.93)**
Adjusted Base Year OP Claim Costs	82.99	86.32	58.02	70.04	145.79	41.85	84.81	36.70	113.21	82.20	48.36	96.87	47.76	73.41	**94.77**
Outpatient Trend Factor	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	
Trended OP Claim Costs	**86.25**	**89.71**	**60.30**	**72.79**	**151.51**	**43.49**	**88.14**	**38.14**	**117.66**	**85.42**	**50.26**	**100.67**	**49.64**	**76.29**	**98.49**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	1.06	2.43	1.00	0.65	2.05	0.67	1.04	0.64	0.75	0.46	2.00	1.66	1.08	0.88	**1.28**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	1.08	2.48	1.02	0.66	2.09	0.68	1.06	0.66	0.76	0.47	2.04	1.69	1.10	0.89	**1.30**
Inpatient Trend Factor	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	
Trended IP Claim Costs	**1.14**	**2.63**	**1.07**	**0.70**	**2.21**	**0.72**	**1.12**	**0.69**	**0.80**	**0.49**	**2.16**	**1.79**	**1.17**	**0.95**	**1.38**
Composite Claim Costs	**87.39**	**92.34**	**61.38**	**73.49**	**153.72**	**44.21**	**89.26**	**38.83**	**118.46**	**85.92**	**52.42**	**102.47**	**50.81**	**77.23**	**99.87**
Administration and Profit @ 10%	9.71	10.26	6.82	8.17	17.08	4.91	9.92	4.31	13.16	9.55	5.82	11.39	5.65	8.58	**11.10**
PMPM Composite Rate	**97.10**	**102.59**	**68.20**	**81.65**	**170.80**	**49.12**	**99.18**	**43.15**	**131.62**	**95.46**	**58.25**	**113.85**	**56.45**	**85.82**	**110.97**

Exhibits 13-2c (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2006 Experience Projection
Aid Category: Title XIX Disabled (All) Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	22,394	67,169	28,760	137,823	342,781	38,471	188,078	26,872	79,674	184,885	32,548	130,855	63,820	31,856	**1,375,986**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	42.18	49.63	26.28	53.99	73.28	47.11	29.98	30.83	60.81	34.66	42.16	38.92	38.50	49.91	**49.16**
Outpatient Hourly Services (B3)	0.00	0.11	0.77	0.07	0.00	0.96	0.03	0.00	0.54	0.00	0.51	0.00	0.18	0.71	**0.13**
Per Diem Services	66.53	16.77	18.19	10.88	38.80	0.00	40.04	3.44	34.29	33.58	2.83	42.15	4.51	9.51	**29.58**
Per Diem Services (B3)	0.00	0.00	0.00	0.49	0.05	0.00	0.00	0.00	0.00	0.00	1.56	2.67	0.17	0.07	**0.36**
Subtoal	108.71	66.51	45.23	65.44	112.12	48.07	70.04	34.27	95.64	68.24	47.06	83.75	43.36	60.20	**79.22**
Utilization Adjustments															
Further Implementation of HIT	1.30	1.30	1.30	1.30	0.00	1.30	0.73	1.30	1.30	1.30	1.30	1.30	1.30	1.30	**0.90**
Further Implementation of Peer Support	0.00	1.39	1.39	1.39	0.00	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	**1.02**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	1.30	2.69	2.69	2.69	0.00	2.69	2.12	2.69	2.69	2.69	2.69	2.69	2.69	2.69	**1.92**
Total Adjusted Services Cost	110.01	69.20	47.92	68.13	112.12	50.76	72.16	36.96	98.33	70.93	49.75	86.44	46.05	62.89	**81.14**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.47)	(0.30)	(0.21)	(0.29)	(0.48)	(0.22)	(0.31)	(0.16)	(0.42)	(0.31)	(0.21)	(0.37)	(0.20)	(0.27)	**(0.35)**
Less: Spend-down	(0.06)	(0.03)	(0.02)	(0.03)	(0.06)	(0.03)	(0.04)	(0.02)	(0.05)	(0.04)	(0.02)	(0.04)	(0.02)	(0.03)	**(0.04)**
Less: Medicare Recoveries	(1.25)	(1.22)	(0.75)	(1.00)	(1.89)	(0.59)	(1.15)	(0.44)	(1.49)	(1.11)	(0.61)	(1.40)	(0.68)	(1.02)	**(1.29)**
Subtotal Cost-Sharing Recoveries	(1.77)	(1.56)	(0.98)	(1.33)	(2.43)	(0.84)	(1.50)	(0.62)	(1.96)	(1.45)	(0.85)	(1.82)	(0.90)	(1.32)	**(1.68)**
Adjusted Base Year OP Claim Costs	108.24	67.64	46.94	66.80	109.69	49.92	70.67	36.34	96.37	69.48	48.89	84.62	45.15	61.57	**79.47**
Outpatient Trend Factor	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	
Trended OP Claim Costs	**112.49**	**70.30**	**48.78**	**69.42**	**114.00**	**51.88**	**73.44**	**37.77**	**100.15**	**72.21**	**50.81**	**87.94**	**46.92**	**63.99**	**82.58**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	6.19	11.85	4.72	6.95	18.42	7.99	12.75	4.40	2.51	4.22	23.40	16.34	10.21	5.11	**11.53**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	6.31	12.08	4.81	7.09	18.77	8.14	13.00	4.48	2.56	4.30	23.85	16.66	10.41	5.21	**11.75**
Inpatient Trend Factor	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	
Trended IP Claim Costs	**6.68**	**12.79**	**5.10**	**7.51**	**19.88**	**8.63**	**13.77**	**4.75**	**2.71**	**4.56**	**25.26**	**17.64**	**11.03**	**5.52**	**12.44**
Composite Claim Costs	**119.17**	**83.09**	**53.88**	**76.93**	**133.88**	**60.50**	**87.21**	**42.52**	**102.86**	**76.77**	**76.08**	**105.58**	**57.95**	**69.51**	**95.03**
Administration and Profit @ 10%	13.24	9.23	5.99	8.55	14.88	6.72	9.69	4.72	11.43	8.53	8.45	11.73	6.44	7.72	**10.56**
PMPM Composite Rate	**132.41**	**92.32**	**59.87**	**85.48**	**148.75**	**67.23**	**96.90**	**47.24**	**114.29**	**85.30**	**84.53**	**117.31**	**64.39**	**77.23**	**105.59**

Exhibits 13-2d (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2006 Experience Projection
Aid Category: Title XIX Non-Disabled Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	21,693	110,285	24,147	198,118	321,164	45,512	208,977	27,554	68,134	180,968	35,389	146,855	62,885	32,672	**1,484,353**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	9.22	6.90	4.61	8.06	10.36	9.18	3.04	9.08	5.87	2.84	9.51	7.82	5.87	7.83	**6.95**
Outpatient Hourly Services (B3)	0.00	0.04	0.01	0.00	0.00	0.08	0.00	0.00	0.00	0.00	0.43	0.00	0.02	0.11	**0.02**
Per Diem Services	5.65	0.29	0.40	0.28	1.01	0.00	1.20	0.00	1.94	1.42	0.14	1.43	0.07	0.26	**0.95**
Per Diem Services (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.19	0.02	0.01	0.00	**0.01**
Subtoal	14.87	7.23	5.01	8.34	11.37	9.26	4.24	9.08	7.81	4.26	10.27	9.27	5.96	8.21	**7.93**
Utilization Adjustments															
Further Implementation of HIT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Further Implementation of Peer Support	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Total Adjusted Services Cost	15.04	7.40	5.18	8.51	11.54	9.43	4.41	9.25	7.98	4.43	10.44	9.44	6.13	8.38	**8.10**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.06)	(0.03)	(0.02)	(0.04)	(0.05)	(0.04)	(0.02)	(0.04)	(0.03)	(0.02)	(0.04)	(0.04)	(0.03)	(0.04)	**(0.03)**
Less: Spend-down	(0.01)	(0.00)	(0.00)	(0.00)	(0.01)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	(0.01)	(0.00)	(0.00)	(0.00)	**(0.00)**
Less: Medicare Recoveries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Cost-Sharing Recoveries	(0.07)	(0.04)	(0.02)	(0.04)	(0.06)	(0.05)	(0.02)	(0.04)	(0.04)	(0.02)	(0.05)	(0.05)	(0.03)	(0.04)	**(0.04)**
Adjusted Base Year OP Claim Costs	14.96	7.36	5.16	8.47	11.48	9.38	4.39	9.20	7.94	4.40	10.39	9.39	6.10	8.34	**8.06**
Outpatient Trend Factor	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	
Trended OP Claim Costs	**15.55**	**7.65**	**5.36**	**8.80**	**11.94**	**9.75**	**4.56**	**9.56**	**8.26**	**4.58**	**10.80**	**9.76**	**6.34**	**8.66**	**8.38**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	1.24	0.92	0.00	0.63	4.18	1.90	1.94	1.37	0.72	2.49	4.31	2.20	2.33	2.92	**2.25**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	1.26	0.93	0.00	0.64	4.26	1.93	1.98	1.39	0.73	2.54	4.40	2.25	2.37	2.98	**2.29**
Inpatient Trend Factor	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	
Trended IP Claim Costs	**1.33**	**0.99**	**0.00**	**0.68**	**4.51**	**2.05**	**2.10**	**1.47**	**0.77**	**2.69**	**4.65**	**2.38**	**2.51**	**3.15**	**2.43**
Composite Claim Costs	**16.89**	**8.64**	**5.36**	**9.48**	**16.44**	**11.80**	**6.66**	**11.04**	**9.03**	**7.27**	**15.46**	**12.14**	**8.86**	**11.82**	**10.81**
Administration and Profit @ 10%	1.88	0.96	0.60	1.05	1.83	1.31	0.74	1.23	1.00	0.81	1.72	1.35	0.98	1.31	**1.20**
PMPM Composite Rate	**18.76**	**9.60**	**5.95**	**10.53**	**18.27**	**13.11**	**7.40**	**12.27**	**10.03**	**8.07**	**17.17**	**13.49**	**9.84**	**13.13**	**12.01**

Exhibits 13-2e (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2006 Experience Projection
Aid Category: Title XIX Non-Disabled Dual Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	13,547	27,703	10,389	74,732	183,274	17,684	89,323	11,250	31,279	70,092	12,388	49,331	22,866	14,972	**628,830**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	6.35	6.60	9.16	6.57	16.24	6.91	3.71	5.49	9.13	6.83	3.45	3.04	5.67	7.68	**8.82**
Outpatient Hourly Services (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	**0.00**
Per Diem Services	1.51	3.33	0.15	0.71	4.59	0.00	1.60	0.00	6.11	9.65	0.05	5.84	0.17	0.06	**3.68**
Per Diem Services (B3)	0.00	0.00	0.00	0.11	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.23	0.00	0.00	**0.03**
Subtoal	7.86	9.93	9.31	7.39	20.83	6.91	5.30	5.49	15.25	16.48	3.51	9.12	5.83	7.74	**12.53**
Utilization Adjustments															
Further Implementation of HIT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Further Implementation of Peer Support	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Total Adjusted Services Cost	8.03	10.10	9.48	7.56	21.00	7.08	5.47	5.66	15.42	16.65	3.68	9.29	6.00	7.91	**12.70**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.03)	(0.04)	(0.04)	(0.03)	(0.09)	(0.03)	(0.02)	(0.02)	(0.07)	(0.07)	(0.02)	(0.04)	(0.03)	(0.03)	**(0.05)**
Less: Spend-down	(0.00)	(0.01)	(0.00)	(0.00)	(0.01)	(0.00)	(0.00)	(0.00)	(0.01)	(0.01)	(0.00)	(0.00)	(0.00)	(0.00)	**(0.01)**
Less: Medicare Recoveries	(0.28)	(0.35)	(0.33)	(0.26)	(0.73)	(0.25)	(0.19)	(0.20)	(0.54)	(0.58)	(0.13)	(0.33)	(0.21)	(0.28)	**(0.44)**
Subtotal Cost-Sharing Recoveries	(0.32)	(0.40)	(0.38)	(0.30)	(0.84)	(0.28)	(0.22)	(0.23)	(0.61)	(0.66)	(0.15)	(0.37)	(0.24)	(0.32)	**(0.51)**
Adjusted Base Year OP Claim Costs	7.71	9.70	9.10	7.26	20.16	6.79	5.26	5.43	14.80	15.98	3.54	8.92	5.76	7.60	**12.20**
Outpatient Trend Factor	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	
Trended OP Claim Costs	**8.01**	**10.08**	**9.46**	**7.54**	**20.96**	**7.06**	**5.46**	**5.65**	**15.39**	**16.61**	**3.68**	**9.27**	**5.99**	**7.90**	**12.67**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	0.08	0.40	0.01	0.06	0.24	0.19	0.15	0.15	0.12	0.29	0.31	0.47	0.11	0.11	**0.21**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	0.09	0.40	0.01	0.06	0.25	0.19	0.15	0.15	0.12	0.29	0.32	0.48	0.11	0.12	**0.22**
Inpatient Trend Factor	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	
Trended IP Claim Costs	**0.09**	**0.43**	**0.01**	**0.06**	**0.26**	**0.21**	**0.16**	**0.16**	**0.13**	**0.31**	**0.34**	**0.51**	**0.12**	**0.12**	**0.23**
Composite Claim Costs	**8.10**	**10.51**	**9.47**	**7.61**	**21.22**	**7.27**	**5.62**	**5.81**	**15.52**	**16.92**	**4.02**	**9.77**	**6.11**	**8.02**	**12.91**
Administration and Profit @ 10%	0.90	1.17	1.05	0.85	2.36	0.81	0.62	0.65	1.72	1.88	0.45	1.09	0.68	0.89	**1.43**
PMPM Composite Rate	**9.00**	**11.68**	**10.53**	**8.45**	**23.57**	**8.07**	**6.25**	**6.45**	**17.24**	**18.80**	**4.46**	**10.86**	**6.79**	**8.91**	**14.34**

Exhibits 13-2f (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2006 Experience Projection
Aid Category: Title XIX Non-Disabled (All) Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	35,240	137,988	34,536	272,850	504,438	63,196	298,300	38,804	99,413	251,060	47,777	196,186	85,751	47,644	**2,113,183**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	8.12	6.84	5.98	7.65	12.50	8.54	3.24	8.04	6.90	3.95	7.94	6.62	5.81	7.78	**7.51**
Outpatient Hourly Services (B3)	0.00	0.03	0.01	0.00	0.00	0.06	0.00	0.00	0.00	0.00	0.32	0.00	0.01	0.08	**0.01**
Per Diem Services	4.06	0.90	0.32	0.40	2.31	0.00	1.32	0.00	3.25	3.72	0.12	2.54	0.09	0.20	**1.76**
Per Diem Services (B3)	0.00	0.00	0.00	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.14	0.07	0.01	0.00	**0.01**
Subtoal	12.17	7.77	6.30	8.08	14.81	8.60	4.56	8.04	10.15	7.67	8.52	9.23	5.93	8.06	**9.30**
Utilization Adjustments															
Further Implementation of HIT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Further Implementation of Peer Support	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Total Adjusted Services Cost	12.34	7.94	6.47	8.25	14.98	8.77	4.73	8.21	10.32	7.84	8.69	9.40	6.10	8.23	**9.47**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.05)	(0.03)	(0.03)	(0.04)	(0.06)	(0.04)	(0.02)	(0.04)	(0.04)	(0.03)	(0.04)	(0.04)	(0.03)	(0.04)	**(0.04)**
Less: Spend-down	(0.01)	(0.00)	(0.00)	(0.00)	(0.01)	(0.00)	(0.00)	(0.00)	(0.01)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	**(0.00)**
Less: Medicare Recoveries	(0.11)	(0.07)	(0.10)	(0.07)	(0.27)	(0.07)	(0.06)	(0.06)	(0.17)	(0.16)	(0.03)	(0.08)	(0.06)	(0.09)	**(0.13)**
Subtotal Cost-Sharing Recoveries	(0.17)	(0.11)	(0.13)	(0.11)	(0.34)	(0.11)	(0.08)	(0.10)	(0.22)	(0.20)	(0.08)	(0.13)	(0.09)	(0.13)	**(0.18)**
Adjusted Base Year OP Claim Costs	12.17	7.83	6.34	8.14	14.64	8.66	4.65	8.11	10.10	7.64	8.62	9.27	6.01	8.11	**9.29**
Outpatient Trend Factor	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	
Trended OP Claim Costs	**12.65**	**8.14**	**6.59**	**8.46**	**15.21**	**9.00**	**4.83**	**8.43**	**10.50**	**7.94**	**8.95**	**9.64**	**6.25**	**8.42**	**9.66**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	0.79	0.81	0.00	0.47	2.75	1.42	1.41	1.01	0.53	1.88	3.28	1.77	1.74	2.04	**1.64**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	0.81	0.83	0.00	0.48	2.80	1.45	1.43	1.03	0.54	1.91	3.34	1.80	1.77	2.08	**1.68**
Inpatient Trend Factor	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	
Trended IP Claim Costs	**0.86**	**0.88**	**0.00**	**0.51**	**2.96**	**1.53**	**1.52**	**1.09**	**0.57**	**2.03**	**3.54**	**1.91**	**1.88**	**2.20**	**1.78**
Composite Claim Costs	**13.51**	**9.02**	**6.60**	**8.97**	**18.18**	**10.53**	**6.35**	**9.52**	**11.07**	**9.96**	**12.49**	**11.55**	**8.13**	**10.63**	**11.43**
Administration and Profit @ 10%	1.50	1.00	0.73	1.00	2.02	1.17	0.71	1.06	1.23	1.11	1.39	1.28	0.90	1.18	**1.27**
PMPM Composite Rate	**15.01**	**10.02**	**7.33**	**9.96**	**20.20**	**11.70**	**7.05**	**10.58**	**12.30**	**11.07**	**13.88**	**12.83**	**9.03**	**11.81**	**12.70**

Exhibits 13-2g (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2006 Experience Projection
Aid Category: Title XIX Disabled Child

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	3,645	14,717	3,752	32,452	44,916	7,351	30,429	3,174	12,326	34,521	5,804	22,911	10,746	4,772	**231,516**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	24.61	45.66	18.71	40.10	55.67	19.24	23.83	21.39	34.56	18.31	36.25	37.15	18.74	32.33	**34.74**
Outpatient Hourly Services (B3)	0.00	0.04	0.14	0.01	0.00	0.88	0.00	0.00	0.02	0.00	0.09	0.00	0.03	0.03	**0.04**
Per Diem Services	4.07	6.91	0.00	1.65	6.52	0.00	10.21	8.34	27.29	21.15	1.04	5.88	2.48	0.00	**8.79**
Per Diem Services (B3)	0.00	0.00	0.00	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.13	0.16	0.02	0.03	**0.03**
Subtoal	28.68	52.61	18.85	41.79	62.19	20.12	34.05	29.73	61.87	39.46	37.51	43.19	21.27	32.39	**43.59**
Utilization Adjustments															
Further Implementation of HIT	2.52	0.00	2.52	2.52	2.52	2.52	2.52	2.52	2.52	0.00	2.52	2.52	2.52	2.52	**1.98**
Further Implementation of Peer Support	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	**0.87**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.47	0.00	0.00	0.00	0.00	3.16	0.00	0.00	1.26	0.00	**0.62**
Subtotal Utilization Adjustments	3.39	0.87	3.39	3.39	3.86	3.39	3.39	3.39	3.39	4.03	3.39	3.39	4.65	3.39	**3.47**
Total Adjusted Services Cost	32.07	53.48	22.24	45.18	66.05	23.51	37.44	33.12	65.26	43.49	40.90	46.58	25.92	35.78	**47.07**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.14)	(0.23)	(0.10)	(0.19)	(0.28)	(0.10)	(0.16)	(0.14)	(0.28)	(0.19)	(0.18)	(0.20)	(0.11)	(0.15)	**(0.20)**
Less: Spend-down	(0.02)	(0.03)	(0.01)	(0.02)	(0.03)	(0.01)	(0.02)	(0.02)	(0.03)	(0.02)	(0.02)	(0.02)	(0.01)	(0.02)	**(0.02)**
Less: Medicare Recoveries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Cost-Sharing Recoveries	(0.15)	(0.26)	(0.11)	(0.22)	(0.32)	(0.11)	(0.18)	(0.16)	(0.31)	(0.21)	(0.20)	(0.22)	(0.12)	(0.17)	**(0.23)**
Adjusted Base Year OP Claim Costs	31.92	53.22	22.13	44.97	65.73	23.40	37.26	32.96	64.95	43.28	40.70	46.36	25.80	35.61	**46.84**
Outpatient Trend Factor	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	
Trended OP Claim Costs	**33.17**	**55.31**	**23.00**	**46.73**	**68.31**	**24.31**	**38.72**	**34.25**	**67.49**	**44.98**	**42.30**	**48.18**	**26.81**	**37.01**	**48.68**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	8.73	8.01	12.31	11.73	17.64	4.20	18.73	5.56	5.40	13.85	21.63	14.40	6.37	5.41	**13.31**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	8.89	8.16	12.55	11.96	17.98	4.28	19.09	5.67	5.50	14.12	22.05	14.68	6.50	5.52	**13.57**
Inpatient Trend Factor	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	
Trended IP Claim Costs	**9.42**	**8.64**	**13.29**	**12.67**	**19.04**	**4.53**	**20.22**	**6.00**	**5.83**	**14.96**	**23.35**	**15.55**	**6.88**	**5.84**	**14.37**
Composite Claim Costs	**42.59**	**63.95**	**36.29**	**59.40**	**87.35**	**28.85**	**58.94**	**40.25**	**73.32**	**59.93**	**65.65**	**63.73**	**33.69**	**42.85**	**63.05**
Administration and Profit @ 10%	4.73	7.11	4.03	6.60	9.71	3.21	6.55	4.47	8.15	6.66	7.29	7.08	3.74	4.76	**7.01**
PMPM Composite Rate	**47.32**	**71.06**	**40.32**	**66.00**	**97.06**	**32.05**	**65.49**	**44.73**	**81.47**	**66.59**	**72.95**	**70.81**	**37.43**	**47.61**	**70.06**

Exhibits 13-2h (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2006 Experience Projection
Aid Category: Title XIX Non-Disabled Child

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	150,350	411,815	98,251	1,049,915	1,262,663	281,674	920,163	114,018	275,704	742,217	127,221	536,439	256,967	129,172	**6,356,569**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	6.72	8.29	4.91	4.94	10.83	3.22	4.25	3.23	6.17	5.89	6.16	7.60	4.77	6.69	**6.61**
Outpatient Hourly Services (B3)	0.00	0.02	0.00	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	**0.00**
Per Diem Services	0.32	0.24	0.00	0.04	0.28	0.01	0.71	0.00	5.48	1.96	0.01	0.40	0.14	0.00	**0.70**
Per Diem Services (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtoal	7.04	8.55	4.91	5.00	11.12	3.24	4.97	3.23	11.66	7.85	6.19	8.00	4.91	6.69	**7.31**
Utilization Adjustments															
Further Implementation of HIT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Further Implementation of Peer Support	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.06	0.00	0.00	0.00	0.00	0.55	0.00	0.00	0.21	0.00	**0.08**
Subtotal Utilization Adjustments	0.00	0.00	0.00	0.00	0.06	0.00	0.00	0.00	0.00	0.55	0.00	0.00	0.21	0.00	**0.08**
Total Adjusted Services Cost	7.04	8.55	4.91	5.00	11.18	3.24	4.97	3.23	11.66	8.40	6.19	8.00	5.12	6.69	**7.39**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.03)	(0.04)	(0.02)	(0.02)	(0.05)	(0.01)	(0.02)	(0.01)	(0.05)	(0.04)	(0.03)	(0.03)	(0.02)	(0.03)	**(0.03)**
Less: Spend-down	(0.00)	(0.00)	(0.00)	(0.00)	(0.01)	(0.00)	(0.00)	(0.00)	(0.01)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	**(0.00)**
Less: Medicare Recoveries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Cost-Sharing Recoveries	(0.03)	(0.04)	(0.02)	(0.02)	(0.05)	(0.02)	(0.02)	(0.02)	(0.06)	(0.04)	(0.03)	(0.04)	(0.02)	(0.03)	**(0.04)**
Adjusted Base Year OP Claim Costs	7.00	8.50	4.89	4.97	11.12	3.22	4.95	3.21	11.60	8.36	6.16	7.96	5.10	6.66	**7.36**
Outpatient Trend Factor	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	
Trended OP Claim Costs	**7.28**	**8.84**	**5.08**	**5.17**	**11.56**	**3.35**	**5.14**	**3.34**	**12.06**	**8.69**	**6.40**	**8.28**	**5.30**	**6.92**	**7.65**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	1.27	0.28	0.96	1.54	1.56	0.47	2.33	0.67	0.55	0.66	1.77	1.69	1.25	0.78	**1.34**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	1.29	0.28	0.97	1.57	1.59	0.48	2.38	0.68	0.56	0.68	1.81	1.72	1.27	0.80	**1.37**
Inpatient Trend Factor	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	
Trended IP Claim Costs	**1.37**	**0.30**	**1.03**	**1.66**	**1.69**	**0.50**	**2.52**	**0.72**	**0.60**	**0.72**	**1.91**	**1.82**	**1.35**	**0.84**	**1.45**
Composite Claim Costs	**8.65**	**9.14**	**6.11**	**6.83**	**13.25**	**3.86**	**7.66**	**4.06**	**12.65**	**9.41**	**8.31**	**10.10**	**6.65**	**7.77**	**9.10**
Administration and Profit @ 10%	0.96	1.02	0.68	0.76	1.47	0.43	0.85	0.45	1.41	1.05	0.92	1.12	0.74	0.86	**1.01**
PMPM Composite Rate	**9.61**	**10.15**	**6.79**	**7.58**	**14.72**	**4.28**	**8.51**	**4.51**	**14.06**	**10.45**	**9.24**	**11.22**	**7.39**	**8.63**	**10.11**

Exhibits 13-2i (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2006 Experience Projection
Aid Category: Title XIX Composite

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	211,629	631,689	165,299	1,493,040	2,154,798	390,692	1,436,970	182,868	467,117	1,212,683	213,350	886,391	417,284	213,444	**10,077,254**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	11.01	13.24	9.17	10.73	22.09	8.70	7.82	8.62	16.39	10.23	12.87	12.77	10.51	13.96	**13.25**
Outpatient Hourly Services (B3)	0.00	0.03	0.14	0.01	0.00	0.13	0.00	0.00	0.09	0.00	0.16	0.00	0.03	0.12	**0.02**
Per Diem Services	8.01	2.29	3.23	1.14	7.01	0.01	6.19	0.65	10.50	7.69	0.50	7.18	0.86	1.46	**5.05**
Per Diem Services (B3)	0.00	0.00	0.00	0.05	0.01	0.00	0.01	0.00	0.00	0.00	0.27	0.41	0.03	0.01	**0.05**
Subtoal	19.02	15.57	12.54	11.94	29.11	8.84	14.02	9.27	26.99	17.92	13.80	20.37	11.42	15.56	**18.38**
Utilization Adjustments															
Further Implementation of HIT	0.18	0.14	0.28	0.17	0.05	0.18	0.15	0.23	0.29	0.20	0.27	0.26	0.26	0.25	**0.17**
Further Implementation of Peer Support	0.04	0.21	0.30	0.18	0.06	0.18	0.24	0.26	0.30	0.27	0.27	0.27	0.27	0.26	**0.20**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.04	0.00	0.00	0.00	0.00	0.43	0.00	0.00	0.16	0.00	**0.07**
Subtotal Utilization Adjustments	0.22	0.34	0.58	0.35	0.16	0.36	0.38	0.49	0.58	0.90	0.54	0.52	0.70	0.52	**0.43**
Total Adjusted Services Cost	19.25	15.91	13.12	12.29	29.27	9.19	14.41	9.76	27.57	18.82	14.34	20.89	12.12	16.08	**18.81**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.08)	(0.07)	(0.06)	(0.05)	(0.13)	(0.04)	(0.06)	(0.04)	(0.12)	(0.08)	(0.06)	(0.09)	(0.05)	(0.07)	**(0.08)**
Less: Spend-down	(0.01)	(0.01)	(0.01)	(0.01)	(0.01)	(0.00)	(0.01)	(0.00)	(0.01)	(0.01)	(0.01)	(0.01)	(0.01)	(0.01)	**(0.01)**
Less: Medicare Recoveries	(0.15)	(0.15)	(0.15)	(0.11)	(0.36)	(0.07)	(0.16)	(0.08)	(0.29)	(0.20)	(0.10)	(0.23)	(0.12)	(0.17)	**(0.20)**
Subtotal Cost-Sharing Recoveries	(0.24)	(0.22)	(0.21)	(0.16)	(0.50)	(0.11)	(0.23)	(0.12)	(0.42)	(0.29)	(0.17)	(0.33)	(0.17)	(0.25)	**(0.29)**
Adjusted Base Year OP Claim Costs	19.01	15.69	12.90	12.13	28.76	9.08	14.17	9.64	27.15	18.52	14.17	20.56	11.95	15.83	**18.52**
Outpatient Trend Factor	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	
Trended OP Claim Costs	**19.75**	**16.30**	**13.41**	**12.60**	**29.89**	**9.44**	**14.73**	**10.02**	**28.21**	**19.25**	**14.73**	**21.37**	**12.41**	**16.45**	**19.24**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	1.84	1.80	1.67	2.06	4.86	1.43	3.85	1.37	1.01	1.83	5.95	4.20	2.85	1.81	**3.07**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	1.87	1.84	1.70	2.10	4.95	1.46	3.93	1.40	1.03	1.87	6.06	4.28	2.91	1.85	**3.13**
Inpatient Trend Factor	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	1.059	
Trended IP Claim Costs	**1.98**	**1.95**	**1.80**	**2.23**	**5.24**	**1.55**	**4.16**	**1.48**	**1.09**	**1.98**	**6.42**	**4.53**	**3.08**	**1.96**	**3.32**
Composite Claim Costs	**21.73**	**18.25**	**15.21**	**14.83**	**35.14**	**10.98**	**18.89**	**11.50**	**29.30**	**21.23**	**21.15**	**25.90**	**15.49**	**18.41**	**22.56**
Administration and Profit @ 10%	2.41	2.03	1.69	1.65	3.90	1.22	2.10	1.28	3.26	2.36	2.35	2.88	1.72	2.05	**2.51**
PMPM Composite Rate	**24.15**	**20.28**	**16.90**	**16.48**	**39.04**	**12.20**	**20.99**	**12.78**	**32.56**	**23.59**	**23.50**	**28.78**	**17.21**	**20.45**	**25.07**

Exhibits 13-3a (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2007 Experience Projection
Aid Category: Title XIX Disabled Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	13,171	41,062	18,525	83,874	220,711	23,470	118,193	18,050	50,890	116,278	21,213	78,804	38,796	19,711	**862,748**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	64.98	59.33	28.80	70.35	83.48	67.39	34.69	42.44	72.76	40.62	54.92	53.75	47.96	61.08	**59.68**
Outpatient Hourly Services (B3)	0.00	0.12	0.70	0.15	0.00	2.03	0.03	0.00	0.67	0.00	0.43	0.00	0.19	0.69	**0.17**
Per Diem Services	75.93	8.26	15.95	8.52	26.82	0.00	34.15	1.47	28.87	28.78	3.58	31.47	4.31	4.94	**23.14**
Per Diem Services (B3)	0.00	0.00	0.00	0.35	0.03	0.00	0.00	0.00	0.00	0.00	1.17	1.96	0.15	0.06	**0.26**
Subtoal	140.91	67.71	45.45	79.37	110.32	69.42	68.88	43.90	102.31	69.39	60.09	87.18	52.61	66.77	**83.25**
Utilization Adjustments															
Further Implementation of HIT	1.30	1.30	1.30	1.30	0.00	1.30	0.73	1.30	1.30	1.30	1.30	1.30	1.30	1.30	**0.89**
Further Implementation of Peer Support	0.00	1.39	1.39	1.39	0.00	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	**1.01**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	1.30	2.69	2.69	2.69	0.00	2.69	2.12	2.69	2.69	2.69	2.69	2.69	2.69	2.69	**1.90**
Total Adjusted Services Cost	142.21	70.40	48.14	82.06	110.32	72.11	71.00	46.59	105.00	72.08	62.78	89.87	55.30	69.46	**85.15**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.61)	(0.30)	(0.21)	(0.35)	(0.47)	(0.31)	(0.31)	(0.20)	(0.45)	(0.31)	(0.27)	(0.39)	(0.24)	(0.30)	**(0.37)**
Less: Spend-down	(0.07)	(0.04)	(0.02)	(0.04)	(0.06)	(0.04)	(0.04)	(0.02)	(0.05)	(0.04)	(0.03)	(0.04)	(0.03)	(0.03)	**(0.04)**
Less: Medicare Recoveries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Cost-Sharing Recoveries	(0.68)	(0.34)	(0.23)	(0.39)	(0.53)	(0.35)	(0.34)	(0.22)	(0.50)	(0.35)	(0.30)	(0.43)	(0.27)	(0.33)	**(0.41)**
Adjusted Base Year OP Claim Costs	141.53	70.06	47.91	81.66	109.79	71.77	70.66	46.37	104.49	71.74	62.48	89.44	55.03	69.13	**84.74**
Outpatient Trend Factor	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	
Trended OP Claim Costs	**150.91**	**74.70**	**51.08**	**87.08**	**117.07**	**76.52**	**75.34**	**49.44**	**111.42**	**76.49**	**66.62**	**95.36**	**58.68**	**73.71**	**90.36**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	9.79	17.84	6.78	11.01	27.47	12.67	19.68	6.23	3.51	6.44	34.84	26.04	16.11	7.72	**17.62**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	9.98	18.18	6.91	11.22	28.00	12.92	20.06	6.35	3.57	6.57	35.51	26.54	16.42	7.87	**17.96**
Inpatient Trend Factor	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	
Trended IP Claim Costs	**10.98**	**20.00**	**7.60**	**12.35**	**30.81**	**14.21**	**22.08**	**6.99**	**3.93**	**7.23**	**39.07**	**29.21**	**18.07**	**8.66**	**19.77**
Composite Claim Costs	**161.89**	**94.71**	**58.69**	**99.43**	**147.88**	**90.73**	**97.41**	**56.43**	**115.35**	**83.72**	**105.70**	**124.57**	**76.75**	**82.36**	**110.13**
Administration and Profit @ 15%	28.57	16.71	10.36	17.55	26.10	16.01	17.19	9.96	20.36	14.77	18.65	21.98	13.54	14.53	**19.43**
PMPM Composite Rate	**190.46**	**111.42**	**69.05**	**116.97**	**173.98**	**106.75**	**114.61**	**66.39**	**135.70**	**98.49**	**124.35**	**146.55**	**90.29**	**96.90**	**129.56**

Exhibits 13-3b (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2007 Experience Projection
Aid Category: Title XIX Disabled Dual Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	9,223	26,107	10,235	53,949	122,070	15,001	69,885	8,822	28,784	68,607	11,335	52,051	25,024	12,145	**513,238**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	42.23	75.03	45.23	72.47	120.36	53.84	47.70	36.97	93.31	54.30	56.84	47.63	55.10	73.47	**73.43**
Outpatient Hourly Services (B3)	0.00	0.17	1.57	0.02	0.00	0.07	0.03	0.00	0.77	0.00	1.13	0.00	0.30	1.34	**0.16**
Per Diem Services	53.10	30.16	22.24	14.55	60.46	0.00	50.00	7.49	43.86	41.73	1.43	58.32	4.83	16.92	**40.40**
Per Diem Services (B3)	0.00	0.00	0.00	0.71	0.08	0.00	0.00	0.00	0.00	0.00	2.28	3.74	0.20	0.09	**0.54**
Subtoal	95.33	105.37	69.04	87.76	180.90	53.92	97.74	44.46	137.94	96.02	61.68	109.70	60.43	91.83	**114.53**
Utilization Adjustments															
Further Implementation of HIT	1.30	1.30	1.30	1.30	0.00	1.30	0.73	1.30	1.30	1.30	1.30	1.30	1.30	1.30	**0.91**
Further Implementation of Peer Support	0.00	1.39	1.39	1.39	0.00	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	**1.03**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	1.30	2.69	2.69	2.69	0.00	2.69	2.12	2.69	2.69	2.69	2.69	2.69	2.69	2.69	**1.95**
Total Adjusted Services Cost	96.63	108.06	71.73	90.45	180.90	56.61	99.86	47.15	140.63	98.71	64.37	112.39	63.12	94.52	**116.48**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.42)	(0.46)	(0.31)	(0.39)	(0.78)	(0.24)	(0.43)	(0.20)	(0.60)	(0.42)	(0.28)	(0.48)	(0.27)	(0.41)	**(0.50)**
Less: Spend-down	(0.05)	(0.05)	(0.04)	(0.05)	(0.09)	(0.03)	(0.05)	(0.02)	(0.07)	(0.05)	(0.03)	(0.06)	(0.03)	(0.05)	**(0.06)**
Less: Medicare Recoveries	(3.38)	(3.78)	(2.51)	(3.17)	(6.33)	(1.98)	(3.49)	(1.65)	(4.92)	(3.46)	(2.25)	(3.93)	(2.21)	(3.31)	**(4.08)**
Subtotal Cost-Sharing Recoveries	(3.85)	(4.30)	(2.86)	(3.60)	(7.20)	(2.25)	(3.97)	(1.88)	(5.60)	(3.93)	(2.56)	(4.47)	(2.51)	(3.76)	**(4.64)**
Adjusted Base Year OP Claim Costs	92.79	103.76	68.88	86.85	173.70	54.35	95.88	45.27	135.03	94.79	61.81	107.91	60.61	90.75	**111.84**
Outpatient Trend Factor	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	
Trended OP Claim Costs	**98.94**	**110.64**	**73.44**	**92.61**	**185.21**	**57.96**	**102.24**	**48.27**	**143.98**	**101.07**	**65.90**	**115.07**	**64.63**	**96.77**	**119.25**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	1.06	2.43	1.00	0.65	2.05	0.67	1.04	0.64	0.75	0.46	2.00	1.66	1.08	0.88	**1.28**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	1.08	2.48	1.02	0.66	2.09	0.68	1.06	0.66	0.76	0.47	2.04	1.69	1.10	0.89	**1.30**
Inpatient Trend Factor	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	
Trended IP Claim Costs	**1.18**	**2.73**	**1.12**	**0.73**	**2.30**	**0.75**	**1.17**	**0.72**	**0.84**	**0.51**	**2.24**	**1.86**	**1.21**	**0.98**	**1.43**
Composite Claim Costs	**100.12**	**113.37**	**74.56**	**93.33**	**187.50**	**58.70**	**103.40**	**48.99**	**144.82**	**101.58**	**68.15**	**116.93**	**65.84**	**97.75**	**120.69**
Administration and Profit @ 15%	17.67	20.01	13.16	16.47	33.09	10.36	18.25	8.65	25.56	17.93	12.03	20.63	11.62	17.25	**21.30**
PMPM Composite Rate	**117.79**	**133.38**	**87.72**	**109.81**	**220.59**	**69.06**	**121.65**	**57.64**	**170.38**	**119.51**	**80.17**	**137.56**	**77.46**	**115.00**	**141.98**

Exhibits 13-3c (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2007 Experience Projection
Aid Category: Title XIX Disabled (All) Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	22,394	67,169	28,760	137,823	342,781	38,471	188,078	26,872	79,674	184,885	32,548	130,855	63,820	31,856	**1,375,986**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	55.61	65.43	34.64	71.18	96.61	62.11	39.53	40.64	80.18	45.69	55.58	51.31	50.76	65.80	**64.81**
Outpatient Hourly Services (B3)	0.00	0.14	1.01	0.10	0.00	1.27	0.03	0.00	0.71	0.00	0.68	0.00	0.23	0.94	**0.17**
Per Diem Services	66.53	16.77	18.19	10.88	38.80	0.00	40.04	3.44	34.29	33.58	2.83	42.15	4.51	9.51	**29.58**
Per Diem Services (B3)	0.00	0.00	0.00	0.49	0.05	0.00	0.00	0.00	0.00	0.00	1.56	2.67	0.17	0.07	**0.36**
Subtoal	122.14	82.35	53.85	82.65	135.45	63.38	79.60	44.08	115.18	79.28	60.65	96.14	55.68	76.32	**94.92**
Utilization Adjustments															
Further Implementation of HIT	1.30	1.30	1.30	1.30	0.00	1.30	0.73	1.30	1.30	1.30	1.30	1.30	1.30	1.30	**0.90**
Further Implementation of Peer Support	0.00	1.39	1.39	1.39	0.00	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	**1.02**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	1.30	2.69	2.69	2.69	0.00	2.69	2.12	2.69	2.69	2.69	2.69	2.69	2.69	2.69	**1.92**
Total Adjusted Services Cost	123.44	85.04	56.54	85.34	135.45	66.07	81.72	46.77	117.87	81.97	63.34	98.83	58.37	79.01	**96.84**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.53)	(0.37)	(0.24)	(0.37)	(0.58)	(0.28)	(0.35)	(0.20)	(0.51)	(0.35)	(0.27)	(0.42)	(0.25)	(0.34)	**(0.42)**
Less: Spend-down	(0.06)	(0.04)	(0.03)	(0.04)	(0.07)	(0.03)	(0.04)	(0.02)	(0.06)	(0.04)	(0.03)	(0.05)	(0.03)	(0.04)	**(0.05)**
Less: Medicare Recoveries	(1.39)	(1.47)	(0.89)	(1.24)	(2.25)	(0.77)	(1.30)	(0.54)	(1.78)	(1.28)	(0.78)	(1.56)	(0.87)	(1.26)	**(1.52)**
Subtotal Cost-Sharing Recoveries	(1.99)	(1.88)	(1.16)	(1.65)	(2.90)	(1.09)	(1.69)	(0.77)	(2.34)	(1.68)	(1.09)	(2.04)	(1.15)	(1.64)	**(1.99)**
Adjusted Base Year OP Claim Costs	121.46	83.16	55.37	83.69	132.55	64.98	80.03	46.01	115.53	80.29	62.25	96.79	57.22	77.37	**94.85**
Outpatient Trend Factor	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	
Trended OP Claim Costs	**129.50**	**88.67**	**59.04**	**89.24**	**141.33**	**69.28**	**85.33**	**49.06**	**123.18**	**85.61**	**66.37**	**103.20**	**61.01**	**82.50**	**101.14**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	6.19	11.85	4.72	6.95	18.42	7.99	12.75	4.40	2.51	4.22	23.40	16.34	10.21	5.11	**11.53**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	6.31	12.08	4.81	7.09	18.77	8.14	13.00	4.48	2.56	4.30	23.85	16.66	10.41	5.21	**11.75**
Inpatient Trend Factor	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	
Trended IP Claim Costs	**6.94**	**13.29**	**5.30**	**7.80**	**20.66**	**8.96**	**14.31**	**4.93**	**2.81**	**4.74**	**26.25**	**18.33**	**11.46**	**5.73**	**12.93**
Composite Claim Costs	**136.45**	**101.96**	**64.34**	**97.04**	**161.99**	**78.24**	**99.64**	**53.99**	**126.00**	**90.35**	**92.62**	**121.53**	**72.47**	**88.23**	**114.07**
Administration and Profit @ 15%	24.08	17.99	11.35	17.13	28.59	13.81	17.58	9.53	22.23	15.94	16.34	21.45	12.79	15.57	**20.13**
PMPM Composite Rate	**160.53**	**119.95**	**75.69**	**114.17**	**190.58**	**92.05**	**117.22**	**63.52**	**148.23**	**106.29**	**108.96**	**142.98**	**85.26**	**103.80**	**134.20**

Exhibits 13-3d (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2007 Experience Projection
Aid Category: Title XIX Non-Disabled Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	21,693	110,285	24,147	198,118	321,164	45,512	208,977	27,554	68,134	180,968	35,389	146,855	62,885	32,672	**1,484,353**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	12.16	9.10	6.07	10.62	13.66	12.10	4.00	11.97	7.74	3.74	12.54	10.31	7.73	10.33	**9.17**
Outpatient Hourly Services (B3)	0.00	0.05	0.01	0.00	0.00	0.11	0.00	0.00	0.00	0.00	0.56	0.00	0.02	0.15	**0.03**
Per Diem Services	5.65	0.29	0.40	0.28	1.01	0.00	1.20	0.00	1.94	1.42	0.14	1.43	0.07	0.26	**0.95**
Per Diem Services (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.19	0.02	0.01	0.00	**0.01**
Subtoal	17.80	9.44	6.48	10.91	14.67	12.21	5.21	11.97	9.68	5.16	13.44	11.76	7.84	10.74	**10.15**
Utilization Adjustments															
Further Implementation of HIT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Further Implementation of Peer Support	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Total Adjusted Services Cost	17.97	9.61	6.65	11.08	14.84	12.38	5.38	12.14	9.85	5.33	13.61	11.93	8.01	10.91	**10.32**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.08)	(0.04)	(0.03)	(0.05)	(0.06)	(0.05)	(0.02)	(0.05)	(0.04)	(0.02)	(0.06)	(0.05)	(0.03)	(0.05)	**(0.04)**
Less: Spend-down	(0.01)	(0.00)	(0.00)	(0.01)	(0.01)	(0.01)	(0.00)	(0.01)	(0.00)	(0.00)	(0.01)	(0.01)	(0.00)	(0.01)	**(0.01)**
Less: Medicare Recoveries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Cost-Sharing Recoveries	(0.09)	(0.05)	(0.03)	(0.05)	(0.07)	(0.06)	(0.03)	(0.06)	(0.05)	(0.03)	(0.07)	(0.06)	(0.04)	(0.05)	**(0.05)**
Adjusted Base Year OP Claim Costs	17.89	9.56	6.62	11.02	14.77	12.32	5.35	12.08	9.80	5.30	13.55	11.87	7.97	10.85	**10.27**
Outpatient Trend Factor	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	
Trended OP Claim Costs	**19.07**	**10.20**	**7.06**	**11.75**	**15.75**	**13.13**	**5.71**	**12.88**	**10.45**	**5.65**	**14.44**	**12.66**	**8.50**	**11.57**	**10.95**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	1.24	0.92	0.00	0.63	4.18	1.90	1.94	1.37	0.72	2.49	4.31	2.20	2.33	2.92	**2.25**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	1.26	0.93	0.00	0.64	4.26	1.93	1.98	1.39	0.73	2.54	4.40	2.25	2.37	2.98	**2.29**
Inpatient Trend Factor	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	
Trended IP Claim Costs	**1.39**	**1.03**	**0.00**	**0.70**	**4.68**	**2.13**	**2.18**	**1.53**	**0.80**	**2.80**	**4.84**	**2.47**	**2.61**	**3.28**	**2.52**
Composite Claim Costs	**20.46**	**11.23**	**7.06**	**12.45**	**20.43**	**15.26**	**7.88**	**14.41**	**11.26**	**8.45**	**19.28**	**15.13**	**11.11**	**14.85**	**13.48**
Administration and Profit @ 15%	3.61	1.98	1.25	2.20	3.61	2.69	1.39	2.54	1.99	1.49	3.40	2.67	1.96	2.62	**2.38**
PMPM Composite Rate	**24.07**	**13.21**	**8.30**	**14.65**	**24.03**	**17.95**	**9.28**	**16.96**	**13.24**	**9.94**	**22.68**	**17.80**	**13.07**	**17.47**	**15.85**

Exhibits 13-3e (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2007 Experience Projection
Aid Category: Title XIX Non-Disabled Dual Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	13,547	27,703	10,389	74,732	183,274	17,684	89,323	11,250	31,279	70,092	12,388	49,331	22,866	14,972	**628,830**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	8.37	8.70	12.07	8.67	21.41	9.11	4.89	7.23	12.04	9.00	4.55	4.01	7.47	10.12	**11.63**
Outpatient Hourly Services (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	**0.00**
Per Diem Services	1.51	3.33	0.15	0.71	4.59	0.00	1.60	0.00	6.11	9.65	0.05	5.84	0.17	0.06	**3.68**
Per Diem Services (B3)	0.00	0.00	0.00	0.11	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.23	0.00	0.00	**0.03**
Subtoal	9.88	12.03	12.23	9.48	26.00	9.11	6.49	7.23	18.16	18.65	4.61	10.08	7.64	10.19	**15.34**
Utilization Adjustments															
Further Implementation of HIT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Further Implementation of Peer Support	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Total Adjusted Services Cost	10.05	12.20	12.40	9.65	26.17	9.28	6.66	7.40	18.33	18.82	4.78	10.25	7.81	10.36	**15.51**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.04)	(0.05)	(0.05)	(0.04)	(0.11)	(0.04)	(0.03)	(0.03)	(0.08)	(0.08)	(0.02)	(0.04)	(0.03)	(0.04)	**(0.07)**
Less: Spend-down	(0.01)	(0.01)	(0.01)	(0.00)	(0.01)	(0.00)	(0.00)	(0.00)	(0.01)	(0.01)	(0.00)	(0.01)	(0.00)	(0.01)	**(0.01)**
Less: Medicare Recoveries	(0.35)	(0.43)	(0.43)	(0.34)	(0.92)	(0.32)	(0.23)	(0.26)	(0.64)	(0.66)	(0.17)	(0.36)	(0.27)	(0.36)	**(0.54)**
Subtotal Cost-Sharing Recoveries	(0.40)	(0.49)	(0.49)	(0.38)	(1.04)	(0.37)	(0.26)	(0.29)	(0.73)	(0.75)	(0.19)	(0.41)	(0.31)	(0.41)	**(0.62)**
Adjusted Base Year OP Claim Costs	9.65	11.72	11.90	9.27	25.13	8.91	6.39	7.11	17.60	18.07	4.59	9.85	7.50	9.95	**14.89**
Outpatient Trend Factor	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	
Trended OP Claim Costs	**10.29**	**12.49**	**12.69**	**9.88**	**26.79**	**9.50**	**6.82**	**7.58**	**18.77**	**19.27**	**4.90**	**10.50**	**7.99**	**10.61**	**15.88**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	0.08	0.40	0.01	0.06	0.24	0.19	0.15	0.15	0.12	0.29	0.31	0.47	0.11	0.11	**0.21**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	0.09	0.40	0.01	0.06	0.25	0.19	0.15	0.15	0.12	0.29	0.32	0.48	0.11	0.12	**0.22**
Inpatient Trend Factor	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	
Trended IP Claim Costs	**0.09**	**0.45**	**0.01**	**0.07**	**0.27**	**0.21**	**0.17**	**0.17**	**0.13**	**0.32**	**0.35**	**0.53**	**0.13**	**0.13**	**0.24**
Composite Claim Costs	**10.38**	**12.94**	**12.71**	**9.95**	**27.07**	**9.71**	**6.98**	**7.75**	**18.90**	**19.59**	**5.25**	**11.03**	**8.12**	**10.73**	**16.12**
Administration and Profit @ 15%	1.83	2.28	2.24	1.76	4.78	1.71	1.23	1.37	3.34	3.46	0.93	1.95	1.43	1.89	**2.84**
PMPM Composite Rate	**12.21**	**15.22**	**14.95**	**11.71**	**31.84**	**11.42**	**8.21**	**9.12**	**22.24**	**23.05**	**6.18**	**12.97**	**9.55**	**12.63**	**18.97**

Exhibits 13-3f (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2007 Experience Projection
Aid Category: Title XIX Non-Disabled (All) Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	35,240	137,988	34,536	272,850	504,438	63,196	298,300	38,804	99,413	251,060	47,777	196,186	85,751	47,644	**2,113,183**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	10.70	9.02	7.88	10.09	16.48	11.26	4.27	10.60	9.09	5.21	10.47	8.72	7.66	10.26	**9.90**
Outpatient Hourly Services (B3)	0.00	0.04	0.01	0.00	0.00	0.08	0.00	0.00	0.00	0.00	0.42	0.00	0.01	0.10	**0.02**
Per Diem Services	4.06	0.90	0.32	0.40	2.31	0.00	1.32	0.00	3.25	3.72	0.12	2.54	0.09	0.20	**1.76**
Per Diem Services (B3)	0.00	0.00	0.00	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.14	0.07	0.01	0.00	**0.01**
Subtoal	14.76	9.96	8.21	10.52	18.79	11.34	5.59	10.60	12.35	8.93	11.15	11.34	7.78	10.56	**11.70**
Utilization Adjustments															
Further Implementation of HIT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Further Implementation of Peer Support	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Total Adjusted Services Cost	14.93	10.13	8.38	10.69	18.96	11.51	5.76	10.77	12.52	9.10	11.32	11.51	7.95	10.73	**11.87**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.06)	(0.04)	(0.04)	(0.05)	(0.08)	(0.05)	(0.02)	(0.05)	(0.05)	(0.04)	(0.05)	(0.05)	(0.03)	(0.05)	**(0.05)**
Less: Spend-down	(0.01)	(0.01)	(0.00)	(0.01)	(0.01)	(0.01)	(0.00)	(0.01)	(0.01)	(0.00)	(0.01)	(0.01)	(0.00)	(0.01)	**(0.01)**
Less: Medicare Recoveries	(0.14)	(0.09)	(0.13)	(0.09)	(0.33)	(0.09)	(0.07)	(0.08)	(0.20)	(0.18)	(0.04)	(0.09)	(0.07)	(0.11)	**(0.16)**
Subtotal Cost-Sharing Recoveries	(0.21)	(0.13)	(0.17)	(0.14)	(0.42)	(0.15)	(0.10)	(0.13)	(0.26)	(0.23)	(0.10)	(0.15)	(0.11)	(0.17)	**(0.22)**
Adjusted Base Year OP Claim Costs	14.72	10.00	8.21	10.54	18.53	11.36	5.66	10.64	12.26	8.87	11.22	11.36	7.84	10.57	**11.65**
Outpatient Trend Factor	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	
Trended OP Claim Costs	**15.69**	**10.66**	**8.75**	**11.24**	**19.76**	**12.11**	**6.04**	**11.34**	**13.07**	**9.46**	**11.97**	**12.11**	**8.36**	**11.27**	**12.42**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	0.79	0.81	0.00	0.47	2.75	1.42	1.41	1.01	0.53	1.88	3.28	1.77	1.74	2.04	**1.64**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	0.81	0.83	0.00	0.48	2.80	1.45	1.43	1.03	0.54	1.91	3.34	1.80	1.77	2.08	**1.68**
Inpatient Trend Factor	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	
Trended IP Claim Costs	**0.89**	**0.91**	**0.00**	**0.53**	**3.08**	**1.59**	**1.58**	**1.14**	**0.59**	**2.10**	**3.67**	**1.98**	**1.95**	**2.29**	**1.84**
Composite Claim Costs	**16.58**	**11.57**	**8.76**	**11.77**	**22.84**	**13.71**	**7.61**	**12.48**	**13.66**	**11.56**	**15.64**	**14.10**	**10.31**	**13.56**	**14.26**
Administration and Profit @ 15%	2.93	2.04	1.55	2.08	4.03	2.42	1.34	2.20	2.41	2.04	2.76	2.49	1.82	2.39	**2.52**
PMPM Composite Rate	**19.51**	**13.61**	**10.30**	**13.84**	**26.87**	**16.12**	**8.96**	**14.68**	**16.07**	**13.60**	**18.40**	**16.58**	**12.13**	**15.95**	**16.78**

Exhibits 13-3g (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2007 Experience Projection
Aid Category: Title XIX Disabled Child

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	3,645	14,717	3,752	32,452	44,916	7,351	30,429	3,174	12,326	34,521	5,804	22,911	10,746	4,772	**231,516**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	32.45	60.20	24.66	52.87	73.39	25.37	31.42	28.20	45.57	24.14	47.79	48.98	24.71	42.63	**45.80**
Outpatient Hourly Services (B3)	0.00	0.05	0.19	0.01	0.00	1.16	0.00	0.00	0.03	0.00	0.12	0.00	0.04	0.04	**0.05**
Per Diem Services	4.07	6.91	0.00	1.65	6.52	0.00	10.21	8.34	27.29	21.15	1.04	5.88	2.48	0.00	**8.79**
Per Diem Services (B3)	0.00	0.00	0.00	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.13	0.16	0.02	0.03	**0.03**
Subtoal	36.52	67.16	24.85	54.56	79.91	26.53	41.64	36.54	72.88	45.29	49.08	55.02	27.25	42.69	**54.67**
Utilization Adjustments															
Further Implementation of HIT	2.52	0.00	2.52	2.52	2.52	2.52	2.52	2.52	2.52	0.00	2.52	2.52	2.52	2.52	**1.98**
Further Implementation of Peer Support	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	**0.87**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.47	0.00	0.00	0.00	0.00	3.16	0.00	0.00	1.26	0.00	**0.62**
Subtotal Utilization Adjustments	3.39	0.87	3.39	3.39	3.86	3.39	3.39	3.39	3.39	4.03	3.39	3.39	4.65	3.39	**3.47**
Total Adjusted Services Cost	39.91	68.03	28.24	57.95	83.77	29.92	45.03	39.93	76.27	49.32	52.47	58.41	31.90	46.08	**58.14**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.17)	(0.29)	(0.12)	(0.25)	(0.36)	(0.13)	(0.19)	(0.17)	(0.33)	(0.21)	(0.23)	(0.25)	(0.14)	(0.20)	**(0.25)**
Less: Spend-down	(0.02)	(0.03)	(0.01)	(0.03)	(0.04)	(0.01)	(0.02)	(0.02)	(0.04)	(0.02)	(0.03)	(0.03)	(0.02)	(0.02)	**(0.03)**
Less: Medicare Recoveries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Cost-Sharing Recoveries	(0.19)	(0.33)	(0.14)	(0.28)	(0.40)	(0.14)	(0.22)	(0.19)	(0.37)	(0.24)	(0.25)	(0.28)	(0.15)	(0.22)	**(0.28)**
Adjusted Base Year OP Claim Costs	39.72	67.70	28.11	57.68	83.37	29.77	44.81	39.74	75.91	49.08	52.22	58.13	31.75	45.86	**57.86**
Outpatient Trend Factor	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	
Trended OP Claim Costs	**42.35**	**72.19**	**29.97**	**61.50**	**88.89**	**31.75**	**47.78**	**42.37**	**80.94**	**52.33**	**55.68**	**61.98**	**33.85**	**48.90**	**61.70**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	8.73	8.01	12.31	11.73	17.64	4.20	18.73	5.56	5.40	13.85	21.63	14.40	6.37	5.41	**13.31**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	8.89	8.16	12.55	11.96	17.98	4.28	19.09	5.67	5.50	14.12	22.05	14.68	6.50	5.52	**13.57**
Inpatient Trend Factor	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	
Trended IP Claim Costs	**9.79**	**8.98**	**13.80**	**13.16**	**19.79**	**4.71**	**21.01**	**6.23**	**6.05**	**15.54**	**24.26**	**16.16**	**7.15**	**6.07**	**14.93**
Composite Claim Costs	**52.14**	**81.17**	**43.77**	**74.66**	**108.68**	**36.45**	**68.79**	**48.60**	**86.99**	**67.87**	**79.94**	**78.14**	**41.00**	**54.97**	**76.63**
Administration and Profit @ 15%	9.20	14.32	7.72	13.18	19.18	6.43	12.14	8.58	15.35	11.98	14.11	13.79	7.24	9.70	**13.52**
PMPM Composite Rate	**61.34**	**95.49**	**51.50**	**87.83**	**127.86**	**42.89**	**80.93**	**57.18**	**102.34**	**79.85**	**94.05**	**91.93**	**48.23**	**64.67**	**90.15**

Exhibits 13-3h (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2007 Experience Projection
Aid Category: Title XIX Non-Disabled Child

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	150,350	411,815	98,251	1,049,915	1,262,663	281,674	920,163	114,018	275,704	742,217	127,221	536,439	256,967	129,172	**6,356,569**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	8.86	10.93	6.48	6.52	14.28	4.24	5.61	4.26	8.13	7.77	8.13	10.02	6.29	8.83	**8.71**
Outpatient Hourly Services (B3)	0.00	0.03	0.00	0.01	0.00	0.02	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	**0.01**
Per Diem Services	0.32	0.24	0.00	0.04	0.28	0.01	0.71	0.00	5.48	1.96	0.01	0.40	0.14	0.00	**0.70**
Per Diem Services (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtoal	9.18	11.19	6.48	6.57	14.56	4.27	6.33	4.26	13.62	9.73	8.15	10.42	6.43	8.83	**9.41**
Utilization Adjustments															
Further Implementation of HIT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Further Implementation of Peer Support	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.06	0.00	0.00	0.00	0.00	0.55	0.00	0.00	0.21	0.00	**0.08**
Subtotal Utilization Adjustments	0.00	0.00	0.00	0.00	0.06	0.00	0.00	0.00	0.00	0.55	0.00	0.00	0.21	0.00	**0.08**
Total Adjusted Services Cost	9.18	11.19	6.48	6.57	14.62	4.27	6.33	4.26	13.62	10.28	8.15	10.42	6.64	8.83	**9.50**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.04)	(0.05)	(0.03)	(0.03)	(0.06)	(0.02)	(0.03)	(0.02)	(0.06)	(0.04)	(0.04)	(0.04)	(0.03)	(0.04)	**(0.04)**
Less: Spend-down	(0.00)	(0.01)	(0.00)	(0.00)	(0.01)	(0.00)	(0.00)	(0.00)	(0.01)	(0.01)	(0.00)	(0.01)	(0.00)	(0.00)	**(0.00)**
Less: Medicare Recoveries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Cost-Sharing Recoveries	(0.04)	(0.05)	(0.03)	(0.03)	(0.07)	(0.02)	(0.03)	(0.02)	(0.07)	(0.05)	(0.04)	(0.05)	(0.03)	(0.04)	**(0.05)**
Adjusted Base Year OP Claim Costs	9.13	11.14	6.45	6.54	14.55	4.25	6.30	4.24	13.56	10.23	8.12	10.37	6.61	8.78	**9.45**
Outpatient Trend Factor	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	
Trended OP Claim Costs	**9.74**	**11.88**	**6.87**	**6.98**	**15.52**	**4.53**	**6.72**	**4.52**	**14.45**	**10.91**	**8.65**	**11.06**	**7.05**	**9.37**	**10.08**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	1.27	0.28	0.96	1.54	1.56	0.47	2.33	0.67	0.55	0.66	1.77	1.69	1.25	0.78	**1.34**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	1.29	0.28	0.97	1.57	1.59	0.48	2.38	0.68	0.56	0.68	1.81	1.72	1.27	0.80	**1.37**
Inpatient Trend Factor	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	
Trended IP Claim Costs	**1.42**	**0.31**	**1.07**	**1.72**	**1.75**	**0.52**	**2.62**	**0.75**	**0.62**	**0.74**	**1.99**	**1.90**	**1.40**	**0.88**	**1.51**
Composite Claim Costs	**11.16**	**12.19**	**7.95**	**8.70**	**17.27**	**5.05**	**9.33**	**5.27**	**15.07**	**11.65**	**10.64**	**12.96**	**8.45**	**10.24**	**11.58**
Administration and Profit @ 15%	1.97	2.15	1.40	1.54	3.05	0.89	1.65	0.93	2.66	2.06	1.88	2.29	1.49	1.81	**2.04**
PMPM Composite Rate	**13.13**	**14.34**	**9.35**	**10.23**	**20.32**	**5.95**	**10.98**	**6.19**	**17.73**	**13.71**	**12.52**	**15.24**	**9.94**	**12.05**	**13.63**

Exhibits 13-3i (Historical)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2007 Experience Projection
Aid Category: Title XIX Composite

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	211,629	631,689	165,299	1,493,040	2,154,798	390,692	1,436,970	182,868	467,117	1,212,683	213,350	886,391	417,284	213,444	**10,077,254**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	14.52	17.46	12.08	14.15	29.12	11.47	10.32	11.37	21.62	13.49	16.97	16.84	13.85	18.41	**17.47**
Outpatient Hourly Services (B3)	0.00	0.04	0.18	0.02	0.00	0.17	0.00	0.00	0.12	0.00	0.21	0.00	0.04	0.16	**0.03**
Per Diem Services	8.01	2.29	3.23	1.14	7.01	0.01	6.19	0.65	10.50	7.69	0.50	7.18	0.86	1.46	**5.05**
Per Diem Services (B3)	0.00	0.00	0.00	0.05	0.01	0.00	0.01	0.00	0.00	0.00	0.27	0.41	0.03	0.01	**0.05**
Subtoal	22.53	19.79	15.50	15.36	36.15	11.65	16.51	12.02	32.24	21.18	17.95	24.43	14.78	20.05	**22.61**
Utilization Adjustments															
Further Implementation of HIT	0.18	0.14	0.28	0.17	0.05	0.18	0.15	0.23	0.29	0.20	0.27	0.26	0.26	0.25	**0.17**
Further Implementation of Peer Support	0.04	0.21	0.30	0.18	0.06	0.18	0.24	0.26	0.30	0.27	0.27	0.27	0.27	0.26	**0.20**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.04	0.00	0.00	0.00	0.00	0.43	0.00	0.00	0.16	0.00	**0.07**
Subtotal Utilization Adjustments	0.22	0.34	0.58	0.35	0.16	0.36	0.38	0.49	0.58	0.90	0.54	0.52	0.70	0.52	**0.43**
Total Adjusted Services Cost	22.75	20.14	16.08	15.71	36.30	12.01	16.90	12.51	32.82	22.07	18.49	24.95	15.47	20.56	**23.04**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.10)	(0.09)	(0.07)	(0.07)	(0.16)	(0.05)	(0.07)	(0.05)	(0.14)	(0.09)	(0.08)	(0.11)	(0.07)	(0.09)	**(0.10)**
Less: Spend-down	(0.01)	(0.01)	(0.01)	(0.01)	(0.02)	(0.01)	(0.01)	(0.01)	(0.02)	(0.01)	(0.01)	(0.01)	(0.01)	(0.01)	**(0.01)**
Less: Medicare Recoveries	(0.17)	(0.18)	(0.18)	(0.13)	(0.44)	(0.09)	(0.18)	(0.10)	(0.35)	(0.23)	(0.13)	(0.25)	(0.15)	(0.21)	**(0.24)**
Subtotal Cost-Sharing Recoveries	(0.28)	(0.27)	(0.26)	(0.21)	(0.61)	(0.15)	(0.27)	(0.16)	(0.50)	(0.34)	(0.22)	(0.37)	(0.22)	(0.31)	**(0.35)**
Adjusted Base Year OP Claim Costs	22.48	19.86	15.82	15.51	35.69	11.86	16.63	12.35	32.32	21.74	18.27	24.58	15.25	20.25	**22.68**
Outpatient Trend Factor	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	
Trended OP Claim Costs	**23.96**	**21.18**	**16.87**	**16.53**	**38.06**	**12.64**	**17.73**	**13.17**	**34.46**	**23.18**	**19.48**	**26.21**	**16.26**	**21.59**	**24.19**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	1.84	1.80	1.67	2.06	4.86	1.43	3.85	1.37	1.01	1.83	5.95	4.20	2.85	1.81	**3.07**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	1.87	1.84	1.70	2.10	4.95	1.46	3.93	1.40	1.03	1.87	6.06	4.28	2.91	1.85	**3.13**
Inpatient Trend Factor	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	
Trended IP Claim Costs	**2.06**	**2.02**	**1.87**	**2.31**	**5.45**	**1.61**	**4.32**	**1.54**	**1.13**	**2.06**	**6.67**	**4.71**	**3.20**	**2.03**	**3.45**
Composite Claim Costs	**26.02**	**23.21**	**18.74**	**18.85**	**43.50**	**14.25**	**22.05**	**14.71**	**35.59**	**25.23**	**26.15**	**30.92**	**19.46**	**23.62**	**27.63**
Administration and Profit @ 15%	4.59	4.10	3.31	3.33	7.68	2.51	3.89	2.60	6.28	4.45	4.62	5.46	3.43	4.17	**4.88**
PMPM Composite Rate	**30.62**	**27.30**	**22.05**	**22.17**	**51.18**	**16.77**	**25.95**	**17.30**	**41.87**	**29.68**	**30.77**	**36.38**	**22.90**	**27.79**	**32.51**

Exhibits 13-4a (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2007 Experience Projection
Aid Category: Title XIX Disabled Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	13,171	41,062	18,525	83,874	220,711	23,470	118,193	18,050	50,890	116,278	21,213	78,804	38,796	19,711	**862,748**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	49.29	45.00	21.84	53.36	63.32	51.11	26.31	32.19	55.18	30.81	41.65	40.77	36.38	46.33	**45.27**
Outpatient Hourly Services (B3)	0.00	0.09	0.53	0.11	0.00	1.54	0.03	0.00	0.51	0.00	0.33	0.00	0.14	0.52	**0.13**
Per Diem Services	75.93	8.26	15.95	8.52	26.82	0.00	34.15	1.47	28.87	28.78	3.58	31.47	4.31	4.94	**23.14**
Per Diem Services (B3)	0.00	0.00	0.00	0.35	0.03	0.00	0.00	0.00	0.00	0.00	1.17	1.96	0.15	0.06	**0.26**
Subtoal	125.22	53.35	38.33	62.34	90.16	52.65	60.49	33.65	84.57	59.58	46.72	74.20	40.98	51.85	**68.80**
Utilization Adjustments															
Further Implementation of HIT	1.30	1.30	1.30	1.30	0.00	1.30	0.73	1.30	1.30	1.30	1.30	1.30	1.30	1.30	**0.89**
Further Implementation of Peer Support	0.00	1.39	1.39	1.39	0.00	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	**1.01**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	1.30	2.69	2.69	2.69	0.00	2.69	2.12	2.69	2.69	2.69	2.69	2.69	2.69	2.69	**1.90**
Total Adjusted Services Cost	126.52	56.04	41.02	65.03	90.16	55.34	62.61	36.34	87.26	62.27	49.41	76.89	43.67	54.54	**70.70**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.54)	(0.24)	(0.18)	(0.28)	(0.39)	(0.24)	(0.27)	(0.16)	(0.38)	(0.27)	(0.21)	(0.33)	(0.19)	(0.23)	**(0.30)**
Less: Spend-down	(0.06)	(0.03)	(0.02)	(0.03)	(0.05)	(0.03)	(0.03)	(0.02)	(0.04)	(0.03)	(0.02)	(0.04)	(0.02)	(0.03)	**(0.04)**
Less: Medicare Recoveries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Cost-Sharing Recoveries	(0.61)	(0.27)	(0.20)	(0.31)	(0.43)	(0.27)	(0.30)	(0.17)	(0.42)	(0.30)	(0.24)	(0.37)	(0.21)	(0.26)	**(0.34)**
Adjusted Base Year OP Claim Costs	125.91	55.77	40.82	64.72	89.73	55.08	62.31	36.17	86.84	61.98	49.18	76.52	43.46	54.28	**70.36**
Outpatient Trend Factor	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	
Trended OP Claim Costs	**134.26**	**59.46**	**43.52**	**69.01**	**95.67**	**58.73**	**66.44**	**38.57**	**92.59**	**66.08**	**52.44**	**81.59**	**46.34**	**57.88**	**75.02**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	9.79	17.84	6.78	11.01	27.47	12.67	19.68	6.23	3.51	6.44	34.84	26.04	16.11	7.72	**17.62**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	9.98	18.18	6.91	11.22	28.00	12.92	20.06	6.35	3.57	6.57	35.51	26.54	16.42	7.87	**17.96**
Inpatient Trend Factor	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	
Trended IP Claim Costs	**10.98**	**20.00**	**7.60**	**12.35**	**30.81**	**14.21**	**22.08**	**6.99**	**3.93**	**7.23**	**39.07**	**29.21**	**18.07**	**8.66**	**19.77**
Composite Claim Costs	**145.23**	**79.47**	**51.13**	**81.36**	**126.49**	**72.94**	**88.51**	**45.56**	**96.52**	**73.31**	**91.51**	**110.80**	**64.41**	**66.53**	**94.79**
Administration and Profit @ 10%	16.14	8.83	5.68	9.04	14.05	8.10	9.83	5.06	10.72	8.15	10.17	12.31	7.16	7.39	**10.53**
PMPM Composite Rate	**161.37**	**88.30**	**56.81**	**90.40**	**140.54**	**81.05**	**98.35**	**50.62**	**107.25**	**81.46**	**101.68**	**123.11**	**71.56**	**73.93**	**105.32**

Exhibits 13-4b (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2007 Experience Projection
Aid Category: Title XIX Disabled Dual Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	9,223	26,107	10,235	53,949	122,070	15,001	69,885	8,822	28,784	68,607	11,335	52,051	25,024	12,145	**513,238**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	32.03	56.91	34.30	54.97	91.29	40.84	36.18	28.04	70.77	41.19	43.11	36.13	41.80	55.73	**55.69**
Outpatient Hourly Services (B3)	0.00	0.13	1.19	0.01	0.00	0.06	0.02	0.00	0.59	0.00	0.86	0.00	0.23	1.02	**0.12**
Per Diem Services	53.10	30.16	22.24	14.55	60.46	0.00	50.00	7.49	43.86	41.73	1.43	58.32	4.83	16.92	**40.40**
Per Diem Services (B3)	0.00	0.00	0.00	0.71	0.08	0.00	0.00	0.00	0.00	0.00	2.28	3.74	0.20	0.09	**0.54**
Subtoal	85.13	87.21	57.74	70.25	151.83	40.89	86.21	35.53	115.22	82.91	47.68	98.20	47.05	73.76	**96.75**
Utilization Adjustments															
Further Implementation of HIT	1.30	1.30	1.30	1.30	0.00	1.30	0.73	1.30	1.30	1.30	1.30	1.30	1.30	1.30	**0.91**
Further Implementation of Peer Support	0.00	1.39	1.39	1.39	0.00	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	**1.03**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	1.30	2.69	2.69	2.69	0.00	2.69	2.12	2.69	2.69	2.69	2.69	2.69	2.69	2.69	**1.95**
Total Adjusted Services Cost	86.43	89.90	60.43	72.94	151.83	43.58	88.33	38.22	117.91	85.60	50.37	100.89	49.74	76.45	**98.70**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.37)	(0.39)	(0.26)	(0.31)	(0.65)	(0.19)	(0.38)	(0.16)	(0.51)	(0.37)	(0.22)	(0.43)	(0.21)	(0.33)	**(0.42)**
Less: Spend-down	(0.04)	(0.04)	(0.03)	(0.04)	(0.08)	(0.02)	(0.04)	(0.02)	(0.06)	(0.04)	(0.03)	(0.05)	(0.02)	(0.04)	**(0.05)**
Less: Medicare Recoveries	(3.03)	(3.15)	(2.12)	(2.55)	(5.31)	(1.53)	(3.09)	(1.34)	(4.13)	(3.00)	(1.76)	(3.53)	(1.74)	(2.68)	**(3.45)**
Subtotal Cost-Sharing Recoveries	(3.44)	(3.58)	(2.41)	(2.90)	(6.04)	(1.73)	(3.52)	(1.52)	(4.69)	(3.41)	(2.00)	(4.02)	(1.98)	(3.04)	**(3.93)**
Adjusted Base Year OP Claim Costs	82.99	86.32	58.02	70.04	145.79	41.85	84.81	36.70	113.21	82.20	48.36	96.87	47.76	73.41	**94.77**
Outpatient Trend Factor	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	
Trended OP Claim Costs	**88.49**	**92.04**	**61.87**	**74.68**	**155.45**	**44.62**	**90.43**	**39.13**	**120.72**	**87.64**	**51.57**	**103.29**	**50.93**	**78.27**	**101.05**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	1.06	2.43	1.00	0.65	2.05	0.67	1.04	0.64	0.75	0.46	2.00	1.66	1.08	0.88	**1.28**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	1.08	2.48	1.02	0.66	2.09	0.68	1.06	0.66	0.76	0.47	2.04	1.69	1.10	0.89	**1.30**
Inpatient Trend Factor	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	
Trended IP Claim Costs	**1.18**	**2.73**	**1.12**	**0.73**	**2.30**	**0.75**	**1.17**	**0.72**	**0.84**	**0.51**	**2.24**	**1.86**	**1.21**	**0.98**	**1.43**
Composite Claim Costs	**89.68**	**94.77**	**62.99**	**75.41**	**157.74**	**45.37**	**91.60**	**39.85**	**121.55**	**88.16**	**53.81**	**105.15**	**52.14**	**79.25**	**102.49**
Administration and Profit @ 10%	9.96	10.53	7.00	8.38	17.53	5.04	10.18	4.43	13.51	9.80	5.98	11.68	5.79	8.81	**11.39**
PMPM Composite Rate	**99.64**	**105.30**	**69.99**	**83.79**	**175.27**	**50.41**	**101.77**	**44.28**	**135.06**	**97.95**	**59.79**	**116.84**	**57.93**	**88.06**	**113.88**

Exhibits 13-4c (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2007 Experience Projection
Aid Category: Title XIX Disabled (All) Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	22,394	67,169	28,760	137,823	342,781	38,471	188,078	26,872	79,674	184,885	32,548	130,855	63,820	31,856	**1,375,986**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	42.18	49.63	26.28	53.99	73.28	47.11	29.98	30.83	60.81	34.66	42.16	38.92	38.50	49.91	**49.16**
Outpatient Hourly Services (B3)	0.00	0.11	0.77	0.07	0.00	0.96	0.03	0.00	0.54	0.00	0.51	0.00	0.18	0.71	**0.13**
Per Diem Services	66.53	16.77	18.19	10.88	38.80	0.00	40.04	3.44	34.29	33.58	2.83	42.15	4.51	9.51	**29.58**
Per Diem Services (B3)	0.00	0.00	0.00	0.49	0.05	0.00	0.00	0.00	0.00	0.00	1.56	2.67	0.17	0.07	**0.36**
Subtoal	108.71	66.51	45.23	65.44	112.12	48.07	70.04	34.27	95.64	68.24	47.06	83.75	43.36	60.20	**79.22**
Utilization Adjustments															
Further Implementation of HIT	1.30	1.30	1.30	1.30	0.00	1.30	0.73	1.30	1.30	1.30	1.30	1.30	1.30	1.30	**0.90**
Further Implementation of Peer Support	0.00	1.39	1.39	1.39	0.00	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	**1.02**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	1.30	2.69	2.69	2.69	0.00	2.69	2.12	2.69	2.69	2.69	2.69	2.69	2.69	2.69	**1.92**
Total Adjusted Services Cost	110.01	69.20	47.92	68.13	112.12	50.76	72.16	36.96	98.33	70.93	49.75	86.44	46.05	62.89	**81.14**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.47)	(0.30)	(0.21)	(0.29)	(0.48)	(0.22)	(0.31)	(0.16)	(0.42)	(0.31)	(0.21)	(0.37)	(0.20)	(0.27)	**(0.35)**
Less: Spend-down	(0.06)	(0.03)	(0.02)	(0.03)	(0.06)	(0.03)	(0.04)	(0.02)	(0.05)	(0.04)	(0.02)	(0.04)	(0.02)	(0.03)	**(0.04)**
Less: Medicare Recoveries	(1.25)	(1.22)	(0.75)	(1.00)	(1.89)	(0.59)	(1.15)	(0.44)	(1.49)	(1.11)	(0.61)	(1.40)	(0.68)	(1.02)	**(1.29)**
Subtotal Cost-Sharing Recoveries	(1.77)	(1.56)	(0.98)	(1.33)	(2.43)	(0.84)	(1.50)	(0.62)	(1.96)	(1.45)	(0.85)	(1.82)	(0.90)	(1.32)	**(1.68)**
Adjusted Base Year OP Claim Costs	108.24	67.64	46.94	66.80	109.69	49.92	70.67	36.34	96.37	69.48	48.89	84.62	45.15	61.57	**79.47**
Outpatient Trend Factor	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	
Trended OP Claim Costs	**115.41**	**72.13**	**50.05**	**71.23**	**116.96**	**53.23**	**75.35**	**38.75**	**102.75**	**74.08**	**52.13**	**90.22**	**48.14**	**65.65**	**84.73**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	6.19	11.85	4.72	6.95	18.42	7.99	12.75	4.40	2.51	4.22	23.40	16.34	10.21	5.11	**11.53**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	6.31	12.08	4.81	7.09	18.77	8.14	13.00	4.48	2.56	4.30	23.85	16.66	10.41	5.21	**11.75**
Inpatient Trend Factor	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	
Trended IP Claim Costs	**6.94**	**13.29**	**5.30**	**7.80**	**20.66**	**8.96**	**14.31**	**4.93**	**2.81**	**4.74**	**26.25**	**18.33**	**11.46**	**5.73**	**12.93**
Composite Claim Costs	**122.35**	**85.42**	**55.35**	**79.03**	**137.62**	**62.19**	**89.66**	**43.68**	**105.57**	**78.82**	**78.38**	**108.55**	**59.60**	**71.38**	**97.66**
Administration and Profit @ 10%	13.59	9.49	6.15	8.78	15.29	6.91	9.96	4.85	11.73	8.76	8.71	12.06	6.62	7.93	**10.85**
PMPM Composite Rate	**135.95**	**94.91**	**61.50**	**87.81**	**152.91**	**69.10**	**99.62**	**48.54**	**117.30**	**87.58**	**87.09**	**120.62**	**66.22**	**79.32**	**108.51**

Exhibits 13-4d (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2007 Experience Projection
Aid Category: Title XIX Non-Disabled Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	21,693	110,285	24,147	198,118	321,164	45,512	208,977	27,554	68,134	180,968	35,389	146,855	62,885	32,672	**1,484,353**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	9.22	6.90	4.61	8.06	10.36	9.18	3.04	9.08	5.87	2.84	9.51	7.82	5.87	7.83	**6.95**
Outpatient Hourly Services (B3)	0.00	0.04	0.01	0.00	0.00	0.08	0.00	0.00	0.00	0.00	0.43	0.00	0.02	0.11	**0.02**
Per Diem Services	5.65	0.29	0.40	0.28	1.01	0.00	1.20	0.00	1.94	1.42	0.14	1.43	0.07	0.26	**0.95**
Per Diem Services (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.19	0.02	0.01	0.00	**0.01**
Subtoal	14.87	7.23	5.01	8.34	11.37	9.26	4.24	9.08	7.81	4.26	10.27	9.27	5.96	8.21	**7.93**
Utilization Adjustments															
Further Implementation of HIT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Further Implementation of Peer Support	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Total Adjusted Services Cost	15.04	7.40	5.18	8.51	11.54	9.43	4.41	9.25	7.98	4.43	10.44	9.44	6.13	8.38	**8.10**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.06)	(0.03)	(0.02)	(0.04)	(0.05)	(0.04)	(0.02)	(0.04)	(0.03)	(0.02)	(0.04)	(0.04)	(0.03)	(0.04)	**(0.03)**
Less: Spend-down	(0.01)	(0.00)	(0.00)	(0.00)	(0.01)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	(0.01)	(0.00)	(0.00)	(0.00)	**(0.00)**
Less: Medicare Recoveries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Cost-Sharing Recoveries	(0.07)	(0.04)	(0.02)	(0.04)	(0.06)	(0.05)	(0.02)	(0.04)	(0.04)	(0.02)	(0.05)	(0.05)	(0.03)	(0.04)	**(0.04)**
Adjusted Base Year OP Claim Costs	14.96	7.36	5.16	8.47	11.48	9.38	4.39	9.20	7.94	4.40	10.39	9.39	6.10	8.34	**8.06**
Outpatient Trend Factor	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	
Trended OP Claim Costs	**15.96**	**7.85**	**5.50**	**9.03**	**12.25**	**10.00**	**4.68**	**9.81**	**8.47**	**4.70**	**11.08**	**10.02**	**6.51**	**8.89**	**8.60**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	1.24	0.92	0.00	0.63	4.18	1.90	1.94	1.37	0.72	2.49	4.31	2.20	2.33	2.92	**2.25**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	1.26	0.93	0.00	0.64	4.26	1.93	1.98	1.39	0.73	2.54	4.40	2.25	2.37	2.98	**2.29**
Inpatient Trend Factor	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	
Trended IP Claim Costs	**1.39**	**1.03**	**0.00**	**0.70**	**4.68**	**2.13**	**2.18**	**1.53**	**0.80**	**2.80**	**4.84**	**2.47**	**2.61**	**3.28**	**2.52**
Composite Claim Costs	**17.34**	**8.88**	**5.50**	**9.73**	**16.93**	**12.13**	**6.86**	**11.34**	**9.27**	**7.49**	**15.92**	**12.49**	**9.12**	**12.17**	**11.12**
Administration and Profit @ 10%	1.93	0.99	0.61	1.08	1.88	1.35	0.76	1.26	1.03	0.83	1.77	1.39	1.01	1.35	**1.24**
PMPM Composite Rate	**19.27**	**9.87**	**6.11**	**10.81**	**18.81**	**13.48**	**7.62**	**12.61**	**10.30**	**8.32**	**17.69**	**13.88**	**10.14**	**13.52**	**12.36**

Exhibits 13-4e (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2007 Experience Projection
Aid Category: Title XIX Non-Disabled Dual Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	13,547	27,703	10,389	74,732	183,274	17,684	89,323	11,250	31,279	70,092	12,388	49,331	22,866	14,972	**628,830**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	6.35	6.60	9.16	6.57	16.24	6.91	3.71	5.49	9.13	6.83	3.45	3.04	5.67	7.68	**8.82**
Outpatient Hourly Services (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	**0.00**
Per Diem Services	1.51	3.33	0.15	0.71	4.59	0.00	1.60	0.00	6.11	9.65	0.05	5.84	0.17	0.06	**3.68**
Per Diem Services (B3)	0.00	0.00	0.00	0.11	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.23	0.00	0.00	**0.03**
Subtoal	7.86	9.93	9.31	7.39	20.83	6.91	5.30	5.49	15.25	16.48	3.51	9.12	5.83	7.74	**12.53**
Utilization Adjustments															
Further Implementation of HIT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Further Implementation of Peer Support	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Total Adjusted Services Cost	8.03	10.10	9.48	7.56	21.00	7.08	5.47	5.66	15.42	16.65	3.68	9.29	6.00	7.91	**12.70**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.03)	(0.04)	(0.04)	(0.03)	(0.09)	(0.03)	(0.02)	(0.02)	(0.07)	(0.07)	(0.02)	(0.04)	(0.03)	(0.03)	**(0.05)**
Less: Spend-down	(0.00)	(0.01)	(0.00)	(0.00)	(0.01)	(0.00)	(0.00)	(0.00)	(0.01)	(0.01)	(0.00)	(0.00)	(0.00)	(0.00)	**(0.01)**
Less: Medicare Recoveries	(0.28)	(0.35)	(0.33)	(0.26)	(0.73)	(0.25)	(0.19)	(0.20)	(0.54)	(0.58)	(0.13)	(0.33)	(0.21)	(0.28)	**(0.44)**
Subtotal Cost-Sharing Recoveries	(0.32)	(0.40)	(0.38)	(0.30)	(0.84)	(0.28)	(0.22)	(0.23)	(0.61)	(0.66)	(0.15)	(0.37)	(0.24)	(0.32)	**(0.51)**
Adjusted Base Year OP Claim Costs	7.71	9.70	9.10	7.26	20.16	6.79	5.26	5.43	14.80	15.98	3.54	8.92	5.76	7.60	**12.20**
Outpatient Trend Factor	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	
Trended OP Claim Costs	**8.22**	**10.34**	**9.71**	**7.74**	**21.50**	**7.24**	**5.61**	**5.79**	**15.79**	**17.04**	**3.77**	**9.51**	**6.15**	**8.10**	**13.00**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	0.08	0.40	0.01	0.06	0.24	0.19	0.15	0.15	0.12	0.29	0.31	0.47	0.11	0.11	**0.21**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	0.09	0.40	0.01	0.06	0.25	0.19	0.15	0.15	0.12	0.29	0.32	0.48	0.11	0.12	**0.22**
Inpatient Trend Factor	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	
Trended IP Claim Costs	**0.09**	**0.45**	**0.01**	**0.07**	**0.27**	**0.21**	**0.17**	**0.17**	**0.13**	**0.32**	**0.35**	**0.53**	**0.13**	**0.13**	**0.24**
Composite Claim Costs	**8.31**	**10.79**	**9.72**	**7.81**	**21.77**	**7.46**	**5.77**	**5.96**	**15.92**	**17.36**	**4.12**	**10.03**	**6.27**	**8.23**	**13.24**
Administration and Profit @ 10%	0.92	1.20	1.08	0.87	2.42	0.83	0.64	0.66	1.77	1.93	0.46	1.11	0.70	0.91	**1.47**
PMPM Composite Rate	**9.24**	**11.99**	**10.80**	**8.68**	**24.19**	**8.29**	**6.41**	**6.62**	**17.69**	**19.29**	**4.58**	**11.15**	**6.97**	**9.14**	**14.72**

Exhibits 13-4f (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2007 Experience Projection
Aid Category: Title XIX Non-Disabled (All) Adult

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	35,240	137,988	34,536	272,850	504,438	63,196	298,300	38,804	99,413	251,060	47,777	196,186	85,751	47,644	**2,113,183**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	8.12	6.84	5.98	7.65	12.50	8.54	3.24	8.04	6.90	3.95	7.94	6.62	5.81	7.78	**7.51**
Outpatient Hourly Services (B3)	0.00	0.03	0.01	0.00	0.00	0.06	0.00	0.00	0.00	0.00	0.32	0.00	0.01	0.08	**0.01**
Per Diem Services	4.06	0.90	0.32	0.40	2.31	0.00	1.32	0.00	3.25	3.72	0.12	2.54	0.09	0.20	**1.76**
Per Diem Services (B3)	0.00	0.00	0.00	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.14	0.07	0.01	0.00	**0.01**
Subtoal	12.17	7.77	6.30	8.08	14.81	8.60	4.56	8.04	10.15	7.67	8.52	9.23	5.93	8.06	**9.30**
Utilization Adjustments															
Further Implementation of HIT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Further Implementation of Peer Support	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Utilization Adjustments	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	**0.17**
Total Adjusted Services Cost	12.34	7.94	6.47	8.25	14.98	8.77	4.73	8.21	10.32	7.84	8.69	9.40	6.10	8.23	**9.47**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.05)	(0.03)	(0.03)	(0.04)	(0.06)	(0.04)	(0.02)	(0.04)	(0.04)	(0.03)	(0.04)	(0.04)	(0.03)	(0.04)	**(0.04)**
Less: Spend-down	(0.01)	(0.00)	(0.00)	(0.00)	(0.01)	(0.00)	(0.00)	(0.00)	(0.01)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	**(0.00)**
Less: Medicare Recoveries	(0.11)	(0.07)	(0.10)	(0.07)	(0.27)	(0.07)	(0.06)	(0.06)	(0.17)	(0.16)	(0.03)	(0.08)	(0.06)	(0.09)	**(0.13)**
Subtotal Cost-Sharing Recoveries	(0.17)	(0.11)	(0.13)	(0.11)	(0.34)	(0.11)	(0.08)	(0.10)	(0.22)	(0.20)	(0.08)	(0.13)	(0.09)	(0.13)	**(0.18)**
Adjusted Base Year OP Claim Costs	12.17	7.83	6.34	8.14	14.64	8.66	4.65	8.11	10.10	7.64	8.62	9.27	6.01	8.11	**9.29**
Outpatient Trend Factor	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	
Trended OP Claim Costs	**12.98**	**8.35**	**6.76**	**8.68**	**15.61**	**9.23**	**4.96**	**8.65**	**10.77**	**8.14**	**9.19**	**9.89**	**6.41**	**8.64**	**9.91**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	0.79	0.81	0.00	0.47	2.75	1.42	1.41	1.01	0.53	1.88	3.28	1.77	1.74	2.04	**1.64**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	0.81	0.83	0.00	0.48	2.80	1.45	1.43	1.03	0.54	1.91	3.34	1.80	1.77	2.08	**1.68**
Inpatient Trend Factor	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	
Trended IP Claim Costs	**0.89**	**0.91**	**0.00**	**0.53**	**3.08**	**1.59**	**1.58**	**1.14**	**0.59**	**2.10**	**3.67**	**1.98**	**1.95**	**2.29**	**1.84**
Composite Claim Costs	**13.87**	**9.26**	**6.77**	**9.20**	**18.69**	**10.82**	**6.53**	**9.78**	**11.37**	**10.25**	**12.86**	**11.87**	**8.36**	**10.93**	**11.75**
Administration and Profit @ 10%	1.54	1.03	0.75	1.02	2.08	1.20	0.73	1.09	1.26	1.14	1.43	1.32	0.93	1.21	**1.31**
PMPM Composite Rate	**15.41**	**10.29**	**7.52**	**10.23**	**20.77**	**12.03**	**7.26**	**10.87**	**12.63**	**11.39**	**14.29**	**13.19**	**9.29**	**12.14**	**13.06**

Exhibits 13-4g (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2007 Experience Projection
Aid Category: Title XIX Disabled Child

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	3,645	14,717	3,752	32,452	44,916	7,351	30,429	3,174	12,326	34,521	5,804	22,911	10,746	4,772	**231,516**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	24.61	45.66	18.71	40.10	55.67	19.24	23.83	21.39	34.56	18.31	36.25	37.15	18.74	32.33	**34.74**
Outpatient Hourly Services (B3)	0.00	0.04	0.14	0.01	0.00	0.88	0.00	0.00	0.02	0.00	0.09	0.00	0.03	0.03	**0.04**
Per Diem Services	4.07	6.91	0.00	1.65	6.52	0.00	10.21	8.34	27.29	21.15	1.04	5.88	2.48	0.00	**8.79**
Per Diem Services (B3)	0.00	0.00	0.00	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.13	0.16	0.02	0.03	**0.03**
Subtoal	28.68	52.61	18.85	41.79	62.19	20.12	34.05	29.73	61.87	39.46	37.51	43.19	21.27	32.39	**43.59**
Utilization Adjustments															
Further Implementation of HIT	2.52	0.00	2.52	2.52	2.52	2.52	2.52	2.52	2.52	0.00	2.52	2.52	2.52	2.52	**1.98**
Further Implementation of Peer Support	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	**0.87**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.47	0.00	0.00	0.00	0.00	3.16	0.00	0.00	1.26	0.00	**0.62**
Subtotal Utilization Adjustments	3.39	0.87	3.39	3.39	3.86	3.39	3.39	3.39	3.39	4.03	3.39	3.39	4.65	3.39	**3.47**
Total Adjusted Services Cost	32.07	53.48	22.24	45.18	66.05	23.51	37.44	33.12	65.26	43.49	40.90	46.58	25.92	35.78	**47.07**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.14)	(0.23)	(0.10)	(0.19)	(0.28)	(0.10)	(0.16)	(0.14)	(0.28)	(0.19)	(0.18)	(0.20)	(0.11)	(0.15)	**(0.20)**
Less: Spend-down	(0.02)	(0.03)	(0.01)	(0.02)	(0.03)	(0.01)	(0.02)	(0.02)	(0.03)	(0.02)	(0.02)	(0.02)	(0.01)	(0.02)	**(0.02)**
Less: Medicare Recoveries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Cost-Sharing Recoveries	(0.15)	(0.26)	(0.11)	(0.22)	(0.32)	(0.11)	(0.18)	(0.16)	(0.31)	(0.21)	(0.20)	(0.22)	(0.12)	(0.17)	**(0.23)**
Adjusted Base Year OP Claim Costs	31.92	53.22	22.13	44.97	65.73	23.40	37.26	32.96	64.95	43.28	40.70	46.36	25.80	35.61	**46.84**
Outpatient Trend Factor	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	
Trended OP Claim Costs	**34.03**	**56.75**	**23.60**	**47.95**	**70.09**	**24.95**	**39.73**	**35.14**	**69.25**	**46.15**	**43.40**	**49.43**	**27.51**	**37.97**	**49.95**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	8.73	8.01	12.31	11.73	17.64	4.20	18.73	5.56	5.40	13.85	21.63	14.40	6.37	5.41	**13.31**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	8.89	8.16	12.55	11.96	17.98	4.28	19.09	5.67	5.50	14.12	22.05	14.68	6.50	5.52	**13.57**
Inpatient Trend Factor	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	
Trended IP Claim Costs	**9.79**	**8.98**	**13.80**	**13.16**	**19.79**	**4.71**	**21.01**	**6.23**	**6.05**	**15.54**	**24.26**	**16.16**	**7.15**	**6.07**	**14.93**
Composite Claim Costs	**43.82**	**65.73**	**37.40**	**61.11**	**89.87**	**29.66**	**60.73**	**41.38**	**75.30**	**61.69**	**67.66**	**65.59**	**34.66**	**44.04**	**64.88**
Administration and Profit @ 10%	4.87	7.30	4.16	6.79	9.99	3.30	6.75	4.60	8.37	6.85	7.52	7.29	3.85	4.89	**7.21**
PMPM Composite Rate	**48.69**	**73.03**	**41.56**	**67.90**	**99.86**	**32.95**	**67.48**	**45.98**	**83.67**	**68.54**	**75.18**	**72.88**	**38.51**	**48.93**	**72.09**

Exhibits 13-4h (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2007 Experience Projection
Aid Category: Title XIX Non-Disabled Child

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	150,350	411,815	98,251	1,049,915	1,262,663	281,674	920,163	114,018	275,704	742,217	127,221	536,439	256,967	129,172	**6,356,569**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	6.72	8.29	4.91	4.94	10.83	3.22	4.25	3.23	6.17	5.89	6.16	7.60	4.77	6.69	**6.61**
Outpatient Hourly Services (B3)	0.00	0.02	0.00	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	**0.00**
Per Diem Services	0.32	0.24	0.00	0.04	0.28	0.01	0.71	0.00	5.48	1.96	0.01	0.40	0.14	0.00	**0.70**
Per Diem Services (B3)	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtoal	7.04	8.55	4.91	5.00	11.12	3.24	4.97	3.23	11.66	7.85	6.19	8.00	4.91	6.69	**7.31**
Utilization Adjustments															
Further Implementation of HIT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Further Implementation of Peer Support	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.06	0.00	0.00	0.00	0.00	0.55	0.00	0.00	0.21	0.00	**0.08**
Subtotal Utilization Adjustments	0.00	0.00	0.00	0.00	0.06	0.00	0.00	0.00	0.00	0.55	0.00	0.00	0.21	0.00	**0.08**
Total Adjusted Services Cost	7.04	8.55	4.91	5.00	11.18	3.24	4.97	3.23	11.66	8.40	6.19	8.00	5.12	6.69	**7.39**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.03)	(0.04)	(0.02)	(0.02)	(0.05)	(0.01)	(0.02)	(0.01)	(0.05)	(0.04)	(0.03)	(0.03)	(0.02)	(0.03)	**(0.03)**
Less: Spend-down	(0.00)	(0.00)	(0.00)	(0.00)	(0.01)	(0.00)	(0.00)	(0.00)	(0.01)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	**(0.00)**
Less: Medicare Recoveries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Subtotal Cost-Sharing Recoveries	(0.03)	(0.04)	(0.02)	(0.02)	(0.05)	(0.02)	(0.02)	(0.02)	(0.06)	(0.04)	(0.03)	(0.04)	(0.02)	(0.03)	**(0.04)**
Adjusted Base Year OP Claim Costs	7.00	8.50	4.89	4.97	11.12	3.22	4.95	3.21	11.60	8.36	6.16	7.96	5.10	6.66	**7.36**
Outpatient Trend Factor	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	
Trended OP Claim Costs	**7.47**	**9.07**	**5.21**	**5.30**	**11.86**	**3.44**	**5.28**	**3.43**	**12.37**	**8.92**	**6.57**	**8.49**	**5.44**	**7.10**	**7.84**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	1.27	0.28	0.96	1.54	1.56	0.47	2.33	0.67	0.55	0.66	1.77	1.69	1.25	0.78	**1.34**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	1.29	0.28	0.97	1.57	1.59	0.48	2.38	0.68	0.56	0.68	1.81	1.72	1.27	0.80	**1.37**
Inpatient Trend Factor	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	
Trended IP Claim Costs	**1.42**	**0.31**	**1.07**	**1.72**	**1.75**	**0.52**	**2.62**	**0.75**	**0.62**	**0.74**	**1.99**	**1.90**	**1.40**	**0.88**	**1.51**
Composite Claim Costs	**8.89**	**9.38**	**6.29**	**7.02**	**13.61**	**3.96**	**7.89**	**4.17**	**12.99**	**9.66**	**8.56**	**10.39**	**6.84**	**7.98**	**9.35**
Administration and Profit @ 10%	0.99	1.04	0.70	0.78	1.51	0.44	0.88	0.46	1.44	1.07	0.95	1.15	0.76	0.89	**1.04**
PMPM Composite Rate	**9.88**	**10.42**	**6.98**	**7.81**	**15.13**	**4.40**	**8.77**	**4.64**	**14.43**	**10.74**	**9.51**	**11.54**	**7.60**	**8.87**	**10.39**

Exhibits 13-4i (Target)
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2007 Experience Projection
Aid Category: Title XIX Composite

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
Medicaid Eligible Months (CY2004)	211,629	631,689	165,299	1,493,040	2,154,798	390,692	1,436,970	182,868	467,117	1,212,683	213,350	886,391	417,284	213,444	**10,077,254**
Outpatient Services															
Historical Utilization															
Outpatient Hourly Services	11.01	13.24	9.17	10.73	22.09	8.70	7.82	8.62	16.39	10.23	12.87	12.77	10.51	13.96	**13.25**
Outpatient Hourly Services (B3)	0.00	0.03	0.14	0.01	0.00	0.13	0.00	0.00	0.09	0.00	0.16	0.00	0.03	0.12	**0.02**
Per Diem Services	8.01	2.29	3.23	1.14	7.01	0.01	6.19	0.65	10.50	7.69	0.50	7.18	0.86	1.46	**5.05**
Per Diem Services (B3)	0.00	0.00	0.00	0.05	0.01	0.00	0.01	0.00	0.00	0.00	0.27	0.41	0.03	0.01	**0.05**
Subtoal	19.02	15.57	12.54	11.94	29.11	8.84	14.02	9.27	26.99	17.92	13.80	20.37	11.42	15.56	**18.38**
Utilization Adjustments															
Further Implementation of HIT	0.18	0.14	0.28	0.17	0.05	0.18	0.15	0.23	0.29	0.20	0.27	0.26	0.26	0.25	**0.17**
Further Implementation of Peer Support	0.04	0.21	0.30	0.18	0.06	0.18	0.24	0.26	0.30	0.27	0.27	0.27	0.27	0.26	**0.20**
Enhanced Utilization of EBP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
CSTC/PADT in Pierce RSN	0.00	0.00	0.00	0.00	0.04	0.00	0.00	0.00	0.00	0.43	0.00	0.00	0.16	0.00	**0.07**
Subtotal Utilization Adjustments	0.22	0.34	0.58	0.35	0.16	0.36	0.38	0.49	0.58	0.90	0.54	0.52	0.70	0.52	**0.43**
Total Adjusted Services Cost	19.25	15.91	13.12	12.29	29.27	9.19	14.41	9.76	27.57	18.82	14.34	20.89	12.12	16.08	**18.81**
Cost-Sharing Adjustments															
Less: Third-party Recoveries	(0.08)	(0.07)	(0.06)	(0.05)	(0.13)	(0.04)	(0.06)	(0.04)	(0.12)	(0.08)	(0.06)	(0.09)	(0.05)	(0.07)	**(0.08)**
Less: Spend-down	(0.01)	(0.01)	(0.01)	(0.01)	(0.01)	(0.00)	(0.01)	(0.00)	(0.01)	(0.01)	(0.01)	(0.01)	(0.01)	(0.01)	**(0.01)**
Less: Medicare Recoveries	(0.15)	(0.15)	(0.15)	(0.11)	(0.36)	(0.07)	(0.16)	(0.08)	(0.29)	(0.20)	(0.10)	(0.23)	(0.12)	(0.17)	**(0.20)**
Subtotal Cost-Sharing Recoveries	(0.24)	(0.22)	(0.21)	(0.16)	(0.50)	(0.11)	(0.23)	(0.12)	(0.42)	(0.29)	(0.17)	(0.33)	(0.17)	(0.25)	**(0.29)**
Adjusted Base Year OP Claim Costs	19.01	15.69	12.90	12.13	28.76	9.08	14.17	9.64	27.15	18.52	14.17	20.56	11.95	15.83	**18.52**
Outpatient Trend Factor	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	1.066	
Trended OP Claim Costs	**20.27**	**16.73**	**13.76**	**12.93**	**30.67**	**9.68**	**15.11**	**10.28**	**28.95**	**19.75**	**15.11**	**21.93**	**12.74**	**16.88**	**19.74**
Inpatient PMPM Claim Costs (FY 2004)															
Inpatient Experience (FY2004)	1.84	1.80	1.67	2.06	4.86	1.43	3.85	1.37	1.01	1.83	5.95	4.20	2.85	1.81	**3.07**
Trend Factor to CY 2004	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	
Total PMPM Inpatient (CY2004)	1.87	1.84	1.70	2.10	4.95	1.46	3.93	1.40	1.03	1.87	6.06	4.28	2.91	1.85	**3.13**
Inpatient Trend Factor	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	
Trended IP Claim Costs	**2.06**	**2.02**	**1.87**	**2.31**	**5.45**	**1.61**	**4.32**	**1.54**	**1.13**	**2.06**	**6.67**	**4.71**	**3.20**	**2.03**	**3.45**
Composite Claim Costs	**22.33**	**18.75**	**15.63**	**15.25**	**36.12**	**11.29**	**19.43**	**11.82**	**30.08**	**21.81**	**21.78**	**26.63**	**15.94**	**18.91**	**23.19**
Administration and Profit @ 10%	2.48	2.08	1.74	1.69	4.01	1.25	2.16	1.31	3.34	2.42	2.42	2.96	1.77	2.10	**2.58**
PMPM Composite Rate	**24.81**	**20.84**	**17.37**	**16.94**	**40.13**	**12.54**	**21.59**	**13.13**	**33.42**	**24.23**	**24.20**	**29.59**	**17.71**	**21.01**	**25.76**

Exhibit 13-5
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2006 Experience Projection

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
FY 2006 Eligibles															
Disabled Adult	23,472	72,969	31,916	150,576	376,429	44,230	205,084	29,788	86,373	204,069	37,481	145,771	67,405	33,841	**1,509,404**
Non-Disabled Adult	38,773	141,725	37,282	301,529	540,855	69,603	311,165	40,497	104,046	263,617	50,510	201,686	88,320	48,983	**2,238,591**
Disabled Child	3,281	12,430	3,277	28,136	39,284	6,616	26,346	2,605	10,597	30,914	5,358	20,444	9,216	4,083	**202,588**
Non-Disabled Child	152,624	424,116	104,174	1,067,431	1,293,620	285,313	943,612	118,562	291,196	776,330	138,481	555,109	266,985	130,950	**6,548,505**
Total	218,151	651,241	176,650	1,547,672	2,250,188	405,762	1,486,207	191,452	492,211	1,274,931	231,830	923,010	431,925	217,858	**10,499,088**
Projected Experience Rates - Historical															
Disabled Adult	156.36	116.72	73.70	111.16	185.45	89.59	114.05	61.84	144.43	103.53	105.83	139.09	82.93	101.09	**130.61**
Non-Disabled Adult	19.00	13.25	10.04	13.49	26.15	15.69	8.71	14.29	15.66	13.23	17.88	16.14	11.80	15.51	**16.37**
Disabled Child	59.64	92.94	50.00	85.42	124.34	41.73	78.58	55.64	99.66	77.60	91.32	89.37	46.91	62.95	**87.64**
Non-Disabled Child	12.77	13.97	9.10	9.95	19.78	5.79	10.66	6.03	17.27	13.35	12.17	14.83	9.67	11.73	**13.27**
Projected Experience Rates - Target															
Disabled Adult	132.41	92.32	59.87	85.48	148.75	67.23	96.90	47.24	114.29	85.30	84.53	117.31	64.39	77.23	**105.59**
Non-Disabled Adult	15.01	10.02	7.33	9.96	20.20	11.70	7.05	10.58	12.30	11.07	13.88	12.83	9.03	11.81	**12.73**
Disabled Child	47.32	71.06	40.32	66.00	97.06	32.05	65.49	44.73	81.47	66.59	72.95	70.81	37.43	47.61	**70.07**
Non-Disabled Child	9.61	10.15	6.79	7.58	14.72	4.28	8.51	4.51	14.06	10.45	9.24	11.22	7.39	8.63	**10.11**
Composite (1)	29.14	23.11	15.18	20.42	36.75	15.45	22.01	12.72	29.39	22.43	22.28	27.97	16.51	19.92	**25.55**
Rates Relative to Statewide Average															
Disabled Adult	1.25	0.87	0.57	0.81	1.41	0.64	0.92	0.45	1.08	0.81	0.80	1.11	0.61	0.73	**1.00**
Non-Disabled Adult	1.18	0.79	0.58	0.78	1.59	0.92	0.55	0.83	0.97	0.87	1.09	1.01	0.71	0.93	**1.00**
Disabled Child	0.68	1.01	0.58	0.94	1.39	0.46	0.93	0.64	1.16	0.95	1.04	1.01	0.53	0.68	**1.00**
Non-Disabled Child	0.95	1.00	0.67	0.75	1.46	0.42	0.84	0.45	1.39	1.03	0.91	1.11	0.73	0.85	**1.00**
Init'l Geogr. Relativity	1.14	0.90	0.59	0.80	1.44	0.60	0.86	0.50	1.15	0.88	0.87	1.09	0.65	0.78	**1.00**
Smoothing Adjustment															
Smoothing Factor	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	
Blended Factor	**1.07**	**0.95**	**0.80**	**0.90**	**1.22**	**0.80**	**0.93**	**0.75**	**1.08**	**0.94**	**0.94**	**1.05**	**0.82**	**0.89**	**0.99**
Normalized Area Factor	**1.08**	**0.96**	**0.80**	**0.90**	**1.23**	**0.81**	**0.94**	**0.75**	**1.08**	**0.94**	**0.94**	**1.05**	**0.83**	**0.89**	**1.00**
Banded Rates - High (Normalized)															
Disabled Adult	139.58	124.20	103.96	117.32	158.99	104.64	121.38	97.69	140.22	122.45	122.08	136.59	107.35	116.06	**131.41**
Non-Disabled Adult	17.50	15.57	13.03	14.71	19.93	13.12	15.22	12.25	17.58	15.35	15.30	17.12	13.46	14.55	**16.41**
Disabled Child	93.66	83.34	69.76	78.72	106.68	70.22	81.45	65.55	94.09	82.17	81.91	91.65	72.03	77.88	**86.83**
Non-Disabled Child	14.18	12.62	10.56	11.92	16.15	10.63	12.33	9.92	14.25	12.44	12.40	13.88	10.91	11.79	**13.10**
Banded Rates - Low (Normalized)															
Disabled Adult	112.82	100.39	84.03	94.83	128.51	84.58	98.11	78.96	113.34	98.97	98.67	110.40	86.77	93.81	**106.22**
Non-Disabled Adult	13.60	12.11	10.13	11.43	15.50	10.20	11.83	9.52	13.67	11.93	11.90	13.31	10.46	11.31	**12.76**
Disabled Child	74.87	66.61	55.76	62.92	85.27	56.13	65.10	52.39	75.21	65.68	65.48	73.26	57.58	62.25	**69.40**
Non-Disabled Child	10.81	9.62	8.05	9.08	12.31	8.10	9.40	7.56	10.86	9.48	9.45	10.57	8.31	8.99	**9.98**

(1) Target Rates x 2004 RSN specific 2004 eligibility distribution.

Exhibit 13-6
Washington State Mental Health Division
2005 Actuarial Rate Development
FY 2007 Experience Projection

	Chelan-Douglas	Clark	Grays Harbor	Greater Columbia	King	North Central	North Sound	North-Eastern	Penin-sula	Pierce	South-West	Spokane	Thurston-Mason	Timber-lands	Total
FY 2007 Eligibles															
Disabled Adult	24,296	75,529	33,036	155,859	389,636	45,782	212,280	30,834	89,403	211,229	38,796	150,886	69,770	35,028	**1,562,364**
Non-Disabled Adult	39,714	145,164	38,187	308,846	553,980	71,292	318,716	41,480	106,571	270,015	51,736	206,580	90,463	50,172	**2,292,916**
Disabled Child	3,379	12,802	3,375	28,977	40,459	6,814	27,133	2,683	10,914	31,838	5,518	21,055	9,491	4,205	**208,644**
Non-Disabled Child	161,032	447,480	109,913	1,126,234	1,364,883	301,030	995,594	125,093	307,237	819,097	146,109	585,689	281,693	138,164	**6,909,248**
Total	228,421	680,976	184,512	1,619,916	2,348,958	424,918	1,553,723	200,089	514,125	1,332,178	242,160	964,210	451,416	227,570	**10,973,172**
Projected Experience Rates - Historical															
Disabled Adult	160.53	119.95	75.69	114.17	190.58	92.05	117.22	63.52	148.23	106.29	108.96	142.98	85.26	103.80	**134.19**
Non-Disabled Adult	19.51	13.61	10.30	13.84	26.87	16.12	8.96	14.68	16.07	13.60	18.40	16.58	12.13	15.95	**16.83**
Disabled Child	61.34	95.49	51.50	87.83	127.86	42.89	80.93	57.18	102.34	79.85	94.05	91.93	48.23	64.67	**90.14**
Non-Disabled Child	13.13	14.34	9.35	10.23	20.32	5.95	10.98	6.19	17.73	13.71	12.52	15.24	9.94	12.05	**13.64**
Projected Experience Rates - Target															
Disabled Adult	135.95	94.91	61.50	87.81	152.91	69.10	99.62	48.54	117.30	87.58	87.09	120.62	66.22	79.32	**108.51**
Non-Disabled Adult	15.41	10.29	7.52	10.23	20.77	12.03	7.26	10.87	12.63	11.39	14.29	13.19	9.29	12.14	**13.09**
Disabled Child	48.69	73.03	41.56	67.90	99.86	32.95	67.48	45.98	83.67	68.54	75.18	72.88	38.51	48.93	**72.09**
Non-Disabled Child	9.88	10.42	6.98	7.81	15.13	4.40	8.77	4.64	14.43	10.74	9.51	11.54	7.60	8.87	**10.40**
Composite (1)	29.72	23.61	15.52	20.85	37.53	15.75	22.51	12.98	30.02	22.91	22.80	28.58	16.89	20.35	**26.10**
Rates Relative to Statewide Average															
Disabled Adult	1.25	0.87	0.57	0.81	1.41	0.64	0.92	0.45	1.08	0.81	0.80	1.11	0.61	0.73	**1.00**
Non-Disabled Adult	1.18	0.79	0.57	0.78	1.59	0.92	0.55	0.83	0.96	0.87	1.09	1.01	0.71	0.93	**1.00**
Disabled Child	0.68	1.01	0.58	0.94	1.39	0.46	0.94	0.64	1.16	0.95	1.04	1.01	0.53	0.68	**1.00**
Non-Disabled Child	0.95	1.00	0.67	0.75	1.45	0.42	0.84	0.45	1.39	1.03	0.91	1.11	0.73	0.85	**1.00**
Init'l Geogr. Relativity	1.14	0.90	0.59	0.80	1.44	0.60	0.86	0.50	1.15	0.88	0.87	1.10	0.65	0.78	**1.00**
Smoothing Adjustment															
Smoothing Factor	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	
Blended Factor	**1.07**	**0.95**	**0.80**	**0.90**	**1.22**	**0.80**	**0.93**	**0.75**	**1.07**	**0.94**	**0.94**	**1.05**	**0.82**	**0.89**	**0.99**
Normalized Area Factor	**1.08**	**0.96**	**0.80**	**0.90**	**1.23**	**0.81**	**0.94**	**0.75**	**1.08**	**0.94**	**0.94**	**1.05**	**0.83**	**0.89**	**1.00**
Banded Rates - High (Normalized)															
Disabled Adult	143.30	127.62	106.83	120.51	163.35	107.43	124.78	100.32	144.06	125.82	125.53	140.38	110.35	119.23	**135.03**
Non-Disabled Adult	17.97	16.00	13.40	15.11	20.48	13.47	15.65	12.58	18.06	15.78	15.74	17.60	13.84	14.95	**16.86**
Disabled Child	96.25	85.72	71.76	80.95	109.72	72.16	83.82	67.38	96.76	84.51	84.32	94.29	74.12	80.09	**89.31**
Non-Disabled Child	14.56	12.97	10.86	12.25	16.60	10.92	12.68	10.19	14.64	12.78	12.76	14.26	11.21	12.12	**13.46**
Banded Rates - Low (Normalized)															
Disabled Adult	115.85	103.18	86.37	97.43	132.07	86.86	100.88	81.10	116.47	101.72	101.49	113.49	89.22	96.40	**109.17**
Non-Disabled Adult	13.97	12.45	10.42	11.75	15.93	10.48	12.17	9.78	14.05	12.27	12.24	13.69	10.76	11.63	**13.12**
Disabled Child	76.97	68.55	57.38	64.73	87.74	57.71	67.03	53.88	77.38	67.58	67.43	75.40	59.27	64.04	**71.42**
Non-Disabled Child	11.10	9.89	8.28	9.34	12.65	8.32	9.67	7.77	11.16	9.75	9.72	10.87	8.55	9.24	**10.26**

(1) Target Rates x 2004 RSN specific 2004 eligibility distribution.