

**Minnesota**

**Department of Human Services**

**November 2012 Forecast**

St. Paul, Minnesota

December 5, 2012

## THE DHS FORECAST

The Department of Human Services (DHS) prepares a forecast of expenditures in its major programs twice each year, for use in the state forecasts which are released in November and February during each fiscal year. These forecasts are reviewed by Minnesota Management & Budget and are used to update the Fund Balance for the forecasted programs.

The February forecast, as adjusted for changes made during the legislative session, becomes the basis for end of session forecasts and planning estimates. The preceding November forecast sets the stage for the February forecast.

The DHS forecast is a "current law" forecast. It aims to forecast caseloads and expenditures given the current state and federal law at the time the forecast is published.

The DHS programs covered by the forecast are affected by many variables:

The state's general economy and labor market affect most programs to some degree, especially those programs and segments of programs which serve people in the labor market.

Federal law changes and policy changes affect state obligations in programs which have joint state and federal financing. Federal matching rates for Medical Assistance (MA) change occasionally. Federal funding for the Temporary Assistance to Needy Families (TANF) program is contingent on state compliance with maintenance of effort requirements which mandate minimum levels of state spending.

Changes in federal programs affect caseloads and costs in state programs. The Supplemental Security Income program (SSI) drives elderly and disabled caseloads in Medical Assistance and Minnesota Supplemental Aid (MSA). Changes in SSI eligibility may leave numbers of people eligible for General Assistance (GA) instead of SSI.

The narrative section of this document provides brief explanations of the changes in forecast expenditures in the November 2012 forecast, compared to the End of Session 2012 forecast. The 2012-2013 biennium is referred to as "the current biennium", and the 2014-2015 biennium as "the next biennium."

Tables One and Two provide the new and old forecasts and changes from the previous forecast for the 2012-2013 biennium, and Tables Three and Four provide the same information about the 2014-2015 biennium. Table Five provides the new forecast for the FY 2016 - FY 2017 biennium.

## CURRENT BIENNIUM SUMMARY

### General Fund Costs Lower

General Fund costs for DHS medical and economic support programs for the 2012-2013 biennium are projected to total \$9.196 billion, down \$228 million (2.4%) from the End of Session forecast. Small reductions across all major parts of Medical Assistance account for more than 90 percent of the General Fund change.

### TANF Forecast Little Changed

Projected expenditures of federal TANF (Temporary Assistance for Needy Families) funds for MFIP grants are \$154 million, \$1 million (0.7 percent) above End of Session estimates.

### MinnesotaCare Forecast Lower

Forecasted Health Care Access Fund costs for the MinnesotaCare program and the new Defined Benefit program are \$545 million, \$48 million (8.2 percent) lower than End of Session estimates. Most of the decrease comes from lower enrollment in families with children and adults with no children than in the End of Session forecast.

## NEXT BIENNIUM SUMMARY

### General Fund Costs Lower

General Fund costs for DHS medical and economic support programs for the 2014-2015 biennium are projected to total \$9.960 billion, down \$204 million (2.0%) from the End of Session forecast. Small reductions across most major parts of Medical Assistance account for more than 90 percent of the General Fund change. Within Medical Assistance, increased projections of pharmacy rebates account for \$77 million of the reduction.

### TANF Forecast Higher

Projected expenditures of federal TANF (Temporary Assistance for Needy Families) funds for MFIP grants are \$156 million, \$13 million (9.2 percent) higher than the End of Session forecast. Despite a lower MFIP expenditure forecast, forecast increases in Child Care Assistance provide additional "maintenance of effort" funding and permit increased use of federal TANF funds.

### MinnesotaCare Forecast Much Higher

Forecasted Health Care Access Fund costs for the MinnesotaCare program are \$893 million, \$217 million (31 percent) higher than in the End of Session forecast. Most of the increase results from removing the MA expansion to 138% FPG (nominal 133%) for adults from the MA forecast and revised assumptions regarding federal matching for parents after January 2014.

**PROGRAM DETAIL**

**MEDICAL ASSISTANCE**

	<b>'12-'13 Biennium</b>	<b>'14-'15 Biennium</b>
Total forecast change for MA (\$000)	-211,278	-197,953
Total forecast percentage change this item	-2.5%	-2.2%

The following sections explain the forecast change for each of five component activities of the Medical Assistance program:

**MA LTC FACILITIES**

	<b>'12-'13 Biennium</b>	<b>'14-'15 Biennium</b>
Total forecast change this item (\$000)	-18,798	-27,537
Total forecast percentage change this item	-2.1%	-3.0%

This activity includes payments to nursing facilities, to community ICF/DD facilities, for day training and habilitation services for community ICF/DD residents, and for the State Operated Services RTC programs for the mentally ill (SOS). (In the RTC programs, Medical Assistance covers only those residents who are under age 21 or age 65 or over.)

The net cost of this activity is also affected by the amount of Alternative Care (AC) funds expected to cancel to the Medical Assistance account. Alternative Care is usually funded at a larger amount than expected expenditures to allow for the fact that funds have to be allocated to the counties and, because each county treats its allocation as a ceiling for spending, there is always substantial underspending of Alternative Care funds. The amount which is expected to be unspent is deducted from the funding of the Medical Assistance program in the budget process.

	<b>'12-'13 Biennium (\$000)</b>	<b>'14-'15 Biennium (\$000)</b>
<b>Change in Projected Costs</b>		
Alternative Care offset	-2,029	-3,837
NF recipients	-9,493	-19,773
NF average costs	-2,510	11,391
ICF/DD & DTH	-5,726	-16,013
SOS	490	-240
County share	470	935
Activity Total	-18,798	-27,537

## **Alternative Care Offset**

The new forecast has AC expenditures 3.9% lower for the current biennium and 6.2% lower for the next biennium. The changes come from a reduction of about 1.5% in the projected number of recipients, plus lower average cost projections.

## **Nursing Facilities (NF)**

NF projected payments are reduced by 1.5% for the current biennium and by 1.1% for the next biennium. The actual number of NF recipients was very close to forecast in FY 2012, but based on recent data projected numbers are reduced by about 2.5% for FY 2013 through FY 2015.

The average number of NF recipients has dropped steadily since FY 1993. In the last five years it has decreased at a rate of 3% to 4% annually, decreasing by 2.8% in FY 2012. The base forecast assumes the decline will slow to about 1.5% per year in FY 2014 and FY 2015 and then level off in FY 2016 and FY 2017, as growth in the elderly population begins slowly to increase the demand for long term care services.

The forecast also assumes implementation in 2014 of new level of care requirements for MA payment of NF services. This change is projected to reduce the number of MA NF recipients by about 400 by FY 2017. This change makes the declines in the final forecast somewhat greater than described above.

The increase in projected average costs in the next biennium results from restoration to the forecast of APS inflation, beginning October 2013, at 1.91% for the rate year beginning October 2013 and 2.0% per year for the following rate years. APS inflation is suspended in the current law until October 2013. Previous forecasts since November 2010 failed to recognize the recurrence of APS inflation based on the current law.

## **Community ICF/DD and Day Training & Habilitation (DT&H)**

This forecast reverses the increasing recipient trend in the previous forecast, based on the declining number of beds in ICF/DDs. The new forecast projects slightly declining numbers of ICF/DD residents through FY 2017. The change in forecast is a decrease of 2.6% for the current biennium and 8.8% in the next biennium in the projected number of ICF/DD recipients. Parallel reductions are made in the number of DT&H recipients who are ICF/DD residents.

The overall change in expenditure projections for ICF/DD and DT&H for ICF/DD residents is 3.3% for the current biennium and 8.7% for the next biennium.

## **SOS RTC MI Program**

MA billings for SOS MI programs on RTC campuses have nearly ceased. The newer programs in 16-bed facilities do not bill as RTC programs, which fall under Medicaid coverage limitations for IMDs.

## **County Share of LTC Facility Services**

Reduced county-share projections result from the reductions in the NF forecast and ICF/DD forecasts.

**MA LTC WAIVERS & HOME CARE**

	<b>'12-'13 Biennium</b>	<b>'14-'15 Biennium</b>
Total forecast change this item (\$000)	-42,001	-26,617
Total forecast percentage change this item	-1.8%	-1.0%

This activity includes the following components:

- Developmentally Disabled Waiver (DD Waiver)
- Elderly Waiver (EW): fee-for-service (FFS) segment
- Community Alternatives for Disabled Individuals (CADI Waiver)
- Community Alternative Care Waiver (CAC Waiver)
- Brain Injury Waiver (BI Waiver)
- Home Health Agency Services
- Personal Care Assistance (PCA) and Private Duty Nursing (PDN) Services
- Fund transfer to Consumer Support Grants.

The five waivers are special arrangements under federal Medicaid law, which provide federal Medicaid funding for services which would not normally be funded by Medicaid, when these services are provided as an alternative to institutional care (nursing facility, ICF/DD, or acute care hospital).

The following table provides a breakdown of the forecast changes in the waivers and home care:

	<b>'12-'13 Biennium (\$000)</b>	<b>'14-'15 Biennium (\$000)</b>
<b>Change in Projected Costs</b>		
DD Waiver	-10,133	10,722
EW Waiver FFS	374	518
CADI Waiver	-13,495	-16,785
CAC Waiver	-414	-1,709
BI Waiver	-6,074	-10,623
Home Health	-2,470	282
Private Duty Nursing	-2,554	-987
Personal Care Assistance	-4,153	-1,933
Transfer to CSG	-3,082	-6,102
Activity Total	-42,001	-26,617
EW Total: FFS & Managed Care	-6,885	-10,271

<b>Percent Change in Projected Costs</b>	<b>'12-'13 Biennium</b>	<b>'14-'15 Biennium</b>
DD Waiver	-0.96%	0.92%
EW Waiver FFS	0.98%	1.22%
CADI Waiver	-2.52%	-2.54%
CAC Waiver	-1.80%	-6.29%
TBI Waiver	-5.86%	-8.79%
Home Health	-9.81%	1.00%
Private Duty Nursing	-2.51%	-0.80%
Personal Care Assistance	-0.91%	-0.39%
Transfer to CSG	-8.78%	-14.03%
Activity Total	-1.78%	-0.98%
EW Total:		
FFS & Managed Care	-2.24%	-2.92%

### **DD Waiver**

DD waiver recipient projections are practically unchanged for the current biennium and up by about 1% in the next biennium. Average service costs are about 1% lower in the current biennium but little changed in the next biennium.

### **Elderly Waiver**

Elderly waiver is forecasted in two segments, the fee for (FFS) A347service segment and the managed care segment. Forecast changes are described for the total of the two segments, since changes in the two parts tend to result from differences in distribution between fee-for-service EW and the managed care EW.

Overall EW recipient projections are about 2% lower both in the current biennium and in the next biennium because there was practically no growth in the number of EW recipients during FY 2012. This is remarkable considering that during the same year the number of MA NF recipients fell by about 440, and current elderly population trends would be expected to drive up the number of people using one or the other service by about 800 that year. We believe this experience results from changes in long term care counseling requirements before entry into contracts for assisted living services. Recent rate reductions in EW payments for assisted living services may also contribute to the effect.

### **CADI Waiver**

CADI waiver recipient projections are 1.3% lower in the current biennium but little changed in the next biennium. Based on recent trends, average service cost projections are about 1% lower in the current biennium and about 2.6% lower in the next biennium.

### **CAC Waiver**

Both recipient and average cost projections are slightly lower in the current biennium. In the next biennium average cost projections are about 5% lower based on recent trends in that cost.

### **BI Waiver**

BI waiver recipient projections are reduced by 1.3% in the current biennium and by 1.9% in the next biennium. Average cost projections are reduced by 4.5% in the current biennium and by 7.0% in the next biennium.

## Home Health Agency

Lower than expected payments from April to September 2012 are the reason for the decrease in the current biennium. We will evaluate for the February forecast whether this represents a longer term trend.

## Private Duty Nursing (PDN)

Recipient projections are 2% to 3% lower both in the current biennium and the next biennium. These reductions are offset in the next biennium by slightly higher average cost projections.

## Personal Care Assistance (PCA)

This forecast changes less than 1% both in the current biennium and the next biennium.

## Transfer to Consumer Support Grants (CSG)

The Consumer Support Grants program is funded through transfers from the MA account.

The revised forecast for CSG is about 9% lower in the current biennium and about 14% lower in the next biennium based both on lower recipient numbers and lower average costs in FY 2012.

## MA ELD. & DISABLED BASIC CARE

	'12-'13 Biennium	'14-'15 Biennium
Total forecast change this item (\$000)	-52,888	-36,605
Total forecast percentage change this item	-2.1%	-1.2%

This activity funds general medical care for elderly and disabled Medical Assistance enrollees. For almost all of the elderly and for about 50 percent of the disabled who have Medicare coverage, Medical Assistance acts as a Medicare supplement. For those who are not eligible for Medicare, Medical Assistance pays for all their medical care. Also included in this activity is the IMD group, which was part of GAMC until October 2003 and is funded without federal match. Enrollees in this group are individuals who would be eligible as MA disabled but for the fact of residence in a facility which is designated by federal regulations as an "Institute for Mental Diseases." Residents of such facilities are barred from MA eligibility unless they are under age 21 or age 65 or older.

The disabled segment accounts for about two-thirds of enrollees in this activity.

This activity also pays the federal agency the "clawback" payments which are required by federal law to return most of the MA pharmacy savings resulting from implementation of Medicare Part D in January 2006. The federal agency bills the state monthly for each Medicare-MA dual eligible who is enrolled in a Part D plan. The proportion of estimated savings which the state is required to pay decreases by 1.67 percentage points each year until it reaches 75% in CY 2015. For CY 2012 it is 80.0%, and the amount billed per dual eligible each month is \$134.30.



The following table summarizes the areas of forecast changes in this activity:

	'12-'13 Biennium (\$000)	'14-'15 Biennium (\$000)
Elderly Waiver Managed Care	-7,258	-10,791
Elderly Basic Enrollment	-769	3,351
Elderly Basic Avg. Cost	-424	-22,637
Elderly Basic: Shift HMO MERC to MA Families	-4,342	-4,705
Disabled Basic: Managed Care Expenditures	-63,060	-88,505
Disabled Basic: FFS expenditures	24,921	104,700
Disabled Basic: Managed Care Pmts reassigned to MA	528	2,405
Chemical Dependency Fund share	-3,286	-6,079
Health Care Home 90% federal funding	5,576	0
IMD Program: MA adult with no kids expansion	-2,227	-896
Medicare Part D clawback payments	-2,547	-13,448
Total	-52,888	-36,605

#### **Elderly Waiver Managed Care**

This is the effect of the reduction of approximately 2% in EW recipient projections described above.

#### **Elderly Basic Changes**

Elderly basic enrollment projections are nearly unchanged for the current biennium and about 0.5% higher for the next biennium. Average cost projections are also little changed for the current biennium. They are reduced by about 2% for the next biennium.

HMO MERC projections were previously split between Elderly Basic and Families with Children Basic. This forecast consolidates HMO MERC under Families with Children.

#### **Disabled Basic Changes**

The expansion of managed care for MA disabled has been smaller and slower than expected. As of September 2012 there were about 20,000 fewer in managed care than projected in the previous forecast. This leads to lower projected managed care spending and higher fee for service spending, plus the effects of different payment timing. The net reduction over the four-year forecast is about \$22 million.

#### **Managed Care Payments Reassigned to MA**

This activity results from past MinnesotaCare and GAMC payments being converted to MA payments retroactively, when disability determination are effective retroactively, resulting in retroactive changes in the individual's eligibility. This element is forecasted separately.

## CD Fund Share

Increases in MA funding of services covered by the CD Fund produce corresponding decreases in state share costs funded from the MA account, because the state share of these costs comes from the CD Fund.

## Health Care Home 90% Federal Funding Adjustment

This adjustment recognizes that health care home spending qualifying for 90% federal match is less than 10% of the value projected for the 2010 session budget.

## IMD Program

This segment covers people eligible for MA but for residence in an IMD facility. This forecast is reduced by about 9% in the current biennium and by 3% in the next biennium.

## Medicare Part D Clawback

Because of lower than expected Medicare Part D inflation, projected payments to CMS are reduced by about 0.7% in the current biennium and 3.3% in the next biennium.

## ADULTS WITHOUT CHILDREN

	'12-'13 Biennium	'14-'15 Biennium
Total forecast change this item (\$000)	-5,608	766
Total forecast percentage change this item	-0.7%	0.2%

Current state law covers MA adults with no children with income up to 75% FPG. The previous forecast assumed MA coverage of adults with no children up to 138% (nominal 133%) FPG effective January 2014, because it was mandatory under federal law. The Supreme Court has now ruled that this coverage is optional for states, so this forecast eliminates the expansion of coverage from 75% to 138% FPG. This has no effect on MA state share costs, because both in the previous forecast and in this forecast we assume the funding for this coverage is 100% federal. (Note, however that this change has major effects on MinnesotaCare costs.)

The November forecast continues to assume that the coverage up to 75% FPG receives 100% federal funding, although it is probably within the discretion of CMS to determine whether a partial expansion (to less than 138% FPG) will receive any federal funding. This is an important forecast risk, in the event Minnesota does not opt for the full expansion to 138% FPG.

The reduction in expenditures for the current biennium results from lower than expected payments in FY 2012.

**FAMILIES WITH CHILDREN BASIC CARE**

	'12-'13 Biennium	'14-'15 Biennium
Total forecast change this item (\$000)	-91,983	-107,960
Total forecast percentage change this item	-4.8%	-4.9%

This activity funds general medical care for children, parents, and pregnant women, including families receiving MFIP and those with transition coverage after exiting MFIP. It also includes non-citizens who are ineligible for federal matching. The non-citizen segment is treated as part of this activity because non-citizen enrollment and costs are dominated by costs for pregnant women.

The components of the overall forecast change in this activity are summarized in the following table:

	'12-'13 Biennium (\$000)	'14-'15 Biennium (\$000)
Rx Rebates	-37,080	-77,467
Families with Children		
Expansion to 138% for parents dropped from forecast	0	-34,910
Other enrollment 0.5% to 1.0% higher	8,809	27,456
FFS average payments lower: overall effect -2% to -1%	-44,169	-23,585
CHIP enhanced match for kids over 133% FPG	-2,371	-2,656
Value of cap on HMO payment delays in '13 and '15	-12,505	-3,266
CD Fund share	797	1,357
HMO MERC shifted to MA families	4,453	4,615
Non-citizen MA segment	-1,217	663
Services w special funding	-319	-431
Family planning waiver	366	649
Breast & cerv. cancer	-633	-385
Other Adjustments	-8,114	0
Total	-91,983	-107,960

**Pharmacy Rebates**

(Higher rebates reduce MA cost projections; lower rebates increase net costs.)

Projected state share rebate collections are 18% higher for the current biennium and 39% higher for the next biennium. The increase for the current biennium is based on higher projected rebates on fee for service (FFS) pharmacy payments, based on actual fee for service rebates in FY 2012 which were 21% over forecast. The increase in FFS projected rebates continues into the next biennium, plus added increases in managed care rebates, which have little impact in the current biennium because of collection timing issues.

## **Families with Children Basic Care Enrollment Effects of Federal Health Care Requirements**

This forecast continues and only slightly modifies enrollment effects of the individual insurance mandate which were included in previous forecasts. By the end of CY 2014 we assume the individual coverage mandate will result in a 14.5% increase in enrollment of MA children and parents (previously 15%).

### **Expansion to 138% FPG for Parents Dropped from Forecast**

The previous forecast had additional enrollment of MA caretakers based on the federal mandate to expand coverage to 138% FPG (nominal 133%). Now that the Supreme Court has determined that this expansion must be optional for the states, this expansion has been dropped from the forecast.

Our current estimate is that this expansion, if adopted, would add about 20,000 caretakers to MA enrollment. The previous estimate, now dropped from the forecast, was about 13,000.

### **Other Enrollment Changes**

Enrollment projections for families with children are increased by about 0.5% for the current biennium and about 1.1% for the next biennium.

### **Change in Average Cost of Coverage**

Based on experience in FY 2012, lower FFS cost projections reduce overall costs by about 2% in the current biennium and 1% in the next biennium.

### **CHIP Enhanced Funding for MA Children Over 133% FPG**

Minnesota is able to claim federal CHIP funds as enhanced matching on costs for children with family income over 133% FPG, in both MA and MinnesotaCare. The enhancement is the difference between the 65% federal CHIP share and the current

Because of a lower enrollment projection for non-citizen pregnant women covered by federal CHIP funding, additional CHIP funding is projected to be available for for both the current biennium and the next biennium.

### **Cap on HMO Payment Delay**

Legislation in 2011 delayed capitation payments for May 2013 and May 2015 until the following July. For managed care for the disabled, which already had May and June payments delayed in law, payments for April 2013 and April 2015 were delayed until the following July. The value of each year's delay was capped at \$135 million of state funds for MA and MinnesotaCare combined. In the end of session 2011 estimates, the state share value of the delay in MA, which was also treated as a cap on the fiscal effect of the delay, was \$107,429,000. The MinnesotaCare share was \$27,571,000. In this forecast we increased the MA delay to \$123 million, and reduced the MinnesotaCare share to \$12 million, because MinnesotaCare state share expenditures no longer permit the full original value to be delayed.

In the forecast we assume that any excess over the "budgeted" values for the shift is not delayed, but is paid in May 2013 and May 2015. This value varies as other managed care projections cause the expected shift to get larger or smaller. It is change in the "not shifted" amount which is represented in this item.

## **CD Fund Share**

Decreases in MA funding of services covered by the CD Fund produce corresponding increases in state share costs funded from the MA account, because the state share of these costs comes from the CD Fund.

## **HMO MERC Shifted to MA Families**

This item represents a reporting change, consolidating HMO MERC projections under Families with Children. It cancels the effect of a change removing part of HMO MERC from the Elderly Basic forecast.

## **Non-Citizen MA**

The Non-Citizen segment of MA includes federal Children's Health Insurance Program (CHIP) coverage for pregnant women through the month in which they give birth. Two months of post-partum coverage were at 100% state cost until July 2009, when Minnesota began to claim CHIP coverage for those months.

Projected enrollment is about 5% lower for the current biennium and 9% lower for the next biennium. State share payment projections are about 7% lower for the current biennium and about 4% higher for the next biennium. The reason for the increase is that substantial increases in 2012 capitation rates for pregnant women were not properly recognized in the previous Non-Citizen MA forecast, which applied an overall rate adjustment for MA children and parents.

## **Services with Special Funding**

This is a forecast category which includes several services which have only federal and county share funding, such as child welfare targeted case management. Some services have state and federal funding, but are administrative costs from the federal perspective and so have federal matching at a fixed 50%, rather than funding at the Federal Medical Assistance Percentage (FMAP) which applies to medical services and can vary from 50%, as was recently the case with enhanced FMAP rates. Services which have state funding are access services (transportation to medical care), child and teen checkup outreach, and DD waiver screenings.

The decreases shown in the table represent minor reductions in cost for Access Services.

## **Family Planning Waiver**

Most of the services provided under this waiver have 90% federal funding.

This forecast reverses reductions in Family Planning projections which we made in February 2012, based on experience through FY 2012. Projected payments are 14% higher for the current biennium and 23% higher for the next biennium, but effects of the state share cost are small because most services are paid at a 90% federal share.

## **Breast & Cervical Cancer**

This coverage applies on average to between 400 and 500 women.

Projected payments are reduced by 10% for the current biennium and by 5% for the next biennium.

## **Other Adjustments**

This represents a cash-flow difference in FY 2012 not captured in the data used for the forecast.

**CHEMICAL DEPENDENCY FUND**

**'12-'13**

**'14-'15**

	Biennium	Biennium
Forecast change this item (\$000)	-7,514	-5,880
Forecast percentage change this item	-4.5%	-3.5%

The modest reductions in CD Fund projections result largely from impacts of the MA eligibility expansion for adults with no children having turned out to be more favorable and somewhat different in character from what was anticipated in the previous forecast.

Fewer than expected CD placements fell under MA managed care through the expansion, resulting in higher projections of placement costs in the new forecast; but this also resulted in lower projections of room & board payments to health plans, substantially offsetting the higher placement costs. At the same time, more CD placements qualified for federal matching, increasing federal share revenue to support the program.

Elimination of the MA expansion for adults with no children from 75% FPG to 133% FPG would by itself increase CD Fund costs by about \$11 million in the FY 2014 - FY 2015 biennium, but this cost has been more than offset by the effects described above.

#### **MFIP NET CASH (STATE AND FEDERAL)**

	'12-'13 Biennium	'14-'15 Biennium
Forecast change this item (\$000)	-5,753	-4,087
Forecast percentage change this item	-1.8%	-1.3%

#### **GENERAL FUND SHARE OF MFIP**

Forecast change this item (\$000)	-6,851	-17,226
Forecast percentage change this item	-4.1%	-10.20%

#### **FEDERAL TANF FUNDS FOR MFIP**

Forecast change this item (\$000)	1,098	13,139
Forecast percentage change this item	0.7%	9.18%

This activity provides cash and food for families with children until they reach approximately 115% of the federal poverty guidelines (FPG). The MFIP program is Minnesota's TANF program. MFIP cash is therefore funded with a mixture of federal TANF Block Grant and state General Fund dollars.

The following table summarizes the changes in MFIP cash expenditures by source, relative to the End of Session forecast.

#### **Summary of Forecast Changes**

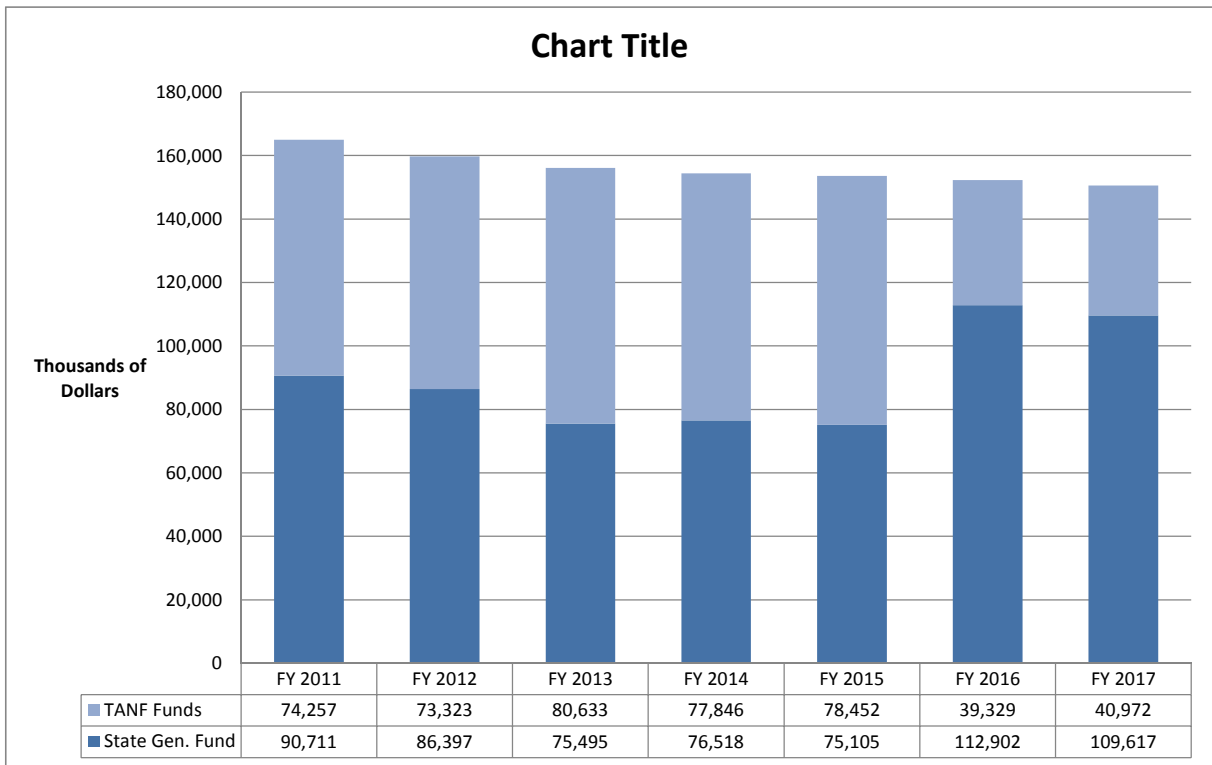
	'12-'13 Biennium (\$000)	'14-'15 Biennium (\$000)
Gross MFIP cash grant forecast change	-5,954	-4,899
Gross General Fund forecast change	-7,755	-18,747
Child Support/recoveries offset	905	1,521
Net General Fund forecast change	-6,850	-17,226
Gross TANF forecast change	1,801	13,848
Child Support pass-through/recoveries offset	-704	-710
Net TANF forecast change	1,097	13,139

*Decreased Expenditures Due to Lower MFIP Caseload*

Based on recent data, the forecasted MFIP caseload has been adjusted downward. This results in decreased expenditures of \$6.0 million (1.8%) in the current biennium, and \$4.9 million (1.5%) in the 2014-2015 biennium.

*Decreases in General Fund and Increases in TANF expenditures in MFIP*

Most of the MFIP caseload is funded with a mixture of state and federal block grant funds. The amount of state funds in this mixture is determined by the federally mandated Maintenance of Effort (MOE) requirement for state (i.e., General Fund) spending on its TANF program. The state must meet this minimum MOE requirement to draw its entire federal TANF block grant allotment. Certain components of the overall MOE requirement are forecasted separately from MFIP (child care is the primary example). Required gross General Fund spending in the MFIP forecast will vary with the forecasted expenditure levels in these external MOE components, though it must be at least 16% of the MOE requirement. In addition, if there are not enough TANF funds available to pay the portion of expenditures which do not have to be paid from the General Fund, then General Fund is used to make up the difference. The General Fund must also fund "non-MOE" cases: cases with two parents and cases eligible for Family Stabilization Services. These expenditures cannot be used as MOE and cannot be funded with federal funds. Net General Fund expenditures are adjusted for child support collections and the counties' share of recoveries.



Gross General Fund expenditures are decreased by \$7.8 million in the current biennium and \$18.7 million in the next biennium, due mostly to increased MOE available from Child Care Assistance Program expenditures. Based on recent data, publicly assigned child support collections are reduced by \$0.9 million in the current biennium and \$1.5 million in the next biennium, resulting in decreases in net General Fund MFIP cash expenditures of \$6.9 million (4.1%) in the current biennium, and \$17.2 million (10.2%) in the next biennium.

Decreased gross General Fund expenditures in the current biennium of \$7.8 million, together with the decreased cash forecast of \$6 million, lead to an increase in gross TANF expenditures of \$1.8 million. A \$0.7 million decrease in pass-through requirements results in net TANF expenditures increasing by \$1.1 million (0.7%) relative to the End of Session forecast.

Decreased gross General Fund expenditures in the next biennium of \$18.7 million,

together with the decreased cash forecast of \$4.9 million, lead to an increase in gross TANF expenditures of \$13.8 million. A \$0.7 million decrease in pass-through requirements results in net TANF expenditures increasing by \$13.1 million (9.2%) relative to the End of Session forecast.

**MFIP / TY CHILD CARE ASSISTANCE**

	<b>'12-'13 Biennium</b>	<b>'14-'15 Biennium</b>
Forecast change this item (\$000)	7,733	14,877
Forecast percentage change this item	8.8%	16.0%

This activity provides child care assistance to MFIP families who are employed or are engaged in other work activities or education as part of their MFIP employment plan. This activity also provides transition year (TY) child care assistance for former MFIP families. As with the MFIP grant program, child care assistance is funded with a mixture of federal and state General Fund dollars. The federal child care funding comes from the Child Care & Development Fund (CCDF).

MFIP/TY child care expenditures are projected to be \$7.5 million higher (3.3%) in this biennium and \$14.9 million higher (6.7%) in the next biennium, relative to the End of Session estimates. These increases are due to a higher projected average payment per case. Average payments were 3% higher than forecast in FY 2012 and have continued above forecast in the first quarter of FY 2013. Increased usage of center care relative to less expensive types of care appears to drive this increase. It is projected that this trend will continue through FY 2013, with the provider type mix stabilizing in the next biennium. Decreased caseload projections based on recent data and higher unemployment projections result in some offsetting decreases in expenditures.

Federal funds used for MFIP Child Care are unchanged in this forecast except for a \$0.2 million decrease in FY 2012; therefore almost all changes are general fund changes.

**GENERAL ASSISTANCE**

	<b>'12-'13 Biennium</b>	<b>'14-'15 Biennium</b>
Forecast change this item (\$000)	2,707	10,986
Forecast percentage change this item	2.7%	11.1%

This activity provides state-funded cash assistance for single adults and couples without children, provided they meet one of the specific General Assistance (GA) eligibility criteria. Typically, meeting one or more of the GA eligibility criteria indicates that the individual is mentally or physically unable to participate long-term in the labor market.

Increased GA expenditures are based on the identification of an annual trend in the caseload forecast. Previous forecasts have projected that GA caseloads would stabilize in the next biennium. Updated analysis, however, shows a strong long-term growth trend is persisting. The forecast has been adjusted to allow for annual growth of about 2%.



**GROUP RESIDENTIAL HOUSING**

	<b>'12-'13 Biennium</b>	<b>'14-'15 Biennium</b>
Forecast change this item (\$000)	-10,623	-7,692
Forecast percentage change this item	-4.1%	-2.6%

This activity pays for housing and some services for individuals placed by the local agencies in a variety of residential settings. Two types of eligibility are distinguished, reflecting the fact that prior to FY 1995 this benefit used to be part of the MSA and GA programs. MSA-type recipients are elderly or disabled, with the same definitions as used for MA eligibility. GA-type recipients are other adults.

Projected GRH expenditures are decreased relative to the End of Session forecast, based on recent data. FY 2012 expenditures for GRH were 3% below previous projections, about equally due to caseload and average payments. Projected GRH recipient counts are decreased relative to the end of session forecast by about 3%. Projected average payments are 1.5% lower than the end of session forecast in FY 2013, but grow at a higher rate in the next biennium, resulting in slightly higher average payments than previously forecast.

**MINNESOTA SUPPLEMENTAL AID**

	<b>'12-'13 Biennium</b>	<b>'14-'15 Biennium</b>
Forecast change this item (\$000)	-2,561	-790
Forecast percentage change this item	-3.4%	-1.0%

For most recipients, this activity provides a supplement of approximately \$81 per month to federal Supplemental Security Income (SSI) grants.

MSA projected average payments and caseload are both about 1% lower, based on recent trends. Approximately \$1 million of the current biennium change is an adjustment to projected cancellations of warrants.

**MINNESOTACARE**

	'12-'13 Biennium	'14-'15 Biennium
Forecast change this item (\$000)	-45,223	221,459
Forecast percentage change this item	-7.8%	33.0%

<b>Summary of Forecast Changes</b>	'12-'13 Biennium (\$000)	'14-'15 Biennium (\$000)
<i>Families with Children</i>		
Base enrollment changes	-16,769	-5,892
Eliminate optional MA eligibility expansion for adults	0	6,862
Health insurance exchange	0	-1,138
Eliminate FFP for parents with income >100% FPG	0	79,288
Reduced CHIP enhanced match	493	4,666
Fix technical error in HMO shift cap	-2,319	3,683
Families with Children Subtotal	-18,595	87,469
<i>Adults without Children</i>		
Base enrollment changes	-48,528	-56,943
Eliminate optional MA eligibility expansion for adults	0	183,545
Health insurance exchange	0	-16,772
Adults without Children Subtotal	-48,528	109,830
Legal Noncitizens	21,900	24,160
<b>Total Program</b>	<b>-45,223</b>	<b>221,459</b>

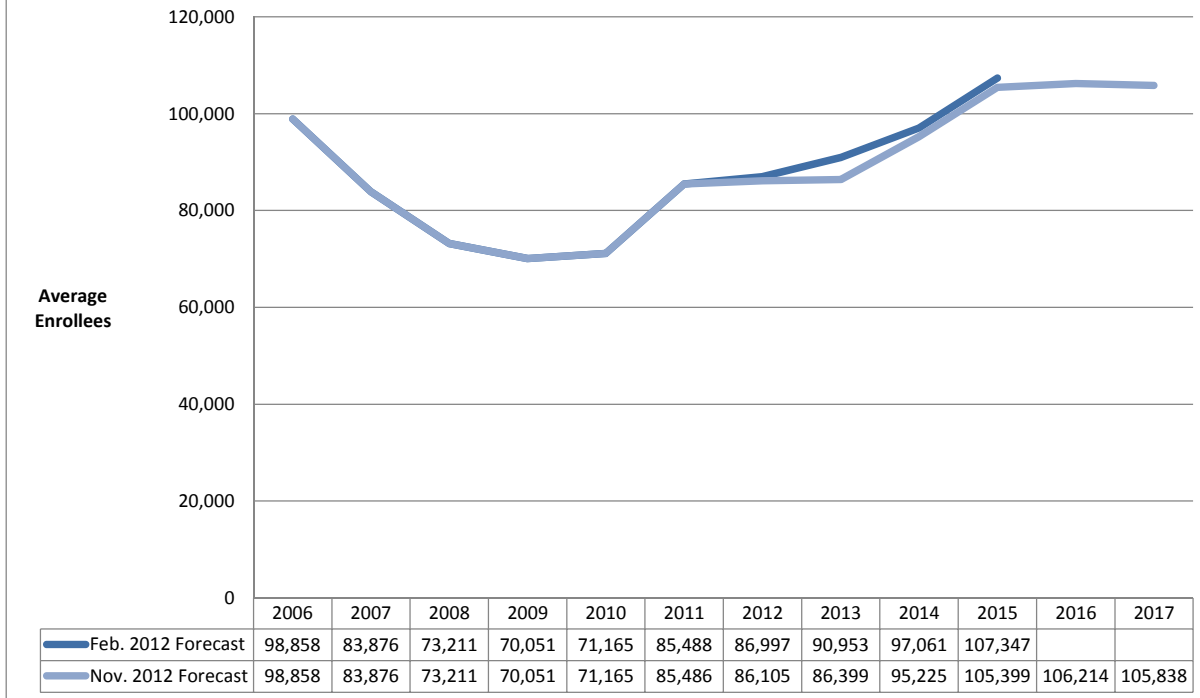
**MinnesotaCare  
Families with Children**

Relative to the End of Session forecast, new actual enrollment data for children and parents are running below forecast, which results in base enrollment projections that are about 3% below End of Session levels through FY2015 (or about 3,000 average monthly enrollees in a given year). This results in projected expenditure reductions of \$16.8 million (about 5.5%) in the current biennium and \$5.9 million (about 1.5%) in the next biennium.

Current state law includes MA eligibility for parents with incomes up to 100% FPG. It was further assumed in the End of Session forecast that the Affordable Care Act (ACA) expansion of MA eligibility for parents to 138% FPG was mandatory for states effective January 2014. Thus, the End of Session forecast included a shift of some MinnesotaCare parents with incomes between 100-138% FPG when the mandatory increase in MA income eligibility was scheduled to go into effect in January 2014.

This past summer, the Supreme Court ruled that this MA eligibility expansion for adults was optional for states. As a result, this shift of some parents from MinnesotaCare to MA has been removed from the November forecast, which produces a MinnesotaCare cost of \$6.9 million (about 1.9%) in the next biennium.

## MinnesotaCare Enrollment Families with Children



The November forecast assumes that, effective January 2014, the health insurance exchange will be operational in Minnesota. This will allow many parents and children eligible for MinnesotaCare under current law to instead purchase private insurance with federal subsidies through the exchange. The November forecast estimates that about 275 parents in an average month during FY 2015 who previously would have been enrolled in MinnesotaCare will instead use the exchange to purchase private coverage. This results in a small forecast savings of \$1.1 million (about 0.5%) in the next biennium.

Given the altered landscape under the ACA and the expiration of the MinnesotaCare 1115 demonstration waiver at the end of CY 2013, the November forecast assumes the loss of the 50% federal financial participation (FFP) on parents with incomes above the current law MA eligibility limits (100% FPG) beginning January 2014. This produces a MinnesotaCare state share cost of \$79.3 million (about 22%) in the next biennium.

Under CHIPRA, Minnesota is able to claim federal CHIP funds as enhanced matching on costs for children with family income over 133% FPG, in both MA and MinnesotaCare. The enhancement is the difference between the 65% federal CHIP share and the current federal matching rate for Minnesota (which is 50%). CHIP funds are available to the state in the form of a fixed allotment which is used first to claim federal match on children with incomes between 275-280% FPG (our expansion group) and noncitizen pregnant women.

The CHIP changes in the November forecast reflect increases in forecasted enrollment of CHIP eligible MA children which decreases the amount of CHIP funds available to be claimed as enhanced match on costs for MinnesotaCare children. This reduction in MinnesotaCare enhanced federal match results in a forecast increase of \$4.7 million (about 1.3%) in the next biennium.

Legislation passed in the 2011 Session instituted payment delays of MA and MinnesotaCare capitation payments from May 2013 to July 2013 and May 2015 to July 2015. However, the legislation also put specific dollar limits on these capitation delays. The November forecast fixes a technical error in how these limits were operationalized within the forecast. This fix produces a small forecast savings in the current biennium (about 0.8%) and a small cost in the next biennium (about 1.0%).

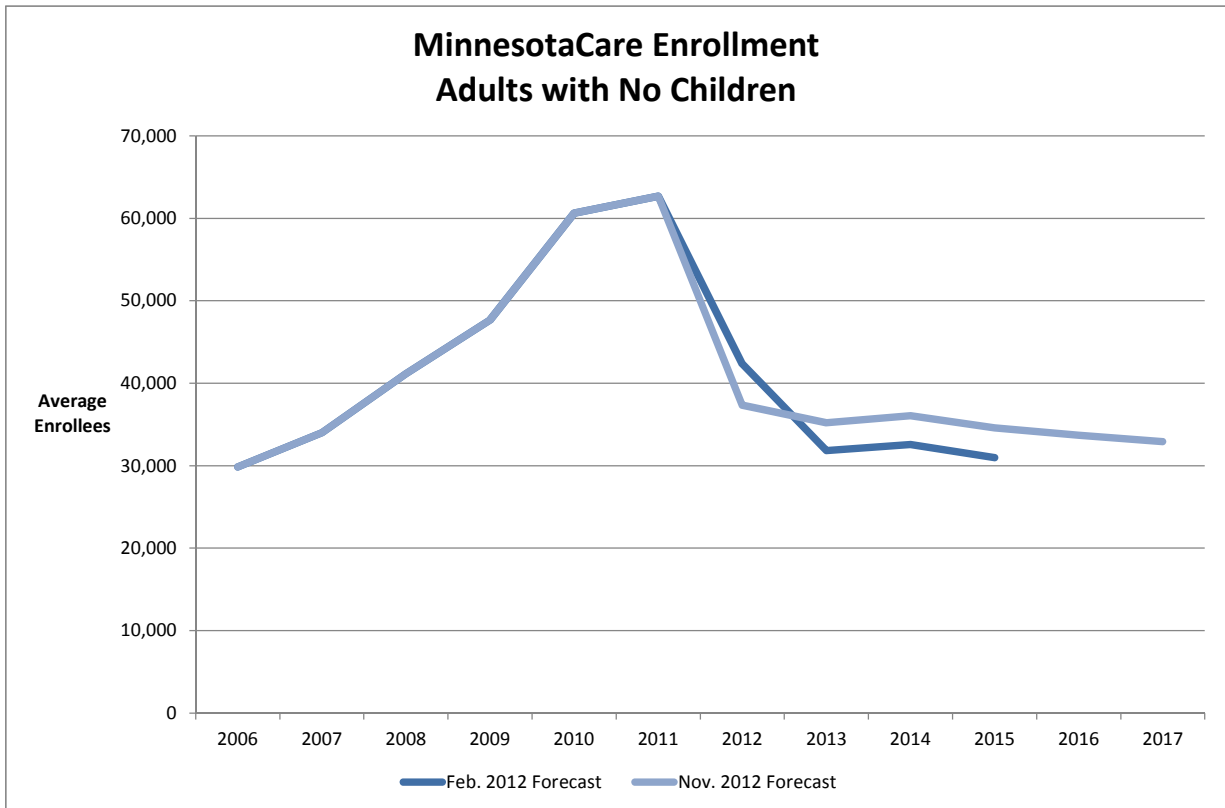
### **Adults without Children**

Relative to the End of Session forecast, new actual enrollment data for adults without children are running below forecast. As a result, base enrollment projections are about 15-20% below End of Session levels through FY 2015 (or about 6,000 average monthly enrollees in a given year). However, about two-thirds of this reduction is simply a shift of enrollees from the adults without children to the legal noncitizen category within MinnesotaCare. This shift occurred out of the process to claim FFP on the eligible adults without children under the new MinnesotaCare waiver. It was found that significantly more adults without children were ineligible for FFP than previously anticipated. This base reduction in adults without children results in projected expenditure reductions of \$48.5 million (about 19%) in the current biennium and \$56.9 million (about 21%) in the next biennium. The partially offsetting legal noncitizen enrollment and expenditures are discussed in more detail below in the legal noncitizen section.

Current state law includes MA eligibility for adults without children with incomes up to 75% FPG. It was further assumed in the End of Session forecast that the Affordable Care Act (ACA) expansion of MA eligibility for adults to 138% FPG (nominal 133%) was mandatory for states effective January 2014. Thus, the End of Session forecast included a shift of MinnesotaCare adults without children with incomes between 75-138% FPG when the mandatory increase in MA income eligibility was scheduled to go into effect in January 2014.

The Supreme Court ruled this past summer that this MA eligibility expansion for adults was optional for states. As a result, this shift of adults without children from MinnesotaCare to MA has been removed from the November forecast, which produces a MinnesotaCare cost increase of \$183.5 million (about 73%) in the next biennium.

The November forecast assumes that, effective January 2014, the health insurance exchange will be operational in Minnesota. This will allow many adults without children who are eligible for MinnesotaCare under current law to instead purchase private insurance with federal subsidies through the exchange. The November forecast estimates that about 3000 adults in an average month during FY 2015 who previously would have been enrolled in MinnesotaCare will instead use the exchange to purchase private coverage. This results in a forecast savings of \$16.8 million (about 6.9%) in the next biennium.



### Legal Noncitizens

Legislation in 2011 eliminated state-only MA eligibility for legal noncitizens who are ineligible for federal funding in MA because of their immigration status (arrival in the US in the last five years). These legal noncitizens include parents, adults without children, and elderly or disabled individuals.

The legal noncitizens in MA were transitioned to MinnesotaCare in March 2012. Also, in May 2012, MinnesotaCare adults without children who were found to be ineligible for FFP were shifted from the adults without children category to the legal noncitizen category within MinnesotaCare. While the End of Session forecast assumed that about 400 average monthly adults without children (about 1%) were ineligible for FFP, the formal process to begin claiming FFP on adults without children found that about 4000 adults in an average month (about 10%) were actually ineligible. This increases legal noncitizen enrollment in the November forecast by about 3600 adults in an average month. Offsetting this increase was the transition of about 1200 fewer than expected parents from MA in an average month. This results in a net increase of around 2400 average monthly legal noncitizens and a projected increase in expenditures of \$21.9 million in the current biennium and \$24.1 million in the next biennium.

**Healthy MN Defined Benefit Program**

	<b>'12-'13 Biennium</b>	<b>'14-'15 Biennium</b>
Forecast change this item (\$000)	-3,194	-4,862
Forecast percentage change this item	-28.7%	-18.6%

Legislation in 2011 created a defined benefit program for MinnesotaCare adults without children above 200% FPG effective July 2012. Under the new defined benefit program, adults above 200% FPG will receive a monthly defined contribution from the state with which to purchase health coverage from the individual private market.

The November forecast reflects the first three months of actual data on the Healthy MN program. The forecast reduction in this program results from a smaller proportion of eligible adults receiving a defined benefit payment than previously anticipated. This reduction is offset somewhat by a higher than anticipated proportion of those receiving payments purchasing relatively more expensive MCHA coverage.

**TABLE ONE**  
**FY 2012 - FY 2013 Biennium**  
(\$ in thousands)

**FY 2012 - FY 2013 Biennium**  
(\$ in thousands)

**GENERAL FUND**

	FY 2012	FY 2013	Biennium	FY 2012	FY 2013	Biennium
Medical Assistance						
LTC Facilities	441,512	451,070	892,582	438,629	435,155	873,784
LTC Waivers	1,144,668	1,210,025	2,354,693	1,126,883	1,185,809	2,312,692
Elderly & Disabled Basic	1,273,280	1,241,736	2,515,016	1,236,001	1,226,127	2,462,128
Adults with No Children	404,224	405,017	809,241	398,626	405,007	803,633
Families w. Children Basic	984,829	912,432	1,897,261	941,636	863,642	1,805,278
MA Total without Optional Expansion	4,248,513	4,220,280	8,468,793	4,141,775	4,115,740	8,257,515
Alternative Care Program	46,421	46,035	92,456	46,421	46,035	92,456
Old GAMC Program	2,175	0	2,175	2,175	0	2,175
Chemical Dependency Fund	83,527	83,528	167,055	78,991	80,550	159,541
Minnesota Family Inv. Program	86,398	82,345	168,743	86,397	75,495	161,892
Child Care Assistance	54,643	33,636	88,279	56,843	39,169	96,012
General Assistance	49,722	50,129	99,851	49,553	53,005	102,558
Group Residential Housing	124,961	135,745	260,706	120,798	129,285	250,083
Minnesota Supplemental Aid	37,457	38,522	75,979	35,768	37,650	73,418
<b>Total General Fund</b>	<b>4,733,817</b>	<b>4,690,220</b>	<b>9,424,037</b>	<b>4,618,721</b>	<b>4,576,929</b>	<b>9,195,650</b>
<b>TANF funds for MFIP Grants</b>	<b>75,581</b>	<b>77,277</b>	<b>152,858</b>	<b>73,323</b>	<b>80,633</b>	<b>153,956</b>
<b>MinnesotaCare</b>	<b>288,181</b>	<b>294,240</b>	<b>582,421</b>	<b>263,973</b>	<b>273,225</b>	<b>537,198</b>
Defined Benefit Program	0	11,136	11,136	0	7,942	7,942
<b>T. HCA Fund Expenditures</b>	<b>288,181</b>	<b>305,376</b>	<b>593,557</b>	<b>263,973</b>	<b>281,167</b>	<b>545,140</b>

**TABLE TWO  
CURRENT BIENNIUM SUMMARY**

	November 2012 Forecast Change from End of Session 2012 Forecast FY 2012 - FY 2013 Biennium (\$ in thousands)			November 2012 Forecast Change from End of Session 2012 Forecast FY 2012 - FY 2013 Biennium (Percent Change)		
	FY 2012	FY 2013	Biennium	FY 2012	FY 2013	Biennium
<b>GENERAL FUND</b>						
Medical Assistance						
LTC Facilities	-2,883	-15,915	-18,798	-0.7%	-3.5%	-2.1%
LTC Waivers	-17,785	-24,216	-42,001	-1.6%	-2.0%	-1.8%
Elderly & Disabled Basic	-37,279	-15,609	-52,888	-2.9%	-1.3%	-2.1%
Adults with No Children	-5,598	-10	-5,608	-1.4%	0.0%	-0.7%
Families w. Children Basic	-43,193	-48,790	-91,983	-4.4%	-5.3%	-4.8%
MA Total	-106,738	-104,540	-211,278	-2.5%	-2.5%	-2.5%
Alternative Care Program	0	0	0	0.0%	0.0%	0.0%
Old GAMC Program	0	0	0	0.0%		0.0%
Chemical Dependency Fund	-4,536	-2,978	-7,514	-5.4%	-3.6%	-4.5%
Minnesota Family Inv. Program	-1	-6,850	-6,851	0.0%	-8.3%	-4.1%
Child Care Assistance	2,200	5,533	7,733	4.0%	16.4%	8.8%
General Assistance	-169	2,876	2,707	-0.3%	5.7%	2.7%
Group Residential Housing	-4,163	-6,460	-10,623	-3.3%	-4.8%	-4.1%
Minnesota Supplemental Aid	-1,689	-872	-2,561	-4.5%	-2.3%	-3.4%
<b>Total General Fund</b>	-115,096	-113,291	-228,387	-2.4%	-2.4%	-2.4%
<b>TANF funds for MFIP Grants</b>	-2,258	3,356	1,098	-3.0%	4.3%	0.7%
<b>MinnesotaCare</b>	-24,208	-21,015	-45,223	-8.4%	-7.1%	-7.8%
Defined Benefit Program	0	-3,194	-3,194		-28.7%	-28.7%
<b>T. HCA Fund Expenditures</b>	-24,208	-24,209	-48,417	-8.4%	-7.9%	-8.2%



**TABLE THREE  
NEXT BIENNIUM SUMMARY**

	<b>End of Session 2012 Forecast FY 2014 - FY 2015 Biennium</b>			<b>November 2012 Forecast FY 2014 - FY 2015 Biennium</b>		
	(\$ in thousands)			(\$ in thousands)		
<b>GENERAL FUND</b>	FY 2014	FY 2015	Biennium	FY 2014	FY 2015	Biennium
Medical Assistance						
LTC Facilities	455,668	450,135	905,803	438,786	439,480	878,266
LTC Waivers	1,304,511	1,414,465	2,718,976	1,294,526	1,397,833	2,692,359
Elderly & Disabled Basic	1,524,804	1,517,444	3,042,248	1,521,298	1,484,345	3,005,643
Adults with No Children	318,045	0	318,045	318,811	0	318,811
Families w. Children Basic	1,033,922	1,152,648	2,186,570	1,006,525	1,072,085	2,078,610
MA Total	4,636,950	4,534,692	9,171,642	4,579,946	4,393,743	8,973,689
Alternative Care Program	46,349	44,311	90,660	46,349	44,311	90,660
Old GAMC Program	0	0	0	0	0	0
Chemical Dependency Fund	84,496	82,360	166,856	79,807	81,169	160,976
Minnesota Family Inv. Program	84,849	84,000	168,849	76,518	75,105	151,623
Child Care Assistance	46,749	46,133	92,882	53,353	54,406	107,759
General Assistance	49,823	49,016	98,839	54,259	55,566	109,825
Group Residential Housing	142,951	151,819	294,770	138,601	148,477	287,078
Minnesota Supplemental Aid	39,174	40,072	79,246	38,642	39,814	78,456
<b>Total General Fund</b>	<b>5,131,341</b>	<b>5,032,403</b>	<b>10,163,744</b>	<b>5,067,475</b>	<b>4,892,591</b>	<b>9,960,066</b>
<b>TANF funds for MFIP Grants</b>	<b>72,826</b>	<b>70,333</b>	<b>143,159</b>	<b>77,846</b>	<b>78,452</b>	<b>156,298</b>
<b>MinnesotaCare</b>	<b>349,411</b>	<b>322,095</b>	<b>671,506</b>	<b>411,083</b>	<b>481,882</b>	<b>892,965</b>
Defined Benefit Program	12,445	13,742	26,187	10,521	10,804	21,325
<b>T. HCA Fund Expenditures</b>	<b>361,856</b>	<b>335,837</b>	<b>697,693</b>	<b>421,604</b>	<b>492,686</b>	<b>914,290</b>

**TABLE FOUR  
NEXT BIENNIUM SUMMARY**

	<b>November 2012 Forecast Change from End of Session 2012 Forecast FY 2014 - FY 2015 Biennium (\$ in thousands)</b>			<b>November 2012 Forecast Change from End of Session 2012 Forecast FY 2014 - FY 2015 Biennium (Percent Change)</b>		
	FY 2014	FY 2015	Biennium	FY 2014	FY 2015	Biennium
<b>GENERAL FUND</b>						
Medical Assistance						
LTC Facilities	-16,882	-10,655	-27,537	-3.7%	-2.4%	-3.0%
LTC Waivers	-9,985	-16,632	-26,617	-0.8%	-1.2%	-1.0%
Elderly & Disabled Basic	-3,506	-33,099	-36,605	-0.2%	-2.2%	-1.2%
Adults with No Children	766	0	766	0.2%		0.2%
Families w. Children Basic	-27,397	-80,563	-107,960	-2.6%	-7.0%	-4.9%
MA Total	-57,004	-140,949	-197,953	-1.2%	-3.1%	-2.2%
Alternative Care Program	0	0	0	0.0%	0.0%	0.0%
Old GAMC Program	0	0	0	0.0%	0.0%	0.0%
Chemical Dependency Fund	-4,689	-1,191	-5,880	-5.5%	-1.4%	-3.5%
Minnesota Family Inv. Program	-8,331	-8,895	-17,226	-9.8%	-10.6%	-10.2%
Child Care Assistance	6,604	8,273	14,877	14.1%	17.9%	16.0%
General Assistance	4,436	6,550	10,986	8.9%	13.4%	11.1%
Group Residential Housing	-4,350	-3,342	-7,692	-3.0%	-2.2%	-2.6%
Minnesota Supplemental Aid	-532	-258	-790	-1.4%	-0.6%	-1.0%
<b>Total General Fund</b>	<b>-63,866</b>	<b>-139,812</b>	<b>-203,678</b>	<b>-1.2%</b>	<b>-2.8%</b>	<b>-2.0%</b>
<b>TANF funds for MFIP Grants</b>	<b>5,020</b>	<b>8,119</b>	<b>13,139</b>	<b>6.9%</b>	<b>11.5%</b>	<b>9.2%</b>
<b>MinnesotaCare</b>	<b>61,672</b>	<b>159,787</b>	<b>221,459</b>	<b>17.7%</b>	<b>49.6%</b>	<b>33.0%</b>
Defined Benefit Program	-1,924	-2,938	-4,862	-15.5%	-21.4%	-18.6%
<b>T. HCA Fund Expenditures</b>	<b>59,748</b>	<b>156,849</b>	<b>216,597</b>	<b>16.5%</b>	<b>46.7%</b>	<b>31.0%</b>

**TABLE FIVE  
FY 2016 - FY 2017 BIENNIUM SUMMARY**

	<b>November 2012 Forecast FY 2016 - FY 2017 Biennium (\$ in thousands)</b>		
	FY 2016	FY 2017	Biennium
<b>GENERAL FUND</b>			
Medical Assistance			
LTC Facilities	444,300	460,068	904,368
LTC Waivers	1,470,322	1,583,808	3,054,130
Elderly & Disabled Basic	1,591,561	1,558,143	3,149,704
Adults with No Children	0	30,185	30,185
Families w. Children Basic	1,242,661	1,234,376	2,477,037
MA Total	4,748,844	4,866,580	9,615,424
Alternative Care Program	44,311	44,311	88,622
Old GAMC Program	0	0	0
Chemical Dependency Fund	79,922	81,270	161,192
Minnesota Family Inv. Program	112,902	109,617	222,519
Child Care Assistance	58,573	61,155	119,728
General Assistance	57,012	58,223	115,235
Group Residential Housing	156,843	165,449	322,292
Minnesota Supplemental Aid	41,065	42,328	83,393
<b>Total General Fund</b>	<b>5,299,472</b>	<b>5,428,933</b>	<b>10,728,405</b>
<b>TANF funds for MFIP Grants</b>	<b>39,329</b>	<b>40,972</b>	<b>80,301</b>
<b>MinnesotaCare</b>	<b>588,696</b>	<b>569,505</b>	<b>1,158,201</b>
Defined Benefit Program	10,993	11,192	22,185
<b>T. HCA Fund Expenditures</b>	<b>599,689</b>	<b>580,697</b>	<b>1,180,386</b>