ISSUE REVIEW

Iowa Legislative Fiscal Bureau

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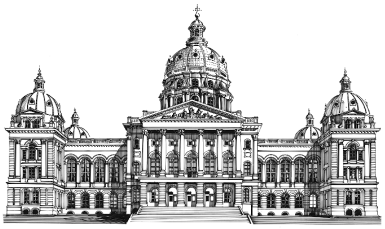

State Capitol
Des Moines, IA 50319
November 7, 2000

Senior Living Program

ISSUE

This ***Issue Review*** provides an overview of Iowa's Senior Living Program and acuity-based nursing facility reimbursement.

AFFECTED AGENCIES

Department of Elder Affairs
Department of Human Services

CODE AUTHORITY

Section 249A and Section 249H, Code of Iowa
42 Code of Federal Regulations 447-271 and 447-272

BACKGROUND

In April 2000, Iowa received federal approval to amend its Medicaid State Plan to implement a nursing facility reimbursement methodology that maximizes federal matching funds for nursing facility reimbursements effective October 1, 1999. The reimbursement methodology utilizes the Medicare rate for Medicaid reimbursed nursing services. The Medicare rate is known as the "upper payment limit."

Federal funds are maximized through the upper payment limit in the following manner:

1. The state calculates its expenditure as if all nursing homes in the state are reimbursed at the higher Medicare level and claims federal funds based upon this theoretical expenditure. This step maximizes federal matching funds.
2. The state pays private nursing facilities their Medicaid rates.
3. The state then pays the remaining funds to government-owned facilities and, through an Intergovernmental Transfer Agreement, these facilities return to the state all but the usual Medicaid rate.
4. The state is able to use the money returned from the nursing facilities to fund other Medicaid long-term care expenses.

Attachment A provides an example of how the funding mechanism, known as an "intergovernmental transfer," operates.

Concerned with states' perceived abuse of upper payment limit reimbursement, the federal Health Care Financing Administration (HCFA) released a notice of proposed rulemaking on October 10, 2000, that phases out intergovernmental transfers. The phase-out is accomplished by establishing a separate upper payment limit for government-owned nursing facilities. States will be unable to group together private and government-owned nursing facilities when calculating the expenditures incurred and federal match drawn if all nursing facilities in the state are theoretically reimbursed at the Medicare rate.

The notice of proposed rulemaking provides a phase-in period of up to five years to allow states time to bring their Medicaid programs into compliance with the rule. States with Medicaid State Plan amendments approved before October 1, 1999, will be given a five-year transition period. States with Medicaid State Plan amendments approved after October 1, 1999, will be given a two-year transition period. Because Iowa received approval of its State Plan amendment in October 1999, it will be given two years (until September 30, 2002) to comply with the revised rule.

CURRENT SITUATION

In SF 2193 (2000 Senior Living Program Act) Iowa established a Senior Living Trust Fund to receive nursing facility payments returned to the State under the intergovernmental transfer mechanism. Deposits into the Trust Fund for FY 2001 are estimated to total $95.6 million. The 2000 General Assembly appropriated Senior Living funding to the following programs:

1. $4.2 million for home and community-based services within the Department of Elder Affairs (DEA).
2. $22.2 million for nursing facility conversion and long-term care alternatives within the Department of Human Services (DHS).
3. $5.0 million for transitional acuity-based reimbursements.
4. $12.8 million for nursing facility reimbursement increases to maintain the 70th percentile during FY 2001.

Any additional funds received through intergovernmental transfers will be deposited in the Senior Living Trust Fund to finance the Senior Living Program in future years.

1. Department of Elder Affairs Home and Community-Based Grants

The Department of Elder Affairs has awarded Senior Living funding to 11 Area Agencies on Aging and conditional funding to the remaining two Area Agencies on Aging to design, maintain, or expand home and community-based services for seniors. The two remaining Area Agencies on Aging have also received allocations conditioned upon clarification of items within their grant applications. Grant dollars awarded total $3.6 million. Services funded and dollar amounts awarded by Area Agency on Aging are provided in **Attachment B**.

2. Department of Human Services Nursing Facility Conversion and Long-Term Care Alternatives

In July 2000, the DHS solicited applications to convert nursing facilities to affordable assisted living and to develop other long-term care alternatives to nursing facility care. Sixty-seven applicants submitted applications by the September 1, 2000, deadline. The names of the applicants and

locations are shown in **Attachment C**. An evaluation panel will evaluate the applications and make recommendations to the Senior Living Coordinating Unit and the State Medicaid Director in November 2000. The State Medicaid Director will make a final determination and notify applicants by November 30.

3. Nursing Facility Acuity-Based Reimbursement

A nursing facility reimbursement task force has been formed and a consultant hired to study and implement Iowa's nursing facility acuity-based reimbursement methodology. Currently, Iowa utilizes a 70th percentile reimbursement system wherein nursing facility costs are rank ordered from lowest to highest, and the maximum State reimbursement is limited to the cost at the 70th percentile cost ranking. Pursuant to legislative direction, the DHS is converting to case-mix reimbursement. Under the case-mix system, each nursing facility is reimbursed based upon the resources needed to care for its residents given the residents' average acuities. Residents' acuities indicate their levels of physical and cognitive functioning, as assessed through standardized federal health indicators.

Transitional Case-Mix Reimbursement: Iowa implemented a transitional case-mix system effective July 1, 2000, to begin phasing in the case-mix reimbursement methodology. The transition system reimburses facilities at the 70th percentile, plus a bonus based upon average patient acuity and patient care service expenditures. To determine acuity, the DHS utilized a federal assessment form, completed by the nursing facility, for each patient in the facility. To determine patient care service expenditures, each facility submitted cost reports. Each facility's average aggregate resident care needs (i.e., the amount of nursing services needed to care for residents) and patient care costs then will be compared to statewide averages. Facilities with higher than average patient care costs and higher than average aggregate resident care needs will receive a bonus of $5.20 per patient per day in FY 2001. Facilities with lower than average patient care costs and higher than average aggregate resident care needs will receive a bonus of $2.60 per patient per day in FY 2001. **Table 1** illustrates the bonus structure.

Table 1
FY 2001 Nursing Facility Case-Mix Transition Bonuses

	High Patient Care Costs	Low Patient Care Costs
High Aggregate Resident Care Needs	$5.20	$2.60
Low Aggregate Resident Care Needs	$0.00	$0.00

Full Case-Mix Reimbursement: The DHS anticipates discontinuing the transitional phase and implementing full case-mix reimbursement on July 1, 2001. Under the full case-mix reimbursement system, Medicaid resident acuity levels will be determined through quarterly assessments of each nursing facility resident. The assessments then will be used to classify each resident into one of 34 Resource Utilization Groups (RUGs). Each Group is pre-assigned a case-mix index to indicate how resource intensive the resident is expected to be in comparison to residents with other Resource Utilization Group classifications. The Groups and case-mix indices are provided in **Attachment D**.

A facility's reimbursement under the case-mix methodology is based upon the facility's average case-mix index. Through a process called normalization, a facility's direct care costs are adjusted for case-mix and added to the average administrative, overhead, and support care costs to determine the facility's normalized cost. The normalized costs for all facilities in the State are rank ordered to determine a statewide base cost. Facilities' Medicaid case-mix indices are then used to

adjust the statewide base cost to provide individualized Medicaid reimbursement based upon each facility's Medicaid resident acuity.

Case-Mix Index Accuracy: Two mechanisms will operate to maintain the accuracy of acuity assessments:

1. An onsite validation process will be conducted of each facility at least annually. A nurse reviewer will study a minimum of 25.0% of a facility's Medicaid population, comparing the facility's assessment of a resident with information obtained through the patient's medical records, interviews with the resident, and observation of the resident. The nurse reviewer will document findings and inform the facility of patterns of errors, areas needing improvement, and staff education and training needs. The nurse reviewer will also document the Resource Utilization Group classification changes needed, and the Group changes may be utilized by Iowa's fiscal agent to determine if a retroactive reimbursement adjustment is needed.
2. The Department of Inspections and Appeals will continue to use patient assessments as quality indicators when reviewing each facility's performance. Significant changes in patient acuity could be considered indicators of changes in care quality, and would be investigated by the Department of Inspections and Appeals. This review process is believed to discourage the unjustified inflation of acuity levels because of the inverse relationship between acuity levels and quality of care levels. The relationship is inverse because a high quality of care is believed to enhance residents' physical and emotional functioning, thereby lowering acuity levels.

BUDGET IMPACT

Iowa anticipates receiving the following federal funds before the intergovernmental transfer program is phased-out in State FY 2003:

Fiscal Year	Federal Funding
2001	$ 95,621,331
2002	112,972,000
2003	106,067,000
2004 (1st quarter)	24,580,000
Total	$ 339,240,331

Attachment E provides the DHS estimate of how the funds will be expended. The 2000 General Assembly appropriated funds for FY 2001 as shown in **Attachment E**. In addition, the General Assembly allocated funding as needed to continue the Senior Living Program for an unspecified period of time, and allocated a maximum of $80.0 million for FY 2001 – FY 2005 to convert nursing facilities and develop long-term care alternatives.

The Department of Human Services has proposed administrative rules that will provide for inflationary increases under the acuity-based reimbursement system. Reimbursements will be indexed by the Health Care Financing Administration Skilled Nursing Facility Index, an inflation index developed specifically for health care services. Currently the DHS applies the Consumer Price Index (CPI) to nursing facility reimbursements. For FY 2000 reimbursements, the Skilled Nursing Facility Index was 3.5% while the CPI was 2.6%. For FY 2001 reimbursements, the Skilled Nursing Facility Index will be 3.2% while the CPI will be 3.0%.

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Senior Living Program

Sample of Using the Upper Payment Limit to Maximize Federal Funds Under Current Law

For the purposes of this example assume:
There are 1,000 nursing home beds in a state;
900 are private and 100 are county-owned;
The state Medicaid program pays $60 per day;
Medicare would pay $100 per day; and
The state has a 50% federal matching rate under Medicaid.

1) Under current regulations, the state may estimate how much Medicare would theoretically have paid for nursing home care.
(1,000 beds x $100 per day under Medicare = $100,000)

2) The state then would estimate its share.
(50% state match x $100,000 = $50,000)

3) Then the state would claim a federal matching payment on the amount.
(50% federal match x $100,000 = $50,000)

4) Then the state would pay its usual rate to private nursing homes.
(900 private beds x $60 per day = $54,000)

5) Then the state would direct all of the additional funding to the county-owned nursing homes.
($100,000 - $54,000 = $46,000)
($46,000/100 beds = $460 per day)

6) Then the state would require the county-owned nursing home to return all but the usual Medicaid payment to the state.
($60 per day x 100 beds = $6,000)
($46,000 - $6,000 = $40,000)

7) Then the state could keep the money (meaning the state received $50,000 of federal funds for only a $10,000 state match); use the money for other purposes; or use this money as the state matching payment to restart the process by drawing down additional federal matching with no additional state contribution.

Source: Health Care Financing Administration

SERVICE - Senior Living Program	1-Decorah	2-Mason City	3-Spencer	4-Sioux City	6,7-Waterloo	8-Scenic Valley	9-Davenport	10-Cedar Rapids	11-Des Moines	13-Council Bluffs	14-Creston	15-Ottumwa	16-Burlington	TOTAL	
Administration	$ 11,245	$ 38,606	$ 17,667	$ 13,685	$ 27,845	$ 9,689	$ 13,145	$ 25,240	$ 39,678	$ 17,940	$ 8,092	$ 16,938	$ 11,047	$ 250,817	Unduplicated
Technology $	$ 16,064	$ 55,152	$ 25,050	$ 19,545	$ 8,000	$ 13,829	$ 18,779	$ 17,090	$ 1,000	$ 25,628	$ 10,750	$ 24,197	$ 15,781	$ 250,865	Clients*
Personal Care		$ 45,460							$ 12,000					$ 57,460	259
Homemaker/Home Health		$ 72,240	$ 30,363					$ 17,723	$ 83,383			$ 44,815		$ 248,524	321
Chore		$ 41,206	$ 10,720		$ 9,500	$ 39,874		$ 7,500	$ 28,500	$ 15,900	$ 40,000			$ 193,200	1824
Home Del Meals		$ 15,595			$ 30,000				$ 85,700		$ 31,208		$ 15,067	$ 177,570	1576
Adult Day Care		$ 24,490	$ 24,340	$ 26,172	$ 15,912	$ 16,000	$ 8,000		$ 37,100	$ 13,520				$ 165,534	274
Case Management	$ 18,000		$ 28,000	$ 30,000				$ 21,220	$ 50,000			$ 50,000		$ 197,220	681
Congregate Meals				$ 21,500										$ 21,500	45
Assisted Transportation		$ 1,980	$ 13,859				$ 6,180		$ 15,370	$ 10,400				$ 47,789	287
Transportation		$ 47,656			$ 5,000			$ 6,800	$ 42,330		$ 25,546			$ 127,332	1846
Legal Assistance		$ 5,231		$ 4,000	$ 6,000		$ 1,704		$ 10,000	$ 1,395				$ 28,330	324
Nutrition Education		$ 3,000												$ 3,000	300
Information & Assistance		$ 33,935												$ 33,935	512
Outreach		$ 4,000			$ 10,142									$ 14,142	285
Alzheimer's Caregiver Support		$ 17,525					$ 17,930							$ 35,455	116
Respite		$ 9,644	$ 5,624		$ 13,693	$ 36,909			$ 33,805			$ 15,000		$ 114,675	401
Mental Health Outreach			$ 18,500		$ 29,050				$ 26,100					$ 73,650	221
Health Screening					$ 20,000									$ 20,000	26
Assessment & Intervention								$ 100,328						$ 100,328	284
Counseling		$ 23,395			$ 8,299			$ 5,000						$ 36,694	312
Medical Alert/Lifeline					$ 14,280	$ 18,603				$ 8,470				$ 41,353	486
Medication Management							$ 7,312							$ 7,312	150
Well Elderly Clinics		$ 21,406	$ 3,569	$ 5,250										$ 30,225	489
Preventive Health					$ 11,644									$ 11,644	60
Physician House Calls									$ 10,000					$ 10,000	45
Visiting				$ 16,000	$ 7,560									$ 23,560	26
Telephone Reassurance													$ 12,500	$ 12,500	46
Home Repair		$ 3,000	$ 42,500				$ 3,000	$ 6,250	$ 12,500				$ 20,000	$ 87,250	107
Representative Payee		$ 3,000		$ 8,200	$ 4,082			$ 8,000						$ 23,282	234
Material Aide						$ 3,385	$ 17,738	$ 25,735						$ 46,858	116
Client Directed Service/Voucher/POS	$ 115,338	$ 84,999	$ 32,189	$ 51,125	$ 176,779		$ 94,004	$ 119,686	$ 79,374	$ 163,031		$ 91,024	$ 83,422	$ 1,090,971	1104
TOTAL	$ 160,647	$ 551,520	$ 252,381	$ 195,477	$ 397,786	$ 138,289	$ 187,792	$ 360,572	$ 566,840	$ 256,284	$ 115,596	$ 241,974	$ 157,817	$ 3,582,975	

*Statewide Total - Unduplicated Clients per Service

ATTACHMENT B

Iowa Department of Human Services
NF Conversion & LTC Service Development Grant Applications

The following is the listing of the names of all the applicants submitting an application to the Department of Human Services, by September 1, 2000. All applications that meet the requirements in the RFP and the Iowa Administrative Code, that are complete and that meet the screening criteria set forth in Section 4.2 will be evaluated by the Evaluation Panel.

LTC Provider Name	City	County
Aase Haugen Homes, Inc.	Decorah	Winnesheik
Akron Care Center	Akron	Plymouth
Algona Good Samaritan Center	Algona	Kossuth
Appanose Community Care Services	Centerville	Appanose
Avera Holy Family Health	Estherville	Emmet
Bartels Lutheran Home	Waverly	Bremer
Bethany Lutheran Homes for Adult Day Care	Council Bluffs	Pottawattamie
Chautauqua Guest Home #1	Charles City	Floyd
Community Memorial Health Center	Hartley	Obrien
Concerned, Inc.	Harlan	Shelby
Correctionville Nursing and Rehab Center	Correctionville	Woodbury
Crest Haven Care Center	Creston	Union
Davenport Good Samaritan Center	Davenport	Scott
Delaware County Senior Center	Manchester	Delaware
Donnellson Health Care	Donnellson	Lee
Dumont Care Center	Dumont	Butler
Eldora Nursing and Rehab Center	Eldora	Hardin
Elkader Care Center	Elkader	Clayton
Elmwood Care Center	Onawa	Monona
Emmetsburg Care Center	Emmetsburg	Palo Alto
Estherville Good Samaritan Center	Estherville	Emmet
Forest City Good Samaritan Center	Forest City	Winnebago
Friendship Haven	Fort Dodge	Webster
George Community Good Samaritan Center	George	Lyon
Golden Age Care Center	Centerville	Appanoose
Good Shepherd, Inc.	Mason City	Cerro Gordo
Great River Care Center	McGregor	Clayton
Greenbelt Home Care (Mercy Med Ctr, Ellsworth Hosp)	Eldora	Hardin
Griswold Care Center	Griswold	Cass
Hallmark Care Center	Mt. Vernon	Linn
Heritage Care Center	Iowa Falls	Hardin
Holstein Good Samaritan Center	Holstein	Ida
Holy Spirit Retirement	Sioux City	Woodbury
Hospice of North Iowa	Mason City	Cerro Gordo
Indianola Good Samaritan Center	Indianola	Warren

Jefferson Health Care Center	Jefferson	Greene
Madrid Home for the Aging	Madrid	Boone
Maple Crest Manor	Fayette	Fayette
Maple Heights	Mapleton	Monona
Maple Heights	Mapleton	Monona
Maplewood Manor Nursing Home	Keota	Keokuk
Montrose Health Center	Montrose	Lee
Morning Sun Care Center	Morning Sun	Louisa
Mount Ayr Health Care Center	Mount Ayr	Ringgold
Newell Good Samaritan Center	Newell	Buena Vista
Park Lane Village	Knoxville	Marion
Parkview Care Center	Fairfield	Jefferson
Parkview Manor	Wellman	Washington
Pleasant View Care Center	Whiting	Monona
Pleasant View Home	Albert City	Buena Vista
Pomeroy Care Center	Pomeroy	Calhoun
Postville Good Samaritan Center	Postville	Allamakee
Riceville Community Rest Home	Riceville	Howard
Rockwell Community Nursing Home	Rockwell	Cerro Gordo
Rose Vista Home, Inc.	Woodbine	Harrison
Ruthven Community Care Center	Ruthven	Palo Alto
Shady Oaks Care Center	Lake City	Calhoun
Shady Rest Care Center	Cascade	Dubuque
Sigourney Care Center	Sigourney	Keokuk
St. Anthony Regional Hospital & Nursing Home	Carroll	Carroll
Stonehill Adult Center	Dubuque	Dubuque
Sunrise Retirement Community	Sioux City	Woodbury
Sunrise Terrace Care Center	Winfield	Henry
Waukon Good Samaritan Center	Waukon	Allamakee
Wheatland Manor	Wheatland	Clinton
Willow Dale Center	Battle Creek	Ida
Wilton Care Center	Wilton	Muscatine

Source: Department of Human Services
September 7, 2000
Division of Medical Services

Medicaid 34 Group - Nursing Only

NOTE: An ADL score is used in all determinations of placement in a RUG III category. It is a very important component of the classification process. A RUG III version 5.12 calculation worksheet developed by Myers and Stauffer is attached.

Category	Version 5.12 34 Group	CMI for 34 Group
I. EXTENSIVE SERVICES (†ADLSUM > 7)		
In the last 7 days: • IV Feeding	SE3	2.10
In the last 14 days: • IV Medications • Suctioning • Tracheostomy Care • Ventilator/Respirator	SE2	1.79
	SE1	1.54
II. REHABILITATION		
In the last 7 days: • Received 150 or more minutes. • Combination of 3 disciplines across 5 days. • Received 45 or more minutes and at least 3 days of any combination of 3 disciplines. • Nursing Rehabilitation of 2 activities each of 6 days.	RAD	1.66
	RAC	1.31
	RAB	1.24
	RAA	1.07
SPECIAL CARE		
Does the resident currently have: • Quadriplegia, Multiple Sclerosis, or Cerebral Palsy with ADLSUM > 10 • Fever with one of the following: - Dehydration - Pneumonia - Vomiting - Weight loss - Feeding tube (at least 26% of daily calorie requirements/501 ml of fluid/day) OR (51% or more of daily calories) • Respiratory therapy daily over the last 7 days • Feeding tube and aphasia (at least 26% of daily calorie requirements/501 ml of fluid/day) OR (51% or more of daily calories) • Surgical wounds, open lesions, or ulcers* with one of the following: ulcer care; pressure relieving chair and/or bed, turning repositioning, nutrition or hydration, intervention, dressing (not to feet), ointment (not to feet) • Radiation treatments	SSC	1.44
	SSB	1.33
	SSA	1.28

ATTACHMENT D

Category	Version 5.12 34 Group	CMI for 34 Group
CLINICALLY COMPLEX (Based on listed conditions, ADL score, and presence or absence of depression)		

Does the resident currently have:
• Coma
• Dehydration
• Pneumonia
• Internal bleeding
• Septicemia
• Burns
• Feeding tube (at least 26% of daily calorie requirements/501 ml of fluid/day) OR (51% or more of daily calories)
• Infection of foot with treatment
• Diabetes with injections with order changes on 2 or more days
• Hemiplegia with ADLSUM 10
• In the last 14 days, did the resident have:
  • Transfusions
  • Dialysis
  • Oxygen therapy
  • Chemotherapy
  • One or more doctor visits/orders with at least four order changes
  • Two or more doctor visits/orders with two or more order changes
	CC2	1.42

	CC1	1.25
	CB2	1.15
	CB1	1.07
	CA2	1.06
	CA1	0.95
IMPAIRED COGNITION ADL Sum 10		
Score on RUG III Cognitive Performance Scale 3	IB2	0.88
	IB1	0.82
	IA2	0.72
	IA1	0.67

Category		Version 5.12 34 Group	CMI for 34 Group
BEHAVIOR ONLY ADL Sum 10			
In 4 of the last 7 days, the resident has exhibited behaviors that include: • Resisting care • Physically and/or verbally abusive • Wandering • Inappropriate behavior • Hallucinations or delusions		BB2	0.86
		BB1	0.82
		BA2	0.71
		BA1	0.60
PHYSICAL FUNCTION REDUCED (No clinical variables are used)			
More Dependent Nursing Rehabilitation at least 6 days in the last 7 days in a row	Nursing Rehabilitation Activities include: • Passive/Active Range of Motion • Amputation/Prosthesis care • Splint or brace assistance • Training in dressing or grooming • Eating or swallowing training • Transfer training • Bed mobility or walking training • Communication training • Scheduled toileting programming or bladder retraining	PE2	1.00
		PE1	0.97
		PD2	0.91
		PD1	0.89
		PC2	0.83
		PC1	0.81
More Independent Nursing Rehabilitation at least 6 days in the last 7 days in a row		PB2	0.65
		PB1	0.63
		PA2	0.62
		PA1	0.59

† ADLSUM = The resident is assessed on ability to perform independently all the activities of daily living (ADL) and is assigned an ADL sum score that represents performance of the four "late loss" ADLs. The last loss ADLs used in the MDS ADLSUM score are: eating, toileting, bed mobility, and transferring.

* Ulcers = 2 or more sites at any stage; or 1 pressure ulcer site, stage 3 or 4.

Adapted from: Version 5.12 (34 groups) prepared by Myers and Stauffer LC. Formatted by the Iowa Foundation for Medical Care, October 2000.

Source: Iowa Foundation for Medical Care

SENIOR LIVING TRUST FUND

State Fiscal Year	FY2001	FY 2002	FY 2003	FY 2004	FY 2005
Beginning of SFY Fund		$54,311,814	$130,560,922	$211,429,368	$210,128,767
Intergovt Transfer	$95,621,331	$112,972,000	$106,067,000	$24,580,000	$2,000,000
Interest	$2,868,640	$10,037,029	$14,197,675	$14,160,562	$12,727,726
Income Total	$98,489,971	$177,320,843	$250,825,597	$250,169,930	$224,856,493
NFConversion/LTC Service Grants	$20,000,000	$20,000,000	$20,000,000	$20,000,000	$0
DHS Service Delivery					
Assisted Living Rent Sub	$700,000	$700,000	$700,000	$700,000	$700,000
HCBS Elderly Waiver	$710,400				
NF Case Mix System	$5,000,000	$8,000,000	$0	$0	$0
NF Payments	$12,750,000	$12,750,000	$12,750,000	$12,750,000	$12,750,000
DHS Administration & Contracts	$829,634	$323,406	$330,776	$339,175	$282,371
DEA Service Delivery	$3,976,144	$4,574,304	$5,178,510	$5,788,829	$6,000,000
DEA Administration	$211,979	$412,211	$436,943	$463,160	$475,000
Expenditure Total	$44,178,157	$46,759,921	$39,396,229	$40,041,164	$20,207,371
Ending Trust Fund Value	$54,311,814	$130,560,922	$211,429,368	$210,128,767	$204,649,122

Assumptions

IGT rules changing effective Sept 30, 2002

NOTE:
NF = Nursing Facility
LTC = Long-Term Care
HCBS = Home and Community-Based
IGT = Intergovernmental Transfer

Source: Department of Human Services

October 6, 2000