

Department Appropriation Summary

Historical Data

Agency Request and Executive/Legislative Recommendation

Appropriation	2011-2012		2012-2013		2012-2013		2013-2014						2014-2015					
	Actual	Pos	Budget	Pos	Authorized	Pos	Agency	Pos	Executive	Pos	Legislative	Pos	Agency	Pos	Executive	Pos	Legislative	Pos
4KS Nursing Home Quality	105,002	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	111,093	2	119,199	2	120,253	2	119,679	2	121,480	2	121,480	2	119,804	2	121,604	2	121,604	2
648 Medicaid Exp-Prescription Drugs	3,345,061	0	3,540,719	0	5,367,414	0	4,614,268	0	4,614,268	0	4,614,268	0	5,728,242	0	5,728,242	0	5,728,242	0
648 Medicaid Exp-Hospital & Medical Services	58,136,780	0	61,992,289	0	93,463,577	0	80,999,373	0	80,999,373	0	80,999,373	0	92,024,933	0	92,024,933	0	92,024,933	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	24,783,501	321	27,863,532	345	26,734,182	333	28,090,421	352	28,417,676	352	28,417,676	352	28,106,604	352	28,433,856	352	28,433,856	352
897 ARKIDS B Program	106,843,684	0	117,845,957	0	118,873,417	0	137,336,792	0	137,336,792	0	137,336,792	0	148,436,682	0	148,436,682	0	148,436,682	0
897 Hospital & Medical Services	3,257,949,369	0	3,548,904,663	0	3,818,425,306	0	3,905,842,951	0	3,905,842,951	0	3,905,842,951	0	4,151,397,953	0	4,151,397,953	0	4,151,397,953	0
897 Prescription Drugs	329,549,732	0	342,956,289	0	385,275,742	0	373,142,423	0	373,142,423	0	373,142,423	0	385,783,553	0	385,783,553	0	385,783,553	0
897 Private Nursing Home Care	617,966,576	0	643,040,844	0	670,810,091	0	687,787,762	0	687,787,762	0	687,787,762	0	716,865,047	0	716,865,047	0	716,865,047	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	22,969,119	0	23,989,472	0	26,100,584	0	26,733,146	0	26,733,146	0	26,733,146	0	27,555,873	0	27,555,873	0	27,555,873	0
898 Public Nursing Home Care	193,232,171	0	193,374,258	0	235,116,182	0	212,598,210	0	212,598,210	0	212,598,210	0	223,528,121	0	223,528,121	0	223,528,121	0
Total	4,614,992,088	323	4,967,377,222	347	5,384,036,748	335	5,461,015,025	354	5,461,344,081	354	5,461,344,081	354	5,783,296,812	354	5,783,625,864	354	5,783,625,864	354

Funding Sources		%		%		%		%		%		%		%		%		%
General Revenue	4000010	699,301,670	15.2	802,767,023	16.2	1,161,074,707	22.2	892,900,830	19.5	1,161,132,941	22.2	1,270,025,606	22.9	1,024,903,097	20.6	1,270,083,840	22.9	
Federal Revenue	4000020	3,255,426,397	70.5	3,486,826,453	70.2	3,648,280,400	69.6	3,184,075,840	69.5	3,648,481,133	69.6	3,828,121,952	69.1	3,427,437,393	69.0	3,828,322,683	69.1	
Trust Fund	4000050	127,207,197	2.8	274,571,357	5.5	48,550,000	0.9	48,550,000	1.1	48,550,000	0.9	48,550,000	0.9	48,550,000	1.0	48,550,000	0.9	
Merit Adjustment Fund	4000055	0	0.0	93,941	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	
Drug Rebates	4000200	37,212,805	0.8	35,130,368	0.7	36,184,279	0.7	36,184,279	0.8	36,184,279	0.7	37,269,807	0.7	37,269,807	0.8	37,269,807	0.7	
General Improvement Fund	4000265	0	0.0	0	0.0	0	0.0	70,000,000	1.5	0	0.0	0	0.0	70,000,000	1.4	0	0.0	
Hospital Assessment Fee	4000281	90,577,306	2.0	61,458,300	1.2	61,458,300	1.2	61,458,300	1.3	61,458,300	1.2	61,458,300	1.1	61,458,300	1.2	61,458,300	1.1	
ICF/MR Provider Fee	4000282	9,822,376	0.2	10,870,062	0.2	10,870,062	0.2	10,870,062	0.2	10,870,062	0.2	10,870,062	0.2	10,870,062	0.2	10,870,062	0.2	
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	72,211,066	1.6	80,288,349	1.6	83,540,445	1.6	83,540,445	1.8	83,540,445	1.6	86,602,589	1.6	86,602,589	1.7	86,602,589	1.6	
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	19,660,626	0.4	50,085,659	1.0	22,261,543	0.4	22,262,444	0.5	22,262,444	0.4	28,112,633	0.5	28,113,533	0.6	28,113,533	0.5	

Funding Sources		%		%		%		%		%		%		%		%	
Various Program Support	4000730	303,457,645	6.6	165,070,710	3.3												
						168,580,289	3.2	168,649,477	3.7	168,649,477	3.2	171,614,863	3.1	171,684,050	3.5	171,684,050	3.1
Total Funds		4,614,992,088	100.0	4,967,377,222	100.0	5,241,015,025	100.0	4,578,706,677	100.0	5,241,344,081	100.0	5,542,840,812	100.0	4,967,103,831	100.0	5,543,169,864	100.0
Excess Appropriation/(Funding)		0		0		220,000,000		882,637,404		220,000,000		240,456,000		816,522,033		240,456,000	
Grand Total		4,614,992,088		4,967,377,222		5,461,015,025		5,461,344,081		5,461,344,081		5,783,296,812		5,783,625,864		5,783,625,864	

Medical Services (896) Budget and Positions exceeds Authorized Appropriation by authority of Reallocation of Resources.

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 style 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		2011-2012	2012-2013	2012-2013	2013-2014			2014-2015		
		Actual	Budget	Authorized	Agency	Executive	Legislative	Agency	Executive	Legislative
Grants and Aid	5100004	105,002	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		105,002	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	105,002	1,500,000		1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
Total Funding		105,002	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		105,002	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). The Alternatives Plus (A+) Program is an extension of the non-institutional coverage by facilitating the transition of low care Medicaid enrollees age 65 and older from nursing facilities, to home and community based services (implemented in August 2011); 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 Regular Salaries and Personal Services Matching includes Career Service payments for eligible employees. Personal Services Matching also includes a \$20 increase in the monthly contribution for State employee's health insurance for a total State match per budgeted employee of \$410 per month. Base Level salaries and matching do not include appropriation for a Cost of Living Adjustment or Merit Pay Increases.

The Agency Base Level and total request for this appropriation is \$119,679 in FY2014 and \$119,804 in FY2015 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		2011-2012	2012-2013	2012-2013	2013-2014			2014-2015		
		Actual	Budget	Authorized	Agency	Executive	Legislative	Agency	Executive	Legislative
Regular Salaries	5010000	72,857	74,681	76,953	74,681	76,141	76,141	74,781	76,241	76,241
#Positions		2	2	2	2	2	2	2	2	2
Personal Services Matching	5010003	25,559	26,700	25,327	27,180	27,521	27,521	27,205	27,545	27,545
Operating Expenses	5020002	12,342	15,818	15,973	15,818	15,818	15,818	15,818	15,818	15,818
Conference & Travel Expenses	5050009	335	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		111,093	119,199	120,253	119,679	121,480	121,480	119,804	121,604	121,604
Funding Sources										
Federal Revenue	4000020	55,547	59,600		59,840	60,740	60,740	59,902	60,802	60,802
Tobacco Settlement	4000495	55,546	59,599		59,839	60,740	60,740	59,902	60,802	60,802
Total Funding		111,093	119,199		119,679	121,480	121,480	119,804	121,604	121,604
Excess Appropriation/(Funding)		0	0		0	0	0	0	0	0
Grand Total		111,093	119,199		119,679	121,480	121,480	119,804	121,604	121,604

Tobacco Settlement Funds do not carry forward into the new biennium unless criteria is met as prescribed in Initiated Act 1 of 2000.
 FY13 Budget amount in Personal Services Matching exceeds the authorized amount due to matching rate adjustments during the 2011-2013 Biennium.

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 1304

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 \$3,540,719 each year of the biennium.

The Agency Change Level request for this appropriation is \$1,073,549 in FY2014 and \$2,187,523 in FY2015 which includes adjustments for the FMAP reduction. The following delineates the agency request:

- \$73,549 in FY2014 and \$187,523 in FY2015 for growth.
- \$1,000,000 in FY2014 and \$2,000,000 in FY2015 in unfunded appropriation to allow the Division the capability to respond to federal and/or state mandates.

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 1305

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 \$61,992,289 each year of the biennium.

The Agency Change Level request for this appropriation is \$19,007,084 in FY2014 and \$30,032,644 in FY2015 which includes adjustments for the FMAP reduction. The following delineates the agency request:

- \$7,007,084 in FY2014 and \$15,032,644 in FY2015 for growth.
- \$12,000,000 in FY2014 and \$15,000,000 in FY2015 in unfunded appropriation to allow the Division the capability to respond to federal and/or state mandates.

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		2011-2012	2012-2013	2012-2013	2013-2014			2014-2015		
		Actual	Budget	Authorized	Agency	Executive	Legislative	Agency	Executive	Legislative
Medicaid Exp-Prescrip Drugs	5100004	3,345,061	3,540,719	5,367,414	4,614,268	4,614,268	4,614,268	5,728,242	5,728,242	5,728,242
Total		3,345,061	3,540,719	5,367,414	4,614,268	4,614,268	4,614,268	5,728,242	5,728,242	5,728,242

Funding Sources										
Federal Revenue	4000020	136,535	141,961		144,433	144,433	144,433	146,984	146,984	146,984
Tobacco Settlement	4000495	3,208,526	3,398,758		3,469,835	3,469,835	3,469,835	3,581,258	3,581,258	3,581,258
Total Funding		3,345,061	3,540,719		3,614,268	3,614,268	3,614,268	3,728,242	3,728,242	3,728,242
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		3,345,061	3,540,719		4,614,268	4,614,268	4,614,268	5,728,242	5,728,242	5,728,242

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		2011-2012	2012-2013	2012-2013	2013-2014			2014-2015		
		Actual	Budget	Authorized	Agency	Executive	Legislative	Agency	Executive	Legislative
Medicaid Exp-Hosp/Med Svcs	5100004	58,136,780	61,992,289	93,463,577	80,999,373	80,999,373	80,999,373	92,024,933	92,024,933	92,024,933
Medicaid Exp-Prescrip Drugs	5100004	3,345,061	3,540,719	5,367,414	4,614,268	4,614,268	4,614,268	5,728,242	5,728,242	5,728,242
Total		61,481,841	65,533,008	98,830,991	85,613,641	85,613,641	85,613,641	97,753,175	97,753,175	97,753,175
Funding Sources										
Federal Revenue	4000020	41,876,761	45,650,563		50,411,937	50,411,937	50,411,937	52,700,444	52,700,444	52,700,444
Tobacco Settlement	4000495	19,605,080	19,882,445		22,201,704	22,201,704	22,201,704	28,052,731	28,052,731	28,052,731
Total Funding		61,481,841	65,533,008		72,613,641	72,613,641	72,613,641	80,753,175	80,753,175	80,753,175
Excess Appropriation/(Funding)		0	0		13,000,000	13,000,000	13,000,000	17,000,000	17,000,000	17,000,000
Grand Total		61,481,841	65,533,008		85,613,641	85,613,641	85,613,641	97,753,175	97,753,175	97,753,175

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	2011-2012	2012-2013	2012-2013	2013-2014			2014-2015		
	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 at the beginning of a biennium from the general revenue fund account of the state apportionment fund prior to the distribution of revenue stabilization law with a maximum amount of one hundred thousand dollars (\$100,000).

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	2011-2012	2012-2013	2012-2013	2013-2014			2014-2015		
	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 (Under Age 21)
- Family Planning Services and Supplies (All Ages)
- Federally Qualified Health Center (FQHC) (All Ages)
- Home Health Services (All Ages)
- Hospital Services - Inpatient and Outpatient (All Ages)
- Laboratory and X-Ray (All Ages)

- Certified Nurse-Midwife Services (All Ages)
- Medical and Surgical Services of a Dentist (All Ages)
- Nurse Practitioner (Pediatric, Family, Obstetric-Gynecologic and Gerontological) (All Ages)
- Nursing Facility Services (Age 21 and Older)
- Physician Services (All Ages)
- Rural Health Clinic (RHC) (All Ages)
- Transportation (to and from medical providers when medically necessary) (All Ages)

Optional Services Chosen by Arkansas:

- ✓ Ambulatory Surgical Center Services (All Ages)
- ✓ Audiological Services (Under Age 21)
- ✓ Certified Registered Nurse Anesthetist (CRNA) Services (All Ages)
- ✓ Child Health Management Services (CHMS) (Under Age 21)
- ✓ Chiropractic Services (All Ages)
- ✓ Dental Services (All Ages)
- ✓ Developmental Day Treatment Clinic Services (DDTCS) (Preschool and Age 18 and Older)
- ✓ Developmental Rehabilitation Services (Under Age 3)
- ✓ Domiciliary Care Services (All Ages)
- ✓ Durable Medical Equipment (DME) (All Ages)
- ✓ End-Stage Renal Disease (ESRD) Facility Services (All Ages)
- ✓ Hearing Aid Services (Under Age 21)
- ✓ Hospice Services (All Ages)
- ✓ Hyperalimentation Services (All Ages)
- ✓ Independent Choices (Age 18 and Older)
- ✓ Inpatient Psychiatric Services (Under Age 21)
- ✓ Intermediate Care Facility (ICF) Services (All Ages)
- ✓ Licensed Mental Health Practitioner Services (Under Age 21)
- ✓ Medical Supplies (All Ages)
- ✓ Medicare Crossovers (All Ages)
- ✓ Nursing Facility Services (Under Age 21)
- ✓ Occupational, Physical, Speech Therapy Services (Under Age 21)
- ✓ Orthotic Appliances (All Ages)
- ✓ PACE (Program of All-Inclusive Care for the Elderly) (Age 55 and Older)
- ✓ Personal Care Services (All Ages)
- ✓ Podiatrist Services (All Ages)
- ✓ Portable X-Ray (All Ages)
- ✓ Prescription Drugs (All Ages)
- ✓ Private Duty Nursing Services (All Ages)

- ✓ Prosthetic Devices (All Ages)
- ✓ Rehabilitative Hospital Services (All Ages)
- ✓ Rehabilitative Services for:
 - Persons with Mental Illness (RSPMI) (All Ages)
 - Persons with Physical Disabilities (RSPD) and Youth and Children (Under Age 21)
- ✓ Respiratory Care Services (Under Age 21)
- ✓ School-Based Mental Health Services (Under Age 21)
- ✓ Targeted Case Management
 - Children's Services (Title V), SSI, TEFRA, EPSDT, Division of Children and Family Services and Division of Youth Services (Under Age 21)
 - Beneficiaries with a Developmental Disability (All Ages)
 - Adults (Age 60 and Older)
 - Pregnant Women (All Ages)
- ✓ Tuberculosis Services (All Ages)
- ✓ Ventilator Equipment (All Ages)
- ✓ Visual Care Services (All Ages)

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

- ❖ Alternatives for Adults with Physical Disabilities (Age 21-64)
- ❖ AR HealthNetWorks (Age 19-64)
- ❖ ARKids B (Age 18 and Under)
- ❖ Autism (Age 18 months-6 years)
- ❖ Developmental Disabilities Services (DDS- Alternative Community Services) (All Ages)
- ❖ ElderChoices (Age 65 and Older)
- ❖ Living Choices (Assisted Living) (Age 21 and Older)
- ❖ Non-Emergency Transportation (All Ages)
- ❖ Tax Equity Fiscal Responsibility Act of 1982 (TEFRA) (Under Age 21)
- ❖ Women's Health (Family Planning) (All Ages)

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, nurse practitioner, 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 tobacco 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 Assisted Living waiver may receive up to nine (9) medically necessary prescriptions per month. Medicare-Medicaid beneficiaries (dual eligibles) receive their drugs through the Medicare Part D program as of 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 co-insurance, co-payments, or premiums.
- Co-insurance: ARKids B beneficiaries must pay 10% of the charges for the first Medicaid covered day of inpatient hospital services and must also pay co-insurance for some outpatient and DME services.
- Co-Pay: ARKids B beneficiaries must pay a co-payment for most services; for example \$10.00 for most office visits and \$5.00 for most prescription drugs (and must use generic drugs and rebate manufacturer, if available). ARKids B beneficiaries annual cost-sharing is capped at 5% of the family's gross annual income.
- Premiums: Based on family income certain TEFRA beneficiaries must pay a premium. TEFRA families whose income is at or below 150% of the Federal Poverty level cannot be assessed a premium.

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

The Division consists of the Director's Office and eight (8) distinct organizational units:

Program and Provider Management: The Office of Program and Provider Management includes the following operations: Program Integrity, Provider & Member Relations, Dental, Visual and EPSDT, Behavioral Health 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 Provider and Member Relations, Dental, Visual and EPSDT 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 Information Management: The Office of Medicaid Information Management 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 states 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.

Healthcare Innovation: The Health Care Innovation Unit is responsible for directing the operations and activities to redesign the Medicaid payment and service delivery systems by working with multi-payers, staff, and contractors to design and deliver episodes of care for acute conditions; implement new models of population based health for chronic conditions; develop and coordinate infrastructure requirements; and facilitate stakeholder, provider and patient engagement. Arkansas Medicaid is creating a patient-centered health care system that embraces the triple aim: (1) improving the health of the population; (2) enhancing the patient experience of care, including quality, access, and reliability; and (3) reducing, or at least controlling, the cost of health care. This will be accomplished by transforming the vast majority of care and payment from a fee for service models to models that reward and support providers for delivering improved outcomes and high quality, cost effective care.

Coordination of Coverage: The Coordination of Coverage Unit is responsible for coordinating any DMS efforts in the implementation of the Affordable Care Act, identifying potential improvement in the Medicaid consumer experience, and ongoing coordination of coverage for Medicaid recipients as they move in and out of Medicaid and other health insurance plans through the upcoming health insurance exchange. In addition, this new team will participate in other Medicaid changes, and will coordinate with all areas within DMS, several other DHS Divisions, and other State agencies.

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 Regular Salaries and Personal Services Matching includes Career Service payments for eligible employees. Personal Services Matching also includes a \$20 increase in the monthly contribution for State employee's health insurance for a total State match per budgeted employee of \$410 per month. Base Level salaries and matching do not include appropriation for a Cost of Living Adjustment or Merit Pay Increases.

The Agency Base Level request for this appropriation is \$27,693,894 in FY2014 and \$27,710,077 in FY2015 with 345 budgeted base level positions.

The Agency Change Level request for this appropriation is \$396,527 each year of the biennium with no new general revenue request. The following delineates the agency request:

- Transfer one (1) position from the Office of Chief Counsel with salary and matching appropriation to assist with data activities related to payment improvement.
- Restoration of six (6) positions that are authorized but not budgeted with salary and matching appropriation to assist in meeting established staffing patterns.
- Reclassification on one (1) position to align the Director's position.
- \$150,000 each year of the biennium for the Capital Outlay line item for any equipment replacements that may arise.

The Executive Recommendation provides for the Agency Request.

The Legislative Recommendation concurs with the Executive Recommendation.

Appropriation Summary

Appropriation: 896 - DHS-Admin Paying Account

Funding Sources: PWP - Administration Paying

Commitment Item		2011-2012	2012-2013	2012-2013	2013-2014			2014-2015		
		Actual	Budget	Authorized	Agency	Executive	Legislative	Agency	Executive	Legislative
Regular Salaries	5010000	15,927,384	17,132,865	16,914,610	17,258,024	17,523,771	17,523,771	17,270,524	17,536,271	17,536,271
#Positions		321	345	333	352	352	352	352	352	352
Extra Help	5010001	97,813	201,892	126,892	201,892	201,892	201,892	201,892	201,892	201,892
#Extra Help		6	7	7	7	7	7	7	7	7
Personal Services Matching	5010003	4,796,902	5,609,596	5,123,501	5,756,326	5,817,834	5,817,834	5,760,009	5,821,514	5,821,514
Overtime	5010006	3	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
Operating Expenses	5020002	3,194,474	3,618,107	3,468,107	3,618,107	3,618,107	3,618,107	3,618,107	3,618,107	3,618,107
Conference & Travel Expenses	5050009	155,523	246,340	246,340	246,340	246,340	246,340	246,340	246,340	246,340
Professional Fees	5060010	361,282	555,132	355,132	555,132	555,132	555,132	555,132	555,132	555,132
Data Processing	5090012	0	0	0	0	0	0	0	0	0
Capital Outlay	5120011	71,370	195,000	195,000	150,000	150,000	150,000	150,000	150,000	150,000
Data Processing Services	5900044	178,750	299,600	299,600	299,600	299,600	299,600	299,600	299,600	299,600
Total		24,783,501	27,863,532	26,734,182	28,090,421	28,417,676	28,417,676	28,106,604	28,433,856	28,433,856

Funding Sources										
General Revenue	4000010	5,031,733	4,958,217		5,033,790	5,092,024	5,092,024	5,036,057	5,094,291	5,094,291
Federal Revenue	4000020	15,023,298	17,014,446		17,082,515	17,282,348	17,282,348	17,093,831	17,293,662	17,293,662
Merit Adjustment Fund	4000055	0	93,941		0	0	0	0	0	0
Various Program Support	4000730	4,728,470	5,796,928		5,974,116	6,043,304	6,043,304	5,976,716	6,045,903	6,045,903
Total Funding		24,783,501	27,863,532		28,090,421	28,417,676	28,417,676	28,106,604	28,433,856	28,433,856
Excess Appropriation/(Funding)		0	0		0	0	0	0	0	0
Grand Total		24,783,501	27,863,532		28,090,421	28,417,676	28,417,676	28,106,604	28,433,856	28,433,856

Budget exceeds Authorized Appropriation by authority of Reallocation of Resources.

Positions exceed Authorized by authority of Reallocation of Resources.

Analysis of Budget Request

Appropriation: 897 - DHS-Grants Paying Account

Funding Sources: PWD - Grants Paying

ARKIDS B Program Appropriation referenced on page 1323

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 the Medicaid Trust Fund, and as various program support which can include Medicaid match. Additionally, tobacco settlement funding can be utilized in this appropriation if Section 11 of Act 2 of the First Extraordinary Session of 2002 is invoked and approved by the Governor and the Chief Fiscal Officer of the State.

The Agency Base Level request for this appropriation is \$117,845,957 each year of the biennium with general revenue of \$17,931,551.

The Agency Change Level request for this appropriation is \$19,490,835 in FY2014 and \$30,590,725 in FY2015 with general revenue request of \$8,987,447 in FY2014 and \$11,619,045 in FY2015 which includes adjustments for the FMAP reduction. The following delineates the agency request:

- \$9,490,835 in FY2014 and \$19,790,725 in FY2015 for growth.
- \$10,000,000 in FY2014 and \$10,800,000 in FY2015 in unfunded appropriation to allow the Division the capability to respond to federal and/or state mandates.

The Executive Recommendation provides for the Agency Request for appropriation and \$4,440,951 in FY2014 and \$7,601,237 in FY2015 in new general revenue.

The Legislative Recommendation reflects the Agency Request if general revenue funding is available.

Hospital and Medical Services Appropriation referenced on page 1324

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, 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 (as amended per Act 19 of 2011), 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 Section 11 of Act 2 of the First Extraordinary Session of 2002 is invoked and approved by the Governor and the Chief Fiscal Officer of the State.

The Agency Base Level request for this appropriation is \$3,548,904,663 each year of the biennium with general revenue of \$618,220,035.

The Agency Change Level request for this appropriation is \$356,938,288 in FY2014 and \$602,493,290 in FY2015 with general revenue request of \$277,931,691 in FY2014 and \$370,226,799 in FY2015 which includes adjustments for the FMAP reduction. The following delineates the agency request:

- \$234,368,412 in FY2014 and \$487,923,414 in FY2015 for growth.
- (\$10,000,000) in FY2014 and (\$30,000,000) in FY2015 for reductions to Base Level related to the Medicaid Management Information System (MMIS). There is \$80 million in Base Level appropriation and funding for MMIS and these reduced amounts reflect the second and third year installments that DMS anticipates will be due.
- (\$17,430,124) each year of the biennium for reductions to Base Level related to the Health Information Technology (HIT). There is \$37 million in Base Level appropriation and funding for HIT and these reduced amounts leave \$20 million in each year of the biennium for this purpose.
- \$150,000,000 in FY2014 and \$162,000,000 in FY2015 in unfunded appropriation to allow the Division the capability to respond to federal and/or state mandates.

The Executive Recommendation provides for the Agency Request for appropriation and \$45,948,997 in FY2014 and \$157,888,725 in FY2015 in new general revenue. Additionally, general improvement funds are being recommended in the amount of \$70,000,000 each year of the biennium.

The Legislative Recommendation reflects the Agency Request if general revenue funding is available.

Prescription Drugs Appropriation referenced on page 1325

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, the Medicaid Trust Fund, and various program support which can include Medicaid match. Additionally, tobacco settlement funding can be utilized in this appropriation if Section 11 of Act 2 of the First Extraordinary Session of 2002 is invoked and approved by the Governor and the Chief Fiscal Officer of the State.

The Agency Base Level request for this appropriation is \$342,956,289 each year of the biennium with general revenue of \$69,698,424.

The Agency Change Level request for this appropriation is \$30,186,134 in FY2014 and \$42,827,264 in FY2015 with general revenue request of \$29,043,558 in FY2014 and \$32,875,017 in FY2015 which includes adjustments for the FMAP reduction. The following delineates the

agency request:

- \$10,186,134 in FY2014 and \$21,227,264 in FY2015 for growth.
- \$20,000,000 in FY2014 and \$21,600,000 in FY2015 in unfunded appropriation to allow the Division the capability to respond to federal and/or state mandates.

The Executive Recommendation provides for the Agency Request for appropriation and \$28,070,828 in FY2014 and \$32,015,401 in FY2015 in new general revenue.

The Legislative Recommendation reflects the Agency Request if general revenue funding is available.

Private Nursing Home Care Appropriation referenced on page 1326

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. Additionally, tobacco settlement funding can be utilized in this appropriation if Section 11 of Act 2 of the First Extraordinary Session of 2002 is invoked and approved by the Governor and the Chief Fiscal Officer of the State.

The Agency Base Level request for this appropriation is \$643,040,844 each year of the biennium with general revenue of \$81,955,591.

The Agency Change Level request for this appropriation is \$44,746,918 in FY2014 and \$73,824,203 in FY2015 with general revenue request of \$39,083,574 in FY2014 and \$47,990,375 in FY2015 which includes adjustments for the FMAP reduction. The following delineates the agency request:

- \$29,746,918 in FY2014 and \$57,624,203 in FY2015 for growth.
- \$15,000,000 in FY2014 and \$16,200,000 in FY2015 in unfunded appropriation to allow the Division the capability to respond to federal and/or state mandates.

The Executive Recommendation provides for the Agency Request for appropriation and \$8,794,505 in FY2014 and \$21,223,462 in FY2015 in new general revenue.

The Legislative Recommendation reflects the Agency Request if general revenue funding is available.

Appropriation Summary

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

Funding Sources: PWD - Grants Paying

Commitment Item		2011-2012	2012-2013	2012-2013	2013-2014			2014-2015		
		Actual	Budget	Authorized	Agency	Executive	Legislative	Agency	Executive	Legislative
ARKids B Program	5100004	106,843,684	117,845,957	118,873,417	137,336,792	137,336,792	137,336,792	148,436,682	148,436,682	148,436,682
Total		106,843,684	117,845,957	118,873,417	137,336,792	137,336,792	137,336,792	148,436,682	148,436,682	148,436,682

Funding Sources										
General Revenue	4000010	17,509,212	17,931,551		26,918,998	22,372,502	26,918,998	29,550,596	25,532,788	29,550,596
Federal Revenue	4000020	84,987,112	93,357,567		100,417,794	83,457,686	100,417,794	108,086,086	93,390,303	108,086,086
Trust Fund	4000050	2,453,656	5,866,716		0	0	0	0	0	0
Tobacco Settlement	4000495	0	690,123		0	0	0	0	0	0
Various Program Support	4000730	1,893,704	0		0	0	0	0	0	0
Total Funding		106,843,684	117,845,957		127,336,792	105,830,188	127,336,792	137,636,682	118,923,091	137,636,682
Excess Appropriation/(Funding)		0	0		10,000,000	31,506,604	10,000,000	10,800,000	29,513,591	10,800,000
Grand Total		106,843,684	117,845,957		137,336,792	137,336,792	137,336,792	148,436,682	148,436,682	148,436,682

General Revenue does not reflect adjustments for Payment Improvement Initiative (APII) or the impact of the Affordable Care Act (ACA).

Appropriation Summary

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

Funding Sources: PWD - Grants Paying

Commitment Item		2011-2012	2012-2013	2012-2013	2013-2014			2014-2015		
		Actual	Budget	Authorized	Agency	Executive	Legislative	Agency	Executive	Legislative
Hospital and Medical Services	5100004	3,257,949,369	3,548,904,663	3,818,425,306	3,905,842,951	3,905,842,951	3,905,842,951	4,151,397,953	4,151,397,953	4,151,397,953
Total		3,257,949,369	3,548,904,663	3,818,425,306	3,905,842,951	3,905,842,951	3,905,842,951	4,151,397,953	4,151,397,953	4,151,397,953

Funding Sources										
General Revenue	4000010	538,539,089	618,220,035		896,151,726	664,169,032	896,151,726	988,446,834	776,108,760	988,446,834
Federal Revenue	4000020	2,316,388,312	2,513,415,095		2,634,141,983	2,259,935,687	2,634,141,983	2,775,401,877	2,454,248,990	2,775,401,877
Trust Fund	4000050	86,440,788	214,951,856		46,630,489	46,630,489	46,630,489	46,630,489	46,630,489	46,630,489
General Improvement Fund	4000265	0	0		0	70,000,000	0	0	70,000,000	0
Hospital Assessment Fee	4000281	90,577,306	61,458,300		61,458,300	61,458,300	61,458,300	61,458,300	61,458,300	61,458,300
ICF/MR Provider Fee	4000282	5,382,941	5,560,046		5,560,046	5,560,046	5,560,046	5,560,046	5,560,046	5,560,046
Tobacco Settlement	4000495	0	23,398,924		0	0	0	0	0	0
Various Program Support	4000730	220,620,933	111,900,407		111,900,407	111,900,407	111,900,407	111,900,407	111,900,407	111,900,407
Total Funding		3,257,949,369	3,548,904,663		3,755,842,951	3,219,653,961	3,755,842,951	3,989,397,953	3,525,906,992	3,989,397,953
Excess Appropriation/(Funding)		0	0		150,000,000	686,188,990	150,000,000	162,000,000	625,490,961	162,000,000
Grand Total		3,257,949,369	3,548,904,663		3,905,842,951	3,905,842,951	3,905,842,951	4,151,397,953	4,151,397,953	4,151,397,953

General Revenue does not reflect adjustments for Payment Improvement Initiative (APII) or the impact of the Affordable Care Act (ACA).

Appropriation Summary

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

Funding Sources: PWD - Grants Paying

Commitment Item		2011-2012	2012-2013	2012-2013	2013-2014			2014-2015		
		Actual	Budget	Authorized	Agency	Executive	Legislative	Agency	Executive	Legislative
Prescription Drugs	5100004	329,549,732	342,956,289	385,275,742	373,142,423	373,142,423	373,142,423	385,783,553	385,783,553	385,783,553
Total		329,549,732	342,956,289	385,275,742	373,142,423	373,142,423	373,142,423	385,783,553	385,783,553	385,783,553

Funding Sources										
General Revenue	4000010	60,270,862	69,698,424		98,741,982	97,769,252	98,741,982	102,573,441	101,713,825	102,573,441
Federal Revenue	4000020	206,046,626	212,641,617		218,216,162	215,968,998	218,216,162	224,340,305	222,400,781	224,340,305
Trust Fund	4000050	11,427,352	22,803,429		0	0	0	0	0	0
Drug Rebates	4000200	37,212,805	35,130,368		36,184,279	36,184,279	36,184,279	37,269,807	37,269,807	37,269,807
Tobacco Settlement	4000495	0	2,682,451		0	0	0	0	0	0
Various Program Support	4000730	14,592,087	0		0	0	0	0	0	0
Total Funding		329,549,732	342,956,289		353,142,423	349,922,529	353,142,423	364,183,553	361,384,413	364,183,553
Excess Appropriation/(Funding)		0	0		20,000,000	23,219,894	20,000,000	21,600,000	24,399,140	21,600,000
Grand Total		329,549,732	342,956,289		373,142,423	373,142,423	373,142,423	385,783,553	385,783,553	385,783,553

General Revenue does not reflect adjustments for Payment Improvement Initiative (APII) or the impact of the Affordable Care Act (ACA).

Appropriation Summary

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

Funding Sources: PWD - Grants Paying

Commitment Item		2011-2012	2012-2013	2012-2013	2013-2014			2014-2015		
		Actual	Budget	Authorized	Agency	Executive	Legislative	Agency	Executive	Legislative
Private Nursing Home Care	5100004	617,966,576	643,040,844	670,810,091	687,787,762	687,787,762	687,787,762	716,865,047	716,865,047	716,865,047
Total		617,966,576	643,040,844	670,810,091	687,787,762	687,787,762	687,787,762	716,865,047	716,865,047	716,865,047

Funding Sources										
General Revenue	4000010	69,670,036	81,955,591		121,039,165	90,750,096	121,039,165	129,945,966	103,179,053	129,945,966
Federal Revenue	4000020	437,831,723	451,859,126		469,295,615	399,322,953	469,295,615	485,267,008	424,873,670	485,267,008
Trust Fund	4000050	25,546,759	26,813,642		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	71,088,095	79,084,725		82,279,409	82,279,409	82,279,409	85,278,500	85,278,500	85,278,500
Tobacco Settlement	4000495	0	3,154,187		0	0	0	0	0	0
Various Program Support	4000730	13,714,963	58,573		58,573	58,573	58,573	58,573	58,573	58,573
Total Funding		617,966,576	643,040,844		672,787,762	572,526,031	672,787,762	700,665,047	613,504,796	700,665,047
Excess Appropriation/(Funding)		0	0		15,000,000	115,261,731	15,000,000	16,200,000	103,360,251	16,200,000
Grand Total		617,966,576	643,040,844		687,787,762	687,787,762	687,787,762	716,865,047	716,865,047	716,865,047

General Revenue does not reflect adjustments for Payment Improvement Initiative (APII) or the impact of the Affordable Care Act (ACA).

Analysis of Budget Request

Appropriation: 898 - DHS-Grants Paying Account

Funding Sources: PWE - Grants Paying

Child and Family Life Institute Appropriation referenced on page 1330

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 1331

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, the Medicaid Trust Fund, and various program support which can include Medicaid match. Additionally, tobacco settlement funding can be utilized in this appropriation if Section 11 of Act 2 of the First Extraordinary Session of 2002 is invoked and approved by the Governor and the Chief Fiscal Officer of the State.

The Agency Base Level request for this appropriation is \$23,989,472 each year of the biennium with general revenue of \$4,761,417.

The Agency Change Level request for this appropriation is \$2,743,674 in FY2014 and \$3,566,401 in FY2015 with general revenue request of \$2,006,526 in FY2014 and \$2,358,102 in FY2015 which includes adjustments for the FMAP reduction. The following delineates the agency request:

- \$743,674 in FY2014 and \$1,510,401 in FY2015 for growth.
- \$2,000,000 in FY2014 and \$2,056,000 in FY2015 in unfunded appropriation to allow the Division the capability to respond to federal and/or state mandates.

The Executive Recommendation provides for the Agency Request for appropriation and \$1,781,862 in FY2014 and \$1,901,810 in FY2015 in new general revenue.

The Legislative Recommendation reflects the Agency Request if general revenue funding is available.

Public Nursing Home Care Appropriation referenced on page 1332

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, intermediate care facilities for individuals with developmental disabilities or ICF/MR provider fee per Act 433 of 2009, 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). Additionally, tobacco settlement funding can be utilized in this appropriation if Section 11 of Act 2 of the First Extraordinary Session of 2002 is invoked and approved by the Governor and the Chief Fiscal Officer of the State.

The Agency Base Level request for this appropriation is \$193,374,258 each year of the biennium with general revenue of \$3,141,788.

The Agency Change Level request for this appropriation is \$19,223,952 in FY2014 and \$30,153,863 in FY2015 with general revenue request of \$1,179,315 in FY2014 and \$2,111,405 in FY2015 which includes adjustments for the FMAP reduction. The following delineates the agency request:

- \$9,223,952 in FY2014 and \$19,353,863 in FY2015 for growth.
- \$10,000,000 in FY2014 and \$10,800,000 in FY2015 in unfunded appropriation to allow the Division the capability to respond to federal and/or state mandates.

The Executive Recommendation provides for the Agency Request for appropriation and \$962,857 in FY2014 and \$1,369,365 in FY2015 in new general revenue.

The Legislative Recommendation reflects the Agency Request if general revenue funding is available.

Appropriation Summary

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

Funding Sources: PWE - Grants Paying

Commitment Item	2011-2012	2012-2013	2012-2013	2013-2014			2014-2015		
	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 Infirmary

Funding Sources: PWE - Grants Paying

Commitment Item		2011-2012	2012-2013	2012-2013	2013-2014			2014-2015		
		Actual	Budget	Authorized	Agency	Executive	Legislative	Agency	Executive	Legislative
Infant Infirmary	5100004	22,969,119	23,989,472	26,100,584	26,733,146	26,733,146	26,733,146	27,555,873	27,555,873	27,555,873
Total		22,969,119	23,989,472	26,100,584	26,733,146	26,733,146	26,733,146	27,555,873	27,555,873	27,555,873

Funding Sources										
General Revenue	4000010	4,485,845	4,761,417		6,767,943	6,543,279	6,767,943	7,119,519	6,663,227	7,119,519
Federal Revenue	4000020	16,278,641	16,866,998		17,261,263	16,742,253	17,261,263	17,676,414	16,646,897	17,676,414
Trust Fund	4000050	1,233,640	1,557,806		0	0	0	0	0	0
ICF/MR Provider Fee	4000282	579,839	703,940		703,940	703,940	703,940	703,940	703,940	703,940
Tobacco Settlement	4000495	0	99,311		0	0	0	0	0	0
Various Program Support	4000730	391,154	0		0	0	0	0	0	0
Total Funding		22,969,119	23,989,472		24,733,146	23,989,472	24,733,146	25,499,873	24,014,064	25,499,873
Excess Appropriation/(Funding)		0	0		2,000,000	2,743,674	2,000,000	2,056,000	3,541,809	2,056,000
Grand Total		22,969,119	23,989,472		26,733,146	26,733,146	26,733,146	27,555,873	27,555,873	27,555,873

General Revenue does not reflect adjustments for Payment Improvement Initiative (APII) or the impact of the Affordable Care Act (ACA).

Appropriation Summary

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

Funding Sources: PWE - Grants Paying

Commitment Item		2011-2012	2012-2013	2012-2013	2013-2014			2014-2015		
		Actual	Budget	Authorized	Agency	Executive	Legislative	Agency	Executive	Legislative
Public Nursing Home Care	5100004	193,232,171	193,374,258	235,116,182	212,598,210	212,598,210	212,598,210	223,528,121	223,528,121	223,528,121
Total		193,232,171	193,374,258	235,116,182	212,598,210	212,598,210	212,598,210	223,528,121	223,528,121	223,528,121

Funding Sources										
General Revenue	4000010	3,794,893	3,141,788		4,321,103	4,104,645	4,321,103	5,253,193	4,511,153	5,253,193
Federal Revenue	4000020	136,938,377	135,961,441		141,393,291	140,893,238	141,393,291	147,496,085	145,821,844	147,496,085
Trust Fund	4000050	0	1,027,908		369,511	369,511	369,511	369,511	369,511	369,511
ICF/MR Provider Fee	4000282	3,859,596	4,606,076		4,606,076	4,606,076	4,606,076	4,606,076	4,606,076	4,606,076
Quality Assurance Fee	4000395	1,122,971	1,203,624		1,261,036	1,261,036	1,261,036	1,324,089	1,324,089	1,324,089
Tobacco Settlement	4000495	0	118,619		0	0	0	0	0	0
Various Program Support	4000730	47,516,334	47,314,802		50,647,193	50,647,193	50,647,193	53,679,167	53,679,167	53,679,167
Total Funding		193,232,171	193,374,258		202,598,210	201,881,699	202,598,210	212,728,121	210,311,840	212,728,121
Excess Appropriation/(Funding)		0	0		10,000,000	10,716,511	10,000,000	10,800,000	13,216,281	10,800,000
Grand Total		193,232,171	193,374,258		212,598,210	212,598,210	212,598,210	223,528,121	223,528,121	223,528,121

General Revenue does not reflect adjustments for Payment Improvement Initiative (APII) or the impact of the Affordable Care Act (ACA).