

Department of Public Health & Human Services

Copy to
Joan
r/o John C.

Addictive & Mental Disorders Division:

Services: The Division provides chemical dependency and mental health services through its three inpatient facilities and by purchasing services from behavioral health providers throughout Montana. In addition to the three inpatient programs –

1. Montana State Hospital in Warm Springs,
 2. Montana Chemical Dependency Center in Butte, and
 3. Montana Mental Health Nursing Care Center in Lewistown,
- AMDD's Helena office is organized into three bureaus:
1. Chemical Dependency,
 2. Mental Health Services, and
 3. Operations.

FY2006 Budget: \$91,642,994

FY2007 Budget: \$89,020,833

Child & Family Services Division (CFSD):

Services: CFSD staff provide state and federally mandated protective services to children who are abused, neglected, or abandoned.

Services include:

- receiving and investigating reports of suspected child abuse and neglect,
- domestic violence prevention,
- child protection, in-home services,
- foster care,
- reunification,
- adoption, and
- guardianship.

FY2006 Budget: \$54,420,356

FY2007 Budget: \$55,972,566

Child Support Enforcement Division(CSED):

Services: The CSED provides federally mandated child support enforcement services. This includes location of absent parents, paternity establishment, financial and medical support order establishment, enforcement of current and past due child support, medical support and spousal support, and modification of child support orders.

- CSED takes all steps necessary to ultimately collect child support, beginning with paternity establishment in out-of-wedlock births. All division functions are accomplished through an administrative process in place at the Department.
- Administrative decisions can be appealed through judicial review by the District Court.

FY2006 Budget: \$10,347,383

FY2007 Budget: \$9,068,875

CHILDREN, FAMILIES, HEALTH & HUMAN SERVICES
OCTOBER 21, 2005 MEETING

EXHIBIT # 8

Director's Office:

The Director's Office includes the

- deputy director, who also functions as the state Medicaid director;
- the Prevention Resource Center;
- the Office of Planning, Coordination, and Analysis;
- the Office of Legal Affairs;
- the Office of Budget and Program Analysis;
- the Human Resources Office; and
- the Public Information Office.

Each provides professional support to the director and to the agency's 11 divisions.

FY2006 Budget: \$4,298,256 **FY2007 Budget:** \$18,314,843 (this includes over \$14 million of federal funds for the HIFA Waiver, which will be moved to the appropriate divisions once approved)

Disability Services Division (DSD):

Services: DSD provides or contracts for a wide variety of services including

- institutional care,
- residential services,
- case management and
- home-based services to families.

The division is also involved with a variety of employment outcome related services including:

- counseling and guidance,
- career training,
- transportation,
- adaptive equipment,
- orientation and mobility services to the blind,
- rehabilitation teaching services to the blind,
- independent living services,
- medical services,
- job placement, and
- supported employment.

The division also has the responsibility for medical adjudication of all claims for Social Security Disability and Supplemental Security Income.

FY2006 Budget: \$130,003,119

FY2007 Budget: \$129,748,073

Fiscal Services Division (FSD):

Services: FSD provides financial and accounting services including: development and implementation of accounting policies and procedures, cash management, preparation and filing of federal financial reports, payroll and accounts payable services, and purchasing of supplies and equipment for the department.

FY2006 Budget: \$6,019,711

FY2007 Budget: \$5,703,889

Human & Community Services Division (HCSD):

Services: HCSD consists of four bureaus each managing a group of programs.

1. The Public Assistance Bureau administers Montana's Temporary Assistance to Needy Families (TANF) program and
2. provides eligibility services for Medicaid and food stamps.
3. The Early Childhood Services Bureau manages
 - a. child care subsidy programs,
 - b. contracts providing child care eligibility,
 - c. provider recruitment, and
 - d. technical assistance;
4. administers the Child and Adult Care Food Program (CACFP) reimbursement to child care providers for the cost of meals served to eligible children and adults; and administers the head start state collaboration grant.

The Intergovernmental Human Services Bureau (IHSB) administers a number of programs providing housing services,

- weatherization services, and energy and commodity assistance including:
 - the Community Services block grant,
 - Low-Income Energy Assistance Program (LIEAP),
 - some Housing and Urban Development (HUD) grants, and
 - United States Department of Agriculture (USDA) food distribution and commodities grants. This bureau also maintains a warehouse facility.

The division's fiscal bureau coordinates implementation and monitoring of the division's budget.

FY2006 Budget: \$223,377,961

FY2007 Budget: \$231,669,745

Health Resources Division (HRD):

Services: HRD administers

1. Medicaid primary care services,
2. children's mental health services,
3. the Children's Health Insurance Program (CHIP), and
4. children's special health services.

The division provides a wide range of

- preventive, primary,
- and acute care services to individuals and communities.

Services are provided through a broad range of private and public providers, including

- physicians,
- public health departments,
- clinics, and
- hospitals.

Acute and primary care services are provided through the Medicaid program and CHIP and services for children with special health care needs.

The division contracts with over 700 nonprofit providers for the delivery of health care services. Medicaid is a voluntary state/federal partnership to provide and finance these services to the aged, blind, disabled, or low-income families.

The division administers CHIP as a separate health insurance program and contracts with an insurance medical services.

CHIP dental and eyeglasses benefits are administered by the department.

FY2006 Budget: \$492,661,298

FY2007 Budget: \$531,454,422

Operations & Technology Division (OTD):

Services: OTD provides operational support services for the agency. Services provided by the division include:

- cost analysis and projections for large benefit programs; and
- all functions related to information technology.

The division provides

- telecommunications network management and security,
- computer support,
- communications services,
- video-conference center management,
- computer training,
- vital records management, and
- internal support services such as
 - lease management,
 - fleet management, and
 - mailroom services.

OTD is responsible for the

- development and operation of internal computer systems,
- technical planning of electronic government applications,
- telecommunications,
- security,
- internal support services such as lease management, mailroom and management of vital records and statistics.

FY2006 Budget: \$27,468,567

FY2007 Budget: \$27,266,088

Public Health & Safety Division (PHSD):

Services: PHSD oversees the coordination of the public health system in Montana. The State's public health system is a complex, multi-faceted enterprise, requiring many independent entities to unite around the goal(s) of health improvement and disease prevention at the community-level.

These entities include

- local City/County Health Departments,
- private medical providers and hospitals,
- local Emergency Medical Services,
- Emergency Management agencies and
- other units of local government.

The public health system is a part of the continuum of care available to the citizens of Montana and the PHSD promotes and supports both the availability and the quality of public health services available to Montanans. These programs range in scope from nutrition

- support and Health Education
 - (e.g., WIC & Tobacco Use Prevention) to screening services (e.g., Breast & Cervical Cancer screening programs for uninsured women and HIV Counseling & Testing services) to
- preventive services (e.g., Immunization) and surveillance systems for infectious and chronic diseases, designed to detect and target those health threats that may impact a community.

FY2006 Budget: \$57,181,799

FY2007 Budget: \$55,767,249

Quality Assurance Division (QAD):

Services: QAD provides

- division process review services;
- Facilities management,
- Managed care network adequacy and quality assurance, and
- Department fair hearings.

The Audit unit conducts

- program, contract and grant financial audits to determine allowable
 - expenditures, compliance with contract terms,
 - accounts due and adequacy of internal controls;

The Surveillance/Utilization Review Section recovers

- Medicaid money that is billed and paid erroneously.
- Surveillance and Utilization Review conducts ongoing reviews to monitor the appropriate use of the Medicaid program by both recipients and providers.

Third Party Liability is responsible for

- estate recovery and cost avoidance recovery for Medicaid recipients.

The Fraud and Recovery program

- collects money from client abuse and overpayment of Medicaid and state welfare programs.

The Quality Control program samples Food Stamp and Medicaid cases for compliance with federal and state eligibility rules.

The Certification Bureau is responsible for the certification of

- health care facilities and
- CLIA laboratories enrolled in the Medicare and Medicaid programs.

The State Licensure program

- inspects and issues facility/service licenses to health care facilities and
- registers/ licenses day care facilities,
- residential and community residential facilities.

FY2006 Budget: \$8,156,218

FY2007 Budget: \$8,198,027

Senior & Long Term Care Division (SLTC):

Services: SLTC plans, administers, and provides publicly-funded long-term care services for Montana's senior citizens and persons with physical disabilities.

In addition, the division provides education and support regarding aging and long-term care issues to Montanans of all ages.

The division makes services available through six major programs:

- 1) Office on Aging provides meals, transportation, public education, information and assistance, long-term care ombudsman, and other services;
- 2) Medicaid Community Services Program pays for in-home, assisted living, and other community-based services to Medicaid-eligible individuals as an alternative to nursing home care;
- 3) Medicaid Nursing Facility Program pays for care to Medicaid-eligible individuals in 94 Montana nursing homes;
- 4) Adult protective services, including the investigation of abuse, neglect, and exploitation, are provided by protective services social workers;
- 5) Skilled nursing care is provided to veterans at the 105-bed Montana Veterans' Home (MVH) in Columbia Falls and the 80-bed Eastern Montana Veterans' Home in Glendive; and
- 6) State Supplemental Payments Program pays for a portion of the room and board costs for SSI eligible individuals residing in designated residential care facilities.

FY2006 Budget: \$233,016,818

FY2007 Budget: \$222,677,395

Directors Office Summary of Hot topics

Title: SB 110 implementation (HIFA Waiver):

Description: SB 110 authorizes an 1115 waiver (HIFA) for expansion of the Medicaid program to provide additional health care coverage for the following groups using no additional general funds. It will allow refinancing under the Medicaid program:

Mental Health Services Plan (MHSP) beneficiaries: MHSP currently covers mental health services including prescription drugs for persons with serious disabling mental illness up to 150% of the federal poverty level and who are not eligible for Medicaid. The waiver will continue current mental health coverage and adds physical health insurance coverage for nearly 3,000 people on this program.

CHIP expansion: The waiver will provide coverage for 1,800 additional children under the CHIP program.

Seriously emotionally disturbed (SED) children age 18 through 20: Medicaid can not now provide services to SED children after they reach the age of 18. The waiver will continue mental health and physical health services for up to 300 SED children from age 18 to 20.

Physical health coverage for parents of Medicaid eligible children: The waiver will provide healthcare for up to 600 parents of Medicaid eligible children who are not currently eligible for Medicaid. These people are the working poor who make just enough income or have just enough assets not to be eligible for Medicaid.

Premium assistance and incentive payments for the working poor: The waiver will provide for health insurance premium assistance and premium incentives for employer based health insurance. This relates to HB 667.

Status: The original waiver concept paper based on the first four populations was written prior to the legislative session. It is in the process of being updated for the additional requirement related to premium assistance and premium incentives outlined in HB667. We expect completion in early July and then a 60 day tribal and public comment period is required. Waiver approval is anticipated in 6 to 9 months after submission to CMS and implementation should follow within a few months after approval.

Medicare Modernization Act of 2003--Relating to Medicaid

Description: Changes to Medicare created a new Medicare prescription drug benefit that begins Jan. 1, 2006. As a result, all people with Medicare *and* Medicaid will get their drugs through a Medicare-approved prescription drug plan, and no longer through Medicaid. About 24,000 people in Montana.

About one-half of Montana Medicaid's annual prescription drug budget is for people with both Medicare and Medicaid. Although Medicaid will no longer pay for drugs for these "dually eligible" people, the state is required to pay Medicare for the state's share of these prescription drug benefits, through a monthly "clawback" payment.

All of the dually eligible folks will receive extra help paying for prescription drugs in the form of a "Low Income Subsidy" they'll automatically receive through the Social Security Administration. Other Medicare-eligible Montanans with incomes below 150 percent of the federal poverty level will also receive help paying premiums to the prescription drug companies and help paying deductibles and copayments.

Status: An internal work group has been in place since the Fall of 2004. The Department has been an active participant with CMS in developing policy and communications strategy for our clients and other Montana seniors. The social security administration in concert with CMS will be mailing applications and instructions to Medicare recipients this fall. The Department is making progress and will be ready to go on the implementation date of January 1, 2005.

Child and Family Services Major Issues:

- ▶ **Information provided the Governor during the campaign:** Governor was advised by an individual that social workers are not investigating reports of suspected child abuse/neglect because they had been told (presumably by management) that the Division does not have the funds to pay for placement (if placement would be required).
 - Social workers have never been told not to investigate a report that required an investigation because of funding issues.
 - The numbers negate the information provided the Governor because more children are in placement (approximately 2,050) at the current time than since July, 2001.
- ▶ **Community Relations:** The Governor may hear compliments or complaints—depending on the working relationship between the individual and the local county office.
 - Many community providers expect the Division to be the “safety net” for any child needing services—not just protective services. This expectation leads to dissatisfaction with Division staff.
- ▶ **Client Issues:** The Governor may hear from individuals who do not agree with decisions made by the social worker. Generally, the complaints are parents’ or grandparents rights v. child safety.
- ▶ **Resources:** The Governor may hear about the lack of resources: Lack of funding for in-home services and out-of-home placements; lack of placement resources (foster homes, etc.); lack of staff; and lack of services.
 - The number of children in foster care has increased by approximately 200 children since July 1, 2004. This has resulted in increased caseload/workload for staff.
 - The Division has had a general fund shortfall this year so support services such as clothing, respite, and transportation were either reduced or a higher level of approval was required. Many foster parents objected to these reductions.
 - The Division also reduced in-home services funding by \$100,000 this fiscal year. General fund monies for in-home services have been decreased over the past four years from approximately \$3 million to \$2 million.

- Out-of-home service providers received a rate increase of 4% effective July 1, 2005—this is the first rate increase for these providers since July 1, 2001. These rates do not pay the full cost of care. The Division does not have (and has never had) the funding to pay for the full cost of care in group facilities.
- ▶ **Centralized Intake:** The Centralized Intake system was implemented in January, 2002. The centralized intake system is generally supported by staff and communities; however, pockets of resistance to the system still exist.
- ▶ **Tribal Relations:** The Governor may hear about the Title IV-E funding issues from the tribes.
 - The “tightening up” on assuring the child meets Title IV-E eligibility requirements has resulted in some tribes experiencing a decrease in the number of children who are under tribal court jurisdiction and Title IV-E eligible.
 - The State of Montana has never funded social services or foster care services for children on the reservation who are not Title IV-E eligible. The Governor may hear about this issue if he meets with BIA social services staff in Billings or on any of the reservations.

Issues with Specific Tribes:

- **Fort Peck:** The Division has an agreement with Fort Peck whereby CFSD staff provide child protective services on the reservation to children who are Title IV-E eligible. The Tribal Council is concerned that too many children are being placed in homes away from the reservation.
- **Northern Cheyenne:** Title IV-E funding has been “turned off” for 24 children whose cases are being managed by the Tribal IV-E unit.
- **Salish Kootenai:** The Division has a contract with Salish Kootenai College for a stipend program for students earning either a Bachelors or Masters degree in social work. There has been an issue with the college regarding the exact percentage of tribal eligible children which impacts the amount of federal monies the college can access.
- ▶ In Missoula the Governor will definitely hear from Kandi Matthews-Jenkins, a self-proclaimed advocate for “parents unjustly accused of child abuse.”

DISABILITY SERVICES DIVISION:

Title: Published Rate System:

Description: The DD Program is in the process of developing a new published rate system for the not for profit providers of DD services in the state. Upon completion, there will be uniform rates for all services. Geographic factors will be built into the system.

Status: Developmental Disabilities is working with a national consultant and is currently in the process of piloting the project. We expect to be fully operational with the new rates sometime next year.

Title: Montana Developmental Center Downsizing:

Description: The Montana Developmental Center is currently in the process of moving out a number of individuals to community services. This movement comes as a part of the Travis D. settlement, which was completed in 2004. We are also making some programmatic changes as a result of a somewhat different population now coming to the facility. MDC is now primarily serving individuals with significant behavior problems and individuals with predatory behaviors. Several new individuals have been criminally committed by the court system.

Status: MDC is steadily making program changes to accommodate this steadily growing new population, while moving near total care individuals to community settings.

SB 324 Implementation (The Affordable Rx Act)

Description: SB 324 authorized the Department to implement four different programs for assisting Montanans in affordable prescription drugs. The four components include:

State Pharmacy Access Program: pays monthly premium for Medicare Part D Prescription Drug Plan (PDP) enrollees. This program will cover up to 20,000 people.

MT PharmAssist Program: A program to link local pharmacists for consultations on safe and effective, less-expensive alternative drugs, potentially harmful drug interactions and over medication.

Rx Discount Program: Provides discounts on prescription drugs to uninsured Montanans up to 250% of the FPL.

Prescription Drug Education: Program would create materials to educate physicians and patients about the costs and benefits of various drugs to encourage cost-conscious prescribing and consumption.

Status: The Department is working on hiring several positions necessary to design and implement the program. The legislature only authorized the initial release of I-149 funds for the pharmacy access program, as the Department must begin making premium payments effective January 1, 2006. All other program will be phased in beginning after January 2006.

CHIP Expansion

The legislature provided funding for up to 3000 new children under the CHIP program, using tobacco tax revenue to fund the expansion. Enrollment expansion will begin in July. Outreach efforts will begin this summer, but much of the outreach will be focused on "back to school" timeframes.

Expanded Coverage for Children Through HIFA and Asset Test Changes

Two additional expansions of health care coverage for children are planned for state fiscal year 07. The Medicaid asset test for children will go from \$3000 to \$15,000 beginning July 1, 2006. This will allow an estimated 3700 new children to be covered by Medicaid. Many of these children (2800) are currently served by CHIP: those CHIP children will move to Medicaid, freeing up the same number of slots in CHIP. In addition, 1800 more children will be served if the state is successful in obtaining a HIFA waiver from CMS. These children will receive the CHIP benefit, but will be supported by Medicaid funds.

Medical Marijuana Registry:

Voters passed Constitutional Initiative 148 in November 2004. The registry started January 2005. Patients with certain debilitating conditions can use medical marijuana upon a written recommendation from their physician. A patient and the qualifying caregiver may not possess more than 6 plants and 1 ounce of usable marijuana, each. 114 patients and 40 caregivers are currently registered. 74 physicians in 25 counties have recommended marijuana for these 114 individuals. The current fee is \$200/year to register. By law, the fee must cover the cost of the registry program. The fee will be re-examined in SFY 2006, but it is unlikely to change much due to the low volume of clients.

Lien and Estate Recovery:

Funds are collected from the estates and property of deceased Medicaid nursing home clients. Medicaid beneficiaries are notified of the Medicaid estate recovery program during the initial application for eligibility and again during the redetermination process. If the Medicaid beneficiary owns property, the state places a lien on the property when he/she enters the nursing home. Certain exemptions apply if someone else is still residing in the home. Recoveries are an integral part of the revenue side of the Medicaid budget.

Nursing Facility Certification Surveys:

In order to obtain Medicare and Medicaid reimbursement, a nursing facility must pass an annual certification survey. Survey standards are federally mandated and applied uniformly nation-wide. The state performs this survey function under a contract with the federal government, but the federal government retains the authority to accept or reject the state survey agency's recommendations. Failure to comply with survey requirements can result in monetary fines, loss of nurse aide training programs, and in rare instances closure of a facility. Survey results also often play a key component in the premium price that a facility must pay for liability insurance.

HJR 32 – Representative Jon Sesso:

Requests that DPHHS review and amend (if necessary) rules governing submission of provider claims, post payment audits, and recoupment of overpayments for durable medical equipment (DME) Medicaid providers to provide more predictability and finality to the payment process. The Department will meet through the summer with DME providers to better understand and address their concerns. However, the Department must, as a condition of participating in the Medicaid program, conduct post-payment review and pay back the federal share of any identified overpayments (whether these payments are recouped from the provider or not.)

Challenges over the next 2 years:

- * Aging demographics (baby boomers). Increased demands for funding for aging populations
 - 13.4% of Montanans are age 65 or older and are projected to increase to 24.5% by 2025, the third highest proportion of people age 65 and older in the nation.
 - Age 85 and older is the fastest growing age group with those 85 years of age or older increasing from 1.9% in 2003 to a projected 3.1% by 2025, the 4th highest percentage in the nation.
 - Currently 160 people in Montana are 100 years of age or older.
- * Information and referral resource needs for those accessing long term care services
- * Increased pressure/demand for community based service alternatives over institutional care
- * Viability of intergovernmental fund transfer program/provider taxes as ongoing sources of funding for Medicaid nursing facility services
- * Need for additional Veterans services in state operated institutional settings (MVH and EMVH) or community alternatives. (Study Veterans' Long Term Health Care Needs)
- * States role in guardianships for adults in need of protective services. What is State responsibility for payment of services when individuals cannot meet the requirements for any publicly funded programs. Funding for Adult Protective Service programs such as non-state guardianship programs that are privately operated for individuals that are in need of protection rather than state guardianships.

Addictive and Mental Disorders Division

Census at Montana State Hospital:

MSH is the only state-run inpatient hospital serving individuals with acute psychiatric illnesses, including voluntary, civil involuntary and forensics commitments. The hospital was built to serve 135 patients, is funded for 175 patients and has a licensed capacity of 189. From January through October 2004, MSH was over its licensed capacity 36% of the time. The biggest issues are increased admissions and high average daily census. Past efforts to pass legislation allowing MSH to control admissions have failed. In addition, MSH has reached a crisis in being able to hire nurses, both RNs and LPNs. Surrounding facilities, like nursing homes, hospitals and the state prison, offer salaries \$2-4.00/hour higher than allowed under the MSH budget.

Community Crisis Response System:

There is a need to develop a responsive system of crisis services in communities. Crisis telephone response is available statewide, but safe placements are available only in a few communities. Only 5 communities have inpatient hospital psychiatric beds available. AMDD will be working in conjunction with consumers, Service Area Authorities, providers, the legislature, county commissioners and others to develop enhancements to the current system.

Nursing Care Center in Lewistown as meth treatment center:

The Montana Mental Health Nursing Care Center in Lewistown is a state-owned and operated licensed nursing facility serving people with mental illness who are not able to benefit from active psychiatric care. It is a very well-kept facility that, over the last few years, has significantly downsized as we have moved people into community settings. Currently the facility has 40 beds that could be used for purposes such as meth treatment for prisoners or nursing care for medically compromised prisoners. Community leaders are anxious to find a way to fill the facility, as it means jobs for Lewistown residents. The Governor might be questioned by those residents about why the Department of Corrections is planning to build a new facility rather than using the Center in Lewistown to satisfy at least some of their prisoner care needs.

CHIP Expansion
3,000 new enrollees \$5 Million

HB 552 Increases the asset limit to \$15,000
4,000 new Medicaid kids, \$7.7 Million
System enhancements required

HB 667 Tax Credits
2,000 employees
\$4.6 Million
To be administered by
State Auditor

**100,000 people will
receive new
services from
DPHHS after the
2005 legislative
session**

SB 324 Discount Drug Program
Estimated 60,000 people will
take advantage of discount
prescription drug program. Self
sustaining.
System updates and
enhancements required.

HB 667 Premium Assistance for
employers and employees.
6,000 new enrollees
\$9 Million
Waiver Required.
System updates and
enhancements required.

SB 324 Medicare Part D
20,000 low-income Medicare
recipients will receive premium
assistance.
System updates and
enhancements required.

SB 110 HIFA Waiver
New Enrollees:
- 1,500 MHSP adults.
- 300 SED kids
- 1,800 CHIP kids
- 600 Transitional Medicaid
- 270 MCHA premium assistance
- \$10.8 Million
Waiver Required.
System updates and
enhancements required.

*September Projections
To Scott for Analysis
Review*

REPORT NAME: COINGROW
PAGE: 1

SUMMARY OF ESTIMATED DOS PAYMENTS FOR MEDICAID PROGRAM
BY CATEGORY OF SERVICE FY89-FY97

REPORT DATE: 09/27/2005
REPORT TIME: 17:22:30
PROJECTIONS ARE BASED ON DATA FOR MONTH CODE 3 OF FY *6
AND USES THE DOS/DOP FACTORS CONTAINED IN THE TABLE ONEFACS
COINSURANCE AND DEDUCTIBLE ARE ALLOCATED TO CATEGORIES

CC CATEGORY NAME	ESTIMATES FOR CURRENT BIENNIUM					ESTIMATES FOR THE NEW BIENNIUM	
	FY2000	FY2001	FY2002	FY2003 (EXPECTED)	FY2004 (EXPECTED)	FY2005 (EXPECTED)	FY2006 (EXPECTED) FY2007 (EXPECTED)
01 Inpatient Hospi	\$47,896,713.65	\$56,758,064.19	\$66,019,963.91	\$66,443,231.57	\$64,839,094.44	\$71,559,095.76	\$77,024,442.51 \$79,425,708.25
04 Skilled Nursing	\$7,515,975.66	\$7,852,604.12	\$7,144,872.75	\$6,572,633.54	\$8,189,236.88	\$9,353,673.41	\$11,238,236.85 \$12,737,691.27
05 ICF/MR Public	\$13,975,707.88	\$15,653,719.97	\$16,847,775.49	\$17,366,184.65	\$17,662,140.29	\$14,251,748.08	\$10,107,269.80 \$10,209,094.93
07 ICF/Other Nonin	\$91,483,991.31	\$92,766,162.04	\$95,089,950.85	\$100,327,596.78	\$108,712,213.52	\$110,152,719.86	\$119,608,321.46 \$127,269,693.58
08 ICF/Other Insti	\$39,011.31	\$80,754.75	\$124,206.57	\$158,902.75	\$194,908.95	\$402,034.39	\$698,221.69 \$791,381.46
09 Physician	\$27,362,142.44	\$29,597,957.10	\$31,755,847.05	\$32,135,028.91	\$32,193,266.15	\$32,739,049.12	\$32,722,553.33 \$33,123,142.67
10 Physician Case	\$1,037,558.86	\$1,144,789.00	\$1,302,404.78	\$1,424,088.13	\$1,470,846.00	\$1,472,336.99	\$1,302,632.11 \$1,350,586.32
11 Outpatient Hosp	\$15,826,575.73	\$20,883,923.47	\$23,155,202.69	\$24,917,565.97	\$25,615,092.70	\$27,316,197.26	\$29,342,002.10 \$30,986,544.13
12 Drug	\$56,239,762.30	\$66,720,134.26	\$76,719,289.06	\$85,131,311.96	\$93,906,683.68	\$104,267,024.21	\$111,666,195.06 \$124,450,503.45
13 Dental	\$4,944,448.66	\$5,291,848.21	\$6,844,029.66	\$6,535,713.36	\$6,681,986.08	\$6,973,679.83	\$7,514,342.13 \$7,590,083.42
14 Other Practicio	\$3,350,284.69	\$3,847,406.94	\$4,504,340.91	\$5,083,244.14	\$5,484,330.17	\$5,666,051.89	\$5,878,938.37 \$6,196,072.51
15 Clinic	\$791,528.44	\$1,038,498.30	\$1,368,956.33	\$1,415,708.17	\$1,407,464.34	\$1,351,727.91	\$1,385,527.83 \$1,402,678.78
17 Laboratory & Ra	\$548,505.53	\$576,473.58	\$656,229.54	\$709,793.86	\$752,426.31	\$858,237.00	\$922,183.25 \$1,000,933.64
18 Home Health	\$1,018,640.01	\$789,038.12	\$811,728.41	\$646,051.75	\$530,266.24	\$469,516.47	\$454,271.31 \$458,847.84
19 Sterilizations	\$631,005.65	\$630,243.38	\$745,527.68	\$728,464.66	\$736,121.26	\$701,273.17	\$706,033.28 \$713,146.17
20 Abortions	\$165,362.47	\$141,216.35	\$206,209.69	\$124,169.09	\$1,569.63	\$2,924.67	\$1,840.42 \$1,858.96
21 EPSDT	\$1,096,073.50	\$1,302,806.35	\$1,680,898.19	\$2,237,398.18	\$2,329,094.45	\$2,257,381.51	\$2,242,643.28 \$2,425,902.42

SUMMARY OF ESTIMATED DOS PAYMENTS, MEDICAID PROGRAM
 BY CATEGORY OF SERVICE FY89-FY97

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CC CATEGORY NAME	ESTIMATES FOR CURRENT BIENNIUM				ESTIMATES FOR THE NEW BIENNIUM			
	FY2000	FY2001	FY2002	FY2003 (EXPECTED)	FY2004 (EXPECTED)	FY2005 (EXPECTED)	FY2006 (EXPECTED)	FY2007 (EXPECTED)
22 Rural Health	\$1,146,590.04	\$1,614,587.30	\$2,571,898.87	\$3,101,682.48	\$3,416,392.00	\$3,595,534.31	\$3,731,215.92	\$4,065,071.44
23 Rural Health Ca	\$16,578.00	\$4,734.00	\$5,031.00	\$3,029.41	\$0.00	\$0.00	\$0.00	\$0.00
24 Coinsurance & D	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25 Elderly Waiver	\$5,699,061.79	\$6,869,705.90	\$7,861,903.85	\$7,776,892.24	\$8,388,302.96	\$10,464,025.96	\$11,501,512.58	\$12,932,048.04
26 Elderly Waiver	\$1,442,946.70	\$1,503,720.68	\$1,645,125.50	\$1,574,014.82	\$561,958.60	\$1,474.20	\$876.70	\$885.53
27 Disable Waiver	\$6,902,768.01	\$8,642,384.85	\$9,194,715.58	\$9,036,831.14	\$10,470,418.94	\$11,467,057.77	\$12,057,638.65	\$13,407,440.46
28 Disable Waiver	\$1,382,155.01	\$1,462,282.25	\$1,583,453.61	\$1,513,233.17	\$554,405.68	\$1,318.59	\$784.16	\$792.06
29 Person - Care N	\$18,811,568.27	\$19,360,522.99	\$22,483,015.77	\$21,588,195.46	\$20,659,915.79	\$22,538,227.04	\$23,084,443.13	\$23,317,006.07
31 TCM Develop Dis	\$3,000,919.75	\$3,000,000.00	\$3,000,000.00	\$3,000,000.00	\$3,000,000.00	\$3,000,000.00	\$3,000,000.00	\$3,030,223.33
32 TCM Pregnant Wo	\$111,067.00	\$94,415.50	\$77,391.50	\$74,379.46	\$37,024.32	\$601.10	\$357.47	\$361.07
33 Hospice	\$517,865.01	\$681,140.68	\$547,611.13	\$740,618.94	\$1,168,007.90	\$840,268.38	\$900,586.42	\$1,020,746.58
34 Fed Qualified H	\$1,351,502.08	\$1,636,135.06	\$1,885,228.59	\$2,337,111.86	\$3,113,022.76	\$3,537,407.00	\$4,226,481.08	\$4,790,396.56
35 F Q Health Ctrs	\$51,636.00	\$69,006.00	\$76,911.00	\$53,670.38	\$0.00	\$0.00	\$0.00	\$0.00
39 Nursing Spec Ca	\$12,393.00	\$19,722.00	\$18,776.24	\$12,590.00	\$0.00	\$0.00	\$0.00	\$0.00
41 EPSDT--Other	\$40,321.85	\$40,287.89	\$48,824.24	\$57,358.81	\$76,695.92	\$64,836.17	\$113,122.40	\$120,544.12
42 Hearing Aids	\$191,975.90	\$193,894.54	\$224,672.83	\$182,162.58	\$169,848.01	\$193,482.84	\$185,557.08	\$187,426.46
44 Home Dialysis	\$1,330,034.49	\$1,694,341.45	\$1,734,629.97	\$1,839,320.10	\$1,543,903.65	\$1,636,977.55	\$1,825,673.57	\$1,875,337.53

PROJECTIONS ARE BASED ON DATA FOR MONTH CODE 3 OF FY *6
AND USES THE DOS/DOP FACTORS CONTAINED IN THE TABLE ONEFACTS.

COINSURANCE AND DEDUCTIBLE ARE ALLOCATED TO CATEGORIES

CC CATEGORY NAME	ESTIMATES FOR CURRENT BIENNIUM							ESTIMATES FOR THE NEW BIENNIUM	
	FY2000	FY2001	FY2002	FY2003 (EXPECTED)	FY2004 (EXPECTED)	FY2005 (EXPECTED)	FY2006 (EXPECTED)	FY2007 (EXPECTED)	
46 Durable Medical	\$7,914,459.04	\$8,042,814.86	\$8,712,090.68	\$8,638,618.83	\$8,647,472.61	\$9,509,116.58	\$9,984,599.62	\$10,443,786.78	
47 Eyeglasses	\$372,393.13	\$402,204.66	\$443,322.46	\$426,920.18	\$428,868.58	\$446,654.39	\$400,783.62	\$404,821.29	
48 Transportation	\$338,692.09	\$396,213.06	\$488,965.84	\$389,489.55	\$285,140.63	\$234,836.56	\$221,350.32	\$223,580.30	
49 Non Emergency T	\$150,755.92	\$117,180.54	\$132,779.68	\$118,040.49	\$72,641.26	\$62,212.72	\$57,373.18	\$57,951.18	
50 Ambulance	\$850,615.43	\$1,039,460.82	\$1,645,646.55	\$2,033,962.85	\$2,329,730.53	\$2,798,647.42	\$3,141,325.94	\$3,556,650.81	
51 Nursing Home--0	\$127,905.74	\$143,344.13	\$177,300.01	\$152,743.46	\$127,001.79	\$227,163.38	\$182,321.38	\$184,158.17	
52 TCM CFSD	\$24,464.17	\$102,409.90	\$0.00	\$0.00	\$116,519.43	\$0.00	\$0.00	\$0.00	
54 Nutrition	\$5,405.56	\$4,797.55	\$2,541.98	\$3,246.26	\$5,126.08	\$8,824.91	\$8,807.54	\$9,982.68	
55 Nurse Specialis	\$1,828,024.65	\$2,320,925.05	\$2,821,122.51	\$3,097,436.31	\$3,280,046.15	\$3,553,299.58	\$3,710,981.58	\$4,032,522.80	
57 Ind. Diagnostic			\$0.00	\$0.00	\$180,821.47	\$154,863.59	\$145,104.01	\$146,565.85	
59 DISEASE MANAGEM						\$2,458,089.65	\$2,802,019.60	\$3,175,877.24	
60						\$225,891.14	\$271,512.32	\$307,738.67	
61						\$0.00	\$0.00	\$0.00	
64 Air Ambulance	\$217,256.29	\$408,271.49	\$560,802.55	\$442,797.31	\$92,121.35	\$0.00	\$0.00	\$0.00	
65 Educational Pro	\$816,543.94	\$877,726.45	\$985,797.14	\$728,522.35	-\$1,735.75	\$23,388.88	\$13,964.49	\$14,105.17	
66 School Based Se			\$0.00	\$0.00	\$5,932,837.52	\$7,748,962.84	\$6,673,064.51	\$7,563,413.79	
70 SNF/ICF MENTAL	\$4,163,972.05	\$3,475,999.90	\$3,321,210.16	\$3,037,035.09	\$2,610,371.00	\$3,246,255.81	\$3,359,932.63	\$3,393,782.08	

SUMMARY OF ESTIMATED DOS PAYMENTS MEDICAID PROGRAM
 BY CATEGORY OF SERVICE FY89-FY97

REPORT DATE: 09/27/2005
 REPORT TIME: 17:22:32
 PROJECTIONS ARE BASED ON DATA FOR MONTH CODE 3 OF FY *6
 AND USES THE DOS/DOP FACTORS CONTAINED IN THE TABLE ONEFACS
 COINSURANCE AND DEDUCTIBLE ARE ALLOCATED TO CATEGORIES

CC CATEGORY NAME	ESTIMATES FOR CURRENT BIENNIUM				ESTIMATES FOR THE NEW BIENNIUM			
	FY2000	FY2001	FY2002	FY2003 (EXPECTED)	FY2004 (EXPECTED)	FY2005 (EXPECTED)	FY2006 (EXPECTED)	FY2007 (EXPECTED)
81 CD Inpatient			\$0.00	\$0.00	\$1,169,590.00	\$1,614,669.78	\$1,652,266.70	\$1,872,719.31
82 CD Outpatient			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
83 Breast and Cerv			\$74,064.30	\$90,407.90	\$1,567,669.85	\$1,964,406.31	\$2,222,044.75	\$2,518,519.62
90 HMO CAPITATION	\$3,098,183.94	\$11,859.22	\$874.24	\$526.42	\$0.00	\$276.57	\$164.47	\$166.13
92 MHAP (MMH Grand	\$48,761,562.63	\$68,361,585.23	\$77,643,427.40	\$76,923,457.36	\$76,627,438.68	\$82,765,367.09	\$86,499,629.55	\$90,026,626.51
93 MISC TCM	\$646,121.79	\$820,522.18	\$851,994.45	\$847,057.07	\$736,683.81	\$582,270.72	\$589,995.04	\$595,938.91
94 LIENHOLDER	\$204,702.00	\$195,435.00	\$245,337.00	\$289,424.92	\$367,674.00	\$449,016.00	\$441,836.36	\$500,788.09
97			\$0.00	\$0.00	\$0.00			
98 IHS			\$16,734,623.18	\$19,511,905.00	\$26,652,408.65	\$25,853,172.00	\$32,204,701.51	\$36,279,076.68
A1 TPL REFUNDS	-\$5,814,829.86	-\$6,111,314.00	-\$6,798,172.82	-\$7,972,685.13	-\$8,237,375.60	-\$8,739,413.38	-\$9,184,039.16	-\$9,752,356.14
A2 DRUG REBATES	-\$9,128,402.67	-\$11,247,952.46	-\$13,344,026.85	-\$15,343,857.81	-\$17,026,262.39	-\$25,545,420.93	-\$27,621,756.28	-\$30,490,373.35
A4 FRAUD & ABUSE R	-\$170,000.00	-\$170,000.00	-\$170,000.00	-\$170,000.00	-\$170,000.00	-\$170,000.00	-\$170,000.00	-\$170,000.00
C2 CHIP DENTAL			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTALS ----->	370,340,496.83	421,154,014.80	482,466,323.70	498,093,226.73	529,561,417.27	556,608,434.05	591,051,887.62	629,778,191.62

OneFace

MEDICAID PROJECTIONS 2004-2007; DOP DATA. COINS IS ALLOCATED TO CATS:SEPT 2005.

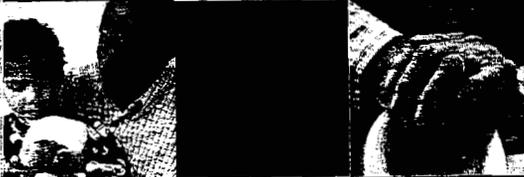
CCINT	104	105	106	107
1	\$64,839,094.44	\$71,559,095.76	\$77,024,442.51	\$79,425,708.25
4	\$8,189,226.88	\$9,353,673.41	\$11,238,236.85	\$12,737,691.27
5	\$17,662,140.29	\$14,251,748.08	\$10,107,269.80	\$10,209,094.93
7	108,712,213.52	110,152,719.86	119,608,321.46	127,269,693.58
8	\$194,908.95	\$402,034.39	\$698,221.69	\$791,381.46
9	\$32,193,266.15	\$32,739,049.12	\$32,722,553.33	\$33,123,142.67
10	\$1,470,846.00	\$1,472,336.99	\$1,302,632.11	\$1,350,586.32
11	\$25,615,092.70	\$27,316,197.26	\$29,342,002.10	\$30,986,544.13
12	\$93,906,683.68	104,267,024.21	111,666,195.06	124,450,503.45
13	\$6,681,986.08	\$6,973,679.83	\$7,514,342.13	\$7,590,083.42
14	\$5,484,330.17	\$5,666,051.89	\$5,878,938.37	\$6,196,072.51
15	\$1,407,464.34	\$1,351,727.91	\$1,385,527.83	\$1,402,678.78
17	\$752,426.31	\$858,237.00	\$922,183.25	\$1,000,933.64
18	\$530,266.24	\$469,516.47	\$454,271.31	\$458,847.84
19	\$736,121.26	\$701,273.17	\$706,033.28	\$713,146.17
20	\$1,569.63	\$2,924.67	\$1,840.42	\$1,858.96
21	\$2,329,094.45	\$2,257,381.51	\$2,242,643.28	\$2,425,902.42
22	\$3,416,392.00	\$3,595,534.31	\$3,731,215.92	\$4,065,071.44
25	\$8,388,302.96	\$10,464,025.96	\$11,501,512.58	\$12,932,048.04
26	\$561,958.60	\$1,474.20	\$876.70	\$885.53
27	\$10,470,418.94	\$11,467,057.77	\$12,057,638.65	\$13,407,440.46
28	\$554,405.68	\$1,318.59	\$784.16	\$792.06
29	\$20,659,915.79	\$22,538,227.04	\$23,084,443.13	\$23,317,006.07
31	\$3,000,000.00	\$3,000,000.00	\$3,000,000.00	\$3,030,223.33
32	\$37,024.32	\$601.10	\$357.47	\$361.07
33	\$1,168,007.90	\$840,268.38	\$900,586.42	\$1,020,746.58
34	\$3,113,022.76	\$3,537,407.00	\$4,226,481.08	\$4,790,396.56
41	\$76,695.92	\$64,836.17	\$113,122.40	\$120,544.12
42	\$169,848.01	\$193,482.84	\$185,557.08	\$187,426.46
44	\$1,543,903.65	\$1,636,977.55	\$1,825,673.57	\$1,875,337.53
46	\$8,647,472.61	\$9,509,116.58	\$9,984,599.62	\$10,443,786.78
47	\$428,868.58	\$446,654.39	\$400,783.62	\$404,821.29
48	\$285,140.63	\$234,836.56	\$221,350.32	\$223,580.30
49	\$72,641.26	\$62,212.72	\$57,373.18	\$57,951.18
50	\$2,329,730.53	\$2,798,647.42	\$3,141,325.94	\$3,556,650.81
51	\$127,001.79	\$227,163.38	\$182,321.38	\$184,158.17
52	\$116,519.43	\$0.00	\$0.00	\$0.00
54	\$5,126.08	\$8,824.91	\$8,807.54	\$9,982.68
55	\$3,280,046.15	\$3,553,299.58	\$3,710,981.58	\$4,032,522.80
57	\$180,821.47	\$154,863.59	\$145,104.01	\$146,565.85
59	\$0.00	\$2,458,089.65	\$2,802,019.60	\$3,175,877.24
60	\$0.00	\$225,891.14	\$271,512.32	\$307,738.67
64	\$92,121.35	\$0.00	\$0.00	\$0.00
65	-\$1,735.75	\$23,388.88	\$13,964.49	\$14,105.17
66	\$5,932,837.52	\$7,748,962.84	\$6,673,064.51	\$7,563,413.79
70	\$2,610,371.00	\$3,246,255.81	\$3,359,932.63	\$3,393,782.08
81	\$1,169,590.00	\$1,614,669.78	\$1,652,266.70	\$1,872,719.31
83	\$1,567,669.85	\$1,964,406.31	\$2,222,044.75	\$2,518,519.62
92	\$76,627,438.68	\$82,765,367.09	\$86,499,629.55	\$90,026,626.51
93	\$736,683.81	\$582,270.72	\$589,995.04	\$595,938.91
94	\$367,674.00	\$449,016.00	\$441,836.36	\$500,788.09
98	\$26,652,408.65	\$25,853,172.00	\$32,204,701.51	\$36,279,076.68
ABATEMENTS	-\$25,433,637.99	-\$34,454,834.31	-\$36,975,795.44	-\$40,412,729.49
TOTALS	529,661,417.27	556,608,157.48	591,051,723.15	629,778,025.49

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID AND STATE OPERATIONS



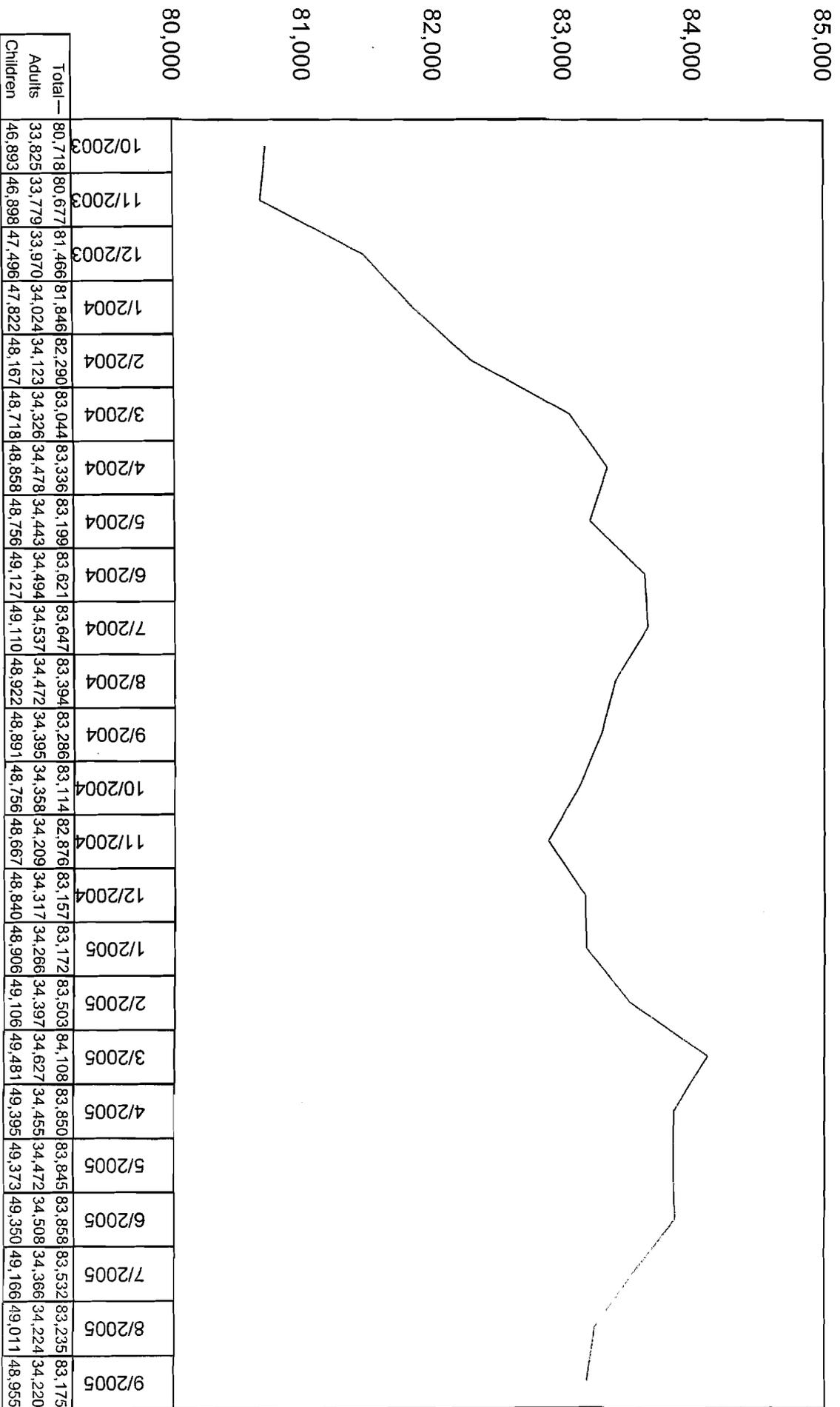
Medicaid At-a-Glance 2005

A Medicaid Information Source

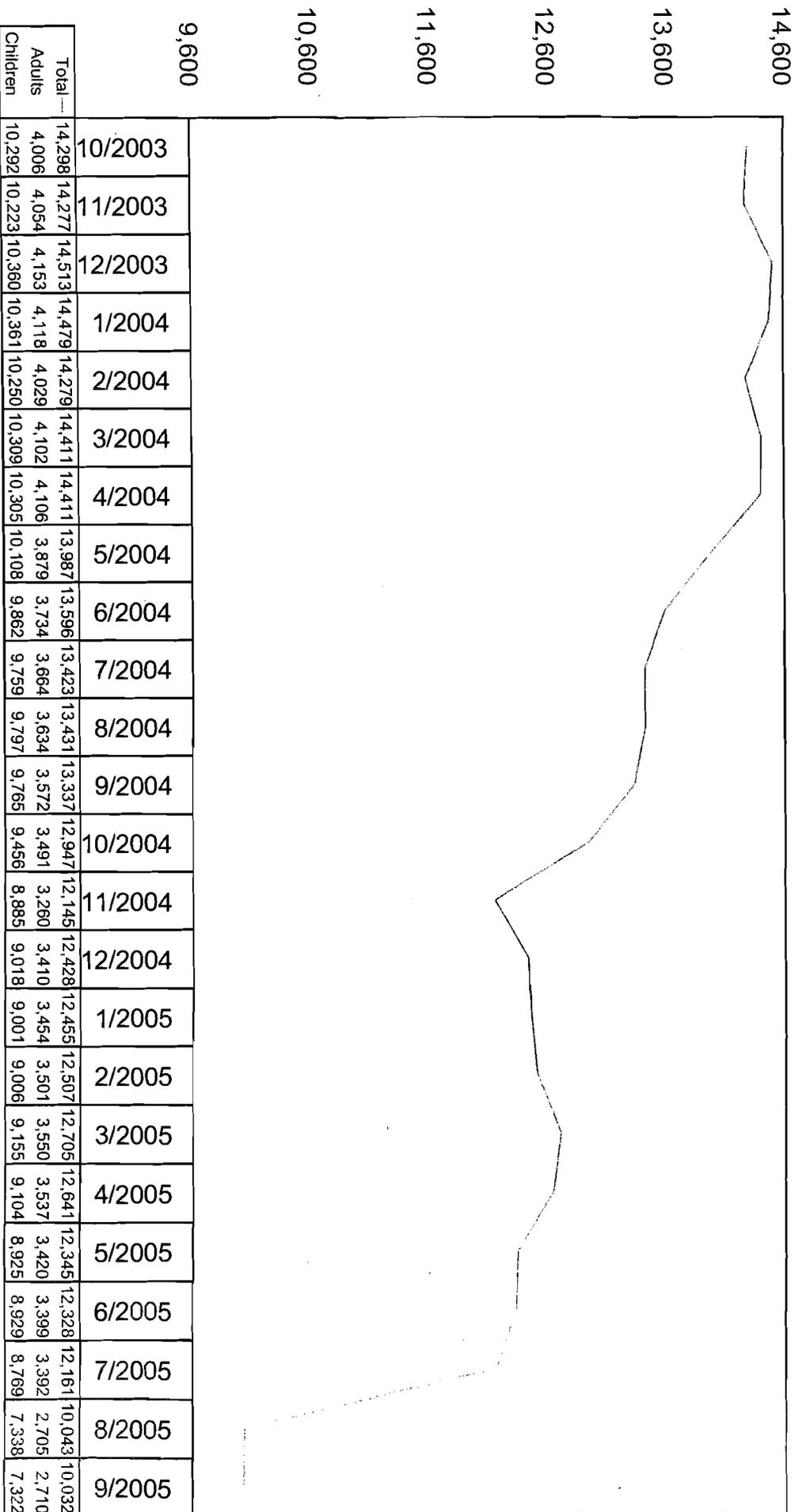


- The Medicaid Program
- Key Eligibility Groups
- Mandatory State Plan Services
- State Chart
 - Optional Medicaid Plan Services
 - Federal/State Matching Rates for Services
- Federal Poverty Guidelines

All Medicaid Eligibles FY 2005 & FY 2006

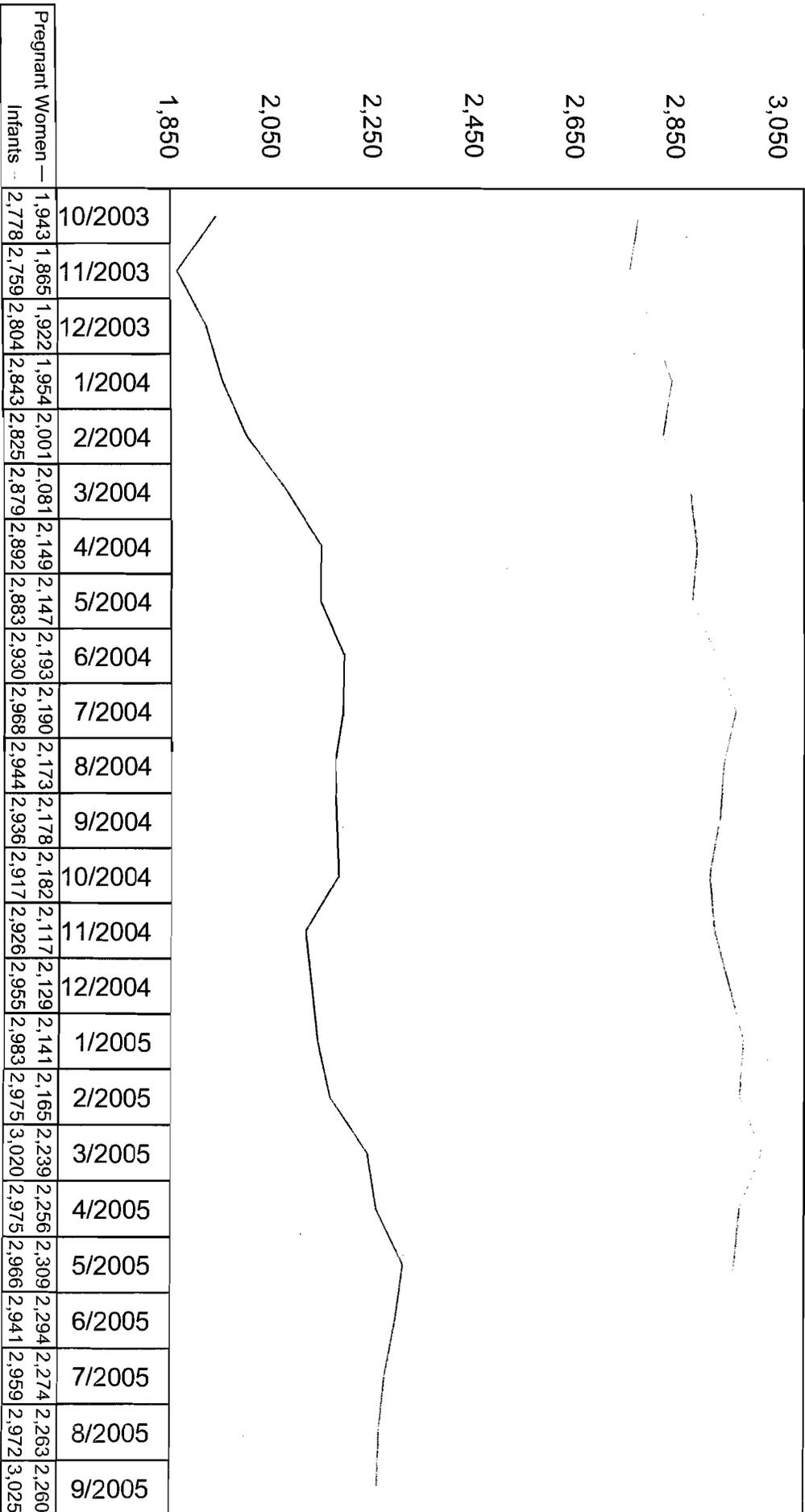


TANF Eligibles FY 2005 & FY 2006

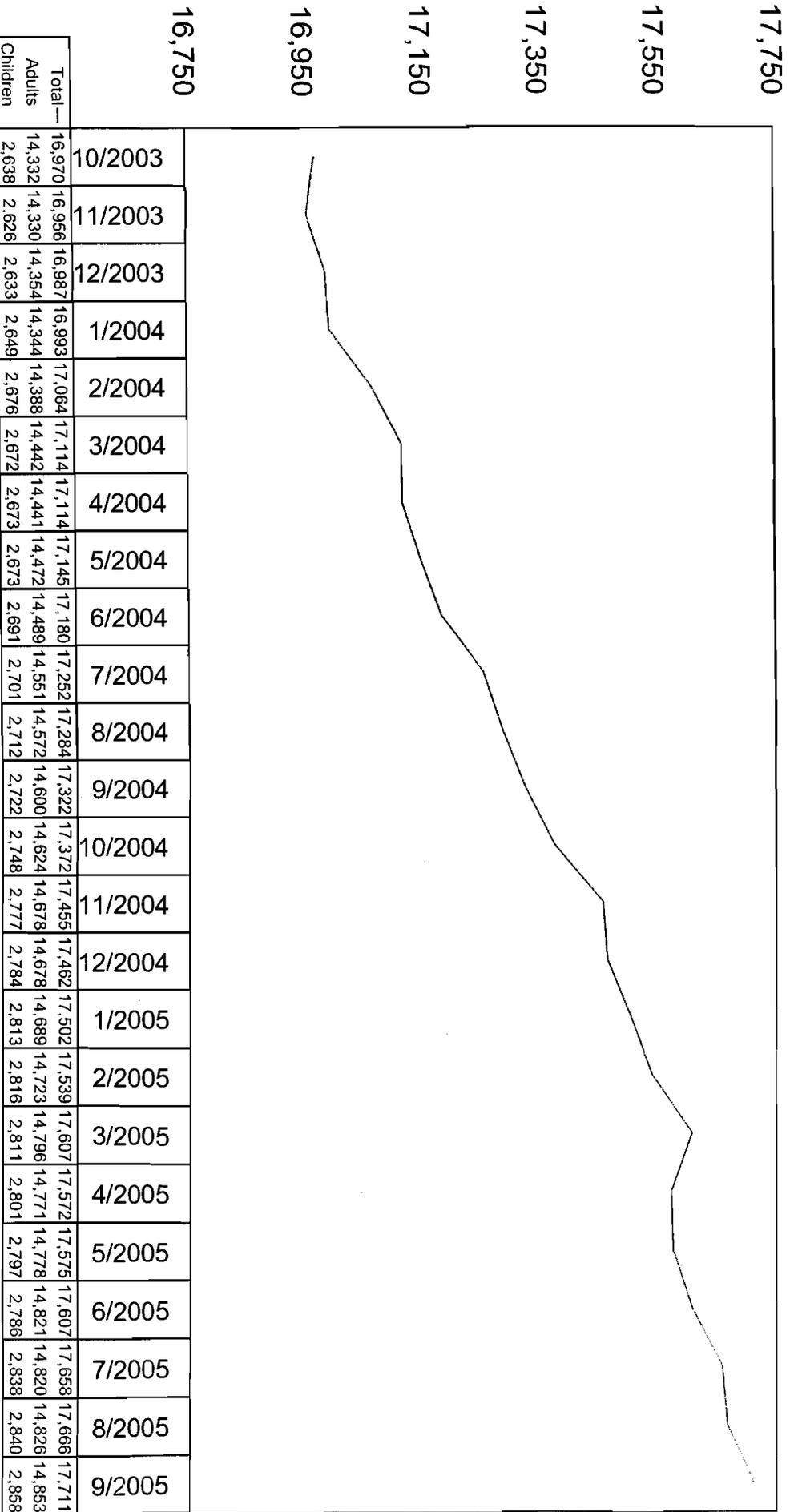


Note: TANF eligibility represents those who receive cash assistance under the TANF program. While most of the people reflected reflected in this chart are also eligible for Medicaid, there is not a 1 to 1 relationship of those who are eligible for TANF cash assistance and Medicaid. They are not directly related

Pregnant Women and Infants FY 2005 & FY 2006



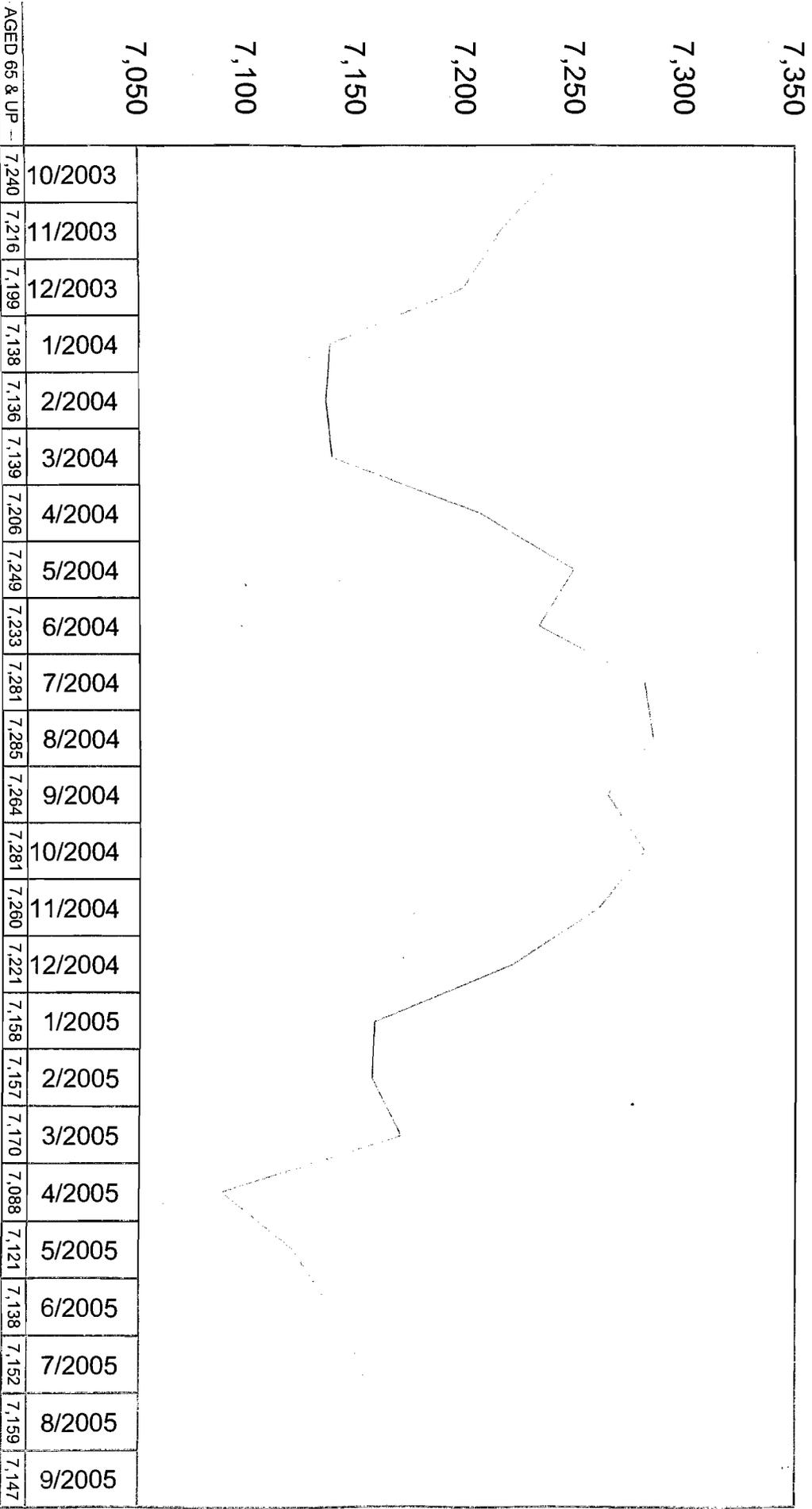
Medicaid Disabled Eligibles FY 2005 & FY 2006



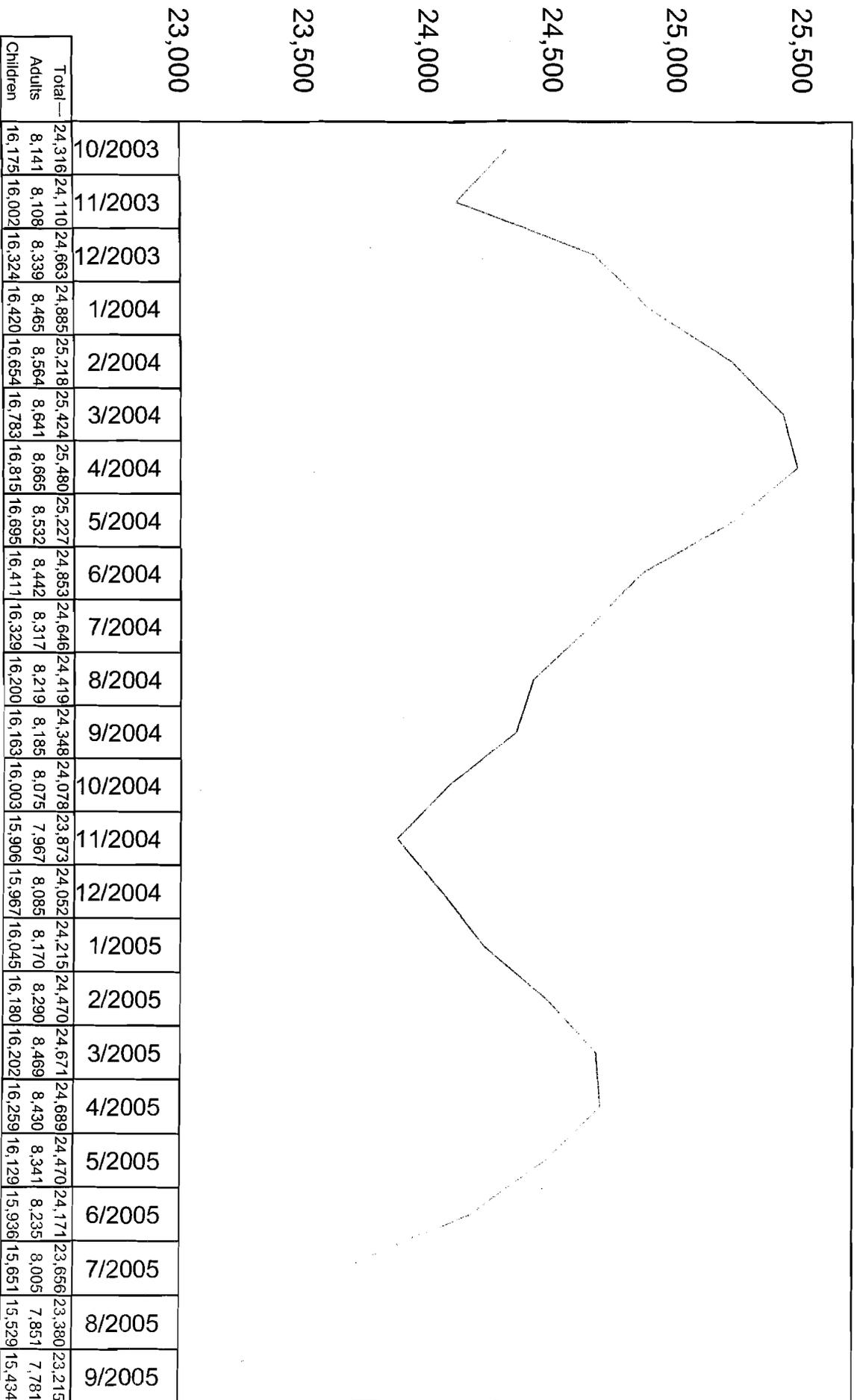
Aged & Disabled Eligibles Residing In an Institution FY 2005 & FY 2006

3,550																								
3,500																								
3,450																								
3,400																								
3,350																								
3,300																								
3,250																								
	10/2003	11/2003	12/2003	1/2004	2/2004	3/2004	4/2004	5/2004	6/2004	7/2004	8/2004	9/2004	10/2004	11/2004	12/2004	1/2005	2/2005	3/2005	4/2005	5/2005	6/2005	7/2005	8/2005	9/2005
Total -	3,454	3,436	3,444	3,402	3,401	3,383	3,404	3,425	3,411	3,433	3,433	3,424	3,425	3,400	3,390	3,343	3,320	3,348	3,288	3,284	3,282	3,281	3,299	3,298
Aged 65 & Up	3,003	2,991	2,990	2,947	2,943	2,924	2,955	2,973	2,955	2,976	2,984	2,972	2,977	2,951	2,943	2,903	2,889	2,920	2,851	2,858	2,854	2,856	2,874	2,880
Disabled	451	445	454	455	458	459	449	452	456	457	449	452	448	449	447	440	431	428	437	426	428	425	425	418

MEDICAID ELIGIBLES Aged 65 & Up FY 2005 & FY 2006



Family Medicaid FY 2005 - FY 2006



Transitional Medicaid FY 2005 - FY 2006



Poverty Child: Infant to 18 year of age FY 2005 - FY 2006

