

## 1915(I) MONTHLY PROVIDER & INDIVIDUAL ENROLLMENT REPORT

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Provider Enrollment	3/1/2022	4/1/2022	5/1/2022	6/1/2022	7/1/2022	8/1/2022	9/1/2022	10/1/2022	11/1/2022	12/1/2022
<b>Enrolled Group Providers</b>	<b>28</b>	<b>28</b>	<b>28</b>	<b>30</b>	<b>31</b>	<b>31</b>	<b>31</b>	<b>34</b>	<b>38</b>	<b>35</b>
<b>Enrolled Individual Providers</b>	<b>82</b>	<b>85</b>	<b>97</b>	<b>100</b>	<b>106</b>	<b>100</b>	<b>121</b>	<b>112</b>	<b>126</b>	<b>139</b>
<b>In-Process Group Provider Applications</b>	2	4	2	3	2	0	1	1	2	2
<b>In-Process Individual Provider Applications</b>	8	9	10	20	15	32	32	15	11	6
<b>Pending Group Provider Applications</b>	4	5	7	6	8	7	9	7	6	6
<b>Pending Individual Provider Applications</b>	10	15	17	16	24	24	9	27	21	42
<b>Incomplete Group Provider Applications</b>	3	4	4	4	5	4	4	4	6	6
<b>Incomplete Individual Provider Applications</b>	1	0	3	4	4	4	5	7	10	10
Individual Enrollment										
<b>Total Individuals Enrolled</b>	<b>70</b>	<b>110</b>	<b>163</b>	<b>192</b>	<b>199</b>	<b>223</b>	<b>238</b>	<b>213</b>	<b>240</b>	<b>236</b>
<i>Under 18</i>			17	16	18	17	19	18	18	19
<i>Age 18+</i>			146	176	181	206	219	195	222	217
<i>Approved WHODAS Under 50 (prior month)</i>	12	30	30	14	11	15	10	4	13	6
<i>Approved WHODAS 50+ (prior month)</i>	17	34	17	15	6	19	9	9	10	18
<b>Total Individuals Ineligible</b>	<b>51</b>	<b>56</b>	<b>60</b>	<b>65</b>	<b>68</b>	<b>75</b>	<b>75</b>	<b>81</b>	<b>84</b>	<b>84</b>
<i>Ineligible- No Medicaid</i>	3	3	3	4	4	8	8	9	10	10
<i>Ineligible- No Qualifying Diagnosis</i>	8	8	9	9	9	11	11	11	12	12
<i>Ineligible- No Qualifying WHODAS*</i>	35	35	36	37	43	43	43	45	48	48
<i>Ineligible- Setting Does Not Meet HCBS Rule</i>			1	1	2	2	2	2	2	2
<i>Ineligible- Over 150% of Federal Poverty Level</i>	5	10	10	10	10	11	11	11	12	12
<b>Pending Applicants</b>	4	3	4	4	3	4	4	3	2	1

<b>NUMBER OF INDIVIDUALS RECEIVING 1915(i) SERVICES EACH MONTH*</b>														
	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	June 22	July 22	Aug 21	Sept 21
Care Coordination	1	5	10	10	10	13	18	26	25	40	40	50	54	58
Peer Support	0	0	0	1	1	1	2	3	1	1	0	10	10	15
Family Peer Support	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Housing Support	0	0	0	1	3	3	1	2	3	0	0	0	0	1
Supported Education	0	0	0	0	0	1	1	2	0	0	0	0	0	0
Pre Vocational Training	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Supported Employment	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Training/Support Unpaid Caregivers	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Respite	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Medical Transportation	0	0	0	0	3	3	2	4	2	0	0	0	0	1
Benefits Planning	0	0	0	0	0	0	0	0	0	0	0	0	0	0

\*This report is 2 months behind so as to include information on claims billed for individuals enrolled in both Traditional Medicaid and Medicaid Expansion.

\*\*This report only represents those claims that were billed timely. Any claims needing adjustment or filed more than 30 days after the end of the month are not captured here.