

1915(I) MONTHLY PROVIDER & INDIVIDUAL ENROLLMENT REPORT

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Provider Enrollment	8/1/2022	9/1/2022	10/1/2022	11/1/2022	12/1/2022	1/1/2023	2/1/2023	3/1/2023	4/1/2023	5/1/2023
Enrolled Group Providers	31	31	34	38	35	37	37	32	35	36
Enrolled Individual Providers	100	121	112	126	139	142	137	117	122	135
In-Process Group Provider Applications	0	1	1	2	2	2	0	3	2	7
In-Process Individual Provider Applications	32	32	15	11	6	4	1	3	7	13
Pending Group Provider Applications	7	9	7	6	6	5	7	9	12	9
Pending Individual Provider Applications	24	9	27	21	42	38	49	48	49	70
Incomplete Group Provider Applications	4	4	4	6	6	6	6	5	3	4
Incomplete Individual Provider Applications	4	5	7	10	10	7	9	5	14	9
Individual Enrollment	8/1/2022	9/1/2022	10/1/2022	11/1/2022	12/1/2022	1/1/2023	2/1/2023	3/1/2023	4/1/2023	5/1/2023
Total Number Enrolled (on the 1st of each month)	192	199	223	238	213	230	216	190	169	172
<i>Under 18</i>	16	18	17	19	18	20	18	Data Unavailable		
<i>Age 18+</i>	176	181	206	219	195	210	198			
<i>Approved WHODAS Under 50 (prior month)</i>	14	11	15	10	4	4	8			
<i>Approved WHODAS 50+ (prior month)</i>	15	6	19	9	9	14	4			
Total Number Ineligible (Cumulative)	65	68	75	75	81	87	88	98	106	112
<i>Ineligible- No Medicaid</i>	4	4	8	8	9	10	10	10	13	13
<i>Ineligible- No Qualifying Diagnosis</i>	9	9	11	11	11	12	12	14	15	15
<i>Ineligible- No Qualifying WHODAS*</i>	37	43	43	43	45	49	49	57	60	64
<i>Ineligible- Setting Does Not Meet HCBS Rule</i>	1	2	2	2	2	2	2	3	3	4
<i>Ineligible- Over 150% of Federal Poverty Level</i>	10	10	11	11	11	12	13	14	15	17

NUMBER OF INDIVIDUALS RECEIVING 1915(i) SERVICES EACH MONTH*														
	Jan 22	Feb 22	Mar 22	Apr 22	May 22	June 22	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
Care Coordination	13	18	26	25	40	40	50	54	58	57	64	58	63	87
Peer Support	1	2	3	1	1	0	10	10	15	16	18	19	16	12
Family Peer Support	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Housing Support	3	1	2	3	0	0	0	0	1	1	1	1	0	0
Supported Education	1	1	2	0	0	0	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	0	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	3	2	4	2	0	0	0	0	1	0	0	0	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.