

Department Appropriation Summary

Historical Data

Agency Request and Executive/Legislative Recommendation

Appropriation	2009-2010		2010-2011		2010-2011		2011-2012						2012-2013					
	Actual	Pos	Budget	Pos	Authorized	Pos	Agency	Pos	Executive	Pos	Legislative	Pos	Agency	Pos	Executive	Pos	Legislative	Pos
4KS Nursing Home Quality	184,888	0	1,500,000	0	1,500,000	0	1,500,000	0	1,500,000	0	1,500,000	0	1,500,000	0	1,500,000	0	1,500,000	0
642 Medicaid Expansion-Medical Svcs	100,931	2	115,128	2	125,069	2	113,189	2	118,132	2	118,132	2	113,189	2	120,253	2	120,253	2
648 Medicaid Exp-Prescription Drugs	2,000,802	0	2,091,256	0	12,845,491	0	4,230,636	0	4,230,636	0	4,230,636	0	5,367,414	0	5,367,414	0	5,367,414	0
648 Medicaid Exp-Hospital & Medical Services	35,631,154	0	50,216,689	0	131,164,332	0	74,770,861	0	74,770,861	0	74,770,861	0	93,463,577	0	93,463,577	0	93,463,577	0
876 Nursing Home Closure Costs	0	0	50,000	0	50,000	0	50,000	0	50,000	0	50,000	0	50,000	0	50,000	0	50,000	0
878 Long Term Care Facility Receivership	0	0	100,000	0	100,000	0	100,000	0	100,000	0	100,000	0	100,000	0	100,000	0	100,000	0
896 Division of Medical Services	21,834,926	312	24,847,920	318	25,541,661	324	25,639,564	333	26,367,097	333	26,367,097	333	25,639,564	333	26,734,182	333	26,734,182	333
897 ARKIDS B Program	93,404,418	0	109,362,368	0	204,023,484	0	115,642,425	0	115,642,425	0	115,642,425	0	118,873,417	0	118,873,417	0	118,873,417	0
897 Hospital & Medical Services	2,909,820,002	0	3,198,851,136	0	4,192,018,983	0	3,584,528,631	0	3,584,528,631	0	3,610,690,170	0	3,776,570,716	0	3,776,570,716	0	3,818,425,306	0
897 Prescription Drugs	318,094,054	0	343,948,311	0	575,144,026	0	378,738,146	0	378,738,146	0	378,738,146	0	385,275,742	0	385,275,742	0	385,275,742	0
897 Private Nursing Home Care	562,494,229	0	597,250,427	0	752,732,888	0	639,794,311	0	639,794,311	0	639,794,311	0	670,810,091	0	670,810,091	0	670,810,091	0
898 Child & Family Life Inst	0	0	2,100,000	0	2,100,000	0	2,100,000	0	2,100,000	0	2,100,000	0	2,100,000	0	2,100,000	0	2,100,000	0
898 Infant Infirmary	21,497,971	0	22,752,600	0	33,152,691	0	25,389,673	0	25,389,673	0	25,389,673	0	26,100,584	0	26,100,584	0	26,100,584	0
898 Public Nursing Home Care	174,447,604	0	194,431,274	0	270,815,554	0	211,605,788	0	211,605,788	0	224,482,374	0	221,982,063	0	221,982,063	0	235,116,182	0
Total	4,139,510,979	314	4,547,617,109	320	6,201,314,179	326	5,064,203,224	335	5,064,935,700	335	5,103,973,825	335	5,327,946,357	335	5,329,048,039	335	5,384,036,748	335

Funding Sources		%		%		%		%		%		%		%		%		%
General Revenue	4000010	650,031,721	15.7	688,473,677	15.1	688,434,268	14.2	688,581,230	14.2	698,609,285	14.3	950,066,640	18.7	862,988,136	18.0	877,509,555	18.1	
Federal Revenue	4000020	2,999,197,434	72.5	3,261,790,032	71.7	3,436,905,911	71.0	3,437,362,363	71.0	3,466,372,433	71.1	3,599,881,270	70.8	3,389,611,168	70.9	3,430,078,458	70.9	
Trust Fund	4000050	184,888	0.0	148,686,702	3.3	231,757,327	4.8	231,757,327	4.8	231,757,327	4.8	174,797,000	3.4	174,797,000	3.7	174,797,000	3.6	
Drug Rebates	4000200	27,908,793	0.7	25,761,288	0.6	26,018,901	0.5	26,018,901	0.5	26,018,901	0.5	26,279,090	0.5	26,279,090	0.5	26,279,090	0.5	
Federal Funds-ARRA	4000244	305,720,459	7.4	174,681,458	3.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	
Hospital Assessment Fee	4000281	0	0.0	38,881,700	0.9	56,582,819	1.2	56,582,819	1.2	56,582,819	1.2	38,881,700	0.8	38,881,700	0.8	38,881,700	0.8	
ICF/MR Provider Fee	4000282	1,412,961	0.0	8,703,003	0.2	15,222,904	0.3	15,222,904	0.3	15,222,904	0.3	10,002,390	0.2	10,002,390	0.2	10,002,390	0.2	
Insurance Premium Tax	4000298	0	0.0	0	0.0	10,991,568	0.2	10,991,568	0.2	10,991,568	0.2	0	0.0	0	0.0	0	0.0	
Miscellaneous Transfers	4000355	115,000	0.0	115,000	0.0	115,000	0.0	115,000	0.0	115,000	0.0	115,000	0.0	115,000	0.0	115,000	0.0	
Quality Assurance Fee	4000395	62,801,234	1.5	65,405,440	1.4	68,392,716	1.4	68,392,716	1.4	68,392,716	1.4	71,628,346	1.4	71,628,346	1.5	71,628,346	1.5	
Reimbursement	4000425	0	0.0	100,000	0.0	100,000	0.0	100,000	0.0	100,000	0.0	100,000	0.0	100,000	0.0	100,000	0.0	
Tobacco Settlement	4000495	9,787,049	0.2	13,387,094	0.3	28,153,620	0.6	28,156,092	0.6	28,156,092	0.6	54,954,526	1.1	54,958,058	1.1	54,958,058	1.1	

Funding Sources			%		%		%		%		%		%		%				
Various Program Support	4000730	82,351,440	2.0	121,631,715	2.7			275,525,829	5.7	275,652,419	5.7	275,652,419	5.7	154,582,034	3.0	154,772,497	3.2	154,772,497	3.2
Total Funds		4,139,510,979	100.0	4,547,617,109	100.0			4,838,200,863	100.0	4,838,933,339	100.0	4,877,971,464	100.0	5,081,287,996	100.0	4,784,133,385	100.0	4,839,122,094	100.0
Excess Appropriation/(Funding)		0		0				226,002,361		226,002,361		226,002,361		246,658,361		544,914,654		544,914,654	
Grand Total		4,139,510,979		4,547,617,109				5,064,203,224		5,064,935,700		5,103,973,825		5,327,946,357		5,329,048,039		5,384,036,748	

Analysis of Budget Request

Appropriation: 4KS - Nursing Home Quality

Funding Sources: TLT - Long Term Care Trust Fund

The Nursing Home Quality of Life appropriation provides for two (2) new approaches to nursing home care. These approaches are as follows:

- Eden Alternative approach
- Greenhouse Project approach

Both the Eden Alternative and the Greenhouse Project are attempts to create a new model for long term care facilities that emphasizes a more home-like environment over traditional institutional settings. Evidence indicates that residents of facilities operated under either approach perform significantly better than residents of traditional long term care facilities.

The Eden Alternative approach allows residents choices in their everyday living that are traditionally dictated to the resident by the facility. These choices include, among others, the choice of meals (what is served and when) and the care routine. It also utilizes permanent assignments of caregivers to create familiarity and trust.

The Greenhouse Project approach utilizes Eden Alternative principals, but with a strikingly different physical plant. Greenhouse Project facilities are constructed on the premise that the elders will thrive in a nursing home if it's built to resemble living in one's own house. This means that facilities are built in small, separate units with each unit housing its own kitchen and laundry, and with no more than ten (10) beds - all of which are private rooms. This gives residents more privacy and more control over their lives. Additionally, Greenhouse Project facilities stress resident participation. This is performed in a number of ways. For example:

1. Residents are encouraged to participate in meal planning and preparation. The facility is constructed so that residents can both gather around the kitchen and observe or participate in meal preparation. This gives them meaningful experiences and allows a time for interaction between the elders and the staff.
2. Residents are encouraged to use their skills and interests for the benefit of other residents. An emphasis is placed on what residents can do rather than just their physical ailments and disabilities.
3. The use of "universal" workers. Under this concept, each unit or house is staffed by the same CNAs and nurses who not only perform traditional care, but also perform laundry and meal preparation. This aids in worker retention by varying the duties of the workers. It also allows the workers to better learn the desires and abilities of residents, and to encourage their participation in various aspects of their own care, as if they were home. The staffs are assigned only to one particular unit or house allowing the elders to become better acquainted with their caregivers.

Facilities that adopt the Eden Alternative/Greenhouse Project model are operated at the same cost as traditional facilities. Once a facility has adopted the model, there is no additional cost, making the on-going project cost-neutral. The cost of building a facility to meet Greenhouse Project requirements are approximately the same as for a traditional facility.

There are, however, one-time or initial startup costs for training and physical plant changes for existing facilities. In order to encourage the adoption of the Eden Alternative/Greenhouse Project model, the U. S. Department of Health and Human Services' proposed that the Arkansas Department of Human Services utilize some of the funding collected that is associated with the imposition of civil penalties levied on long-term care facilities in the Long-Term Care Trust Fund.

As the licensing and regulatory agency, the Office of Long Term Care believes that encouraging the adoption of these models benefits the State of Arkansas in a number of ways. First, the models provide a higher level of care for residents, at little or no cost to the State. Second, the adoption of these models results in an inarguable increase in the quality of life for residents. Third, adoption of this proposal places Arkansas in a leadership role in remaking the long-term care model, and demonstrates the State's commitment to seeking improvement in long-term care.

Funding for this program is derived from other revenues which are indicated as the Long-Term Care Trust Fund. This fund consist of all moneys and interest received from the imposition of civil penalties levied by the state on long-term care facilities found to be out of compliance with the requirements of federal or state law or regulations. Under this appropriation, funds are targeted for Eden Alternative/Greenhouse Project related grants to facilities. The funding would be provided by grants for:

- Eden Alternative Associate Training to providers; and
- Greenhouse Project development for new construction of facilities.

The agency Base Level and total request for this appropriation is \$1,500,000 each year of the biennium.

The Executive Recommendation provides for the Agency Request.

The Legislative Recommendation concurs with the Executive Recommendation.

Appropriation Summary

Appropriation: 4KS - Nursing Home Quality

Funding Sources: TLT - Long Term Care Trust Fund

Commitment Item	2009-2010	2010-2011	2010-2011	2011-2012			2012-2013		
	Actual	Budget	Authorized	Agency	Executive	Legislative	Agency	Executive	Legislative
Grants and Aid 5100004	184,888	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
Total	184,888	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
Funding Sources									
Trust Fund 4000050	184,888	1,500,000		1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
Total Funding	184,888	1,500,000		1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
Excess Appropriation/(Funding)	0	0		0	0	0	0	0	0
Grand Total	184,888	1,500,000		1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000

Analysis of Budget Request

Appropriation: 642 - DHS Medicaid Expansion Program

Funding Sources: PTA - Medicaid Expansion Program Account

The Medicaid Expansion Program provides appropriation for the administration component of the Medicaid Expansion Program established by Initiated Act 1 of 2000 for the Division of Medical Services. The expanded Medicaid programs are as follows:

1. Expansion of Medicaid coverage and benefits to pregnant women with incomes up to 200 percent of the Federal Poverty Level (approved for implementation November 1, 2001);
2. Expansion of inpatient and outpatient hospital reimbursements and benefits to adults age 19 to 64 to reduce coinsurance payment from 22 percent to 10 percent of the cost of the first Medicaid covered day of each admission and cover additional medically necessary days in the hospital from 20 days up to 24 allowed days per State Fiscal Year (approved for implementation November 1, 2001);
3. Expansion of non-institutional coverage and benefits to adults aged 65 and over. Referred to as ARSeniors, this program extends full Medicaid benefits to adults age 65 and over who have been identified as Qualified Medicare Beneficiaries (QMB) and meet specific income limits (approved for implementation October 1, 2002); and
4. Creation of a limited benefit package to assist adults age 19 to 64 who are uninsured low-wage employees of small Arkansas businesses. This program, ARHealthNetworks, was approved by the Centers for Medicare and Medicaid Services (CMS) as a Section 1115 demonstration waiver through the Health Insurance Flexibility and Accountability (HIFA) office of the Secretary of the federal Department of Health and Human Services. Enrollment in the program began December 20, 2006 with coverage effective January 2007.

Funding for this appropriation is derived from tobacco settlement funds and federal revenue provided through the U. S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Base Level salaries and matching do not include appropriation for a Cost of Living Adjustment or Career Service Payments.

The agency Base Level and total request for this appropriation is \$113,189 each year of the biennium with 2 budgeted Base Level positions.

The Executive Recommendation provides for the Agency Request.

The Legislative Recommendation concurs with the Executive Recommendation.

Appropriation Summary

Appropriation: 642 - DHS Medicaid Expansion Program

Funding Sources: PTA - Medicaid Expansion Program Account

Commitment Item	2009-2010	2010-2011	2010-2011	2011-2012			2012-2013		
	Actual	Budget	Authorized	Agency	Executive	Legislative	Agency	Executive	Legislative
Regular Salaries 5010000	71,743	72,444	81,200	70,844	75,203	75,203	70,844	76,953	76,953
#Positions	2	2	2	2	2	2	2	2	2
Personal Services Matching 5010003	23,699	24,711	25,896	24,372	24,956	24,956	24,372	25,327	25,327
Operating Expenses 5020002	5,447	15,973	15,973	15,973	15,973	15,973	15,973	15,973	15,973
Conference & Travel Expenses 5050009	42	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000
Professional Fees 5060010	0	0	0	0	0	0	0	0	0
Data Processing 5090012	0	0	0	0	0	0	0	0	0
Capital Outlay 5120011	0	0	0	0	0	0	0	0	0
Total	100,931	115,128	125,069	113,189	118,132	118,132	113,189	120,253	120,253
Funding Sources									
Federal Revenue 4000020	50,466	57,564		56,595	59,066	59,066	56,595	60,127	60,127
Tobacco Settlement 4000495	50,465	57,564		56,594	59,066	59,066	56,594	60,126	60,126
Total Funding	100,931	115,128		113,189	118,132	118,132	113,189	120,253	120,253
Excess Appropriation/(Funding)	0	0		0	0	0	0	0	0
Grand Total	100,931	115,128		113,189	118,132	118,132	113,189	120,253	120,253

Tobacco Settlement Funds do not carry forward into the new biennium unless criteria is met as prescribed in Initiated Act 1 of 2000.

Analysis of Budget Request

Appropriation: 648 - Tobacco-Delay Draw-Paying

Funding Sources: PTD - Medicaid Expansion Program Account

Medicaid Expansion Program - Prescription Drugs referenced on page 1269

The Medicaid Expansion Program - Prescription Drugs provides appropriation for the prescription drugs component of the Medicaid Expansion Program established by Initiated Act 1 of 2000. This appropriation is funded through tobacco settlement funds and federal revenue provided through the U. S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

The agency Base Level request for this appropriation is \$2,079,878 each year of the biennium.

The agency Change Level request for this appropriation is \$2,150,758 in FY2012 and \$3,287,536 in FY2013 which includes adjustments for the FMAP reduction. The following delineates the agency's request:

- \$1,150,758 in FY2012 and \$1,287,536 in FY2013 for growth.
- \$1,000,000 in FY2012 and \$2,000,000 in FY2013 in unfunded appropriation to allow the Division the capability to respond to federal and/or state mandates.
- ARRA appropriation is being discontinued.

The Executive Recommendation provides for the Agency Request.

The Legislative Recommendation concurs with the Executive Recommendation.

Medicaid Expansion Program - Hospital and Medical Services referenced on page 1270

The Medicaid Expansion Program - Hospital and Medical Services provides appropriation for the Hospital/Medical component of the Medicaid Expansion Program established by Initiated Act 1 of 2000. This appropriation is funded through tobacco settlement funds and federal revenue provided through the U. S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

The agency Base Level request for this appropriation is \$48,801,739 each year of the biennium.

The agency Change Level request for this appropriation is \$25,969,122 in FY2012 and \$44,661,838 in FY2013 which includes adjustments for the FMAP reduction. The following delineates the agency's request:

- \$13,969,122 in FY2012 and \$29,661,838 in FY2013 for growth.
- \$12,000,000 in FY2012 and \$15,000,000 in FY2013 in unfunded appropriation to allow the Division the capability to respond to federal and/or state mandates.

➤ ARRA appropriation is being discontinued.

The Executive Recommendation provides for the Agency Request.

The Legislative Recommendation concurs with the Executive Recommendation.

Appropriation Summary

Appropriation: 648 - Tobacco-Delay Draw-Paying/Medicaid Expansion Program - Prescription Drugs

Funding Sources: PTD - Medicaid Expansion Program Account

Commitment Item	2009-2010	2010-2011	2010-2011	2011-2012			2012-2013		
	Actual	Budget	Authorized	Agency	Executive	Legislative	Agency	Executive	Legislative
Medicaid Exp-Prescrip Drugs 5100004	1,983,376	2,079,878	12,845,491	4,230,636	4,230,636	4,230,636	5,367,414	5,367,414	5,367,414
Medicaid Exp-Prescrip Drugs-ARRA 215900052	17,426	11,378	0	0	0	0	0	0	0
Total	2,000,802	2,091,256	12,845,491	4,230,636	4,230,636	4,230,636	5,367,414	5,367,414	5,367,414
Funding Sources									
Federal Revenue 4000020	158,665	192,590		192,324	192,324	192,324	193,810	193,810	193,810
Federal Funds-ARRA 4000244	17,426	11,378		0	0	0	0	0	0
Tobacco Settlement 4000495	1,824,711	1,887,288		3,038,312	3,038,312	3,038,312	3,173,604	3,173,604	3,173,604
Total Funding	2,000,802	2,091,256		3,230,636	3,230,636	3,230,636	3,367,414	3,367,414	3,367,414
Excess Appropriation/(Funding)	0	0		1,000,000	1,000,000	1,000,000	2,000,000	2,000,000	2,000,000
Grand Total	2,000,802	2,091,256		4,230,636	4,230,636	4,230,636	5,367,414	5,367,414	5,367,414

Budget exceeds Authorized Appropriation in the Medicaid Exp-Prescription Drugs-ARRA line item due to a transfer from the Miscellaneous Federal Grant Holding Account. Tobacco Settlement Funds do not carry forward into the new biennium unless criteria is met as prescribed in Initiated Act 1 of 2000.

Appropriation Summary

Appropriation: 648 - Tobacco-Delay Draw-Paying/Medicaid Expansion Program - Hospital and Medical Services

Funding Sources: PTD - Medicaid Expansion Program Account

Commitment Item	2009-2010	2010-2011	2010-2011	2011-2012			2012-2013		
	Actual	Budget	Authorized	Agency	Executive	Legislative	Agency	Executive	Legislative
Medicaid Exp-Hosp/Med Svcs 5100004	33,563,975	48,801,739	131,164,332	74,770,861	74,770,861	74,770,861	93,463,577	93,463,577	93,463,577
Medicaid Exp-Hosp/Med Svcs-ARRA 25900052	2,067,179	1,414,950	0	0	0	0	0	0	0
Total	35,631,154	50,216,689	131,164,332	74,770,861	74,770,861	74,770,861	93,463,577	93,463,577	93,463,577
Funding Sources									
Federal Revenue 4000020	25,652,102	37,359,497		46,438,991	46,438,991	46,438,991	58,138,041	58,138,041	58,138,041
Federal Funds-ARRA 4000244	2,067,179	1,414,950		0	0	0	0	0	0
Tobacco Settlement 4000495	7,911,873	11,442,242		16,331,870	16,331,870	16,331,870	20,325,536	20,325,536	20,325,536
Total Funding	35,631,154	50,216,689		62,770,861	62,770,861	62,770,861	78,463,577	78,463,577	78,463,577
Excess Appropriation/(Funding)	0	0		12,000,000	12,000,000	12,000,000	15,000,000	15,000,000	15,000,000
Grand Total	35,631,154	50,216,689		74,770,861	74,770,861	74,770,861	93,463,577	93,463,577	93,463,577

Budget exceeds Authorized Appropriation in the Medicaid Exp-Prescription Drugs-ARRA line item due to a transfer from the Miscellaneous Federal Grant Holding Account. Tobacco Settlement Funds do not carry forward into the new biennium unless criteria is met as prescribed in Initiated Act 1 of 2000.

Analysis of Budget Request

Appropriation: 876 - Nursing Home Closure Costs

Funding Sources: TLT - Long Term Care Trust Fund

Nursing Home Closure Costs appropriation is available in the event the Division of Medical Services finds it necessary to take over the operation of a nursing home in an emergency situation. The purpose of any take-over would be for the protection of the health or property of residents of long-term care facilities, including, but not limited to, the payment for the costs of relocation of residents to other facilities, maintenance and operation of a facility pending correction of deficiencies or closure, and reimbursement of residents for personal funds lost.

Funding for this appropriation is derived from other revenues which are indicated as the Long-Term Care Trust Fund. This fund consist of all moneys and interest received from the imposition of civil penalties levied by the state on long-term care facilities found to be out of compliance with the requirements of federal or state law or regulations.

The agency Base Level and total request for this appropriation is \$50,000 each year of the biennium.

The Executive Recommendation provides for the Agency Request.

The Legislative Recommendation concurs with the Executive Recommendation.

Appropriation Summary

Appropriation: 876 - Nursing Home Closure Costs

Funding Sources: TLT - Long Term Care Trust Fund

Commitment Item	2009-2010	2010-2011	2010-2011	2011-2012			2012-2013		
	Actual	Budget	Authorized	Agency	Executive	Legislative	Agency	Executive	Legislative
Expenses 5900046	0	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000
Total	0	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000
Funding Sources									
Trust Fund 4000050	0	50,000		50,000	50,000	50,000	50,000	50,000	50,000
Total Funding	0	50,000		50,000	50,000	50,000	50,000	50,000	50,000
Excess Appropriation/(Funding)	0	0		0	0	0	0	0	0
Grand Total	0	50,000		50,000	50,000	50,000	50,000	50,000	50,000

Analysis of Budget Request

Appropriation: 878 - Long Term Care Facility Receivership

Funding Sources: DLT - Long Term Care Facility Receivership Fund

As authorized by Arkansas Code Annotated §20-10-901 et seq., the Long Term Care Facility Receivership appropriation is used to pay the expenses of receivers appointed, if a nursing home is placed in receivership. Payment may not be made from this account until a court of law has found that a nursing home has insufficient funds to pay a receiver after all other operating expenses of the facility have been paid. The funding for this appropriation is from reimbursement for services provided by the agency.

The agency Base Level and total request for this appropriation is \$100,000 each year of the biennium.

The Executive Recommendation provides for the Agency Request.

The Legislative Recommendation concurs with the Executive Recommendation.

Appropriation Summary

Appropriation: 878 - Long Term Care Facility Receivership

Funding Sources: DLT - Long Term Care Facility Receivership Fund

Commitment Item	2009-2010	2010-2011	2010-2011	2011-2012			2012-2013		
	Actual	Budget	Authorized	Agency	Executive	Legislative	Agency	Executive	Legislative
Expenses 5900046	0	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000
Total	0	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000
Funding Sources									
Reimbursement 4000425	0	100,000		100,000	100,000	100,000	100,000	100,000	100,000
Total Funding	0	100,000		100,000	100,000	100,000	100,000	100,000	100,000
Excess Appropriation/(Funding)	0	0		0	0	0	0	0	0
Grand Total	0	100,000		100,000	100,000	100,000	100,000	100,000	100,000

Analysis of Budget Request

Appropriation: 896 - DHS–Admin Paying Account

Funding Sources: PWP - Administration Paying

Act 348 of 1985 authorized the reorganization of the Department of Human Services. As part of this reorganization, the Division of Social Services became the Division of Economic and Medical Services. Act 164 of 1995 eliminated the Division of Economic and Medical Services, creating the Division of Medical Services, while functions at the county level were assigned to the Division of County Operations (formerly the Division of Program Operations). The Division of Medical Services' primary responsibility is management of the Arkansas Medicaid program, which was created by the passage of Title XIX of the Social Security Act of 1965, with Arkansas implementing the program on January 1, 1970.

Medicaid enables states to furnish:

- medical assistance to those who have insufficient incomes and resources to meet the costs of necessary medical services
- rehabilitation and other services to help these families and individuals become or remain independent and able to care for themselves

Each state has some sort of Medicaid program to meet the federal mandates and requirements as laid out in Title XIX. Arkansas, however, established a medical care program 26 years before passage of the federal laws requiring health care for the needy: Section 7 of Act 280 of 1939 and Act 416 of 1977 authorized the State of Arkansas to establish and maintain a medical care program for the indigent and vested responsibility for regulating and administering the program in the Arkansas Department of Human Services. This program receives federal grants under Title XIX. Thus Arkansas Medicaid is a joint federal and state program that provides necessary medical services to eligible persons who are not able to pay for such services. Individuals are certified as eligible for Medicaid services through the state's county Human Services Offices or District Social Security Offices. The Social Security Administration automatically sends SSI recipient information to DHS.

The Arkansas Medicaid Program is divided into three (3) forms of services:

1. Services Mandated by the Federal Government
2. Optional Services Chosen by Arkansas
3. Waivers Approved by the Centers for Medicare and Medicaid Services (CMS)

These services are as follows:

Services Mandated by the Federal Government:

- Child Health Services (EPSDT - Early and Periodic Screening, Diagnosis and Treatment)
- Family Planning
- Federally Qualified Health Centers (FQHC)
- Home Health
- Hospital, Inpatient and Outpatient
- Laboratory and X-Ray

- Medical and Surgical Services of a Dentist
- Nurse Midwife
- Nurse Practitioner (Family and Pediatric)
- Nursing Facility Services (Age 21 or Older)
- Physician
- Rural Health Clinics (RHC)
- Transportation to and from medical providers (is also a federal requirement when the transportation is medically necessary)

Optional Services Chosen by Arkansas:

- ✓ Ambulatory Surgical Center Services
- ✓ Audiological Services (Under Age 21)
- ✓ Certified Registered Nurse Anesthetist (CRNA)
- ✓ Child Health Management Services (CHMS) (Under Age 21)
- ✓ Chiropractic Services
- ✓ Dental Services
- ✓ Developmental Day Treatment Clinic Services (DDTCS) (Preschool and Age 18 or Older)
- ✓ Developmental Rehabilitation Services (Under Age 3)
- ✓ Domiciliary Care Services
- ✓ Durable Medical Equipment
- ✓ End-Stage Renal Disease (ESRD) Facility Services
- ✓ Hearing Aid Services
- ✓ Hospice Services
- ✓ Hyperalimentation Services
- ✓ Independent Choices
- ✓ Inpatient Psychiatric Services Under Age 21
- ✓ Intermediate Care Facility Services for Mentally Retarded
- ✓ Licensed Mental Health Practitioner Services (Under Age 21)
- ✓ Medical Supplies
- ✓ Medicare Crossovers
- ✓ Nursing Facility Services (Under Age 21)
- ✓ Occupational, Physical, Speech Therapy Services (Under Age 21)
- ✓ Orthotic Appliances
- ✓ Program of All-Inclusive Care for the Elderly (PACE)
- ✓ Personal Care Services
- ✓ Podiatrist Services
- ✓ Portable X-Ray Services
- ✓ Prescription Drugs
- ✓ Private Duty Nursing Services (for Ventilator-Dependent All Ages and High-Tech Non-Ventilator Dependent Persons (Under 21))

- ✓ Prosthetic Devices
- ✓ Radiation Therapy Center
- ✓ Rehabilitative Hospital Services
- ✓ Rehabilitative Services for Persons with Mental Illness (RSPMI)
- ✓ Rehabilitative Services for Persons with Physical Disabilities (RSPD) (Under Age 21)
- ✓ Rehabilitative Services for Youth and Children (RSYC) (Under Age 21)
- ✓ Respiratory Care Services (Under Age 21)
- ✓ School-Based Mental Health Services (Under Age 21)
- ✓ Targeted Case Management for Pregnant Women
- ✓ Targeted Case Management Beneficiaries Age 60 and Older
- ✓ Targeted Case Management for Beneficiaries of Children's Services (Under 21)
- ✓ Targeted Case Management for Beneficiaries of Children's Services who are SSI Beneficiaries or TEFRA Waiver Beneficiaries (Under Age 16)
- ✓ Targeted Case Management for Beneficiaries in the Division of Children and Family Services (Under Age 21)
- ✓ Targeted Case Management for Beneficiaries in the Division of Youth Services (Under Age 21)
- ✓ Targeted Case Management for Beneficiaries Age 21 and under with a Developmental Disability
- ✓ Targeted Case Management for Beneficiaries Age 22 and over with a Developmental Disability
- ✓ Targeted Case Management Services for other Beneficiaries Under Age 21
- ✓ Transportation Services (Ambulance, Non-Emergency)
- ✓ Ventilator Equipment
- ✓ Visual Services

Waivers Approved by the Centers for Medicare and Medicaid Services (CMS):

- ❖ Alternatives for Adults with Physical Disabilities Waiver
- ❖ AR HealthNetWorks
- ❖ ArKids B Waiver
- ❖ DDS Alternative Community Services Waiver
- ❖ ElderChoices Waiver
- ❖ Living Choices (Assisted Living)
- ❖ Non-Emergency Transportation
- ❖ Tax Equity Fiscal Responsibility Act of 1982 (TEFRA)
- ❖ Women's Health (Family Planning)

The Arkansas Medicaid Program does have limitations on the services that are provided. The major benefit limitations on services for adults (age 21 and older) are as follows:

- Twelve visits to hospital outpatient departments allowed per state fiscal year.
- A total of twelve office visits allowed per state fiscal year for any combination of the following: certified nurse midwife, physician, medical services provided by a dentist, medical services furnished by an optometrist, and Rural Health Clinics.

- One basic family planning visit and three (3) periodic family planning visits per state fiscal year. Family planning visits are not counted toward other service limitations.
- Lab and x-ray services limited to total benefit payment of \$500 per state fiscal year, except for EPSDT beneficiaries.
- Three pharmaceutical prescriptions are allowed per month (family planning and smoking cessation prescriptions are not counted against benefit limit; unlimited prescriptions for nursing facility beneficiaries and EPSDT beneficiaries under age 21). Extensions will be considered up to a maximum of six (6) prescriptions per month for beneficiaries at risk of institutionalization. Beneficiaries receiving services through the Independent Choices waiver may receive up to nine (9) medically necessary prescriptions per month. Medicare-Medicaid beneficiaries (dual eligibles) are no longer eligible for Medicaid prescription drug benefits after January 1, 2006.
- Inpatient hospital days limited to 24 per state fiscal year, except for EPSDT beneficiaries and certain organ transplant patients.
- Co-insurance: Some beneficiaries must pay 10% of first Medicaid covered day of hospital stay.
- Beneficiaries in the Working Disabled aid category must pay 25% of the charges for the first Medicaid covered day of inpatient hospital services and must also pay co-insurance for some additional services.
- Some beneficiaries must pay \$.50 - \$3 of every prescription, and \$2 on the dispensing fee for prescription services for eyeglasses. Beneficiaries in the Working Disabled aid category must pay a higher co-payment for these services and also must pay co-payments for some additional services.

Additional Information for limitations relating to children:

- The families of some children are responsible for coinsurance, co-payments, or premiums.
- Co-insurance: Arkids B beneficiaries must pay 20% of the charges for the first Medicaid covered day of inpatient hospital services and must also pay co-insurance for some outpatient services.
- Co-Pay: Arkids B beneficiaries must pay a higher co-payment for these services and also must pay co-payments for some outpatient services.
- Premiums: Based on family income certain TEFRA beneficiaries must pay a premium.

Any and all exceptions to benefit limits are based on medical necessity.

The Division consists of the Director's Office and six (6) distinct organizational units:

Medical Services: The Office of Medical Services includes the following operations: Program Integrity, Medical Assistance and Utilization Review. The Program Integrity section is federally mandated to comply with federal regulations outlined in 42 CFR Part 455 and 456. The goal of the Program Integrity section is to ensure payments are consistent with the quality of care being provided, verify that medical services are medically necessary and rendered as billed, payments for services are correct and funds identified for collection are pursued. Program Integrity performs on site reviews to ensure providers are in compliance with Medicaid policy. The Medical Assistance section administers the Dental, Visual and Child Health Services (EPSDT) Medicaid programs and oversees the non-emergency transportation program, Medicaid Managed Care Systems and ConnectCare programs. This section also assists providers and beneficiaries in resolving matters related to billing and coverage. The Utilization Review section develops healthcare policies based on recognized standards of care, current healthcare initiatives and participation from community stakeholders to ensure adequate coverage benefits for Medicaid beneficiaries. Utilization review monitors the quality and medical necessity of services delivered by Medicaid health care providers. In addition this section is responsible for the prior

authorization of medically necessary services such as transplants, extension of benefits, prosthetics, hearing aids, hyperalimentation services and out of state transportation.

Medicaid Management, Information, and Performance (MMIP): The Office of Medicaid Management, Information, and Performance is responsible for administering the Medicaid Management Information System (MMIS) which processes all Medicaid claims. The MMIS Systems and Support Unit procures and administers the contracted fiscal agent that operates the MMIS. This Unit also monitors the fiscal agent's contract compliance, performs quality assurance reviews on how the MMIS operates, manages requests for modifications to the MMIS, develops enhancements to the MMIS, and develops and produces reports from the Medicaid data warehouse.

Long Term Care: The Office of Long Term Care (OLTC) is the unit of state government responsible for the regulation of long term care facilities in Arkansas. These facilities include Nursing Homes, Intermediate Care Facilities for the Mentally Retarded (ICF/MR), Residential Care Facilities (RCF), Adult Day Care, Adult Day Health Care, Post-Acute Head Injury Facilities, Assisted Living Facilities (ALF) and Psychiatric Residential Treatment Facilities (PRTF). This regulation of facilities includes conducting on-site inspections of facilities, investigations of complaints against facilities, medical need determinations for placement into facilities, and licensure of facilities and facility administrators. In addition, the Office of Long Term Care administers a criminal record background check on the employees and applicants and of facilities the Office regulates, and the Office is responsible for the administration of the training and certification of Certified Nursing Assistance (CNAs), who are long term care facility caregivers that are employed in long term care facilities and hospital-based facilities. The Office of Long Term Care includes the following operations: Quality Assurance & Support, Survey & Certification, Special Programs, Abuse & Neglect, and State Regulated Facilities.

Program and Administrative Support: The Office of Program and Administrative Support includes the following operations: Financial Activities, Provider Reimbursement and Third Party Liability. The Financial Activities unit performs such functions as program and operational budgeting, expenditure monitoring and evaluation, federal and state reporting, and administrative support such as personnel management, contract issuance and management, requests for proposals, and the preparation of interagency agreements. The Provider Reimbursement unit is responsible for maintaining rate files, establishing and administering methodologies for provider reimbursements, including cost reports and cost settlements, and financial aspects of the Office of Long-Term Care such as budgeting, reimbursement, and audits of provider cost reports. The Third Party Liability area is responsible for implementing cost-avoidance procedures to prevent the payment of Medicaid money when other (third) parties such as private insurance companies should pay the claim. In addition, in those instances where cost-avoidance is not successful, the Third Party Liability unit is responsible for pursuing recoupment of Medicaid monies.

Pharmacy: The Pharmacy Office is responsible for assuring that medically necessary pharmaceutical therapy is provided to Arkansas Medicaid recipients. It seeks to deliver these services cost effectively while complying with all state and federal requirements. The OBRA 90 statute requires states to cover all outpatient drugs by a manufacturer who signs a rebate agreement with the Centers for Medicare / Medicaid (CMS) as well as to establish a Drug Utilization Review (DUR) Board which is under the direction of the Pharmacy Office. The Office researches clinical data, develops the clinical criteria and edits for various drugs and drug classes, then works directly with the state's fiscal agent to apply the criteria and edits within the software, is the project manager for the stated Evidenced-based prescription drug program, researches and reviews claims information to assist providers, beneficiaries and interested parties and researches exception criteria to assist

physicians.

Policy, Program and Contract Oversight: The Policy, Program and Contract Oversight consists of three units. The Program Planning and Development (PPD) unit develops and maintains the Medicaid State Plan and the State's Child Health Insurance Program Plan, both required by CMS. This Unit develops and maintains fifty-seven (57) different Medicaid provider policy manuals, which include information on covered services, benefit limits, prior approvals, and billing procedures. The Waiver Quality Assurance unit is responsible for monitoring operation of the Medicaid waiver programs. The Waiver QA unit assures compliance with CMS requirements for operating the waivers through case reviews, data analysis, technical assistance to operating agencies, communication and coordination with CMS, developing new waivers and amendments to existing waivers, and developing QA strategies and interagency agreements for the waivers. The Contract Oversight unit is responsible for assisting program and contract staff in developing performance indicators for contracts and monitoring the performance of all Division of Medical Services contractors.

The agency is funded through general revenue (DEM - Medical Services Fund Account), federal and other revenues. Federal revenue is provided through the U. S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Other revenues which are indicated as various program support are derived from Third Party Liability Recovery, Nurse Aide Training and Long Term Care Licensure Fees.

Base Level salaries and matching do not include appropriation for a Cost of Living Adjustment or Career Service Payments.

The agency Base Level request for this appropriation is \$24,615,339 each year of the biennium with 318 budgeted base level positions.

The agency Change Level request for this appropriation is \$1,024,225 each year of the biennium with no new general revenue request. The following delineates the agency's request:

- Transfer one (1) position to the Division of Aging and Adult Services with salary and matching appropriation to support the public guardianship office.
- Transfer one (1) position from the Division of Aging and Adult Services with salary and matching appropriation to assist in the program development/quality assurance unit.
- Transfer one (1) position from the Division of Administrative Services with salary and matching appropriation to perform waiver budget preparation and budget neutrality functions.
- Transfer two (2) positions from the Division of Children and Family Services with salary and matching appropriation to lead projects associated with planning, development and implementation of programs and systems requirements.
- Transfer one (1) position from the Division of Development Disabilities Services with salary and matching appropriation to perform leadership responsibilities for monitoring and evaluating the performance for all professional services contracts.
- Transfer one (1) position from the Division of Services for the Blind with salary and matching appropriation to provide oversight of the Medicaid coding structure and rate files for non-institutional reimbursement.
- Transfer two (2) positions from the Division of Youth Services with salary and matching appropriation to support federal reporting,

grants and funds management, reconciliations and Medicaid accounts receivable associated with Program Integrity identified overpayments and to support planning, development and implementation of the new Medicaid Management Information System.

- Transfer one (1) position from the Division of Behavioral Health Services with salary and matching appropriation to function as Chief Operating Officer to work with the Division Director and Assistant Directors to develop and implement strategic plans and review policies, programs, federal and state regulatory mandates and budgetary needs and expenditures.
- Transfer one (1) position from the Office of Chief Counsel with salary and matching appropriation to assist in rendering Medicaid eligibility opinions in accordance with federal and state guidelines.
- Restoration of six (6) positions that are authorized but not budgeted with salary and matching appropriation only to assist in meeting established staffing patterns.
- \$21,864 each year of the biennium for the Operating Expenses line item for rent of facilities.
- \$195,000 each year of the biennium for the Capital Outlay line item for equipment and the sales tax on three (3) replacement vehicles each year if funds become available and any equipment costs associated with the replacement of the Medicaid Management Information System.

The Executive Recommendation provides for the Agency Request. The capital outlay that has been recommended for vehicles is to replace aging, high mileage vehicles in accordance with A.C.A. §22-8-201 et seq., Automobile and Pickup Truck Acquisition Act, which establishes guidelines for automobile replacement.

The Legislative Recommendation concurs with the Executive Recommendation.

Appropriation Summary

Appropriation: 896 - DHS--Admin Paying Account

Funding Sources: PWP - Administration Paying

Commitment Item		2009-2010	2010-2011	2010-2011	2011-2012			2012-2013		
		Actual	Budget	Authorized	Agency	Executive	Legislative	Agency	Executive	Legislative
Regular Salaries	5010000	13,911,397	15,601,940	15,696,747	15,987,356	16,610,131	16,610,131	15,987,356	16,914,610	16,914,610
#Positions		312	318	324	333	333	333	333	333	333
Extra Help	5010001	104,938	126,892	126,892	126,892	126,892	126,892	126,892	126,892	126,892
#Extra Help		7	7	7	7	7	7	7	7	7
Personal Services Matching	5010003	4,055,687	4,571,773	4,712,682	4,956,137	5,060,895	5,060,895	4,956,137	5,123,501	5,123,501
Overtime	5010006	0	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
Operating Expenses	5020002	3,125,900	3,446,243	3,446,243	3,468,107	3,468,107	3,468,107	3,468,107	3,468,107	3,468,107
Conference & Travel Expenses	5050009	170,995	246,340	246,340	246,340	246,340	246,340	246,340	246,340	246,340
Professional Fees	5060010	293,965	355,132	355,132	355,132	355,132	355,132	355,132	355,132	355,132
Data Processing	5090012	0	0	0	0	0	0	0	0	0
Capital Outlay	5120011	87,269	195,000	195,000	195,000	195,000	195,000	195,000	195,000	195,000
Data Processing Services	5900044	84,775	299,600	299,600	299,600	299,600	299,600	299,600	299,600	299,600
ARRA of 2009	5900052	0	0	458,025	0	0	0	0	0	0
Total		21,834,926	24,847,920	25,541,661	25,639,564	26,367,097	26,367,097	25,639,564	26,734,182	26,734,182

Funding Sources										
General Revenue	4000010	4,757,617	4,997,626		4,958,217	5,105,179	5,105,179	4,958,217	5,179,330	5,179,330
Federal Revenue	4000020	13,594,104	15,548,642		15,400,322	15,854,303	15,854,303	15,400,322	16,083,364	16,083,364
Various Program Support	4000730	3,483,205	4,301,652		4,278,664	4,405,254	4,405,254	4,278,664	4,469,127	4,469,127
Total Funding		21,834,926	24,847,920		24,637,203	25,364,736	25,364,736	24,637,203	25,731,821	25,731,821
Excess Appropriation/(Funding)		0	0		1,002,361	1,002,361	1,002,361	1,002,361	1,002,361	1,002,361
Grand Total		21,834,926	24,847,920		25,639,564	26,367,097	26,367,097	25,639,564	26,734,182	26,734,182

Analysis of Budget Request

Appropriation: 897 - DHS-Grants Paying Account

Funding Sources: PWD - Grants Paying

Private Nursing Home Care Appropriation referenced on page 1288

The Private Nursing Home Care appropriation pays expenses for individuals who reside in nursing homes and are eligible to receive Medicaid Benefits. The residents in nursing home facilities have chronic, medical needs. The referring physician must certify medical need with documented evidence of why services are needed in order for a person to be admitted and remain in a nursing home. Each Medicaid certified nursing facility evaluates each nursing home applicant's need for nursing home services. A thorough and complete evaluation must be conducted to ensure that individuals who do not require nursing home services are not admitted to nursing facilities. For Medicaid eligible recipients, the Office of Long Term Care cannot guarantee Medicaid reimbursement for any applicant admitted prior to approval by the Office of Long Term Care Medical Needs Determination section. No applicant with diagnoses or other indicators of mental illness, mental retardation, or developmental disabilities may be admitted to nursing home care prior to evaluation and approval by the Office of Long Term Care.

In general, nursing homes provide total care for their residents--meeting needs from social to dietary to medical. They are staffed by licensed nurses and certified nursing assistants. Nursing homes accept a variety of payment methods, such as private pay (which includes insurance), Medicaid, and Medicare. No age requirement applies to nursing home placements.

In addition to the provider payments noted above, Act 689 of 1987 created the Long Term Care Aide Training program. Under this Act, the Office of Long Term Care was required to establish a training program to be completed by all aides in long term care facilities who provide personal care to residents. This program consists of 75 hours of training and is payable from the Private Nursing Home Care appropriation.

Funding for this program is derived from general revenues (DGF - DHS Grants Fund Account), federal and other revenues. Federal revenue derived from Title XIX - Medicaid, U. S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Other revenues which are indicated as quality assurance fee per Act 635 of 2001, various program support which can include nursing home administration fees and Medicaid match, miscellaneous transfers derived from Arkansas Code Annotated §17-24-305(b)(1)(A), and the Medicaid Trust Fund.

The agency Base Level request for this appropriation is \$571,374,213 each year of the biennium with general revenue of \$78,804,823.

The agency Change Level request for this appropriation is \$68,420,098 in FY2012 and \$99,435,878 in FY2013 with general revenue request of \$0 in FY2012 and \$42,245,234 in FY2013 which includes adjustments for the FMAP reduction. The following delineates the agency's request:

- \$53,420,098 in FY2012 and \$83,235,878 in FY2013 for growth.

- \$15,000,000 in FY2012 and \$16,200,000 in FY2013 in unfunded appropriation to allow the Division the capability to respond to federal and/or state mandates.
- ARRA appropriation is being discontinued.

The Executive Recommendation provides for the Agency Request.

In summary, the Executive Recommendation for new general revenue above the Base Level is:

- \$36,442,482 in FY2013 for growth; and
- \$5,802,752 in FY2013 for the FMAP change.

The Legislative Recommendation concurs with the Executive Recommendation.

Prescription Drugs Appropriation referenced on page 1289

The Prescription Drugs appropriation is an optional Medicaid service chosen by Arkansas. The program allows eligible recipients to obtain prescription medication through participating pharmacies in Arkansas. Reimbursement for the program is based on the drug cost and the fee for dispensing pharmaceuticals. The Omnibus Budget Reconciliation Act of 1990 authorized rebates from pharmaceutical manufacturers. The federal share is returned and the amount retained by the state is calculated based upon the state matching rate for Medicaid.

Funding for this program is derived from general revenues (DGF - DHS Grants Fund Account), federal and other revenues. Federal revenue derived from Title XIX - Medicaid, U. S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Other revenues which are indicated as drug rebates, Medicaid Trust Fund, and various program support which can include Medicaid match.

The agency Base Level request for this appropriation is \$330,998,852 each year of the biennium with general revenue of \$77,958,303.

The agency Change Level request for this appropriation is \$47,739,294 in FY2012 and \$54,276,890 in FY2013 with general revenue request of \$0 in FY2012 and \$30,690,251 in FY2013 which includes adjustments for the FMAP reduction. The following delineates the agency's request:

- \$27,739,294 in FY2012 and \$32,676,890 in FY2013 for growth.
- \$20,000,000 in FY2012 and \$21,600,000 in FY2013 in unfunded appropriation to allow the Division the capability to respond to federal and/or state mandates.
- ARRA appropriation is being discontinued.

The Executive Recommendation provides for the Agency Request.

In summary, the Executive Recommendation for new general revenue above the Base Level is:

- \$27,708,811 in FY2013 for growth; and

- \$2,981,440 in FY2013 for the FMAP change.

The Legislative Recommendation concurs with the Executive Recommendation.

Hospital and Medical Services Appropriation referenced on page 1290

The Hospital and Medical Services appropriation is one of several federally supported and state administered assistance programs within the Medicaid program and consists of many services including inpatient and outpatient hospital, community mental health centers, community health centers, rural health clinics, home health, private duty nursing, personal care, hospice, practitioners such as physicians, dentists, audiologist, psychologist, speech, occupational and physical therapists, maternity clinics, family planning, laboratory and x-ray services, case management, transportation and Early and Periodic Screening, Diagnosis and Treatment (EPSDT) for children under 21 years of age which is the Child Health Services Program. Waiver services are also included in this appropriation. Waiver services are those that the Centers for Medicare and Medicaid Services have waived traditional provisions of the Medicaid regulations and allow deviations in how and where the services are provided and include programs such as Elderchoices, DDS-Non-institutional Waiver and Adults with Physical Disabilities. Payments are made directly to providers for services for individuals who are eligible for Medicaid services. The State establishes reimbursement rates and the methodology for rate setting. However, the Centers for Medicare and Medicaid Services must approve the state's policy(ies) and regulations in order for the State to be in compliance with guidelines established in federal law.

Funding for this program is derived from general revenues (DGF - DHS Grants Fund Account), federal and other revenues. Federal revenue derived from Title XIX - Medicaid, U. S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Other revenues which are indicated as Medicaid Trust Fund, insurance premium tax per Act 2222 of 2005, intermediate care facilities for individuals with developmental disabilities or ICF/MR provider fee per Act 433 of 2009, hospital assessment fee per Act 562 of 2009, and as various program support which can include matching funds from UAMS (from general revenue), Department of Education (from cash funds), Arkansas Children's Hospital, DHS Divisions (from general revenue) for services such as Therapies, Transportation, Waiver services, UPL-Upper Payment Limit match, DSH-Disproportionate Share Hospital payments, etc. Additionally, tobacco settlement funding can be utilized in this appropriation if Act 2 of the First Extraordinary Session of 2002 section 11 is invoked and approved by the Governor and the Chief Fiscal Officer of the State.

The agency Base Level request for this appropriation is \$3,074,471,484 each year of the biennium with general revenue of \$492,832,389.

The agency Change Level request for this appropriation is \$510,057,147 in FY2012 and \$702,099,232 in FY2013 with general revenue request of \$0 in FY2012 and \$185,777,979 in FY2013 which includes adjustments for the FMAP reduction and suspension of 22 million in optional Hospital/Medical expansions that were included in base level. The following delineates the agency's request:

- \$278,898,821 in FY2012 and \$470,099,232 in FY2013 for growth.
- \$80,000,000 in FY2012 and \$70,000,000 in FY2013 for new Medicaid Management Information System (MMIS).
- \$151,158,326 in FY2012 and \$162,000,000 in FY2013 in unfunded appropriation to allow the Division the capability to respond to federal and/or state mandates.

- ARRA appropriation is being discontinued.

The Executive Recommendation provides for the Agency Request for appropriation and \$98,478,362 in new general revenue in FY2013 pending further implementation of the federal Patient Protection and Affordable Care Act of 2010 and decisions by the Centers for Medicare & Medicaid Services regarding the state fiscal year 2013 Arkansas Medicaid Program. Additionally, the Executive Recommendation provides for the projected excess balance of \$8,726,844 in FY2012 and \$31,398,792 in FY2013 in the Medicaid Expansion Program Account be used to fund the Hospital and Medical Services appropriation in the 2011-2013 Biennium. The agency will be complying with Section 8 of Initiated Act 1 of 2000 which provides for the carry forward Tobacco Settlement Fund balance into a new biennium. The agency will invoke section 11 of Act 2 of the First Extraordinary Session of 2002 (A.C.A. §19-12-119) to maximize Tobacco Settlement Fund usage.

In summary, the Executive Recommendation for new general revenue above the Base Level is:

- \$59,091,779 in FY2013 for growth; and
- 10,500,000 in FY2013 for new Medicaid Management Information System; and
- \$28,886,583 in FY2013 for the FMAP change.

The Legislative Recommendation provides for the Executive Recommendation with additional appropriation of \$26,161,539 in FY2012 and \$41,854,590 in FY2013 and additional general revenue of \$6,342,776 in FY2012 and \$10,762,434 in FY2013.

ARKIDS B Program Appropriation referenced on page 1291

The ArKids B program appropriation provides medical services for children who are without medical insurance coverage. Many of the parents of these children are employed but are unable to afford the necessary coverage for their children. The parents earn sufficient salaries that make them ineligible for coverage by Medicaid, thereby leaving the children without medical care.

ArKids B Program is an optional Medicaid service chosen by Arkansas and is authorized through a federal waiver to the Medicaid program that expands coverage to children in families with income at or below 200 percent of the federal poverty level. Services are available only to children through 18 years of age and are otherwise ineligible to receive Medicaid benefits. Each child must have a Primary Care Physician who will either provide the needed services or make the appropriate referral for medically necessary treatment. A patient co-payment is required per physician visit and per prescription. Effective July 1, 2006, DHS set an annual cap on cost-sharing (co-payments and coinsurance) for ARKids B families. The annual cost-sharing cap is 5% of the family's annual gross (before taxes) income.

The ArKids B Program appropriation has two (2) components and they are as follows:

- Prescription Drugs
- Hospital/Medical

Prescription Drugs component has coverage limits based on medical necessity with a \$5 per prescription co-pay and the recipient must use generic and rebate manufactures.

Generally, the Hospital/Medical component benefits include such programs as inpatient hospital, physician visits, vision care (1 visit per year for routine exam and 1 pair of eyeglasses), dental services (2 visits per year for cleaning, x-rays, no orthodontia), medical supplies, home health services and emergency room services, ambulance (emergency only), ambulatory surgical center, durable medical equipment (\$500 per year), family planning, FQHC, nurse midwife, outpatient mental and behavior health (\$2,500 limit), podiatry, RHC and speech therapy with some form of co-pay required. Immunizations and preventative health screenings per protocols provided by the primary care physician or Division of Health require no patient co-payments.

Funding for this program is derived from general revenues (DGF - DHS Grants Fund Account), federal and other revenues. Federal revenue derived from Title XIX - Medicaid, U. S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Other revenues, which are indicated as various program support, can include Medicaid match.

The agency Base Level request for this appropriation is \$109,108,809 each year of the biennium with general revenue of \$21,988,534.

The agency Change Level request for this appropriation is \$6,533,616 in FY2012 and \$9,764,608 in FY2013 with general revenue request of \$0 in FY2012 and (\$333,650) in FY2013 which includes adjustments for the FMAP reduction and suspension of 11 million in optional ArKids expansions that were included in base level. ARRA appropriation is being discontinued.

The Executive Recommendation provides for the Agency Request.

The Legislative Recommendation concurs with the Executive Recommendation.

Appropriation Summary

Appropriation: 897 - DHS-Grants Paying Account/Private Home Nursing Care

Funding Sources: PWD - Grants Paying

Commitment Item	2009-2010	2010-2011	2010-2011	2011-2012			2012-2013		
	Actual	Budget	Authorized	Agency	Executive	Legislative	Agency	Executive	Legislative
Private Nursing Home Care 5100004	517,846,769	571,374,213	618,038,129	639,794,311	639,794,311	639,794,311	670,810,091	670,810,091	670,810,091
Private Nursing Hm Care-ARRA 2009 5900052	44,647,460	25,876,214	134,694,759	0	0	0	0	0	0
Total	562,494,229	597,250,427	752,732,888	639,794,311	639,794,311	639,794,311	670,810,091	670,810,091	670,810,091

Funding Sources									
General Revenue 4000010	45,675,596	78,804,823		78,804,823	78,804,823	78,804,823	121,050,057	121,050,057	121,050,057
Federal Revenue 4000020	410,153,927	427,957,187		442,630,084	442,630,084	442,630,084	462,724,925	462,724,925	462,724,925
Trust Fund 4000050	0	0		4,852,962	4,852,962	4,852,962	0	0	0
Federal Funds-ARRA 4000244	44,647,460	25,876,214		0	0	0	0	0	0
Miscellaneous Transfers 4000355	115,000	115,000		115,000	115,000	115,000	115,000	115,000	115,000
Quality Assurance Fee 4000395	61,902,246	64,438,630		67,425,906	67,425,906	67,425,906	70,661,536	70,661,536	70,661,536
Various Program Support 4000730	0	58,573		30,965,536	30,965,536	30,965,536	58,573	58,573	58,573
Total Funding	562,494,229	597,250,427		624,794,311	624,794,311	624,794,311	654,610,091	654,610,091	654,610,091
Excess Appropriation/(Funding)	0	0		15,000,000	15,000,000	15,000,000	16,200,000	16,200,000	16,200,000
Grand Total	562,494,229	597,250,427		639,794,311	639,794,311	639,794,311	670,810,091	670,810,091	670,810,091

Appropriation Summary

Appropriation: 897 - DHS-Grants Paying Account/Prescription Drugs

Funding Sources: PWD - Grants Paying

Commitment Item		2009-2010	2010-2011	2010-2011	2011-2012			2012-2013		
		Actual	Budget	Authorized	Agency	Executive	Legislative	Agency	Executive	Legislative
Prescription Drugs	5100004	295,044,925	330,998,852	480,599,452	378,738,146	378,738,146	378,738,146	385,275,742	385,275,742	385,275,742
Prescription Drugs-ARRA 2009	5900052	23,049,129	12,949,459	94,544,574	0	0	0	0	0	0
Total		318,094,054	343,948,311	575,144,026	378,738,146	378,738,146	378,738,146	385,275,742	385,275,742	385,275,742

Funding Sources										
General Revenue	4000010	52,405,996	77,958,303		77,958,303	77,958,303	77,958,303	108,648,554	108,648,554	108,648,554
Federal Revenue	4000020	214,730,136	227,279,261		227,011,589	227,011,589	227,011,589	228,748,098	228,748,098	228,748,098
Trust Fund	4000050	0	0		16,089,828	16,089,828	16,089,828	0	0	0
Drug Rebates	4000200	27,908,793	25,761,288		26,018,901	26,018,901	26,018,901	26,279,090	26,279,090	26,279,090
Federal Funds-ARRA	4000244	23,049,129	12,949,459		0	0	0	0	0	0
Various Program Support	4000730	0	0		11,659,525	11,659,525	11,659,525	0	0	0
Total Funding		318,094,054	343,948,311		358,738,146	358,738,146	358,738,146	363,675,742	363,675,742	363,675,742
Excess Appropriation/(Funding)		0	0		20,000,000	20,000,000	20,000,000	21,600,000	21,600,000	21,600,000
Grand Total		318,094,054	343,948,311		378,738,146	378,738,146	378,738,146	385,275,742	385,275,742	385,275,742

Appropriation Summary

Appropriation: 897 - DHS-Grants Paying Account/Hospital and Medical Services

Funding Sources: PWD - Grants Paying

Commitment Item	2009-2010	2010-2011	2010-2011	2011-2012			2012-2013		
	Actual	Budget	Authorized	Agency	Executive	Legislative	Agency	Executive	Legislative
Hospital and Medical Services 5100004	2,689,970,109	3,074,471,484	3,545,563,906	3,584,528,631	3,584,528,631	3,610,690,170	3,776,570,716	3,776,570,716	3,818,425,306
Hospital & Medical Srvs-ARRA 2009 5900052	219,849,893	124,379,652	646,455,077	0	0	0	0	0	0
Total	2,909,820,002	3,198,851,136	4,192,018,983	3,584,528,631	3,584,528,631	3,610,690,170	3,776,570,716	3,776,570,716	3,818,425,306

Funding Sources									
General Revenue 4000010	519,084,237	492,832,389		492,832,389	492,832,389	499,175,165	678,610,368	591,310,751	602,073,185
Federal Revenue 4000020	2,120,085,151	2,310,512,363		2,466,118,066	2,466,118,066	2,485,936,829	2,587,025,139	2,376,068,463	2,407,160,619
Trust Fund 4000050	0	147,136,702		208,228,725	208,228,725	208,228,725	173,247,000	173,247,000	173,247,000
Federal Funds-ARRA 4000244	219,849,893	124,379,652		0	0	0	0	0	0
Hospital Assessment Fee 4000281	0	38,881,700		56,582,819	56,582,819	56,582,819	38,881,700	38,881,700	38,881,700
ICF/MR Provider Fee 4000282	0	8,703,003		15,037,452	15,037,452	15,037,452	10,002,390	10,002,390	10,002,390
Insurance Premium Tax 4000298	0	0		10,991,568	10,991,568	10,991,568	0	0	0
Tobacco Settlement 4000495	0	0		8,726,844	8,726,844	8,726,844	31,398,792	31,398,792	31,398,792
Various Program Support 4000730	50,800,721	76,405,327		174,852,442	174,852,442	174,852,442	95,405,327	95,405,327	95,405,327
Total Funding	2,909,820,002	3,198,851,136		3,433,370,305	3,433,370,305	3,459,531,844	3,614,570,716	3,316,314,423	3,358,169,013
Excess Appropriation/(Funding)	0	0		151,158,326	151,158,326	151,158,326	162,000,000	460,256,293	460,256,293
Grand Total	2,909,820,002	3,198,851,136		3,584,528,631	3,584,528,631	3,610,690,170	3,776,570,716	3,776,570,716	3,818,425,306

Appropriation Summary

Appropriation: 897 - DHS-Grants Paying Account/ARKids B Program

Funding Sources: PWD - Grants Paying

Commitment Item		2009-2010	2010-2011	2010-2011	2011-2012			2012-2013		
		Actual	Budget	Authorized	Agency	Executive	Legislative	Agency	Executive	Legislative
ARKids B Program	5100004	92,964,255	109,108,809	176,646,045	115,642,425	115,642,425	115,642,425	118,873,417	118,873,417	118,873,417
ARKids B Program-ARRA 2009	5900052	440,163	253,559	27,377,439	0	0	0	0	0	0
Total		93,404,418	109,362,368	204,023,484	115,642,425	115,642,425	115,642,425	118,873,417	118,873,417	118,873,417

Funding Sources										
General Revenue	4000010	21,168,303	21,988,534		21,988,534	21,988,534	21,988,534	21,654,884	21,654,884	21,654,884
Federal Revenue	4000020	71,795,952	87,120,275		79,558,658	79,558,658	79,558,658	81,218,533	81,218,533	81,218,533
Federal Funds-ARRA	4000244	440,163	253,559		0	0	0	0	0	0
Various Program Support	4000730	0	0		253,559	253,559	253,559	0	0	0
Total Funding		93,404,418	109,362,368		101,800,751	101,800,751	101,800,751	102,873,417	102,873,417	102,873,417
Excess Appropriation/(Funding)		0	0		13,841,674	13,841,674	13,841,674	16,000,000	16,000,000	16,000,000
Grand Total		93,404,418	109,362,368		115,642,425	115,642,425	115,642,425	118,873,417	118,873,417	118,873,417

Analysis of Budget Request

Appropriation: 898 - DHS-Grants Paying Account

Funding Sources: PWE - Grants Paying

Child and Family Life Institute Appropriation referenced on page 1295

Arkansas Code Annotated §20-78-104 authorized Arkansas Children's Hospital to provide administration for the Child Health and Family Life Institute (CHFLI). Children's Hospital and UAMS, Department of Pediatrics act in conjunction by either contract or cooperative agreement for necessary activities in the delivery of services through the CHFLI. The mission of the institute is "an initiated state effort to explore, develop, and evaluate new and better ways to address medically, socially, and economically interrelated health and developmental needs of children with special health care needs and their families. Utilizing a multidisciplinary collaboration of professionals, the Institute's priorities include wellness and prevention, screening and diagnosis, treatment and intervention, training and education, service access, public policy and advocacy, research and evaluation". Programs include such services as KIDS FIRST - a pediatric day health treatment program for preschool age children at risk for developmental delay; CO-MEND Councils of volunteer/local community activities with pooled resources to assist families; Outreach offers specialized health care at the local level for children who live in areas without specialized care available; Community Pediatrics-a support system with a pediatric team available to provide services in medically underserved areas; Children-at-Risk - diagnostic and treatment for children who have been abused and their families; Pediatric Psychology; Developmental/Physical Medicine and Rehabilitation for children with severe disabilities; and Adolescent Medicine. Children's Hospital is specifically to fund the KIDS FIRST Program as a priority when considering program funding decisions within the Institute. The Department of Pediatrics is the administrative oversight entity for cooperative agreements or contracts for the delivery of services.

Funding for this program is derived from general revenues (DGF - DHS Grants Fund Account).

The agency Base Level and total request for this appropriation is \$2,100,000 each year of the biennium.

The Executive Recommendation provides for the Agency Request.

The Legislative Recommendation concurs with the Executive Recommendation.

Infant Infirmery Appropriation referenced on page 1296

The Infant Infirmery Nursing Home appropriation provides for services to infants with special needs. The facilities are licensed as Private Pediatric Intermediate Care Facilities for the Mentally Retarded (ICFs/MR). Facilities receiving reimbursement through this appropriation are Arkansas Pediatric Facility, Brownwood Life Care Center, Millcreek of Arkansas and Easter Seals Children's Rehabilitation Center. These programs provide a valuable service in that many children are admitted to one of these programs when discharged from a hospital and need continuing attention and medical oversight but not on-going medical treatment.

Funding for this program is derived from general revenues (DGF - DHS Grants Fund Account), federal revenue derived from Title XIX - Medicaid, U. S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Other revenues which are indicated as intermediate care facilities for individuals with developmental disabilities or ICF/MR provider fee per Act 433 of 2009, various program support which can include Medicaid match, and the Medicaid Trust Fund.

The agency Base Level request for this appropriation is \$21,716,788 each year of the biennium with general revenue of \$5,398,055.

The agency Change Level request for this appropriation is \$3,672,885 in FY2012 and \$4,383,796 in FY2013 with general revenue request of \$0 in FY2012 and \$1,639,795 in FY2013 which includes adjustments for the FMAP reduction. The following delineates the agency's request:

- \$1,672,885 in FY2012 and \$2,327,796 in FY2013 for growth.
- \$2,000,000 in FY2012 and \$2,056,000 in FY2013 in unfunded appropriation to allow the Division the capability to respond to federal and/or state mandates.
- ARRA appropriation is being discontinued.

The Executive Recommendation provides for the Agency Request.

In summary, the Executive Recommendation for new general revenue above the Base Level is:

- \$1,413,976 in FY2013 for growth; and
- \$225,819 in FY2013 for the FMAP change.

The Legislative Recommendation concurs with the Executive Recommendation.

Public Nursing Home Care Appropriation referenced on page 1297

The Public Nursing Home Care appropriation includes Title XIX Medicaid reimbursement for services provided in the six (6) Human Development Centers (Intermediate Care Facilities for the Mentally Retarded-ICFs/MR), the Arkansas Health Center and the thirty-one (31) 15 Bed or Less (ICFs/MR) programs across the State. Services include 24 hour a day residential, medical, psychological, education and training, life skills training and therapy services needed through staffing and case plan determination. Annual staffings are required to reassess the progress of each individual and adjustments are made in case plans when necessary to help each person attain the goals and objectives established in the case plans.

Funding for this program is derived from general revenues (DGF - DHS Grants Fund Account), federal and other revenues. Federal revenue derived from Title XIX - Medicaid, U. S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Other revenues which are indicated as quality assurance fee per Act 635 of 2001, various program support which can include matching funds from the Human Development Centers (from general revenue), the DDS Small 10 Beds Intermediate Care Facilities for the Mentally Retarded (ICFs/MR)(from general revenue), the Arkansas Health Center (from mixed funding).

The agency Base Level request for this appropriation is \$185,670,840 each year of the biennium with general revenue of \$4,393,947.

The agency Change Level request for this appropriation is \$25,934,948 in FY2012 and \$36,311,223 in FY2013 with general revenue request of \$0 in FY2012 and \$1,612,763 in FY2013 which includes adjustments for the FMAP reduction. The following delineates the agency's request:

- \$15,934,948 in FY2012 and \$25,511,223 in FY2013 for growth.
- \$10,000,000 in FY2012 and \$10,800,000 in FY2013 in unfunded appropriation to allow the Division the capability to respond to federal and/or state mandates.
- ARRA appropriation is being discontinued.

The Executive Recommendation provides for the Agency Request.

In summary, the Executive Recommendation for new general revenue above the Base Level is:

- \$1,389,925 in FY2013 for growth; and
- \$222,838 in FY2013 for the FMAP change.

The Legislative Recommendation provides for the Executive Recommendation with additional appropriation of \$12,876,586 in FY2012 and \$13,134,119 in FY2013 and additional general revenue of \$3,685,279 in FY2012 and \$3,758,985 in FY2013.

Appropriation Summary

Appropriation: 898 - DHS-Grants Paying Account/Child & Family Life Institute

Funding Sources: PWE - Grants Paying

Commitment Item	2009-2010	2010-2011	2010-2011	2011-2012			2012-2013		
	Actual	Budget	Authorized	Agency	Executive	Legislative	Agency	Executive	Legislative
Child & Family Life Inst 5100004	0	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000
Total	0	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000

Funding Sources									
General Revenue 4000010	0	2,100,000		2,100,000	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000
Total Funding	0	2,100,000		2,100,000	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000
Excess Appropriation/(Funding)	0	0		0	0	0	0	0	0
Grand Total	0	2,100,000		2,100,000	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000

Appropriation Summary

Appropriation: 898 - DHS-Grants Paying Account/Infant Infirmiry

Funding Sources: PWE - Grants Paying

Commitment Item		2009-2010	2010-2011	2010-2011	2011-2012			2012-2013		
		Actual	Budget	Authorized	Agency	Executive	Legislative	Agency	Executive	Legislative
Infant Infirmiry	5100004	19,780,266	21,716,788	28,251,589	25,389,673	25,389,673	25,389,673	26,100,584	26,100,584	26,100,584
Infant Infirmiry-ARRA 2009	5900052	1,717,705	1,035,812	4,901,102	0	0	0	0	0	0
Total		21,497,971	22,752,600	33,152,691	25,389,673	25,389,673	25,389,673	26,100,584	26,100,584	26,100,584

Funding Sources										
General Revenue	4000010	4,094,346	5,398,055		5,398,055	5,398,055	5,398,055	7,037,850	7,037,850	7,037,850
Federal Revenue	4000020	15,685,920	16,318,733		16,580,939	16,580,939	16,580,939	17,006,734	17,006,734	17,006,734
Trust Fund	4000050	0	0		1,035,812	1,035,812	1,035,812	0	0	0
Federal Funds-ARRA	4000244	1,717,705	1,035,812		0	0	0	0	0	0
ICF/MR Provider Fee	4000282	0	0		185,452	185,452	185,452	0	0	0
Various Program Support	4000730	0	0		189,415	189,415	189,415	0	0	0
Total Funding		21,497,971	22,752,600		23,389,673	23,389,673	23,389,673	24,044,584	24,044,584	24,044,584
Excess Appropriation/(Funding)		0	0		2,000,000	2,000,000	2,000,000	2,056,000	2,056,000	2,056,000
Grand Total		21,497,971	22,752,600		25,389,673	25,389,673	25,389,673	26,100,584	26,100,584	26,100,584

Appropriation Summary

Appropriation: 898 - DHS-Grants Paying Account/Public Nursing Home Care

Funding Sources: PWE - Grants Paying

Commitment Item	2009-2010	2010-2011	2010-2011	2011-2012			2012-2013		
	Actual	Budget	Authorized	Agency	Executive	Legislative	Agency	Executive	Legislative
Public Nursing Home Care 5100004	160,516,100	185,670,840	229,940,266	211,605,788	211,605,788	224,482,374	221,982,063	221,982,063	235,116,182
Public Nursing Home Care-ARRA 200'5900052	13,931,504	8,760,434	40,875,288	0	0	0	0	0	0
Total	174,447,604	194,431,274	270,815,554	211,605,788	211,605,788	224,482,374	221,982,063	221,982,063	235,116,182

Funding Sources									
General Revenue 4000010	2,845,626	4,393,947		4,393,947	4,393,947	8,079,226	6,006,710	6,006,710	9,765,695
Federal Revenue 4000020	127,291,011	139,443,920		142,918,343	142,918,343	152,109,650	149,369,073	149,369,073	158,744,207
Federal Funds-ARRA 4000244	13,931,504	8,760,434		0	0	0	0	0	0
ICF/MR Provider Fee 4000282	1,412,961	0		0	0	0	0	0	0
Quality Assurance Fee 4000395	898,988	966,810		966,810	966,810	966,810	966,810	966,810	966,810
Various Program Support 4000730	28,067,514	40,866,163		53,326,688	53,326,688	53,326,688	54,839,470	54,839,470	54,839,470
Total Funding	174,447,604	194,431,274		201,605,788	201,605,788	214,482,374	211,182,063	211,182,063	224,316,182
Excess Appropriation/(Funding)	0	0		10,000,000	10,000,000	10,000,000	10,800,000	10,800,000	10,800,000
Grand Total	174,447,604	194,431,274		211,605,788	211,605,788	224,482,374	221,982,063	221,982,063	235,116,182