- Medicaid redesign gives county boards local administrative authority
- Funding for county board tax equalization program significantly increased over FY 2000-2001 biennium

Department of Mental Retardation and Developmental Disabilities

Jeffrey M. Rosa, Senior Budget Analyst

ROLE

The Department of Mental Retardation and Developmental Disabilities (DMR) is the primary service agency for persons with mental retardation and other developmental disabilities and their families. The department provides services to just under 2,000 individuals at 12 developmental centers located statewide. Services are also provided to approximately 5,700 people through two home and community-based Medicaid waivers: Individual Options (IO) and Residential Facilities (RFW). There are currently about 18,000 Ohioans on waiting lists for waiver services: about 17,600 for the IO and about 5,600 for the RFW. Additionally, more than 4,500 individuals over age 40 are still living at home with elderly parents.

The department also provides funding assistance to the 88 county boards of mental retardation and developmental disabilities (CBMR/DD) in Ohio for residential and support services. These services include, but are not limited to, residential supports, early intervention and family supports, adult vocational and employment services, and case management. Approximately 50,000 people receive support services through programs provided by the county boards of MR/DD. Residential supports offered by county boards serve more than 12,000 individuals with mental retardation or developmental disabilities.

Agency In Brief

Number of Employees	Total Appropriations-All Funds		GRF Appropriations		Appropriation Bill(s)
	2002	2003	2002	2003	
4,272*	$864.3 million	$893.0 million	$354.9 million	$369.5 million	Am. Sub. H.B. 94

*total positions as of August 9, 2001 pay period: 321 in central office and 3,951 in developmental centers

OVERVIEW

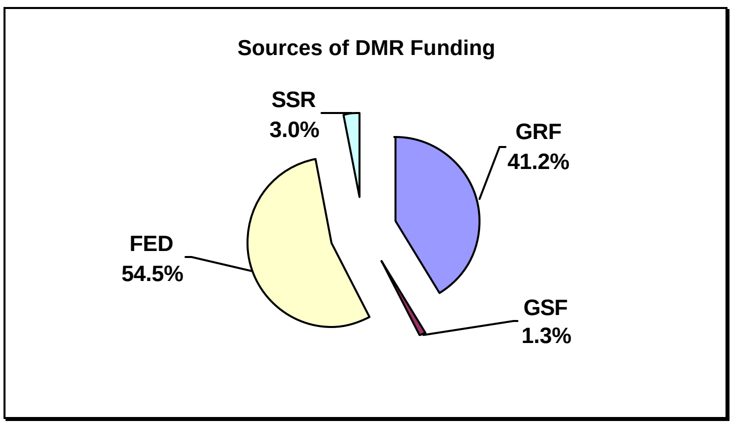
Appropriations for the Department of Mental Retardation and Developmental Disabilities total $1,757,249,023 over the FY 2002-2003 biennium. This represents an increase of 16.9 percent over actual spending in the FY 2000-2001 biennium ($1,502,824,422). For GRF appropriations only, the increase in the current biennium, when compared to the FY 2000-2001 biennium, is 8.4 percent. In terms of actual dollars, biennial GRF appropriations for FYs 2002-2003 are $724,362,138 versus actual GRF expenditures of $668,269,793 in the FY 2000-2001 biennium. For federally funded appropriations, the increase in the FY 2002-2003 biennium versus actual spending in the FY 2000-2001 biennium is 22.2 percent. In FY 2002, total appropriations for the department increase by 12.2 percent over actual

FY 2001 expenditures. In FY 2003, total appropriations increase by 3.3 percent over FY 2002 appropriations.

TYPES OF APPROPRIATIONS

Federal dollars represent 54.5 percent of total biennial appropriations in the current biennium. Over 90 percent of this federal revenue is the federal share of Medicaid services provided to Ohioans with MR/DD. The three line items with the majority of Medicaid reimbursement are 323-605, Residential Facilities Reimbursement (Fund 3A4), 322-639, Medicaid Waiver (Fund 3G6), and 322-650, CAFS Medicaid (Fund 3M7). The portion of services that are reimbursed with federal Medicaid funds is determined by the federal medical assistance percentage (FMAP). For federal fiscal year 2002, Ohio's FMAP is 58.78 percent. This means that for every $100 in services that are reimbursable under the Medicaid program, the federal government would reimburse $58.78, and $41.22 would be covered through state or local resources.

In the FY 2002-2003 biennium, 41.2 percent of the total appropriations are from the state's General Revenue Fund (GRF).



GRF APPROPRIATION REDUCTION

Section 202 of Am. Sub. H.B. 94 of the 124th G.A. reduces various GRF appropriations by 1.5 percent in each fiscal year of the FY 2002-2003 biennium. Division (A)(2) of this section exempts the appropriations made for DMR from the 1.5 percent appropriation reduction.

BUDGET ISSUES

MR/DD MEDICAID REDESIGN

Am. Sub. H.B. 94 makes various changes to permanent law governing the component of Medicaid that provides services to individuals with MR/DD. A change with significant fiscal implications is the requirement that county boards of MR/DD to locally fund the nonfederal share of certain Medicaid expenditures and assume local administrative authority for Medicaid-funded home and community-based services, habilitation center services, and case management services.

Prior to obtaining local administrative authority from DMR, a county board must submit a three-year plan for DMR's approval. This plan will include the number of individuals with MR/DD living in the county with an ICF/MR level of care, the service needs of that population and the projected annualized cost for home and community-based services, and the source of funds available to the county board to pay for the nonfederal share of Medicaid expenditures. The completed plan is required to be submitted to DMR no later than November 1, 2001, with DMR approval or disapproval coming no later than 45 days after submission of the plan.

As stated above, the county board is required, under certain circumstances, to fund the nonfederal share of Medicaid expenditures for habilitation center services, home and community-based services, and case management services for residents of that county who are eligible for county board services. Each year, a county board must adopt a resolution specifying the amount of funds it will use in the following year to cover the nonfederal share of Medicaid expenditures. If a county fails to pay the nonfederal share as required under the Revised Code, DMR may bring mandamus action against the board in the Franklin County Court of Common Pleas or the court of common pleas of the county the board serves. LSC expects that this should lead to a negligible potential increase in local county court expenditures.

The amount of revenue that a county board must assure to DMR to have for the following fiscal year will increase if the U.S. Department of Health and Human Services (HHS) approves additional home and community-based waiver slots. If by December 31, 2001, HHS approves at least 500 additional slots for calendar year (CY) 2002 than were available for CY 2001, the county board must provide by December 31, 2001, assurance to DMR that the board will have at least 1/3 of the value of 1/2 effective mill levied in the county the preceding year available in CY 2002 to pay the nonfederal share of services the board is required to pay. If HHS approves at least 500 additional slots for CY 2003 over the total in CY 2002, the county board shall assure DMR that it will have at least 2/3 of the value of 1/2 effective mill levied in the county the preceding year available in CY 2003. For CY 2004 and each calendar year thereafter, the county board must provide at least the value of 1/2 effective mill levied in the county the preceding year available to pay the nonfederal share of Medicaid services.

For a more in depth review of the permanent law changes made to the MR/DD Medicaid language, please see the final LSC Bill Analysis (excluding appropriations, fund transfers, and similar provisions) for Am. Sub. H.B. 94.

ODMR/DD Administration and Oversight Fund

As part of the Medicaid redesign, the local county boards of MR/DD will assume greater responsibility for ensuring the availability of funds for the nonfederal share of Medicaid services. As part of the changes to law, the department will charge each county board an annual fee equal to one percent of the total value of all Medicaid paid claims for Medicaid case management services and home and community-based services for which the county board contracts or provides itself. The department estimates that about $2.5 million in revenue will be collected from this fee. Of that amount, $1.75 million (70 percent) will be deposited into the ODMR/DD Administration and Oversight Fund and $750,000 (30 percent) into the ODJFS Administration and Oversight Fund. The percentage of total fee revenue allocated for DMR and JFS is subject to an interagency agreement between the two departments.

Two purposes for this money are outlined in Am. Sub. H.B. 94. The first is for DMR and JFS to provide technical support to county boards' local administrative authority under section 5126.055 of the Revised Code for habilitation center services, Medicaid case management services, and home and community-based services. The second use is for the administrative and oversight costs of the services described above that a county board develops and monitors and that the county board provides or contracts for the services. The administrative costs that may be covered with these funds include staff, systems, and other resources DMR and/or JFS needs. The activities must be dedicated only to the following duties associated with the services:

1) Eligibility determinations;
2) Training;
3) Fiscal management;
4) Claims processing;
5) Quality assurance oversight;
6) Other duties DMR and/or JFS identify.

New Waiver Applications

Two provisions of the budget bill authorize JFS to submit a request to the U.S. Department of Health and Human Services (HHS) to create a new, or modify an existing, Medicaid home and community-based services waiver program.

In the first provision, the population eligible for this waiver would be individuals with MR/DD who: (1) have an ICF/MR level of care, (2) need habilitation services, (3) are enrolled in the Ohio Home Care Waiver Program on June 30, 2001, and (4) are transferred from the Ohio Home Care Waiver to the new or modified waiver program. Additionally, JFS may state the maximum amount that it will spend per individual enrolled in the new or modified waiver and JFS may reduce the maximum number of individuals that may be served in the Home Care Waiver Program by the same amount of individuals transferred to the new waiver program.

The second provision authorizes JFS to apply to HHS for one or more Medicaid waivers in which home and community-based services are provided to individuals with MR/DD as an alternative to ICF/MR placements. This waiver would be similar to DMR's existing Individual Options (IO) waiver. Am. Sub. H.B. 94 also authorizes JFS to seek HHS approval to increase the number of IO slots by 500 in each year of the biennium.

Executive Branch Committee on Medicaid Redesign and Expansion of MR/DD Services

Uncodified law in Am. Sub. H.B. 94 establishes the Executive Branch Committee on Medicaid Redesign and Expansion of MR/DD Services. The committee consists of 12 members. Organizations represented on the panel include the governor's office, two members from DMR, two members from JFS, and one member from OBM. Each of these individuals is appointed by the agency they would represent. Additionally, one member from each of the following advocacy organizations, to be appointed by that entity, are included on the committee: The Arc of Ohio, the Ohio Association of County Boards of Mental Retardation and Developmental Disabilities, the Ohio Superintendents of County Boards of Mental Retardation and Developmental Disabilities, the Ohio Provider Resource Association, the Ohio Health Care Association, and one representative of individuals with MR/DD appointed by the director of DMR. The members shall serve without compensation or reimbursement.

The work of the committee is scheduled to be completed by June 6, 2004, when a final report is submitted to the governor and the directors of DMR and JFS. Additionally, a preliminary report is due no later than June 6, 2002. The governor is authorized to issue an executive order allowing the committee to continue past the June 6, 2004 date.

Under the law governing the committee, three issues are to be discussed. The first issue deals with reviewing the effect that the provisions of the Medicaid redesign contained in Am. Sub. H.B. 94 have had on the funding and provision of services to individuals with MR/DD. The second issue relates to the identification of issues and barriers to effective implementation of the Medicaid redesign. Finally, the committee is charged with the task of establishing effective means for resolving these issues and barriers. Included in this task is "advocating" changes to state laws and/or rules.

COUNTY BOARDS SUBSIDIES

The department distributes GRF subsidies to the 88 county boards of MR/DD according to a formula outlined in section 5126.12 of the Revised Code. Under the formula contained in the Revised Code, the state subsidy is $950 for children under age three and between $1,000 and $1,500 for persons who are at least 16 years of age or older. The variance is based on whether or not the county board is eligible to bill for Medicaid reimbursement for the individual. The amount of operating subsidy paid to a county board is based on the number of individuals enrolled in board programs, excluding children enrolled in approved special education units. Am. Sub. H.B. 94 appropriates $45.4 million in FY 2002 and $46.8 million in FY 2003 in GRF line item 322-501, County Boards Subsidies. Earmarking language for this line item requires that $6.5 million in FY 2002 and $13.0 million in FY 2003 be used to fund the department's tax equalization program, which will be discussed in more detail below.

As a result of the earmark, $38.9 million in FY 2002 and $33.8 million in FY 2003 will be available for distribution under the tax equalization program pursuant to the formula outlined in section 5126.12 of the Revised Code. Uncodified law states that the amount of subsidies distributed to the county boards will be the lesser of the amount required by the statutory formula or the remaining balance of the line item 322-501, after funding tax equalization, prorated to all the county boards.

Tax Equalization Program

The tax equalization program is created in sections 5126.16 to 5126.18 of the Revised Code. Under this program, any county board whose hypothetical local revenue per enrollee is less than the hypothetical statewide average revenue per enrollee is eligible to receive payments under this program. Amendments made in H.B. 94 to section 5126.18 of the Revised Code changed the tax equalization program from a permissive program to a mandatory program for the department. The changes to this section also require any tax equalization payments that a county board receives to be used to pay the nonfederal share of Medicaid expenditures that the county board is required to pay under section 5126.056 (A) of the Revised Code.

In addition to the money earmarked in line item 322-501, an earmark to GRF line item 322-413, Residential and Support Services, authorizes OBM to transfer $5.0 million in FY 2002 and $11.5 million in FY 2003 from line item 322-413 to line item 322-501 to be used for the tax equalization program. Therefore, total GRF funding for tax equalization earmarked in H.B. 94 is $11.5 million in FY 2002 and $24.5 million in FY 2003. As mentioned above, these moneys must be used to pay the nonfederal share of Medicaid expenditures that the county board is required to pay.

OLMSTEAD DECISION

In July 1999, the U.S. Supreme Court issued a decision in *Olmstead v. L.C., et al.* The Court ruled that individuals with disabilities have the right to live in community-based settings rather than institutions. Under Title II of the ADA of 1990, "no qualified individual with a disability shall, 'by reason of such disability,' be excluded from participation in, or be denied the benefits of, a public entity's services, programs, or activities." In the Court's decision, Justice Ginsberg stated that under Title II of the ADA, "states are required to place persons with mental disabilities in community settings rather than in institutions when the State's treatment professionals have determined that community placement is appropriate, ... taking into account the resources available to the State and the needs of others with mental disabilities." The decision also states that "undue institutionalization qualifies as discrimination 'by reason of ... disability.'"

In its arguments, the state of Georgia said that the respondents did not encounter discrimination due to their disabilities "because they were not denied community placement on account of those disabilities." The court disagreed with this argument and stated that the ADA "specifically identified unjustified 'segregation' of persons with disabilities as a 'form of discrimination.'"

As part of its ruling, the court recognized limits on the reach of ADA. "The ADA is not reasonably read to impel States to phase out institutions, placing patients in need of close care at risk. Nor is it the ADA's mission to drive States to move institutionalized patients into an inappropriate setting.... If, for example, the State were to demonstrate that it had a comprehensive, effectively working plan for placing qualified persons with mental disabilities in less restrictive settings, and a waiting list that moved at a reasonable pace not controlled by the State's endeavors to keep its institutions fully populated, the reasonable-modifications standard would be met."

Information about the *Olmstead* decision can be obtained at the Supreme Court Collection at the Legal Information Institute (***http://supct.law.cornell.edu/supct/html/98-536.ZS.html***).

Information discussed at the NCSL Olmstead Advisory Group Roundtable at the 2001 NCSL Annual Meeting, covered the three-pronged Olmstead litmus test that can be applied to determine if a state is meeting the requirements outlined in the court's decision. The first prong is that state treatment professionals have determined that appropriate community placements are available. Second, the affected individual does not oppose a transfer to the community. Finally, the community placement is required to be reasonably accommodated within available means. Along these lines, people generally agree that the presence of a waiting list is permissible provided that the list is moving reasonably within the context of a comprehensive plan to provide community services.

Martin v. Taft

The *Martin v. Taft* case (No. C-2-89-362, United States District Court for the Southern District of Ohio) is a class action lawsuit filed by the Ohio Legal Rights Service (LRS) against the department in 1989. The court has certified a class of "all mentally retarded or developmentally disabled Ohioans who are, or will be, in need of community housing and services which are normalized, home-like and integrated, and a subclass who, in addition to being members of the class, are, or will be, Medicaid recipients." According to LRS, the suit emphasizes that programs should not discriminate against people with more severe or multiple disabilities, and that housing and residential services must be developed in a way that encourages integration of individuals covered in the class into the community at large.

In this lawsuit, the plaintiffs argue that Ohio is violating various federal laws and the U.S. Constitution. These include violations of section 504 of the Rehabilitation Act of 1973, which prohibits denial of services based on discrimination against people with mental retardation or which deny community integration. The suit also argues that Ohio is not meeting the statewideness requirement of the Medicaid program. Finally, just as occurred in the *Olmstead* case, the plaintiffs argue that Ohio is violating the Americans with Disabilities Act of 1990, since the class members are, or are at risk of, being unduly segregated in institutions in violation of the integration regulation.

A trial date of December 4, 2000 was vacated by the court to decide on various pending motions and no new date has been set.

DEVELOPMENTAL CENTER STAFFING ISSUES

The department currently operates 12 developmental centers, which are located throughout the state. Each of these centers is licensed as an intermediate care facility for the mentally retarded (ICF/MR). During the previous biennium, the department, for the first time, began requiring each developmental center to produce a budget with center-specific revenue and expense reports. In previous years, the centers were only given an allocation from the department. As part of the effort to ensure that center services are being provided in a cost efficient manner, each center was required to review in detail each job classification and that position's relevance to the daily mission of the developmental center. As of the August 9, 2001 pay period, the centers employed 3,951 workers. This compares to 4,070 full-time and part-time filled positions as of the August 17, 2000 pay period, a decrease of 2.9 percent. As positions have become vacant, those that were deemed not central to the center's mission were left vacant.

According to the department, this is not intended to be an effort to close one or more of the centers and the goal is to reduce staff without hurting quality. For that reason, positions providing direct care are exempted from these potential cuts. The department plans to implement these job reviews in the fall of 2001. Included in the plan is the potential for layoffs, position abolishments, and reclassifications. There will be no quotas on the number of positions that need to be cut or the total amount to be saved. Additionally, the department expects that there will be larger cuts at the older facilities that still had certain in-house services like x-ray technicians and microbiologists. Prior to starting this process, the superintendents of the 12 centers met with all staff, the unions, parent groups, etc. to provide an accurate representation of what the department planned to do.

Information published in the August 30, 2001 *Columbus Dispatch* reports that the department has identified 339 positions that will be eliminated. The department states that any employee affected will be given the option of taking another job with the department, though many of these job changes will involve retraining. The department also stated that the total savings arising from this process wouldn't be known until the changes are in place.

Line Item Detail by Agency

Report For: Main Operating Appropriations Bill **Version:** Enacted

DMR Mental Retardation and Developmental Disabilities, Dept. of

			FY 1999:	FY 2000:	FY 2001:	FY 2002 Appropriations:	% Change 2001 to 2002:	FY 2003 Appropriations:	% Change 2002 to 2003:
GRF	320-100	Personal Services-Central Office	$ 0	----		----	N/A	----	N/A
GRF	320-200	Maintenance	$ 0	----		----	N/A	----	N/A
GRF	320-300	Equipment	$ 0	----		----	N/A	----	N/A
GRF	320-321	Central Administration	$ 11,247,957	$ 11,957,993	$11,663,996	$ 11,001,218	-5.68%	$ 11,361,253	3.27%
GRF	320-411	Special Olympics	$ 196,000	$ 200,000	$200,000	$ 200,000	0.00%	$ 200,000	0.00%
GRF	320-412	Protective Services	$ 1,282,226	$ 1,256,499	$1,316,437	$ 1,402,498	6.54%	$ 1,502,150	7.11%
GRF	320-415	Lease-Rental Payments	$ 33,504,313	$ 29,399,997	$27,565,340	$ 24,754,900	-10.20%	$ 26,275,300	6.14%
GRF	322-405	State Use Program	$ 132,339	$ 151,387	$196,210	$ 264,685	34.90%	$ 264,685	0.00%
GRF	322-413	Residential and Support Services	$ 125,505,248	$ 126,127,410	$130,856,142	$ 154,418,317	18.01%	$ 164,539,811	6.55%
GRF	322-414	Sermak Class Services	$ 1,403,390	$ 54,750	$37,015	$ 0	-100.00%	$ 0	N/A
GRF	322-451	Family Support Services	$ 6,945,593	$ 7,705,342	$7,975,864	$ 7,975,870	0.00%	$ 7,975,870	0.00%
GRF	322-452	Case Management	$ 6,094,841	$ 6,235,022	$6,384,663	$ 8,984,491	40.72%	$ 9,874,628	9.91%
GRF	322-460	Vocational Rehabilitation	$ 0	----		----	N/A	----	N/A
GRF	322-501	County Boards Subsidies	$ 44,646,547	$ 45,766,039	$46,863,627	$ 45,366,297	-3.20%	$ 46,817,644	3.20%
GRF	323-100	Personal Services-D.C.	$ 0	----		----	N/A	----	N/A
GRF	323-200	Maintenance	$ 0	$ 0		$ 0	N/A	$ 0	N/A
GRF	323-300	Equipment	$ 0	----		----	N/A	----	N/A
GRF	323-321	Residential Facilities Operations	$ 100,570,302	$ 104,019,997	$102,336,062	$ 100,515,232	-1.78%	$ 100,667,289	0.15%
GRF	323-409	Volunteer Recruitment	$ 0	$ 0		$ 0	N/A	$ 0	N/A
General Revenue Fund Total			**$ 331,528,756**	**$ 332,874,436**	**$ 335,395,357**	**$ 354,883,508**	**5.81%**	**$ 369,478,630**	**4.11%**
488	320-603	Purchase of Services Refunds	$ 0	----		----	N/A	----	N/A
4B5	320-640	Conference/Training	$ 62,121	$ 79,958	$195,121	$ 826,463	323.56%	$ 864,496	4.60%
488	322-603	Residential Services Refund	$ 364,150	$ 441,510	$679,351	$ 2,499,188	267.88%	$ 2,499,188	0.00%
4U4	322-606	Community MR and DD Trust	$ 0	$ 0		$ 125,000	N/A	$ 131,250	5.00%
4V1	322-611	Program Support	$ 0	$ 0	$634,540	$ 2,000,000	215.19%	$ 2,000,000	0.00%
4V1	322-615	Ohio's Self-Determination Project	$ 116,419	$ 73,134	$23,033	$ 0	-100.00%	$ 0	N/A
4J6	322-645	Intersystem Services for Children	$ 2,959,535	$ 2,727,186	$1,954,417	$ 5,000,000	155.83%	$ 5,000,000	0.00%
152	323-609	Residential Facilities Support	$ 81,352	$ 26,747	$106,601	$ 889,929	734.83%	$ 912,177	2.50%
General Services Fund Group Total			**$ 3,583,577**	**$ 3,348,535**	**$ 3,593,062**	**$ 11,340,580**	**215.62%**	**$ 11,407,111**	**0.59%**

Line Item Detail by Agency

			FY 1999:	FY 2000:	FY 2001:	FY 2002 Appropriations:	% Change 2001 to 2002:	FY 2003 Appropriations:	% Change 2002 to 2003:
DMR	**Mental Retardation and Developmental Disabilities, Dept. of**								
3A4	320-605	Administrative Support	$ 3,213,589	$ 3,690,193	$6,595,895	$ 11,964,698	81.40%	$ 12,492,892	4.41%
325	320-608	Federal Grants	$ 0	----		----	N/A	----	N/A
325	320-612	Social Service Block Grant	$ 0	----		----	N/A	----	N/A
3A5	320-613	DD Council Operating Expenses	$ 765,001	$ 784,360	$775,662	$ 992,486	27.95%	$ 992,486	0.00%
325	320-617	Elementary & Secondary Education Ac	$ 0	----		----	N/A	----	N/A
325	320-618	Client Assistance Program	$ 81,311	$ 0		$ 0	N/A	$ 0	N/A
325	320-634	Protective Services	$ 456,486	$ 407,740	$386,810	$ 0	-100.00%	$ 0	N/A
3G6	320-639	Medicaid Services Administration	$ 0	----		----	N/A	----	N/A
3M7	320-650	CAFS Administration	$ 0	----		----	N/A	----	N/A
325	320-652	Transportation Study	$ 0	----		----	N/A	----	N/A
3A4	322-605	Community Program Support	$ 1,434,116	$ 975,929	$737,258	$ 3,024,047	310.17%	$ 3,326,452	10.00%
325	322-608	Federal Grants - Operating Expenses	$ 228,197	$ 387,737	$606,912	$ 1,360,000	124.09%	$ 1,360,000	0.00%
3A4	322-610	Community Residential Support	$ 136,775	$ 205,568		$ 5,924,858	N/A	$ 5,924,858	0.00%
325	322-612	Social Service Block Grant	$ 11,701,189	$ 10,475,030	$10,026,326	$ 11,500,000	14.70%	$ 11,500,000	0.00%
3A5	322-613	DD Council Grants	$ 2,241,235	$ 2,191,189	$1,959,852	$ 3,358,290	71.35%	$ 3,358,290	0.00%
325	322-614	Health & Human Services	$ 47,195	$ 0		$ 0	N/A	$ 0	N/A
325	322-617	Education Grants - Operating	$ 90,478	$ 67,844	$107,632	$ 115,000	6.85%	$ 115,000	0.00%
3G6	322-639	Medicaid Waiver	$ 101,060,010	$ 110,055,768	$120,725,093	$ 148,304,949	22.85%	$ 151,754,169	2.33%
3M7	322-650	CAFS Medicaid	$ 131,156,566	$ 136,333,534	$160,018,753	$ 163,747,903	2.33%	$ 172,568,939	5.39%
3A4	323-605	Residential Facilities Reimbursement	$ 102,058,734	$ 111,342,408	$103,416,121	$ 120,985,419	16.99%	$ 120,985,419	0.00%
325	323-608	Federal Grants - Subsidies	$ 304,321	$ 326,120	$322,571	$ 532,000	64.92%	$ 536,000	0.75%
325	323-617	Education Grants - Residential Facilitie	$ 373,752	$ 364,256	$348,400	$ 411,000	17.97%	$ 411,000	0.00%
Federal Special Revenue Fund Group Total			**$ 355,348,955**	**$ 377,607,676**	**$ 406,027,285**	**$ 472,220,650**	**16.30%**	**$ 485,325,505**	**2.78%**
4K8	322-604	Waiver-Match	$ 11,244,460	$ 10,882,620	$17,095,213	$ 13,783,463	-19.37%	$ 14,039,133	1.85%
5H0	322-619	Medicaid Repayment	----	$ 0	$115	$ 562,080	490,071.80%	$ 576,132	2.50%
489	323-632	Operating Expense	$ 7,498,886	$ 8,002,205	$7,997,918	$ 11,506,603	43.87%	$ 12,125,628	5.38%
State Special Revenue Fund Group Total			**$ 18,743,346**	**$ 18,884,825**	**$ 25,093,245**	**$ 25,852,146**	**3.02%**	**$ 26,740,893**	**3.44%**
Mental Retardation and Developmental Disabilities, D			***$ 709,204,634***	***$ 732,715,472***	***$ 770,108,950***	***$ 864,296,884***	***12.23%***	***$ 892,952,139***	***3.32%***