



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

September 2, 2016

Pastor Mark Anderson
910 6th St., NW
Waverly, IA 50677

Dear Mark:

This letter accompanies our biennial state fiscal year (SFY) 2018 and 2019 budget for consideration by the Council on Human Services. The department and I remain committed to the over one million Iowans who benefitted from the core programs and services administered by the Department in SFY16. We are also committed to Governor Branstad's and Lt. Governor Reynolds' work to restore predictability and stability to the budget process.

Within the framework of our commitment to Iowans and to the Governor's goals and initiatives, we have considered how we can most effectively accomplish our mission and vision. This biennial SFY 2018 and 2019 budget request is largely a status quo request. We will continue to work with the administration and the Department of Management over the next several months leading up to the 2017 legislative session to fully develop the budget. These efforts will promote our core program and service needs within the context of the Governor's budget recommendation for the department for SFY18 and SFY19.

The budget documents included here reflect the status quo budget request described above. Two exceptions are noted: 1) the medical assistance program reflects current service level adjustments; 2) current service level adjustments are also included to restore one-time funding in the SFY 2017 enacted budget. Additional program and statistical information, consistent with prior year budget documents, will be reviewed at the September Council meeting.

With you, we remain dedicated to the work of the Department and the critical roles it plays in making a difference in the lives of Iowans. After your deliberations, the Council on Human Services' recommendations will be forwarded to the Governor. The document will be posted on the DHS web site and accessible to individuals and organizations interested in our work.

I look forward to meeting with you to discuss the budget.

Pastor Mark Anderson
September 2, 2016
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Sincerely,

A handwritten signature in black ink, appearing to read "C. M. Palmer". The signature is fluid and cursive, with the first name "C" being particularly large and stylized.

Charles M. Palmer
Director

cc: Council Members

Pastor Mark A. Anderson
Dr. Phyllis S. Hansell
Alexa Heffernan
Kimberly Kudej
Guy W. Richardson
Kimberly A. Spading
Sam Wallace
State Senator Amanda Ragan
State Senator Mark Segebart
State Representative Joel Fry
State Representative Lisa Heddens

Enclosure



Iowa Council on Human Services

Pastor Mark Anderson, Chairperson
Dr. Phyllis S. Hansell, Vice-Chairperson
Alexa Heffernan
Kimberly Kudej
Guy W. Richardson
Kimberly A. Spading
Sam Wallace

Ex-Officio Members

State Senator Amanda Ragan
State Senator Mark Segebart
State Representative Joel Fry
State Representative Lisa Heddens

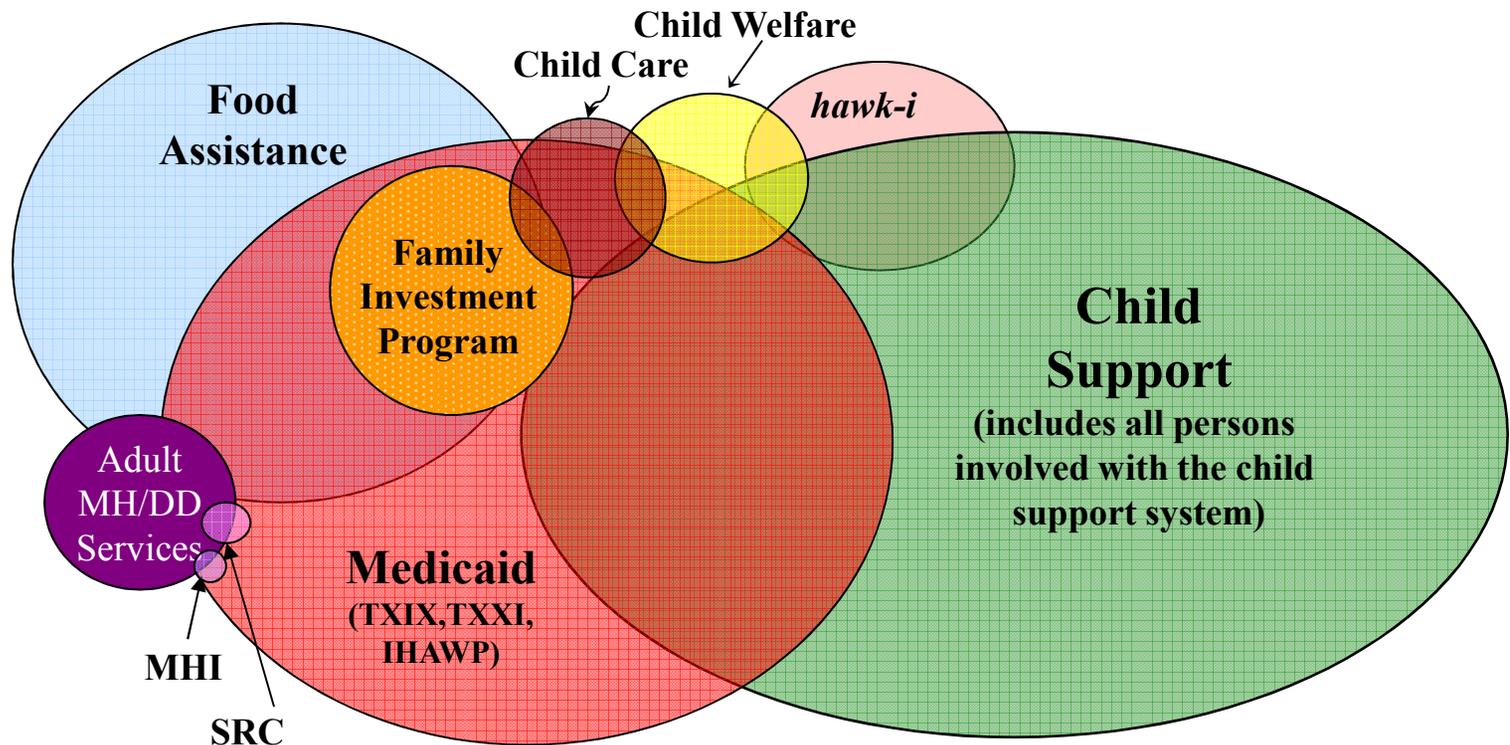
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Total DHS Clients Served

(1,002,587 unduplicated)

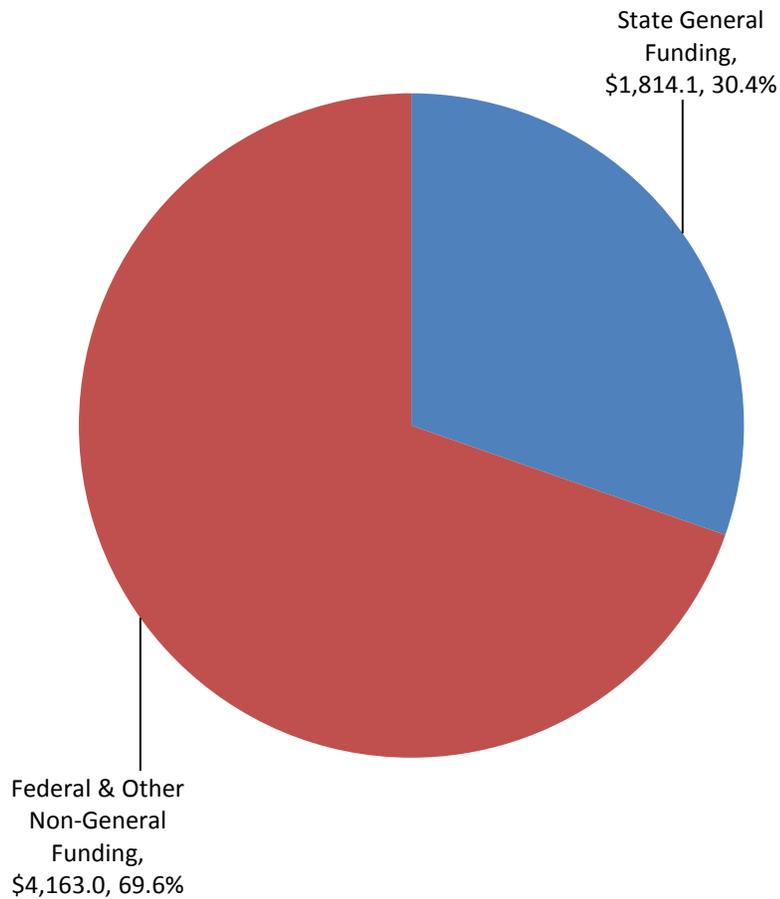


Data as of June 2016: This report shows Iowans served by DHS in a single month. Some individuals may be included in more than one program.

Report Generated – August 10, 2016

<p>Iowa Population 3,046,355 (2010 Census)</p> <p>% of Population Served: 33%</p>

**SFY 2018 DHS Budget Submission to Council
By Funding Source
Total Budget \$5,977,050,487**



- ✓ The DHS budget request for SFY18 and SFY19 provides resources needed to deliver services to Iowa's most needy and vulnerable while implementing carefully considered cost management initiatives.
- ✓ DHS leadership will continue to pursue cost management initiatives over the next four months leading up to the 2017 legislative session.
- ✓ These initiatives will be considered in light of the resources necessary to achieve our strategic goals while recognizing the challenges of continuing predictability and stability in the state budget.

**Department of Human Services
Where Does the Money Go?
SFY18 Total Funds: \$5,977,050,487**



\$0.03 \$0.05 \$0.04 \$0.02 \$0.86

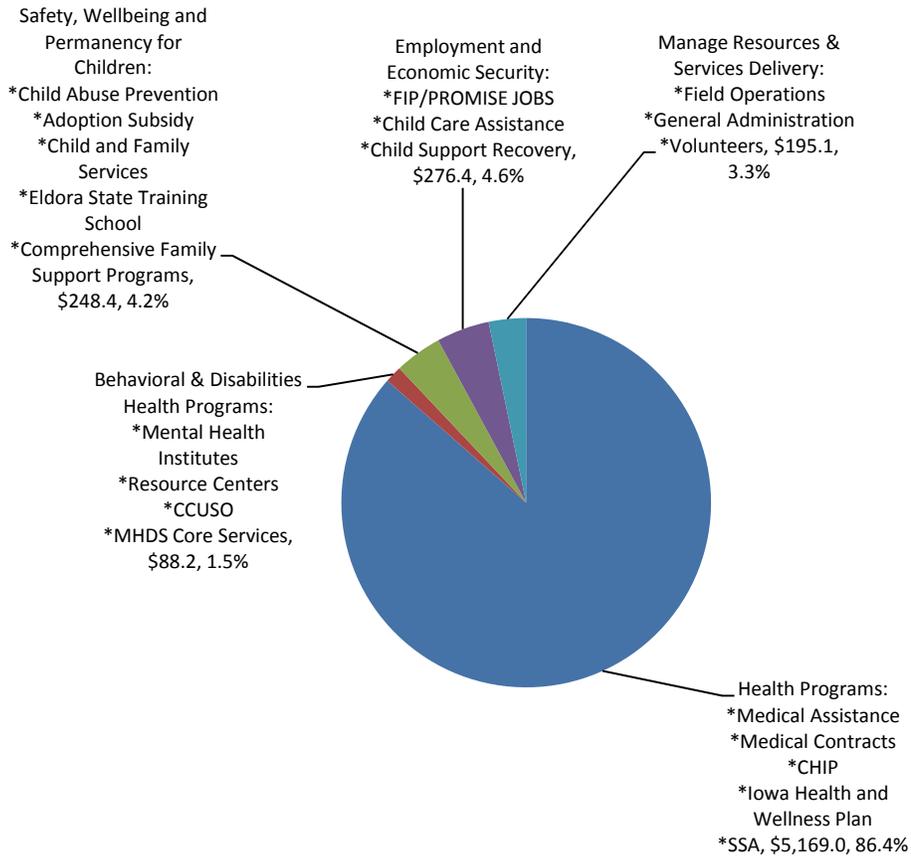
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Health Programs (\$5,169,000,000)
Behavioral & Disabilities Health Programs (\$88,000,000)
Safety, Well-Being, & Permanency for Children (\$248,000,000)
Employment & Economic Security (\$276,000,000)
Manage Resources & Service Delivery (\$195,000,000)

SFY 2018 DHS Budget Submission to Council

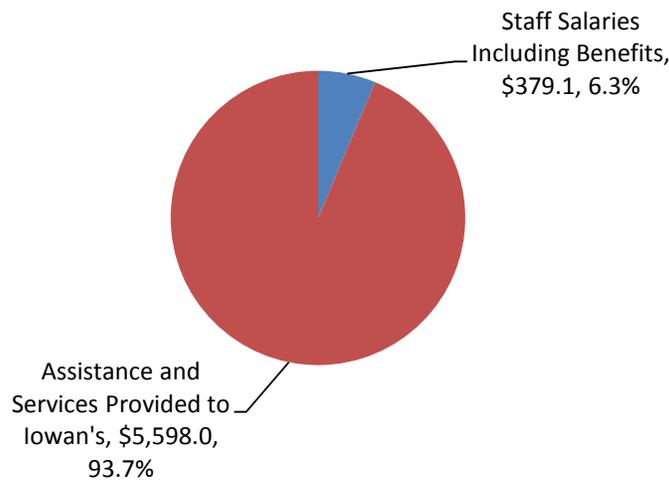
By Request

Total Budget: \$5,977,050,487



DHS Staff Salary Comparison

Total Budget: \$5,977,050,487



Iowa Department of Human Services
 SFY18 Budget Summary
 Comparison of the SFY17 Enacted Appropriation and the SFY18 Department Request

Appropriation	SFY17 Enacted ¹	SFY18 DHS Request ¹	Variance	Variance Explanation
Medical Assistance	\$1,318,246,446	\$1,366,103,900	\$47,857,454	The SFY18 DHS request includes additional funding for anticipated enrollment and cost growth. This growth is partially offset by a reduced demand on state dollars due to an FMAP rate increase.
Medical Contracts	17,045,964	18,313,964	1,268,000	The SFY18 DHS request includes \$1,268,000 to replace one-time Autism Support carry-forward funds appropriated in SFY17 that will not be available in SFY18.
CHIP	9,176,652	9,176,652	0	--
State Supplementary Assistance	11,611,442	11,611,442	0	--
Cherokee	14,854,041	14,854,041	0	--
Independence	19,442,287	19,442,287	0	--
Glenwood	20,719,486	20,719,486	0	--
Woodward	14,053,011	14,053,011	0	--
Conners	33,632	33,632	0	--
CCUSO	10,637,755	10,637,755	0	--
MH Regions	3,000,000	3,000,000		--
Child Abuse Prevention	232,570	232,570	0	--
Adoption	43,046,664	43,046,664	0	--
CFS	84,482,419	89,960,517	5,478,098	The SFY18 DHS request includes \$5,478,098 to replace one-time TANF surplus funds appropriated in SFY17 that will not be available in SFY18.
Eldora	13,567,834	13,567,834	0	--
Family Support Subsidy	1,069,282	1,069,282	0	--
Family Investment Program	48,673,875	48,673,875	0	--
Child Care Assistance	36,389,561	40,216,046	3,826,485	The SFY18 DHS request includes \$3,826,485 to replace one-time carry-forward funds appropriated in SFY17 that will not be available in SFY18.
Child Support Recovery Unit	14,663,373	14,663,373	0	--
Field Operations	54,442,877	58,920,976	4,478,099	The SFY18 DHS request includes \$4,478,099 to replace one-time TANF surplus funds appropriated in SFY17 that will not be available in SFY18.
General Admin	15,673,198	15,673,198	0	--
Volunteers	84,686	84,686	0	--
GRAND TOTAL	\$1,751,147,055	\$1,814,055,191	\$62,908,136	

Notes

1. Both the SFY17 enacted appropriation and SFY18 department request include a \$2,879,274 appropriation for DHS facilities distributed as follows:

- CCUSO \$444,676
- Cherokee \$210,000
- Eldora \$1,334,414
- Independence \$890,184

Iowa Department of Human Services
SFY19 Budget Summary
Comparison of the SFY17 Enacted Appropriation and the SFY19 Department Request

Appropriation	SFY17 Enacted ¹	SFY19 DHS Request ¹	Variance	Variance Explanation
Medical Assistance	\$1,318,246,446	\$1,416,908,566	\$98,662,120	The SFY19 DHS request includes additional funding for anticipated enrollment and cost growth. This growth is partially offset by a reduced demand on state dollars due to an FMAP rate increase.
Medical Contracts	17,045,964	18,313,964	1,268,000	The SFY19 DHS request includes \$1,268,000 to replace one-time Autism Support carry-forward funds appropriated in SFY17 that will not be available in SFY19.
CHIP	9,176,652	9,176,652	0	--
State Supplementary Assistance	11,611,442	11,611,442	0	--
Cherokee	14,854,041	14,854,041	0	--
Independence	19,442,287	19,442,287	0	--
Glenwood	20,719,486	20,719,486	0	--
Woodward	14,053,011	14,053,011	0	--
Conners	33,632	33,632	0	--
CCUSO	10,637,755	10,637,755	0	--
MH Regions	3,000,000	3,000,000		--
Child Abuse Prevention	232,570	232,570	0	--
Adoption	43,046,664	43,046,664	0	--
CFS	84,482,419	89,960,517	5,478,098	The SFY19 DHS request includes \$5,478,098 to replace one-time TANF surplus funds appropriated in SFY17 that will not be available in SFY19.
Eldora	13,567,834	13,567,834	0	--
Family Support Subsidy	1,069,282	1,069,282	0	--
Family Investment Program	48,673,875	48,673,875	0	--
Child Care Assistance	36,389,561	40,216,046	3,826,485	The SFY19 DHS request includes \$3,826,485 to replace one-time carry-forward funds appropriated in SFY17 that will not be available in SFY19.
Child Support Recovery Unit	14,663,373	14,663,373	0	--
Field Operations	54,442,877	58,920,976	4,478,099	The SFY19 DHS request includes \$4,478,099 to replace one-time TANF surplus funds appropriated in SFY17 that will not be available in SFY19.
General Admin	15,673,198	15,673,198	0	--
Volunteers	84,686	84,686	0	--
GRAND TOTAL	\$1,751,147,055	\$1,864,859,857	\$113,712,802	

Notes

1. Both the SFY17 enacted appropriation and SFY19 department request include a \$2,879,274 appropriation for DHS facilities distributed as follows:

- CCUSO \$444,676
- Cherokee \$210,000
- Eldora \$1,334,414
- Independence \$890,184

**Request - Medical Assistance
State Fiscal Year 2018**

Request Total: \$4,936,320,682

General Fund Need: \$1,366,103,900

Request Description:

This request maintains current Iowa Medicaid eligibility standards, and provides those services mandated by Title XIX for all eligible individuals. This request also provides all State Plan services which are not “mandatory” under Title XIX but which are medically necessary and currently covered by Iowa Medicaid.

This request provides funding for the Iowa Health and Wellness Plan. Beginning January 1, 2014, the Iowa Health and Wellness Plan will cover all Iowans ages 19-64 with incomes up to and including 133 percent of the Federal Poverty Level (FPL). The plan will provide a comprehensive benefit package and provider network, along with important program innovations that will improve health outcomes and lower costs. The new plan serves many former IowaCare enrollees. The majority of program costs will be funded with 100% federal funds through calendar year 2016. This enhanced federal match rate will be 95% in 2017 and gradually decline to 90% by 2020, where it will remain permanently. A small portion of enrollees will receive regular federal match rates because they were previously eligible for other full benefit Medicaid eligibility groups.

Funding for the Health Insurance Premium Payment (HIPP) program is also included. The purpose of the HIPP program is to reduce Medicaid costs by obtaining health insurance for Medicaid-eligible people. Section 4402 of the Omnibus Budget Reconciliation Act (OBRA) permits states to pay the cost of enrolling an eligible Medicaid recipient in an employer group health insurance plan when it is determined cost-effective to do so. Medicaid program costs are reduced by establishing or maintaining a third-party resource as the primary payer of the recipient’s medical expenses. This is particularly true for persons who may not otherwise enroll in an available health insurance plan or who may drop health insurance once Medicaid eligibility is attained.

SFY17 Enacted Appropriation - 2016 Session

SFY17 Enacted Appropriation

\$1,318,246,446

Total State \$ Appropriated:

\$1,318,246,446

Funding Needed to Maintain Current Service Level

Decision Package	Decision Package Description	Amount
1	Prior Year Unfunded Need -- There is an estimated Medical Assistance unfunded need in SFY17. This funding gap will need to be covered in addition to program growth in SFY18.	\$17,375,310
2	Process Improvement Savings -- The \$16.8 million in improved process savings included in the SFY17 budget will be accomplished with one-time savings that will not be available in SFY18.	\$16,772,391
3	Cost Containment to Maintain Process Improvement Savings -- The department will maintain the \$16.8 million in savings by implementing cost containment strategies to provide ongoing, sustained savings. Cost containment/management strategies will be discussed with the council and other stakeholders prior to a final recommendation of specific strategies to achieve these specified savings.	(\$16,772,391)
4	Enrollment and Expenditure Growth -- 2.2% increase in member months. Per member per month expenditure growth will be established over the next several months as the department obtains further information on emerging experience (no estimate for expenditure growth is included here).	\$34,596,850
5	Medicare Increases -- Growth is driven by increases to Medicare Part A and Part B premiums and Medicare Part D per diems. These rates are established by CMS.	\$13,655,701
6	Other Expenditure Changes -- Changes in cost for populations (HIPP, PACE, Medically Needy, etc.) and services (dental) covered under the fee-for-service Medicaid program.	\$3,514,814
7	Other Revenue Changes -- Changes in revenues (drug rebates, other recoveries, etc.) retained by the state.	\$2,883,638
8	Fee-For-Service Claims Runout -- No runout costs are expected in SFY18.	(\$6,935,429)
9	Withhold Payment -- Withhold payment for the final 7 months of the initial contract period and for the first 6 months of the second contract period.	\$11,856,133
10	Health Insurer Fee -- No health insurer fee payment in SFY18.	\$0
11	State Funding Change -- Reduction in anticipated Health Care Trust Fund and Palo tax revenue.	\$3,272,140

**Request - Medical Assistance
State Fiscal Year 2018**

12	Rebasing -- Nursing facility and home health rebasing are scheduled to occur in SFY18 with an estimated state cost of \$45 million and \$5.9 million, respectively. Outpatient hospital rebasing will also occur in SFY18, but hospital rebasing has historically been budget neutral unless there was a specific directive authorizing an increase.	\$50,900,000
13	Rebasing Budget Neutrality Adjustment -- This request assumes SFY18 rebasing for nursing facilities and home health agencies will be budget neutral.	(\$50,900,000)
14	FMAP Change -- Reduced state need as a result of an increased FMAP rate. The federal rate is estimated to increase from 56.28% to 57.60% which generates a state savings of \$49.7 million. This is partially offset by a phase-down of the Iowa Health and Wellness Plan newly eligible FMAP rate from 97.50% to 94.50%. This increases state expenditures by \$17.3 million.	(\$32,361,703)
Total Requested for Current Service Level Funding:		<u>\$47,857,454</u>

Funding for Improved Results

Decision Package	Decision Package Description	Amount
1		\$0
Total Requested for Improved Results Funding:		<u>\$0</u>

General Fund Total	\$1,366,103,900
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General Fund Change From Prior Year	\$47,857,454
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Total Funding Summary:

State Funding Total	\$1,658,999,108
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	Program
General Fund	\$1,366,103,900
Health Care Trust Fund	\$219,890,000
Quality Assurance Trust Fund	\$36,705,208
Hospital Health Care Access Trust Fund	\$34,700,000
Other*	\$1,600,000
Total	\$1,658,999,108

* Other: Includes Palo tax and Medicaid Fraud Fund revenue.

Federal Funding Total	\$2,813,405,149
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	Program
Temporary Assistance to Needy Families (TANF)	\$0
Social Services Block Grant (SSBG)	\$0
Federal Financial Participation (FFP)	\$2,813,405,149
Other**	\$0
Total	\$2,813,405,149

** Other:

Other Funding Total	\$463,916,425
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	Program
Other***	\$463,916,425

***Other: Includes intergovernmental transfers, rebates and recoveries, state resource centers, and school-based services.

Totals	Program
	\$4,936,320,682

Request Total
<u>\$4,936,320,682</u>

FTEs included in request:

FTEs	14.0
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**Request - Medical Assistance
State Fiscal Year 2019**

Request Total: \$5,090,468,489

General Fund Need: \$1,416,908,566

Request Description:

This request maintains current Iowa Medicaid eligibility standards, and provides those services mandated by Title XIX for all eligible individuals. This request also provides all State Plan services which are not “mandatory” under Title XIX but which are medically necessary and currently covered by Iowa Medicaid.

This request provides funding for the Iowa Health and Wellness Plan. Beginning January 1, 2014, the Iowa Health and Wellness Plan will cover all Iowans ages 19-64 with incomes up to and including 133 percent of the Federal Poverty Level (FPL). The plan will provide a comprehensive benefit package and provider network, along with important program innovations that will improve health outcomes and lower costs. The new plan serves many former IowaCare enrollees. The majority of program costs will be funded with 100% federal funds through calendar year 2016. This enhanced federal match rate will be 95% in 2017 and gradually decline to 90% by 2020, where it will remain permanently. A small portion of enrollees will receive regular federal match rates because they were previously eligible for other full benefit Medicaid eligibility groups.

Funding for the Health Insurance Premium Payment (HIPP) program is also included. The purpose of the HIPP program is to reduce Medicaid costs by obtaining health insurance for Medicaid-eligible people. Section 4402 of the Omnibus Budget Reconciliation Act (OBRA) permits states to pay the cost of enrolling an eligible Medicaid recipient in an employer group health insurance plan when it is determined cost-effective to do so. Medicaid program costs are reduced by establishing or maintaining a third-party resource as the primary payer of the recipient’s medical expenses. This is particularly true for persons who may not otherwise enroll in an available health insurance plan or who may drop health insurance once Medicaid eligibility is attained.

SFY17 Enacted Appropriation - 2016 Session

SFY17 Enacted Appropriation

Total State \$ Appropriated: \$1,318,246,446
\$1,318,246,446

Funding Needed to Maintain Current Service Level

Decision Package	Decision Package Description	Amount
1	SFY18 Prior Year Unfunded Need -- There is an estimated Medical Assistance unfunded need in SFY17. This funding gap will need to be covered in addition to program growth in SFY18.	\$17,375,310
2	SFY19 Prior Year Unfunded Need -- Not applicable.	\$0
3	SFY18 Process Improvement Savings -- The \$16.8 million in improved process savings included in the SFY17 budget will be accomplished with one-time savings that will not be available in SFY18.	\$16,772,391
4	SFY19 Process Improvement Savings -- Not applicable.	\$0
5	SFY18 Cost Containment to Maintain Process Improvement Savings -- The department will maintain the \$16.8 million in savings by implementing cost containment strategies to provide ongoing, sustained savings. Cost containment/management strategies will be discussed with the council and other stakeholders prior to a final recommendation of specific strategies to achieve these specified savings.	(\$16,772,391)
6	SFY19 Cost Containment to Maintain Process Improvement Savings -- No additional cost containment strategies are being proposed.	\$0
7	SFY18 Enrollment and Expenditure Growth -- 2.2% increase in member months. Per member per month expenditure growth will be established over the next several months as the department obtains further information on emerging experience (no estimate for expenditure growth is included here).	\$34,596,850
8	SFY19 Enrollment and Expenditure Growth -- Includes an assumed increase in member months. Per member per month expenditure growth will be established over the next several months as the department obtains further information on emerging experience (no estimate for expenditure growth is included here).	\$12,398,720
9	SFY18 Medicare Increases -- Growth is driven by increases to Medicare Part A and Part B premiums and Medicare Part D per diems. These rates are established by CMS.	\$13,655,701

**Request - Medical Assistance
State Fiscal Year 2019**

10	SFY19 Medicare Increases -- Growth is driven by increases to Medicare Part A and Part B premiums and Medicare Part D per diems. These rates are established by CMS.	\$6,667,267
11	SFY18 Other Expenditure Changes -- Changes in cost for populations (HIPP, PACE, Medically Needy, etc.), and services (dental) covered under the fee-for-service Medicaid program.	\$3,514,814
12	SFY19 Other Expenditure Changes -- Changes in cost for populations (HIPP, PACE, Medically Needy, etc.), and services (dental) covered under the fee-for-service Medicaid program.	\$6,395,106
13	SFY18 Other Revenue Changes -- Changes in revenues (drug rebates, other recoveries, etc.) retained by the state.	\$2,883,638
14	SFY19 Other Revenue Changes -- Changes in revenues (drug rebates, other recoveries, etc.) retained by the state.	(\$8,343,400)
15	SFY18 Fee-For-Service Claims Runout -- No runout costs are expected in SFY18.	(\$6,935,429)
16	SFY19 Fee-For-Service Claims Runout -- No runout costs are expected in SFY19.	\$0
17	SFY18 Withhold Payment -- Withhold payment for the final 7 months of the initial contract period and for the first 6 months of the second contract period.	\$11,856,133
18	SFY19 Withhold Payment -- Withhold payment for the final 6 months of the second contract period and for the first 6 months of the third contract period.	(\$2,034,710)
19	SFY18 Health Insurer Fee -- No health insurer fee payment in SFY18.	\$0
20	SFY19 Health Insurer Fee -- Annual health insurer fee payment in September 2018 assumed at 4 percent of non-LTSS capitation revenue.	\$28,814,686
21	SFY18 State Funding Change -- Reduction in anticipated Health Care Trust Fund and Palo tax revenue.	\$3,272,140
22	SFY19 State Funding Change -- Not applicable.	\$0
23	SFY18 Rebasing -- Nursing facility and home health rebasing are scheduled to occur in SFY18 with an estimated state cost of \$45 million and \$5.9 million, respectively. Outpatient hospital rebasing will also occur in SFY18, but hospital rebasing has historically been budget neutral unless there was a specific directive authorizing an increase.	\$50,900,000
24	SFY19 Rebasing -- Inpatient hospital rebasing will occur in SFY19, but hospital rebasing has historically been budget neutral unless there was a specific directive authorizing an increase.	\$0
25	SFY18 Rebasing Budget Neutrality Adjustment -- This request assumes SFY18 rebasing for nursing facilities and home health agencies will be budget neutral.	(\$50,900,000)
26	SFY19 Rebasing Budget Neutrality Adjustment -- Not applicable.	\$0
27	SFY18 FMAP Change -- Reduced state need as a result of an increased FMAP rate. The federal rate is estimated to increase from 56.28% to 57.60% which generates a state savings of \$49.7 million. This is partially offset by a phase-down of the Iowa Health and Wellness Plan newly eligible FMAP rate from 97.50% to 94.50%. This increases state expenditures by \$17.3 million.	(\$32,361,703)
28	SFY19 FMAP Change -- No change in the regular FMAP is assumed, but the Iowa Health and Wellness Plan newly eligible FMAP rate is scheduled to decline from 94.50% to 93.50%. This increase state expenditures by \$6.9 million.	\$6,906,997
Total Requested for Current Service Level Funding:		<u>\$98,662,120</u>

**Request - Medical Assistance
State Fiscal Year 2019**

Funding for Improved Results

Decision Package	Decision Package Description	Amount
1		\$0
Total Requested for Improved Results Funding:		\$0

General Fund Total	\$1,416,908,566
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General Fund Change From Prior Year	\$98,662,120
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Total Funding Summary:

State Funding Total	\$1,709,803,774
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	Program
General Fund	\$1,416,908,566
Health Care Trust Fund	\$219,890,000
Quality Assurance Trust Fund	\$36,705,208
Hospital Health Care Access Trust Fund	\$34,700,000
Other*	\$1,600,000
Total	\$1,709,803,774

* Other:

Federal Funding Total	\$2,890,912,358
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	Program
Temporary Assistance to Needy Families (TANF)	\$0
Social Services Block Grant (SSBG)	\$0
Federal Financial Participation (FFP)	\$2,890,912,358
Other**	\$0
Total	\$2,890,912,358

** Other:

Other Funding Total	\$489,752,357
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	Program
Other***	\$489,752,357

***Other: Includes intergovernmental transfers, rebates and recoveries, state resource centers, and school-based services.

Totals	Program
	\$5,090,468,489

Request Total
\$5,090,468,489

FTEs included in request:

FTEs	14.0
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