

1915(I) MONTHLY PROVIDER & INDIVIDUAL ENROLLMENT REPORT

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Provider Enrollment	5/1/2022	6/1/2022	7/1/2022	8/1/2022	9/1/2022	10/1/2022	11/1/2022	12/1/2022	1/1/2023	2/1/2023
Enrolled Group Providers	28	30	31	31	31	34	38	35	37	37
Enrolled Individual Providers	97	100	106	100	121	112	126	139	142	137
In-Process Group Provider Applications	2	3	2	0	1	1	2	2	2	0
In-Process Individual Provider Applications	10	20	15	32	32	15	11	6	4	1
Pending Group Provider Applications	7	6	8	7	9	7	6	6	5	7
Pending Individual Provider Applications	17	16	24	24	9	27	21	42	38	49
Incomplete Group Provider Applications	4	4	5	4	4	4	6	6	6	6
Incomplete Individual Provider Applications	3	4	4	4	5	7	10	10	7	9
Individual Enrollment	5/1/2022	6/1/2022	7/1/2022	8/1/2022	9/1/2022	10/1/2022	11/1/2022	12/1/2022	1/1/2023	2/1/2023
Total Number Enrolled (on the 1st of each month)	70	110	163	192	199	223	238	213	230	216
<i>Under 18</i>			17	16	18	17	19	18	20	18
<i>Age 18+</i>			146	176	181	206	219	195	210	198
<i>Approved WHODAS Under 50 (prior month)</i>	12	30	30	14	11	15	10	4	4	8
<i>Approved WHODAS 50+ (prior month)</i>	17	34	17	15	6	19	9	9	14	4
Total Number Ineligible (Cumulative)	51	56	60	65	68	75	75	81	87	88
<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	49	49
<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	13

NUMBER OF INDIVIDUALS RECEIVING 1915(i) SERVICES EACH MONTH*														
	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	June 22	July 22	Aug 21	Sept 21	Oct 21	Nov 21
Care Coordination	10	10	10	13	18	26	25	40	40	50	54	58	57	64
Peer Support	0	1	1	1	2	3	1	1	0	10	10	15	16	18
Family Peer Support	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Housing Support	0	1	3	3	1	2	3	0	0	0	0	1	1	1
Supported Education	0	0	0	1	1	2	0	0	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	1	0	0	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	3	3	2	4	2	0	0	0	0	1	0	0
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. Claims are reflected in the month in which they were actually billed.