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December 3, 2003

Mr. Patrick Barrie
State of Michigan
Department of Community Health
400 S. Pine Street
P.O. Box 30479
Lansing, MI 48909-7979

**RE: DOCUMENTATION OF MANAGED SPECIALTY SERVICES AND SUPPORTS
WAIVER CAPITATION RATES – VERSION 5**

Dear Patrick:

Milliman USA, Inc. (Milliman) was retained by the State of Michigan, Department of Community Health (MDCH) to develop capitation rates for the Managed Specialty Services and Supports Waiver. The capitation rates were developed for SFY 2004, October 1, 2003 through September 30, 2004. This letter documents the calculation rate methodology and provides the required certification regarding actuarial soundness.

LIMITATIONS

The information contained in this letter, including the enclosures, has been prepared for the State of Michigan, Department of Community Health and their consultants and advisors. It is our understanding that the information contained in this letter may be utilized in a public document. To the extent that the information contained in this letter is provided to third parties, the letter should be distributed in its entirety. Any user of the data must possess a certain level of expertise in actuarial science and healthcare modeling so as not to misinterpret the data presented.

Milliman makes no representations or warranties regarding the contents of this letter to third parties. Likewise, third parties are instructed that they are to place no reliance upon this letter prepared for MDCH by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties. Other parties receiving this letter must rely upon their own experts in drawing conclusions about the MDCHs capitation rates, assumptions, and trends.

The actuarial certification contained within the enclosure was developed with regard to the mental health, substance abuse, and waiver (c) capitation rates for the Managed Specialty Services and Supports waiver PIHPs in the State of Michigan. The information may not be appropriate for any other purpose. It is the responsibility of any individual PIHP to establish required revenue levels appropriate for their risk, management and contractual obligations.



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SUMMARY OF RESULTS

Enclosure 1 provides a summary of the capitation rates and the rate adjustment factors. The capitation rates were developed on a per member per month basis and vary by benefit type and program code. The mental health capitation has been split between state plan services and 1915 (b) (3) services. The state plan services were estimated at 68% of the adjusted mental health capitation rate and 84% of the adjusted substance abuse capitation rate. The 1915 (b) (3) services were estimated at 32% of the adjusted mental health capitation rate and 16% of the adjusted substance abuse capitation rate. For mental health services, MDCH reviewed the sub-element cost reports provided by the PIHPs. The fiscal year 2002 cost report data indicates that 68.3% of the costs were State plan and 31.7% were 1915 (b) (3) services. Enclosure 2 provides documentation from MDCH regarding the calculational split between state plan and 1915 (b) (3) services for substance abuse services. Milliman relied on the distribution of services as outlined in the letter as well as the historical sub-element cost report data. The waiver (c) capitation rates are paid on a per waiver (c) eligible basis. The benefit types include mental health, substance abuse, and waiver (c) services. The program code categories include the TANF populations and the Aged, Blind, and Disabled populations. Rate adjustment factors have been developed to reflect age, gender, and geographic region for each benefit category.

Enclosure 3 contains the actuarial certification regarding the capitation rates illustrated in Enclosure 1. The actuarial certification indicates that the rates developed are considered to be actuarially sound as defined in Federal Regulation 438.6(c). It is the PIHP's responsibility to establish actuarially sound capitation rate levels that are appropriate to their risk, management and contractual obligations.

Enclosure 4 contains a description of the services separated between state plan services and 1915 (b) (3) services.

CAPITATION RATE CALCULATIONS

The capitation rates shown in Enclosure 1 were developed from state fiscal year 1998, October 1, 1997 through September 30, 1998, fee-for-service data. The fee-for-service data was adjusted to reflect IBNR, payments made outside the MMIS system, new state plan services, revisions to the fee screens, utilization, cost per unit, general inflation and managed care. The capitation rates were calculated on a per member per month basis.

The following discusses the development of the capitation rates. Enclosure 5 illustrates the total value of each adjustment by category.

a. Fee-for-Service Base Expenditures

The baseline expenditures were developed from fee-for-service data for state fiscal year 1998 data, October 1, 1997 through September 30, 1998. For the substance abuse capitation rate, the baseline expenditures were developed from the period beginning on January 1, 1998 through September 30, 1998. These fiscal periods represent the most recent data and information available for the services covered under the capitation rate. The shorter experience period was utilized since the medical service health plans were responsible for substance abuse services for



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managed care enrollees through January 1, 1998. The fee-for-service expenditures reflected state plan approved services only. The fee-for-service expenditures were provided to Milliman through an MMIS data extract. MDCH provided Milliman the appropriate provider types and service codes that were applicable for each of the capitation rates. The expenditures associated with the waiver (c) services were extracted from the base expenditure data by waiver (c) categories of service and waiver (c) Medicaid eligibility periods.

The expenditures were stratified by PIHP, age, gender, and program code category. The PIHP was assigned based on the county of residence.

b. Fee-for-Service Base Enrollment

The baseline enrollment was developed from fee-for-service data for state fiscal year 1998 data. The enrollment for the substance abuse program was for the period that corresponds with the substance abuse expenditures. The fee-for-service enrollment included all Medicaid recipients for the enrollment period with exclusions for the children's waiver recipients and DD center residents. These exclusions correspond to the capitation rate payment methodology. The fee-for-service enrollment used for the capitation rate development was for a comparable population to the population that will be covered under the capitation payments.

The enrollment was stratified by PIHP, age, gender, and program code category. The PIHP was assigned based on the county of residence.

Waiver (c) enrollment includes only individual eligible recipients that were eligible for waiver (c) services.

c. IBNR Adjustment

The IBNR (incurred but not reported) adjustment reflects the lag period associated with the fee-for-service expenditures. The lag period represents the time between the date of service and the payment date. Milliman calculated IBNR adjustment factors by provider type. The IBNR adjustment factors are an increase to the historical fee-for-service payments.

d. Capital Outlay

The capital outlay represents a payment made outside the MMIS base data. The capital outlay was determined based on the number of hospital inpatient days associated with each PIHP. MDCH provided to Milliman the capital amount per day for each facility. Milliman applied the capital amount to the number of hospital inpatient days for the facility. The capital amount was allocated to the PIHP based on the number of days using the county of residence. Milliman allocated the capital outlay adjustment within each PIHP by age / gender using the distribution of provider type 68 expenditures.

During fiscal year 1998, capital was paid on an interim payment basis. Capital amounts were cost settled. Based on information from MDCH, the capital amounts are not included in the MMIS data extract.



e. Admission Physicals

The admission physicals component represents a service that was not performed and fully reported within the MMIS system. The PIHP will be expected to perform a physical upon admission to an inpatient hospital facility. Milliman determined the number of hospital inpatient admissions that were performed in fiscal year 1998. The physical was included at a rate of \$60 per physical. The admission physicals are an approved state plan service. Milliman allocated the admission physicals adjustment within each PIHP by age / gender using the distribution of provider type 68 expenditures.

A separate adjustment for admission physicals was included to reflect that the services could not be clearly identified in the MMIS data set. Therefore, Milliman relied on the number of hospital admissions times the cost per unit of service to include an appropriate amount for the service.

f. Provider Type 21 Fee Screen Adjustment

The provider type 21 fee screens were increased following the 1998 fiscal year. The fee screen increase was calculated on a code-by-code basis for each PIHP. MDCH provided the fee screen adjustment for each PIHP separated between the TANF and DAB populations. Milliman allocated the fee screen adjustment within each PIHP by age / gender using the distribution of the base provider type 21 expenditures.

g. Electro-Convulsive Therapy (ECT) Adjustment

ECT services were not included in the fee-for-service expenditure base. MDCH provided the fiscal year 1998 experience by PIHP separated between the TANF and DAB populations. ECT services are an approved state plan service. Milliman allocated the ECT adjustment within each PIHP by age / gender using the distribution of provider type 68 expenditures.

h. Direct Care Wage Pass-through (1998 and 1999)

The direct care wage pass-through for 1998 reflects a legislative funded policy that was implemented for nine-months during the 1998 fiscal year. An adjustment was made to reflect the full fiscal year impact of the direct care wage pass-through. MDCH calculated the fiscal impact of the adjustment on a PIHP basis. Milliman allocated the direct care wage pass-through adjustment within each PIHP by age / gender using the distribution of the base provider type 65 / 69 expenditures.

The direct care wage pass-through for 1999 reflects a legislative increase of \$0.50 per hour. The rate increase was split 50 / 50 between provider type 65 / 69 and provider type 21 services.

i. Full-year Adjustment for New Services

During fiscal year 1998, new state plan approved services were implemented by the PIHPs. Based on comments by MDCH, the new state plan approved services did not reflect the replacement of prior services. MDCH calculated the fiscal impact reflecting the utilization of the services during an entire fiscal year rather than a partial year. MDCH provided the fiscal impact



to Milliman. Milliman allocated the full-year adjustment within each PIHP by age / gender using the distribution of the provider type 21 expenditures.

j. Provider Type 69 Cost Settlement Adjustment

The base expenditure information contained the interim fee-for-service expenditures for provider type 69. These services were cost settled at the end of the fiscal year. The cost settlements were not included in the MMIS data set. The cost settlement adjustment was allocated to each PIHP by MDCH. Milliman allocated the cost settlement adjustment within each PIHP by age / gender using the distribution of provider type 69 expenditures.

k. Social Security Income Deduction

For provider type 65 / 69 services (ICF / MR), SSI recipients only received payment at the institutional level. Effective October 1, 1998, the services were de-certified and the SSI income increased and was available to offset costs previously covered by Medicaid. The social security income reimbursement was not included as a reduction in the MMIS data base. The social security income adjustment was allocated to each PIHP by MDCH. Milliman allocated the social security income adjustment within each PIHP by age / gender using the distribution of provider type 65 / 69 expenditures.

l. PIHP to PIHP Transfers

Due to state Medicaid policy, some PIHPs have financial responsibility for eligible recipients that reside in another PIHPs service area. The base expenditure and enrollment information was developed using the eligible recipient's county of residence. To account for the Medicaid policy, the expenditures associated with the member that resides in a non-service area were transferred to the PIHP that will have financial responsibility. This adjustment was not applied for the waiver (c) capitation rate. MDCH developed the historical adjustment amounts for each PIHP. Milliman allocated the transfer amounts within each PIHP by age / gender using the distribution of provider type 21 expenditures.

m. Central Diagnostic Referral (CDR) Adjustment

The CDR service was not included in the MMIS data set for the substance abuse provider type 31 category of service. The CDR service is a state plan approved service. MDCH provided the distribution of CDR reimbursement for fiscal year 1998 by PIHP. Milliman allocated the CDR adjustment amounts within each PIHP by age / gender using the distribution of provider type 31 expenditures. Milliman had to split the service expenditure amounts between TANF and DAB using the provider type 31 expenditures.

n. Developmentally Disabled Placement Adjustment

Since fiscal year 1998, individuals have moved in and out of the developmentally disabled center and are now excluded or covered under the managed care capitation program. The cost associated with the individuals from the developmentally disabled center was subtracted or added into the capitation rate. If the program had remained a fee-for-service program, these costs adjustments would have been incurred by MDCH. MDCH provided the distribution of the



expenditures by PIHP. Milliman allocated the adjustment amount within each PIHP by age / gender using the distribution of provider type 21 expenditures.

o. 1915 (a) Service Adjustment

In 1998, there was a pilot program that targeted high risk multi-system severely emotionally disturbed children. Two sites received 1915 (a) capitation payments outside the fee-for-service system. The expenditures were considered state plan approved services. Milliman allocated the funds to the under 18 rate cell and distributed by gender using provider type 21 expenditures.

The program was a small program prior to the implementation of the concurrent 1915 (b) / (c) waiver. A portion of the capitated services are now state plan services and a portion are 1915 (b) (3) services.

p. Managed Care Adjustment

Milliman applied a managed care reduction to the capitation rates. Individual rate corridors were applied for the mental health and substance abuse capitation rates. The corridors represent a minimum level of per member per month expenditures and a maximum level of per member per month expenditures. The amounts were compared on a PIHP basis with a normalized state-wide population distribution of enrollment. A managed care reduction of 9% was applied for substance abuse for fiscal year 2004. A managed care reduction of 5% was applied for mental health services for fiscal year 2004.

The following table illustrates the actuarially sound managed care per member per month expenditures by program code and capitation category. The values shown for the mental health capitation rate exclude provider type 21 and provider type 65 / 69 services. The values are shown for fiscal year 1998.

Capitation Category	TANF	DAB	
		Dual	Non-Dual
Mental Health			
Low Range	\$1.00	\$0.60	\$13.00
High Range	2.25	3.00	42.50
Substance Abuse			
Low Range	\$1.00	\$1.50	
High Range	1.25	3.00	

q. Age / Gender / Geographic Region / Trend

The fiscal year 1998 data was used to develop the age / gender factors and geographic region adjustments for each PIHP. The age / gender factors were calculated on a state-wide basis using the adjusted fiscal year 1998 data. Milliman calculated the geographic region factors using a normalized distribution of state-wide enrollment by age / gender. Enclosure 1 illustrates the age / gender factors and geographic region factors.



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r. Annual Trend Rate

The global per member per month expenditures were trended forward from fiscal year 1998 to fiscal year 2004 using the following trend rates. The trend rates shown in the following table do not include any of the adjustments that have been previously applied.

Capitation Category	Annual Trend Rates	
	FY98 to FY03	FY03 to FY04
Mental Health		
TANF	2.5%	2.5%
DAB	2.5%	2.5%
Substance Abuse		
TANF	5.0%	3.0%
DAB	5.0%	3.0%
Waiver (c) Enrollees	2.5%	2.5%

s. PIHP Administration Load

The global per member per month expenditures adjusted for managed care and trend were increased to reflect an 8% administration load for non-waiver (c) and 4% administration load for waiver (c) services. The administration load was calculated as a percentage of the capitation payments. Therefore, the adjusted expenditures were divided by a factor of 1 minus administration load.



If you have any questions regarding the enclosed information, please contact me at (317) 524-3512.

Sincerely,

Robert M. Damler, FSA, MAAA
Principal and Consulting Actuary

RMD/sdm
Enclosures



ENCLOSURE 1



Michigan Department of Community Health
Age/Sex and Geographic Factor Summary

<u>Service and Population</u>	<u>FY 04 Base Rate</u>	
	<u>State Plan</u>	<u>1915 (b) (3)</u>
TANF Mental Health	\$4.63	\$2.18
DAB Mental Health	\$133.09	\$62.63
TANF Substance Abuse	\$1.18	\$0.23
DAB Substance Abuse	\$2.58	\$0.49
Waiver (c)	\$3,967.65	

<u>Service and Population</u>	<u>FY97/98 Age/Sex Factors</u>					
	<u>0 - 17</u>	<u>18 - 25</u>	<u>26 - 39</u>	<u>40 - 49</u>	<u>50 - 64</u>	<u>65+</u>
Mental Health - TANF						
Male	1.10	0.85	1.12	1.30	0.82	0.00
Female	0.67	0.93	1.47	1.92	1.37	0.00
Mental Health - DAB						
Male	0.28	0.75	2.43	2.46	1.45	0.43
Female	0.21	0.58	2.09	2.00	0.99	0.20
Substance Abuse - TANF						
Male	0.13	0.99	3.53	6.72	2.52	0.00
Female	0.06	0.75	4.04	8.50	2.83	0.00
Substance Abuse - DAB						
Male	0.31	0.86	2.18	3.75	1.52	0.10
Female	0.23	0.70	2.10	2.41	0.48	0.01
Waiver (c)						
Male	0.94	0.94	0.94	1.09	1.09	1.09
Female	0.81	0.81	0.81	0.98	0.98	0.98

<u>PIHP</u>	<u>FY97/98 Geographic Factors</u>					
	<u>Mental Health</u>		<u>Substance Abuse</u>		<u>Waiver (c)</u>	
	<u>TANF</u>	<u>DAB</u>	<u>TANF</u>	<u>DAB</u>		
Bay-Arenac Behavioral Health	1.27	1.06	0.95	0.63	0.91	
CMH Authority of Clinton-Eaton-Ingham Counties	0.91	0.98	0.94	0.64	1.13	
CMH for Central Michigan	1.13	0.81	0.91	0.63	0.88	
CMH Services of Muskegon County	0.88	1.10	0.93	0.65	0.81	
Detroit Wayne County CMH Agency	0.95	0.81	0.98	1.29	1.32	
Genesee County CMH Services	0.37	0.94	1.01	1.16	0.91	
Kalamazoo CMH Services	1.05	0.95	1.18	1.04	1.07	
Kent County CMHA	0.82	1.00	0.95	0.64	1.04	
Lifeways	1.59	0.85	0.97	0.65	0.67	
Macomb County CMH Services	1.01	1.52	1.15	1.27	1.10	
North Central CMHSP	1.32	1.06	0.95	0.61	0.39	
North Country CMH	1.26	0.78	0.94	0.61	0.98	
Oakland County CMH Authority	0.83	1.68	1.14	1.28	1.21	
Pathways CMH	1.82	1.34	0.92	0.72	1.09	
Saginaw County CMH Authority	0.71	0.82	1.17	1.16	1.24	
St. Clair County CMH Services	2.61	1.78	1.06	0.66	0.81	
Summit Pointe	0.83	0.80	0.93	0.67	0.70	
Washtenaw Community Health Organization	1.32	1.08	0.93	0.84	0.85	



ENCLOSURE 2



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET L. HILWISKI
COMMISSIONER

December 1, 2003

Mr. Robert M. Damler, FSA, MAAA
Principal and Consulting Actuary
Milliman USA
111 Monument Circle, Suite 601
Indianapolis, Indiana 46204-5128

Dear Rob,

This is to confirm the 1915(b) - 1915(b)(3) split on the Substance Abuse expenditures. Bill Harrison, of the cost effectiveness team working with the Department, received information from Mark Steinberg, DCH's Substance Abuse Contract Section Manager, on November 18, 2003; Mr. Steinberg provided an update on earlier estimates showing 16% allowable [i.e., "1915(b)(3)"] vs 84% State Plan [i.e., 1915(b)].

This estimate was derived from the preliminary final expenditure submissions from the PIHPs representing 90% of the FY 03 Substance Abuse funding. Information from Oakland County was not available for FY 03; however, this agency reported a 16% split in the prior year.

The cost effectiveness team has used this 16% - 84% split in Appendix D 3 of the CE submission and recommends that it be used in the rates. Should you have questions, please don't hesitate to call me.

Cordially,

Irene Kazieczko, Director
Bureau of Community Mental Health Services

cc: Patrick Barrie
Bill Harrison



ENCLOSURE 3



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
Capitation Rates Effective October 1, 2003 through September 30, 2004
Managed Specialty Services and Supports Waiver

Actuarial Certification

I, Robert M. Damler, am a Principal and Consulting Actuary with the firm of Milliman USA, Inc. I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. I was retained by the State of Michigan, Department of Community Health to perform an actuarial review and certification regarding the development of the capitation rates to be effective for the period October 1, 2003 through September 30, 2004. The capitation rates were developed for the mental health, substance abuse, and waiver (c) benefits from fiscal year 1998 fee-for-service experience. I have experience in the examination of financial calculations for Medicaid programs and meet the qualification standards for rendering this opinion.

I reviewed the historical claims experience for reasonableness and consistency. I have developed certain actuarial assumptions and actuarial methodologies regarding the projection of healthcare expenditures into future periods. I have complied with the elements of the rate setting checklist CMS developed for its Regional Offices. The compliance was determined from the selection of the projection assumptions and the historical data set.

Based upon my review, the development of the proposed capitation rates results in actuarially sound capitation rates. The rates have been developed in accordance with generally accepted actuarial principles and practices. The rates are appropriate for the populations to be covered and the services to be furnished under the contract.

The capitation rates are considered to be actuarially sound for the assumptions provided in the documentation letter. It will be the PIHP's responsibility to establish actuarially sound capitation rate levels that are appropriate to their risk, management and contractual obligations.

This actuarial certification has been based on the actuarial methods, considerations, and analyses promulgated from time to time through the Actuarial Standards of Practice by the Actuarial Standards Board.


ELECTION
SIGNATURE

Robert M. Damler, FSA
Member, American Academy of Actuaries

December 3, 2003

Date



ENCLOSURE 4

**Services in Actual Waiver Cost (Comprehensive and Expedited)
State of Michigan - Conversion/Renewal Application
Base Year Conversion Renewal Waiver**

Instructions: Modify columns as applicable to the waiver entity type and structure to note services in different
* Please note with a * if there are any proposed changes.

State Plan Services		
Service Category	State Plan Approved Services	1915(b)(3) Services
Day Treatment Services		
Dental	x	
Detoxification	x	
<u>ICF/MR</u>		
16+ beds: DD Centers	x	
4-16 bds: AIS/MR	x	
1915(c) HCBS/Hab Supports Waiver	x	
1915(c) HCBS/Children's Waiver	x	
<u>Mental Health Clinic Services</u>	x	
<u>Mental Health Rehab Services</u>	x	
<u>Mental Health Case Mgmt.</u>	x	
<u>Individualized Specialty Mental Health 1915(b)(3) Services:</u>		
Assistance For Challenging Behaviors		x
Assistive Technology		x
Extended Observation Beds		x
Housing Assistance		x
Prevention-Direct Service Models		x
Peer-Delivered or -Operated Support Services		x
Specialized Behavioral Health (Wraparound) Services		x
Crisis Stabilization and Response		x
Community Living Training and Supports		x
Enhanced Specialty MH/DD Health Care		x
Environmental Modifications		x
Family Skills Development/Training		x
Respite Care		x
Skill Building Assistance		x
Supported/Integrated Employment Services		x
Supports and Service Coordination		x
<u>Individualized Specialty Substance Abuse 1915(b)(3) Services:</u>		
Specialty Residential Detoxification		x
Specialty Residential SA Treatment		x
Durable Medical Equipment	x	
Education Agency Services		
Emergency Service	x	
<u>EPSDT</u>		
Screening	x	
Specialty MH/DD/SA Corrective Services	x	
Family Planning Services	x	
Federally Qualified Health Center Services	x	
Home Health	x	
Hospice	x	

State Plan Services		
Service Category	State Plan Approved Services	1915(b)(3) Services
Inpatient Hospital - Psych	X	
Inpatient Hospital - Other	X	
Immunizations	X	
Lab and x-ray	X	
Nurse midwife	X	
Nurse practitioner	X	
Nursing Facility	X	
Obstetrical services	X	
Occupational therapy	X	
Other fee-for-service services		
Other Outpatient Services -- Please Specify		
Other Psych Practitioner		
Outpatient Hospital - All Other	X	
Outpatient Hospital - Lab & X-ray	X	
Partial Hospitalization	X	
Personal Care (In licensed Specialized Mental Health facilities)	X	
Pharmacy	X	
Physical Therapy	X	
Physician	X	
Private duty nursing (Beneficiaries < 21 years)	X	
Prof. & Clinic and other Lab and X-ray		
Psychologist		
Rehabilitation Treatment Services (Specialty Mental Health and DD Only)	X	
Respiratory care	X	
Rural Health Clinic	X	
Speech Therapy	X	
Substance Abuse Treatment Services	X	
Testing for sexually transmitted diseases (STDs)	X	
Transportation - Emergency	X	
Transportation - Non-emergency	X	
Vision Exams and Glasses		
Other -- Please specify		
Other Pharmacy Services -- Please specify (e.g., Health		
Other Mental Health Services		
Other Inpatient Services - Please Specify		

Modify Line items as necessary to fit the services of the program.

State Completion Sections



ENCLOSURE 5



State of Michigan
Department of Community Health
Reconciliation Analysis of MH/DD/SA Capitation Rates

<u>Category</u>	1998		<u>IBNR</u>	<u>DCW, SSI, PT 69 Adj</u>	<u>FSA Payments</u>	1915 (a), Full Year, DD			<u>Capital</u>	<u>Admission Physicals</u>	<u>CDR</u>	<u>Annual</u>	<u>Total Adjustments</u>	<u>1998 FFS Adj</u>	<u>Managed Care Adj</u>	<u>1998 Adjusted</u>
	<u>FFS Base</u>	<u>IBNR Adj</u>				<u>PIHP trans</u>	<u>ECT</u>	<u>CDR</u>								
Waiver (c)	\$ 253.3	\$ 261.0	\$ 7.6	\$ 0.0	\$ 4.8	\$ 6.5	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 18.9	\$ 272.3	\$ 0.0	\$ 272.3	
Mental Health																
TANF	39.0	40.0	1.0	0.0	8.1	0.1	0.1	1.9	0.2	0.0	0.0	11.5	50.5	(0.5)	50.0	
Aged / Blind / Disabled	547.6	560.6	13.0	10.5	83.0	59.0	1.8	9.9	0.9	0.0	0.0	178.0	725.6	(9.6)	716.0	
Substance Abuse																
TANF	6.0	6.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6	2.0	2.6	8.7	0.9	9.5	
Aged / Blind / Disabled	9.4	9.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	3.1	3.8	13.2	(2.9)	10.4	
Total Expenditures	\$ 855.5	\$ 877.0	\$ 21.6	\$ 10.5	\$ 95.9	\$ 65.6	\$ 1.9	\$ 11.8	\$ 1.0	\$ 1.3	\$ 5.2	\$ 214.9	\$ 1,070.3	\$ (12.1)	\$ 1,058.2	