



Lori A. Weaver  
Commissioner

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
*OFFICE OF THE COMMISSIONER*

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September 28, 2023

The Honorable Ken Weyler, Chairman  
Fiscal Committee of the General Court  
State House  
Concord, NH 03301

**INFORMATIONAL ITEM**

Chapter 79, Sections 238 through 240, Laws of 2023 (i.e., House Bill 2), appropriated \$134,185,700 of general funds to the Department of Health and Human Services (Department) for the purposes of increasing Medicaid provider rates. Additionally, this law required the Department to submit a report to the Fiscal Committee of the General Court by October 1, 2023, detailing the accounting units in the state operating budget to which funds will be, or have been allocated, along with the rate increases that will be provided from the funds appropriated.

**EXPLANATION**

**Background:** As noted above, House Bill 2, of the 2023 Regular Legislative Session appropriated funds to the Department for the purpose of increasing Medicaid Rates. In addition to the General Funds, the Department was provided authority to accept and expend matching Federal Funds without prior approval of the Fiscal Committee of the General Court. Table 1 below provides a detailed breakdown of the general fund appropriations made to the Department for this purpose.

<b>Table 1</b>			
<b>Chapter 79, Laws of 2023</b>			
<b>General Fund Appropriations</b>			
<b>Section</b>	<b>Description</b>	<b>SFY24</b>	<b>SFY25</b>
238	<b>Medicaid Provider Rate Increases</b> Rate Increase Took Effect July 1, 2023	\$12,000,000	\$12,000,000
239, XXI.	<b>Targeted Medicaid Rates Deemed Most Critical***</b> Aimed effective dates October 2023	\$15,740,786	\$0
<i>See below</i>	<b>Targeted Medicaid Rates</b> Must be effective by January 1, 2024		
239, I.	Nursing Homes	\$4,677,979	\$9,355,958
239, II.	Choices for Independence	\$2,154,309	\$4,308,618
239, III.	Assisted living facilities	\$708,678	\$1,417,355
239, IV.	Home Health Aides	\$483,000	\$966,000
239, V.	Meals on Wheels	\$70,691	\$141,382
239, VI.	Private Duty Nursing	\$736,954	\$1,473,908

239, VII.	Section 1915(c) Waiver Case Management Services	\$169,658	\$339,317
239, VIII.	Community Mental Health Services	\$3,969,301	\$7,938,602
239, IX.	Housing Reimbursement Rates for Community Mental Health Services	\$623,848	\$1,247,697
239, X.	Community Health Centers	\$3,000,000	\$6,000,000
239, XI.	Community Health Centers	\$1,133,707	\$2,267,415
239, XII.	Early Supports and Services, Developmental Services, Acquired Brain Disorder Services, Children's in-home Support Services	\$8,221,367	\$16,442,733
239, XIII.	Opioid Treatment Programs	\$1,374,940	\$2,749,881
239, XIV.	Residential Treatment providers SUD	\$113,106	\$226,211
239, XV.	MAT Substance Use Disorder	\$169,858	\$339,317
239, XVI.	Outpatient SUD	\$255,371	\$510,743
239, XVII.	Midwives	\$50,000	\$100,000
239, XVIII.	Birthing Centers	\$125,000	\$250,000
239, XIX	Ambulance Code	\$1,944,003	\$3,888,007
239, XX	Personal care assistant services	\$1,500,000	\$3,000,000
	<b>TOTAL</b>	<b>\$59,222,556</b>	<b>\$74,963,144</b>
<b>***Note:</b> Funds are appropriated for the biennium ending June 30, 2025, per Chapter 79, Section 239, Laws of 2023.			

**Rate Implementation Process:** The Department began analyzing rates and developing a system for the rollout of the Medicaid service rate increases in June 2023. The work that has been, and will continue to be completed through January of 2024 includes three major phases:

**Phase 1 - General Medicaid Rate Increase:** The Department submitted a public notice to establish a one-time and sustained 3% Medicaid provider rate increase, which took effect July 1, 2023, in accordance with section 238 of House Bill 2, which appropriated \$24 million over the biennium. This one-time 3% increase is sustained through the biennium with the appropriation available to the Department on July 1, 2024. Certain services did not receive the 3% increase on July 1, including services with contracted rates or individually priced rates; hospital inpatient and outpatient services; and non-service based rates, such as for durable medical equipment or pharmaceuticals. Additionally, the majority of the Medicaid waiver services for developmentally disabled, acquired brain disorder and children's in-home support services are not part of the 3% increase discussed above. However, effective July 1, these providers experienced a roughly 3% rate increase as a result of direct-bill payment structure changes in the developmental services system required to establish compliance with federal regulations.

**Phase 2 - Targeted Medicaid Rates Deemed Most Critical:** Chapter 79, Section 239, XXI., Laws of 2023, appropriated approximately \$15.7 million of general funds for the purpose of increasing rates prior to January 1, 2024. This provision of law requires the Commissioner to increase provider rates deemed most critical. The Department conducted an extensive rate analysis, discussed with providers,

evaluated the current healthcare system needs, and worked with its contracted actuaries, to identify those areas in most need of immediate rate increase. Attachment 1, Medicaid Rate Implementation Plan, of this item, details the Medicaid Rate areas that have been prioritized where rate increases will become effective October 2023.

**Phase 3 - Targeted Medicaid Rate Increases:** Pursuant to House Bill 2, Section 239, the Department must utilize funds appropriated to implement Medicaid Service rate increases by January 1, 2024. The Department was appropriated general funds in the amounts roughly \$31.5 million in State Fiscal Year 2024 and \$63.0 million in State Fiscal Year 2025. Attachment 1, Medicaid Rate Implementation Plan, details how the full \$134,187,700 general fund appropriation is being utilized in each rate area.

**Goals & Key Considerations:** The Legislative appropriations have provided the State with an unprecedented opportunity to increase rates paid to Medicaid service providers. Towards this goal, the Department analyzed Medicaid rate data and is using the full appropriation to implement rate increases to promote efficiency, economy, and quality of care as required by House Bill 2. The Department was able to achieve this goal within the appropriation provided. The Department has given particular consideration to establish parity among rates to ensure that significant gaps do not exist between similar rate types.

In conducting the rate analysis and developing the implementation plan, the Department utilized the following general principles:

- For most State Plan rates, where sufficient funds are available, rates will be increased to 80% of Medicare;
- For critical areas rates will be increased to 100% of Medicare where sufficient funds are available;
- Rate parity is being established between similar rate types for similar services as allowable per the appropriation (e.g., State plan versus waiver).
- For instances where there was no Medicare equivalent rate the Department either utilized the appropriation provided, comparable data from the U.S. Bureau of Labor and Statistics or Medicaid rates from bordering states, and/or subject matter expertise, dependent upon the unique circumstances of the rate.
- Additional other funds were utilized for the New Hampshire Granite Advantage Health Care Program to establish rate parity with Standard Medicaid.

The Department was not provided appropriations to increase rates included in active contracts, individually priced rates (non-service), cost-based rates supported by specific methodologies, Medicare limitations (e.g., upper payment limits, public notice requirements, state plan amendment requirements, Market Basket Index). Following the principles above and applicable Federal Regulations, Medicaid rates were not increased equally because some rates have historically been far below Medicare and/or market rates whereas other rates were proportionally closer to Medicare or market rates.

**Trend Monitoring and Future Adjustments:** The Department's rate analysis and implementation plan is primarily based on State Fiscal Year 2023 utilization numbers. To validate the Department's assumptions and implementation plan, the Department had its contracted actuary perform an independent rate analysis. The Department's initial plan was validated, as there was only a small percentage difference between it and the actuarial analysis that utilized State Fiscal 2022 utilization figures. Consequently, the Department concluded that the appropriation amounts and rate increases are reasonable and sound. However, the Department recognizes that the analysis was based on point-in-time

data. Therefore, the Department will actively monitor spending and trends during the biennium. If the Department identifies trends that suggest excess appropriation was allocated towards an area and those funds are projected to lapse, the Department will seek to utilize said funds to increase other Medicaid rates in accordance with the goals of House Bill 2.

**Attachments:** The Department has included two attachments with this Fiscal Item:

- **Attachment 1 – DHHS Medicaid Rate Implementation Plan** provides detail on how the appropriations will be applied by Medicaid rate Area, priority rate areas, implementation dates, and explanations.
- **Attachment 2 - Accounting Unit Medicaid Rate Detail** provides the accounting unit, class line, and revenue level detail associated with each rate increase by appropriation area.

Respectfully Submitted,



Lori A. Weaver  
Commissioner

CHAPTER 79, LAWS OF 2023 APPROPRIATIONS				DHHS MEDICAID RATE IMPLEMENTATION PLAN						
<u>Medicaid Rate Area</u>	<u>Start Date</u>	<u>General Fund Appropriation SFY24</u>	<u>General Fund Appropriation SFY25</u>	<u>General Fund Amount Applied SFY24</u>	<u>General Fund Amount Applied SFY25</u>	<u>Additional General Funds Applied</u>	<u>General Funds Available/ (Transferred)</u>	<u>Other Funds (Granite Advantage)</u>	<u>Federal (Granite Advantage)</u>	<u>EXPLANATION</u>
<i>This column includes the Medicaid Rate Area description in Chpt. 79, Sec. 239, I.-XX. or a Medicaid Rate Area identified for rate parity</i>	<i>Date the rates will be effective</i>	<i>General Funds appropriated in Chpt. 79, Sec. 239, I. - XX. Does not include the \$24 million for the 3% rate increases (Chpt. 79, Sec. 238) or the \$15,740,786 for targeted Medicaid rates (Chpt. 79, Sec. 239, XXI).</i>		<i>General Fund amount of the appropriation (Columns C &amp; D) applied in the Medicaid Rate Area.</i>		<i>Additional General funds applied in rate area to establish parity and/or early effective date per Chpt. 79, Sec. 239 and 240.</i>	<i>General funds applied to establish rate parity and/or early effective date from either Chpt. 79, Sec. 239, XXI. or excess funds available from Chpt. 79, Sec. 238, I-XX.</i>	<i>Amount of Other Funds and Federal Funds applied to the Granite Advantage Health Care Program, in accordance with authority provided under RSA 126-AA, to cover the cost of rate increases.</i>		<i>Brief description of rate increases and key considerations.</i>
Personal care assistant services	PRIORITY Oct-Dec. 2023	\$ 1,500,000	\$ 3,000,000	\$ 1,153,292	\$ 1,537,723	\$ 14,396,883	\$ (12,587,898)	\$ 73,309	\$ 659,778	Priority area because of labor market and access issues. Additional funds were needed because (1) this is a priority area with an October 1, 2023 start date; (2) the appropriation was only for State Plan and did not provide adequate funds to establish rate parity with the Waiver services. There is no Medicare equivalent, rates were increased based on available funds.
Home health aides	PRIORITY Oct-Dec. 2023	\$ 483,000	\$ 966,000	\$ 720,679	\$ 960,905	\$ -	\$ (232,583)	\$ 113,906	\$ 1,025,158	Priority area because of labor market and access issues. Additional funds were needed in this area because of the October 1 start date.
Medicaid Rates - Community health centers	PRIORITY Oct-Dec. 2023	\$ 3,000,000	\$ 6,000,000	\$ 2,306,648	\$ 3,075,530	\$ -	\$ 3,617,822	\$ 717,624	\$ 5,535,954	Priority area because FQHC's and RHC's have been experiencing unexpected cost increases that current methodology was unable to address. Rates were increased up to allowable Medicare costs under CMS regulations. While the full appropriation was not utilized, additional "Other" funds and match Federal Funds were utilized for the Granite Advantage population which increased the net amount of funds allocated for these rates.
Midwives	PRIORITY Oct-Dec. 2023	\$ 50,000	\$ 100,000	\$ 16,397	\$ 21,863	\$ 1,133,248	\$ (1,021,508)	\$ 84,682	\$ 762,140	Priority area because the State has experienced OB hospital access issues. Additional funds were needed to establish rate parity across all equivalent service rates and the October 1 start date. The same codes used by Midwives are also used by physicians, nurse practitioners, etcetera which is why additional funds were required to establish parity. Rates were increased up to Medicare rates.
OB Rate Increases	PRIORITY Oct-Dec. 2023	\$ -	\$ -	\$ 607,999	\$ 810,665	\$ -	\$ (1,418,665)	\$ -	\$ -	Priority area because the State has experienced OB hospital access issues. After increasing Midwives codes above the Department needed to establish parity among OB rates in accordance with the authorizing Legislation relative to parity.
Birthing Centers	PRIORITY Oct-Dec. 2023	\$ 125,000	\$ 250,000	\$ 138,750	\$ 185,000	\$ -	\$ 51,251	\$ 22,750	\$ 204,749	Priority area because the State has experienced OB hospital access issues. Rates were increased up to comparable hospital rates for in-patient stay.
Ambulance Code	PRIORITY Oct-Dec. 2023	\$ 1,944,003	\$ 3,888,007	\$ 2,890,891	\$ 3,854,521	\$ -	\$ (913,402)	\$ 14,608	\$ 4,927,760	Priority area because rates were roughly half of Medicare and ongoing statewide access issues. HB2 included 4 ambulance codes, an additional 4 were included to ensure consistency across rates.

1	CHAPTER 79, LAWS OF 2023 APPROPRIATIONS				DHHS MEDICAID RATE IMPLEMENTATION PLAN						
2	<u>Medicaid Rate Area</u>	<u>Start Date</u>	<u>General Fund Appropriation SFY24</u>	<u>General Fund Appropriation SFY25</u>	<u>General Fund Amount Applied SFY24</u>	<u>General Fund Amount Applied SFY25</u>	<u>Additional General Funds Applied</u>	<u>General Funds Available/ (Transferred)</u>	<u>Other Funds (Granite Advantage)</u>	<u>Federal (Granite Advantage)</u>	<u>EXPLANATION</u>
11	Dental Children	PRIORITY Oct-Dec. 2023	\$ -	\$ -	\$ 1,251,050.27	\$ 1,668,067	\$ -	\$ (2,919,117)	\$ 49,477	\$ 44,529	Priority area because the State's network continues to decrease. This action establishes parity between the Children and Adult rates which are based on prevailing market rates.
12	Private Duty nursing providers	Jan. 1, 2024	\$ 736,954	\$ 1,473,908	\$ 736,933	\$ 1,473,867	\$ -	\$ 62	\$ 12,737	\$ 114,634	Increased rates within the appropriation provided consistent with U.S. Bureau of Labor and Statistics data. There was no Medicare equivalent rate available to compare against.
13	Case management	Jan. 1, 2024	\$ 169,658	\$ 339,317	\$ 169,543	\$ 339,086	\$ 3,020,855	\$ (3,020,510)	\$ 10,389	\$ 93,505	The Department has been working with Myers and Stauffer, certified public accounting firm, to develop service-based rates to accurately reflect the cost of services. Case management rates are being increased by approximately 7% effective January 1, 2024, and are anticipated to increase in State Fiscal Year 2025.
14	Community mental health services (Residential)	Jan. 1, 2024	\$ 623,848	\$ 1,247,697	\$ 623,294	\$ 1,246,589	\$ -	\$ 1,662	\$ 27,717	\$ 249,452	Increased rates within the appropriation provided. There is no Medicare equivalent rate.
15	Residential Treatment providers SUD	Jan. 1, 2024	\$ 113,106	\$ 226,211	\$ 112,611	\$ 225,223	\$ -	\$ 1,483	\$ 275,412	\$ 2,478,709	Increased rates within the appropriation provided. There is no Medicare equivalent rate.
16	Outpatient SUD	Jan. 1, 2024	\$ 255,371	\$ 510,743	\$ 253,141	\$ 506,281	\$ -	\$ 6,692	\$ 656,011	\$ 5,904,098	Increased rates within the appropriation provided. There is no Medicare equivalent rate.
17	MAT SUD	Jan. 1, 2024	\$ 169,858	\$ 339,317	\$ 167,381	\$ 334,762	\$ -	\$ 7,032	\$ 349,924	\$ 3,149,316	Increased rates within the appropriation provided.
18	Cedarcrest	Jan. 1, 2024	\$ -	\$ -	\$ 282,367	\$ 564,735	\$ -	\$ (847,102)	\$ -	\$ -	Increased rates in accordance with CMS Upper Payment Limits. The Upper Payment Limit is the amount paid to a provider class by Medicare, which is the top limit of Medicaid payments. These rate increases cover a specialized facility for children in order to keep parity with other nursing facility rates.
19	Assisted living facilities	Jan. 1, 2024	\$ 708,678	\$ 1,417,355	\$ 705,361	\$ 1,410,722	\$ -	\$ 9,950	\$ 6,009	\$ 54,082	Increased rates within the appropriation provided.
20	Meals on Wheels providers	Jan. 1, 2024	\$ 70,691	\$ 141,382	\$ 19,927	\$ 39,853	\$ -	\$ 152,293	\$ 11	\$ 97	There is no Medicare equivalent for this rate. Most of the funding for Meals on Wheels is provided through state contracts. However, HB2 did not provide appropriations for contracted Meals on Wheels providers. To establish rate parity HHS would need to amend contracts to add approximately \$680k.
21	Opioid Treatment Programs	Jan. 1, 2024	\$ 1,374,940	\$ 2,749,881	\$ 1,374,940	\$ 2,749,881	\$ -	\$ -	\$ 41,487	\$ 373,379	Increased rates within the appropriation provided.
22	Community mental health services (Other)	Jan. 1, 2024	\$ 3,969,301	\$ 7,938,602	\$ 3,908,905	\$ 7,817,810	\$ -	\$ 181,188	\$ 219,356	\$ 4,639,541	For CMHC billable rates with a Medicare equivalent, rates were increased to 100% of Medicare. For rate parity purposes, State Plan services for the same codes were increased to 80% of Medicare.
23	Medicaid Rates - CFI	Jan. 1, 2024	\$ 2,154,309	\$ 4,308,618	\$ 833,585	\$ 1,667,170	\$ -	\$ 3,962,171	\$ 10,207	\$ 91,864	Rates were increased to establish rate parity among similar services. There is no Medicare equivalent to compare rates against. Excess funds support the CFI waiver in Row 3 above.

CHAPTER 79, LAWS OF 2023 APPROPRIATIONS				DHHS MEDICAID RATE IMPLEMENTATION PLAN						
<u>Medicaid Rate Area</u>	<u>Start Date</u>	<u>General Fund Appropriation SFY24</u>	<u>General Fund Appropriation SFY25</u>	<u>General Fund Amount Applied SFY24</u>	<u>General Fund Amount Applied SFY25</u>	<u>Additional General Funds Applied</u>	<u>General Funds Available/ (Transferred)</u>	<u>Other Funds (Granite Advantage)</u>	<u>Federal (Granite Advantage)</u>	<u>EXPLANATION</u>
24 Medicaid Rates - Nursing Homes	Jan. 1, 2024	\$ 4,677,979	\$ 9,355,958	\$ 4,677,979	\$ 9,355,958	\$ -	\$ -	\$ -	\$ -	Increase rates per methodology as identified in State Plan. Any remaining funds are paid at after fiscal year close (504 account budget note)
25 Early supports and services, developmental services, ABD, CIHS	Jan. 1, 2024	\$ 8,221,367	\$ 16,442,733	\$ 3,835,124	\$ 20,828,976	\$ 3,421,706	\$ (3,421,706)	\$ -	\$ -	Increased rates within the appropriation provided. Applying a 7% increase for BDS rates and 57% increase for early supports and services because existing rates were extremely low compared to costs. The Department has been working with Myers and Stauffer, certified public accounting firm, to develop service-based rates to accurately reflect the cost of services. Additional funds will likely be needed to support the future rates.
26 Community health centers (Rebasing)	1-Jul-24	\$ 1,133,707	\$ 2,267,415	\$ 304,402	\$ 446,621	\$ -	\$ 2,650,099	\$ 100,136	\$ 901,228	Rebasing is the annual process whereby rates are updated to account for inflation. The amount of the appropriation being utilized reflects the annual Market Basket allowable increase for inflation.
<b>Total</b>		<b>\$ 31,481,770</b>	<b>\$ 62,963,144</b>	<b>\$ 27,091,199</b>	<b>\$ 61,121,809</b>	<b>\$ 21,972,692</b>	<b>\$ (15,740,786)</b>	<b>\$ 2,785,752</b>	<b>\$ 31,209,974</b>	
29 Appropriation for Priority Rate Areas Chapter 79, Sec. 239, XXI, Laws of 2023 (Not included table above)		\$ 15,740,786	\$ -							
30 Appropriation for 3%		\$ 12,000,000	\$ 12,000,000							
31 Total General Fund		\$	134,185,700							

Agency 047

**05-95-47-470010-7051, HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF  
HHS: DIVISION OF MEDICAID SERVICES, OFC OF MEDICAID SERVICES, CHILD HEALTH INSURANCE PROGRAM**

CLASS OBJ	CLASS TITLE	Current Modified Budget	Increase / (Decrease) Amount	Revised Modified Budget
000-403978-16	Medicaid Grants-Federal Funds	\$74,095,833	\$5,094,876	\$79,190,709
007-407145-44	Drug Rebates - Regular Care	\$322,708.00		\$322,708
	General Fund	\$39,535,190	\$2,740,654	\$42,275,844
	Total Revenue	\$113,953,731	\$7,835,530	\$121,789,261
041-500801	Audit Set Aside	\$74,021	\$5,090	\$79,111
101-500729	Medical Payments to Providers	\$113,879,710	\$7,830,440	\$121,710,150
	Total Expense	\$113,953,731	\$7,835,530	\$121,789,261

**05-95-47-470010-7948, HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF  
HHS: DIVISION OF MEDICAID SERVICES, OFC OF MEDICAID SERVICES, MEDICAID CARE MANAGEMENT**

CLASS OBJ	CLASS TITLE	Current Modified Budget	Increase / (Decrease) Amount	Revised Modified Budget
000-403978-16	Federal Funds	\$417,635,746	\$63,440,720	\$481,076,466
001-403187-16	Transfers from Other Agencies	(\$344,694)		(\$344,694)
005-402201-04	Agency Income: Medicaid Enhancement	\$115,536,694		\$115,536,694
007-407145-44	Agency Income Drug Rebates	\$25,921,476		\$25,921,476
009-405615-12	Agency - MCO Liquid Damages	(\$3,046,856)		(\$3,046,856)
	General Fund	\$267,705,486	\$63,377,343	\$331,082,829
	Total Revenue	\$823,407,852	\$126,818,063	\$950,225,915
041-500801	Audit Set Aside	\$436,303	\$63,377	\$499,680
101-500729	Medical Payments to Providers	\$755,310,207	\$126,754,686	\$882,064,893
535-500376	Out of Home Placements	\$45,009,908		\$45,009,908
563-500915	Community Based Services	\$22,651,434		\$22,651,434
	Total Expense	\$823,407,852	\$126,818,063	\$950,225,915

Agency 048

**05-95-48-482010-2152, HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: ELDERLY & ADULT SVCS  
DIV, WAIVER AND NURSING FACILITIES, WAIVER/NF PMTS-COUNTY PARTIC**

CLASS OBJ	CLASS TITLE	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
000-404362-16	Federal Funds	\$171,058,885	\$32,262,524	\$203,321,409
005-403011-18	Private Local Funds	\$126,849,659		\$126,849,659
	General Fund	\$42,515,558	\$32,198,128	\$74,713,686
	Total Revenue	\$340,424,102	\$64,460,652	\$404,884,754
041-500801	Audit Set Aside	\$191,767	\$64,396	\$256,163
502-500891	Payments to Providers	\$3,011,457		\$3,011,457
504-500893	Nursing Home Payments	\$242,036,183	\$31,147,784	\$273,183,967
505-500894	Mid Level Care Expenses	\$1,907,872		\$1,907,872
506-500895	Home Support Waiver Services	\$92,710,586	\$33,248,472	\$125,959,058
529-500370	Home Health Care Waiver Services	\$566,236		\$566,236
	Total Expense	\$340,424,102	\$64,460,652	\$404,884,754



**05-95-48-482010-2154, HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: ELDERLY & ADULT SVCS  
DIV, WAIVER AND NURSING FACILITIES, NURSING SERVICES**

CLASS OBJ	CLASS TITLE	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
000-404362-16	Federal Funds	\$5,251,124	\$9,326,069	\$14,577,193
	General Fund	\$4,966,861	\$9,316,752	\$14,283,613
	Total Revenue	\$10,217,985	\$18,642,821	\$28,860,806
041-500801	Audit Set Aside	\$12,637	\$9,317	\$21,954
101-500729	Medical Payments to Providers	\$4,648,007	\$16,939,300	\$21,587,307
504-500893	Nursing Home Payments	\$1		\$1
509-500897	Home Health Care Waiver Services	\$5,557,340	\$1,694,204	\$7,251,544
	Total Expense	\$10,217,985	\$18,642,821	\$28,860,806

## Agency 093

**05-95-93-930010-7016, HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS:  
DEVELOPMENTAL SVCS DIV, DIV OF DEVELOPMENTAL SVCS, AQUIRED BRAIN DISORDER SERVICES**

CLASS OBJ	CLASS TITLE	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
000-406739-16	Federal Funds	\$15,878,147	\$1,816,584	\$17,694,731
	General Fund	\$16,544,310	\$1,814,769	\$18,359,079
	Total Revenue	\$32,422,457	\$3,631,353	\$36,053,810
041-500801	Audit Set Aside	\$17,151	\$1,815	\$18,966
102-500731	Contracts for Program Services	\$1,751,909		\$1,751,909
502-500891	Payments to Providers	\$30,653,397	\$3,629,538	\$34,282,935
	Total Expense	\$32,422,457	\$3,631,353	\$36,053,810

**05-95-93-930010-7100, HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT,  
HHS: DEVELOPMENTAL SVCS DIV, DIV OF DEVELOPMENTAL SVCS, DEVELOPMENTAL SERVICES**

CLASS OBJ	CLASS TITLE	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
000-403793-16	Federal Funds	\$215,286,671	\$20,056,449	\$235,343,120
	General Fund	\$237,965,314	\$20,036,413	\$258,001,727
	Total Revenue	\$453,251,986	\$40,092,862	\$493,344,848
041-500801	Audit Set Aside	\$207,362	\$20,036	\$227,398
102-500731	Contracts for Program Services	\$5,132,112		\$5,132,112
103-502664	Contracts for OP Services	\$15,000,000		\$15,000,000
502-500891	Payments to Providers	\$432,912,512	\$40,072,826	\$472,985,338
	Total Expense	\$453,251,986	\$40,092,862	\$493,344,848

**05-95-93-930010-7110, HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT,  
HHS: DEVELOPMENTAL SVCS DIV, DIV OF DEVELOPMENTAL SVCS, CHILDREN IHS WAIVER**

CLASS OBJ	CLASS TITLE	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
000-404669-16	Federal Funds	\$6,142,298	\$201,843	\$6,344,141
	General Fund	\$6,075,156	\$201,641	\$6,276,797
	Total Revenue	\$12,217,454	\$403,484	\$12,620,938
041-500801	Audit Set Aside	\$6,362	\$202	\$6,564
502-500891	Payments to Providers	\$12,211,092	\$403,282	\$12,614,374
	Total Expense	\$12,217,454	\$403,484	\$12,620,938

**05-95-93-930510-3677, HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT,  
HHS: DEVELOPMENTAL SVCS DIV, DIV OF DEVELOPMENTAL SVCS, EARLY INTERVENTION**

<b>CLASS OBJ</b>	<b>CLASS TITLE</b>	<b>Current Modified Budget</b>	<b>Increase (Decrease) Amount</b>	<b>Revised Modified Budget</b>
000-406738-16	Federal Funds	\$4,080,338	\$4,504,500	\$8,584,838
	General Fund	\$6,972,755	\$4,500,000	\$11,472,755
	Total Revenue	\$11,053,093	\$9,004,500	\$20,057,593
041-500801	Audit Set Aside	\$4,581	\$4,500	\$9,081
102-500731	Contracts for Program Services	\$2,896,998		\$2,896,998
502-500891	Payments to Providers	\$8,151,514	\$9,000,000	\$17,151,514
	Total Expense	\$11,053,093	\$9,004,500	\$20,057,593