MEETING MINUTES
HUMAN SERVICES SUBCOMMITTEE
FEBRUARY 12, 1987

The meeting of the human services subcommittee was called to order on February 12, 1987 at 8:00 a.m. in room 108 of the state capitol building by Chairman Cal Winslow.

ROLL CALL: All members were present.

(39a:180) Peter Blouke, LFA, covered the issue sheets dealing with the medicaid reimbursement to institutions. He briefly noted that the medicaid reimbursement that the institutions receive offsets the general fund cost for operating the institution. He stated that it is important, as part of the revenue projection, to maximize the reimbursement to the institutions. He added that a rate increase in this area may result in pressure from the nursing homes for a rate increase for their operations.

In response to a question from Sen Himsl, Mr Blouke noted the federal reimbursement to the institutions is a cost based reimbursement, but the department has the flexibility in setting the rates.

EXECUTIVE ACTION

DEPARTMENT OF SOCIAL AND REHABILITATIVE SERVICES (SRS)

Medical Assistance

Medicaid - Institutions

Sen Manning made a motion to accept the LFA current level of $13,830,235 for 1988 and $14,357,421 for 1989.

A voice vote was taken and the motion PASSED, with Rep Bradley absent.

(39a:380) Lee Tickell, administrator of Economic Assistance (EA), SRS, covered AFDC and SSI related medicaid services (exhibit 1), which includes projected budget figures for 1987 through 1989, a description of individuals receiving services under the two (2) programs, and a brief description of each of the line item services.

Mr Tickell also presented exhibit 2 to the committee on reducing the Medically Needy Program. The description suggests a proposal that would limit the program to only pregnant women and children under 21 and adopt a special income level option for those in institutions. Mr Tickell also covered a list of assumptions under this proposed

limitation which would have a fiscal impact of $6,547,575 and affect 1,989 recipients.

(39a:463) Mr Tickell then presented a few examples of the moral, legal, or ethical issues involved providing services that are driving up the costs of the medicaid program: terminal cancer patients - $600,000; heart transplants: $170,000 to $240,000 each; neonatal premature babies: up to or exceeding $500,000 a year.

He then continued with the medicaid optional services. He noted the state would save $1.5 million in general fund dollars by eliminating all optional services. He stated that even though these services were considered optional (exhibit 3), he said the committee may want to consider them not as optional services but as a continuum of care and as a cost containment measure. He said many optional services could be cost shifted into one or two or more of the mandatory service areas, including the state medical program in many cases, which is 100% state general funding. He added that providing care under the mandatory services would be costlier than providing the same care under an optional medicaid service.

(39b:022) Chairman Winslow noted the increase in medicaid is attributable to the growth in the caseload, which is seen not only in the elderly population but in the increase of individuals on AFDC. He stated in regard to teen pregnancy, the system traps unfortunate young women if they keep their child or not, especially if there is any kind of medical illness involved. He said insurance companies will not insure a sick child, and even if the woman wants to work, if the child has health problems, she is dependent on medicaid assistance for the child.

Discussion continued on the problems faced by the state and the nation in the area of teen pregnancy, AFDC and SSI caseload growth, the complexities of dealing with the entitlement programs and prioritizing reductions, and consideration of a pre paid plan similar to HMO's.

Mr Tickell stated he believed that there are legislative and medical decisions that a bureaucrat is simply not equipped or knowledgeable to make when raising some of these questions dealing with medical care.

In response to a question from Sen Himsl, Mr Tickell stated there were minimal copayments of .50 for prescriptions drugs and $3.00 maximum for each hospital stay up to a maximum of $167 per year. These cannot be mandatory requirements, and if the individual cannot pay, it becomes a reduction to the provider of the service.

Discussion then continued on prescription drugs for SSI individuals, and the development of a "laundry list" of drugs that would be payable under the medicaid program.

In response to an inquiry from Chairman Winslow on the drug formulary issue, Mr Tickell noted the expense of contracted services to have a doctor and pharmacist come in and consult on an hourly basis for the department and make decisions on a drug formulary. He noted the department does not have this funding and it is not in the executive budget.

(39b:250) Chairman Winslow noted there was a terrible problem in this state with medicaid expenditures, and asked why a physician and a pharmacist could not come in on their own and spend time instead of the department contracting and paying them $100 an hour to help with this problem. He stated the pharmacists and physicians and others medical providers need to realize that if they don't help with this problem there will not be a program for them.

Mr Tickell replied that this suggestion could be explored, and that the department could pursue the pharmaceutical association and the doctors that serve on the Medical Care Advisory Council to see if there is interest by anyone to volunteer their time.

(39a:285) In response to an inquiry from Sen Himsl, Mr Tickell stated there are some pharmacies that will not fill prescriptions for medicaid recipients, i.e. Hardin, Chinook, because the amount of reimbursement is not sufficient to meet their overhead. He continued on the reimbursement process and the problems that are currently faced with the freeze that was placed on this area of medicaid service. He stated the two (2) biggest areas of concern were pharmacist/druggist services and OB/gyn services.

Dave Lewis, director of SRS, said two (2) years ago the department looked at all of the services provided in the medicaid program and delineated the pros and cons of cutting back these services. After looking through the program, he stated it was frankly impossible to make rational cuts in the program and that he could not, in good conscience, cut services for the sick, aged and infirmed when the state is still paying $10 million in the biennium to the general assistance program for able bodied individuals. He said medicaid comes down to the serious problem that we, as a society, have made the decision that people will not be limited, from an income perspective, to access to the medical services provided in this country.

(39b:501) In response to a question from Chairman Winslow, Mr Lewis noted the figures presented to the committee were the department's best guess with available data, but there was always the consideration of available technology, more caseload, and more services provided.

(40a:061) Rep Bradley noted that what was important to understand was that the Supreme Court said welfare was not a constitutional right. They based their decision on the equal rights provision and basically said the state cannot

make an arbitrary classification. She stated she interpreted the decision as meaning assistance is an important right, but not a fundamental right, so that if you are making a classification, it should be made very carefully, justifying how the lines are drawn. She said age was too arbitrary, but added she feels the court hasn't said the state has to do anything and left quite a bit of flexibility.

Discussion followed on Medicaid optional services provided in Montana and other states, description of services being provided under the different categories, court decisions and their implication on legislation, and rationale of able bodied individuals and the courts interpretation via a middle tier analysis on the state's welfare system.

(40a:289) Mr Lewis stated he did not think the legislature could make any serious reductions in these programs and sustain them within a court suit without a change in the constitution. He added given the middle tier analysis and the present constitution, a change is required in the constitution in order to establish the right of the legislature to set priorities and limit the program.

Chairman Winslow remarked on the significance of Mr Lewis' statement and reiterated that what Mr lewis was saying is that he was has no control of the system and that the legislature can't control the present system.

(40a:346) The committee then discussed returning state assumed counties back to county control, property tax replacement, local options, revenue for property tax reductions, and the employability bill.

(40a:466) In response to a question from Sen Harding, Mr Tickell stated Consultec has a highly automated system for claims reimbursement. Consultec processes 51,000 drug claims a month, with 97.9 processed with no problems and only a 2.1% rejection rate. Forms are rejected for payment if they are not filled out properly.

The meeting was adjourned at 10:00 a.m. (40a:527)

Cal Winslow, Chairman

cw/gmc/2.12

DAILY ROLL CALL

HUMAN SERVICES SUB COMMITTEE

50th LEGISLATIVE SESSION -- 1987

Date February 12, 1987

NAME	PRESENT	ABSENT	EXCUSED
Rep. Cal Winslow, Chairman	X		
Sen. Richard Manning, Vice Chair	X		
Sen. Ethel Harding	X		
Sen. Matt Himsl	X		
Rep. Dorothy Bradley	X		
Rep. Mary Ellen Connelly	X		
Rep. Dean Switzer	X		

CS-30

EXHIBIT 1
DATE 2-12-87

MED_OTH6 — Medicaid Primary Care Projection For FY87, FY88 and FY89 — 02/07/87 12:21 PM

0.9777

AFDC RELATED TYPE of SERVICE	FY86 as of 1/86	FY86 as of 1/87	FY86 Ratios	FY87 as of 1/87	97.77% Comp. FY87 Projected Thru 1/88	FY87 Projected Thru 6/88	Caseload: 1.102	FY88 PROJECTED COSTS	Caseload: 1.076	FY89 PROJECTED COST
Inpatient Hospital	$3,781,053	$13,715,805		$4,399,644	$15,950,471	$16,314,279		$18,639,491		$20,794,857
Number of Servies	198,613	670,544	29.62%	222,750	752,026	769,179		847,635		912,055
Cost per Service	$19.04	$20.45	93.11%	$19.75	$21.21	$21.21	1.037	$21.99	1.037	$22.80
Outpatient Hospital	$954,208	$2,469,201		$1,037,973	$2,686,298	$2,747,569		$3,027,821		$3,257,935
Number of Servies	50,016	128,193	39.02%	58,493	149,905	153,324		168,963		181,804
Cost per Service	$19.08	$19.26	99.07%	$17.75	$17.92	$17.92	1.000	$17.92	1.000	$17.92
Physicians	$2,440,499	$6,798,031		$2,728,783	$7,602,830	$7,776,240		$8,647,498		$9,388,723
Number of Servies	99,352	260,394	38.15%	110,117	288,642	295,226		325,339		350,064
Cost per Service	$24.56	$26.11	94.06%	$24.78	$26.34	$26.34	1.009	$26.58	1.009	$26.82
Other Practitioners	$552,246	$1,377,318		$664,676	$1,658,540	$1,696,369		$1,869,399		$2,011,473
Number of Servies	43,606	112,731	38.68%	54,691	141,393	144,618		159,369		171,481
Cost per Service	$12.66	$12.22	103.60%	$12.15	$11.73	$11.73	1.000	$11.73	1.000	$11.73
Drugs	$607,158	$1,495,678		$777,027	$1,913,651	$1,957,299		$2,350,887		$2,757,741
Number of Servies	56,296	137,026	41.08%	66,061	160,811	164,479		181,256		195,031
Cost per Service	$10.79	$10.92	98.81%	$11.76	$11.90	$11.90	1.090	$12.97	1.090	$14.14
Dental	$1,032,425	$2,588,648		$1,142,773	$2,865,614	$2,930,975		$3,324,218		$3,681,382
Number of Servies	48,204	117,770	40.93%	51,875	126,741	129,632		142,854		153,711
Cost per Service	$21.42	$21.98	97.45%	$22.03	$22.61	$22.61	1.029	$23.27	1.029	$23.95
Other	$345,947	$1,196,248		$502,647	$1,736,909	$1,776,526		$2,203,325		$2,669,013
Number of Servies	80,406	241,105	33.35%	103,810	311,274	318,374		350,848		377,512
Cost per Service	$4.30	$4.96	86.69%	$4.84	$5.58	$5.58	1.125	$6.28	1.125	$7.07
TOTAL AFDC	$9,713,536	$29,641,129		$11,253,523	$34,414,313	$35,199,257		$40,062,639		$44,561,124

0.9777

SSI RELATED TYPE of SERVICE	FY86 as of 1/86	FY86 as of 1/87	FY86 Ratios	FY87 as of 1/87	97.77% Comp. FY87 Projected Thru 1/88	FY87 Projected Thru 6/88	Caseload:	FY88 PROJECTED COSTS	Caseload:	FY89 PROJECTED COST
Inpatient Hospital	$2,483,597	$10,728,330		$3,470,700	$14,994,412	$15,336,414	1.100	$17,717,312		$20,468,750
Number of Servies	247,921	983,663	25.20%	293,597	1,165,067	1,191,641		1,251,223		1,313,784
Cost per Service	$10.02	$10.91	91.84%	$11.82	$12.87	$12.87	1.180	$14.16	1.100	$15.58
Outpatient Hospital	$414,076	$1,375,638		$518,587	$1,721,755	$1,761,026		$1,849,077		$1,941,531
Number of Servies	34,761	182,096	19.09%	69,784	365,553	373,891		392,585		412,215
Cost per Service	$11.91	$7.55	157.75%	$7.43	$4.71	$4.71	1.000	$4.71	1.000	$4.71
Physicians	$702,471	$2,449,854		$829,485	$2,890,570	$2,956,500		$3,228,360		$3,525,442
Number of Servies	40,096	141,406	28.36%	45,492	160,409	164,068		172,271		180,885
Cost per Service	$17.52	$17.32	101.15%	$18.23	$18.02	$18.02	1.040	$18.74	1.040	$19.49
Other Practitioners	$254,889	$711,311		$325,709	$908,606	$929,330		$1,018,018		$1,114,894
Number of Servies	20,291	59,414	34.15%	24,863	72,805	74,466		78,189		82,098
Cost per Service	$12.56	$11.97	104.93%	$13.10	$12.48	$12.48	1.043	$13.02	1.043	$13.58
Drugs	$2,230,720	$5,153,362		$2,729,947	$6,302,820	$6,446,579		$7,562,848		$8,874,664
Number of Servies	170,335	385,653	44.17%	186,592	422,441	432,076		453,680		476,364
Cost per Service	$13.10	$13.36	98.05%	$14.63	$14.92	$14.92	1.117	$16.67	1.117	$18.63
Dental	$298,594	$717,565		$352,843	$847,899	$867,238		$1,002,490		$1,158,981
Number of Servies	10,431	24,026	43.42%	11,190	25,772	26,360		27,678		29,062
Cost per Service	$28.63	$29.87	95.85%	$31.53	$32.90	$32.90	1.101	$36.22	1.101	$39.88
Other	$1,734,242	$5,013,111		$2,527,438	$7,316,438	$7,483,316	1.100	$8,650,123		$10,005,366
Number of Servies	508,181	1,322,095	38.44%	616,763	1,604,482	1,641,078		1,723,132		1,809,289
Cost per Service	$3.41	$3.79	89.97%	$4.10	$4.56	$4.56	1.203	$5.02	1.101	$5.53
TOTAL SSI	$8,118,589	$26,149,171		$10,754,709	$34,982,500	$35,780,403		$41,028,228		$47,089,628
TOTAL AFDC & SSI	$17,832,125	$55,790,300		$22,008,232	$69,396,813	$70,979,660		$81,090,867		$91,650,752
Adjustments:										
Less: Refunds						($1,500,000)		($1,600,000)		($1,700,000)
Add: Rivendell - Billings ~~(40~~ beds @ ~~$500~~/day)						$3,285,000		~~$7,300,000~~ 4015,015		~~$7,300,000~~ 4,015,015
Rivendell - Butte (40 beds @ ~~$500~~/day)								~~$3,650,000~~ 2,007,500		~~$7,300,000~~ 2,007,500
Adjusted Totals						$72,764,660		$90,440,867		$104,550,752
								85,513,367		97,980,752
Funding:										
General Fund								$28,118,066		$30,403,359
Federal Funds								$62,322,801		$74,147,393
Total								$90,440,867		$104,550,752

#20 #275

#275

EXHIBIT 2
DATE 2-12-87
HB

REDUCING THE MEDICALLY NEEDY PROGRAM

Description: This proposal would limit the Medically Needy Program to only pregnant women and children under 21 and adopt the special income level option for those in institutions.

Assumption: The Medically Needy Program would continue to cover :

- 627 AFDC-related children
- 9 AFDC-related pregnant women
- 2,223 SSI-related adults who aged, blind or disabled and in nursing homes.

The Medically Needy Program would no longer cover:

- 808 AFDC-related adults
- 475 SSI-related adults who are aged and in the community
- 6 SSI-related individuals who are blind and in the community
- 586 SSI-related individuals who are disabled and in the community.
- 114 SSI-related individuals who are aged, blind or disabled and in nursing homes and who exceed the special income level of 300 percent of the SSI standard or $1,008 per month.

The annual expenditure for an AFDC-related adult, including an AFDC-related pregnant woman, is $1,261.

The annual expenditure for an SSI-related adult who is aged and in the community is $4,217.

The annual expenditure for an SSI-related individual who is blind and in the community is $6,031.

The annual expenditure for an SSI-related individual who is disabled and in the community is $5,301.

If the average cost of nursing home care is $1,500 per month and if each SSI-related individual who is excluded from coverage under the special income level has an average income of $1,153, then the annual expenditure for such an individual had been $4164.

EXHIBIT 2
DATE 2-12-87

Fiscal Impact: By eliminating 1,989 AFDC- and SSI-related individuals from the program, this proposal would realize the following savings:

	#Recipients	Total $
AFDC-related Adults	808	$1,018,888
SSI-related in Community		
Aged	475	2,003,515
Blind	6	35,184
Disabled	586	3,106,371
SSI-related in Nursing Home		
Income in Excess of $1,008	114	474,696
TOTAL	1,989	$6,547,575

EXHIBIT 3
DATE 2-12-87
HB

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

TED SCHWINDEN, GOVERNOR

P.O. BOX 4210

STATE OF MONTANA

HELENA, MONTANA 59604

February 10, 1987

TO: Lee Tickell, Administrator
Economic Assistance Division

Jack Nielson, Chief
Medicaid Bureau

FROM: Lowell Uda, Supervisor
Medicaid Services Section

RE: SFY 86 Expenditures for Selected Optional Services

The following information is taken from the one-page issue papers we did last month and is based on SURS reports for SFY 86 dates of service.

	Total	General Fund
Other Practitioner Services		
Podiatrists	$ 100,802	$ 33,890
Psychologists	554,599	186,456
Clinical Social Workers	(No data)	
Optometric Services, including Eyeglasses by Optometrists	1,020,418	343,065
Private Duty Nursing	(Negligible)	
Physical Therapy	265,535	89,273
Occupational Therapy	52,214	17,554
Speech Therapy and Audiology	157,008	52,786
Hearing Aids	181,551	61,037
Dentures	469,474	157,837
Personal Care Attendants + nurses	1,349,147	453,583
	$4,150,748	$1,395,481

Since the establishment of intensive care units, private duty nursing is a rarely used service. Audiology is technically an other practitioner service, but is reported in our system with speech therapy. Hearing aids are included here as part of the speech therapy/audiology complex. Eyeglasses will still be available through physicians who are ophthalmologists. True savings would not be realized here unless all eyeglasses were eliminated.

shift to other

Jan 7, 1987
p. 18
Wall Street Journal

EXHIBIT Blake 4
DATE 2.12.87
HR

...urther strengthened. It was he who remained at Mr. Carter's right hand through the administration's last dismal days.

Somehow, in the euphoria of electoral triumph, Ronald Reagan failed to take this experience into account. He entered office with clearer views about foreign policy than Mr. Carter did, but he was disinclined to become involved in the details of national-security issues. His first choice as secretary of state, Alexander Haig, was a dynamic activist, but the first national se-... propriate weight to military and economic considerations. More often than not in this administration, State has been ineffective in convincing Congress of the efficacy of the president's foreign policy and the rationale of his national-security concepts.

Whatever the multiple investigations now under way conclude, mere lust to be active is unlikely to have been the prime factor propelling Admiral Poindexter and Colonel North to resort to unusual channels to further the president's aims in Iran and ... straight: In very short order he has begun to assemble a staff with experience, knowledge and ability. If the president had understood the importance of this endeavor as he began his administration six years ago, he would have averted the crisis that has caused much embarrassment and done damage still difficult to calculate.

Mr. Henze served on the NSC staff from 1977 to 1980.

Massachusetts: Welfare Battle Lines Drawn

By Howard Husock

Massachusetts Gov. Michael Dukakis has gained national attention—and even inspired consideration as a presidential candidate—both because of the state's renascent post-industrial economy and the success of a training program designed to reduce the state's welfare rolls. The Employment Training (ET) program has offered a combination of education, child care and continued health-insurance coverage to draw welfare mothers, in particular, into the mainstream of an economy in need of skilled labor.

ET has established Mr. Dukakis as a leader among his fellow governors (many of whom are drawing on the ET example) and has helped inspire a new emphasis in Washington on state experimentation in reshaping public assistance programs.

It is ironic, then, that, in the politics of Massachusetts, Mr. Dukakis is facing a serious campaign aimed at forcing his administration to adopt a dramatically different approach to welfare. A group of welfare-rights advocates—led by an organization called the Coalition for Basic Human Needs—is waging a public campaign to nearly double the state's basic cash public-assistance grant so as to guarantee that no family will receive benefits placing it below the federal poverty line.

This week has seen the Massachusetts "up to poverty" controversy move close to confrontation. Monday, Superior Court Judge Charles Grabau ruled that the state must appropriate up to $[illegible] million to increase welfare benefits for the state's 85,000 recipients in a manner roughly in line with the goals of welfare-rights advocates. The ruling could raise the annual cash AFDC payment for a family of three in Boston from $5,700 a year to more than $11,000. Mr. Dukakis has appealed the decision and has questioned the power of the judge to order such an increase.

It's a dispute of more than parochial concern, for it demonstrates the conflicting pressures affecting welfare policy and the longstanding ambivalence among American liberals as to how to approach poverty, an ambivalence that has dogged the Democratic Party in particular since the 1960s.

The Massachusetts "up to poverty" campaign is led by an advocacy group in the mold of welfare-rights groups of the late-1960s and early-1970s that lobbied for a guaranteed annual income at the poverty line or above. The movement is in part a result of the failure of payments in the state by Aid to Families with Dependent Children to keep pace with the inflation of the 1970s. Thus, although the state's AFDC payments are the nation's eighth highest, they are still below the federal poverty level.

The "up to poverty" movement's broader inspiration is the belief that, even in a booming economy like that of Massachusetts there are citizens who are simply unable to be parties to prosperity (particularly in a labor market demanding sophisticated skills) and who should, as a matter of compassion, be maintained at a comfortable level.

The battle lines were first drawn last June when Judge Grabau ruled that the state's welfare-payment level appeared to violate a 1913 state statute ensuring adequate shelter. Inspired by publicity about homeless families and overflow public shelters, the judge questioned whether AFDC payments could guarantee decent housing. The Dukakis administration was ordered to find ways to close this poverty gap—chief among them, welfare-rights advocates hoped, would be a big increase in cash benefits "up to poverty."

The Dukakis administration resisted such a course. It did determine that there could be a gap of as much as $4,250 between welfare cash income and the poverty line. But, its liberal Democratic standing aside, it has made the neoconservative argument that public-assistance-level calculations should factor in the value of food stamps, Medicaid and, in many cases, housing subsidies. It has questioned whether the judiciary can, in effect, set the state budget and whether a poverty-level income would go any further in easing the Massachusetts housing shortage for those of modest means.

The unstated Dukakis world view: that with ET-type training, the poor can proceed up from poverty.

The Democratic Party nationally has been through this before. Franklin Roosevelt ended federal relief payments in the Depression in favor of a federal jobs program, decrying "dependence on relief (which) induces a spiritual and moral disintegration." Lyndon Johnson, in announcing his War on Poverty, cast it as a means "to offer the forgotten fifth of our people opportunity, not doles."

Notwithstanding such sentiments, however, the federal government did, through an expanded AFDC program, create a sizable de facto dole, one that grew from $[illegible] million in 1963 to $2.5 billion in 1972, abetted by eligibility liberalizations gained in part by actions initiated in the courts by welfare-rights groups—the same route now being explored in Massachusetts.

In a nation that believes in upward mobility as an article of faith, it is arguable that this aspect of welfare-state growth, perhaps more than any other, inspired public distrust of social-welfare spending (as a path to dependence). In the process, liberalism was robbed of the political high ground in approaching poverty, a high ground it is only barely beginning to recapture through programs like the Massachusetts ET experiment.

Michael Dukakis, like Roosevelt and Johnson, has made clear his feelings. "Give a man a fish and he'll eat for a day," he said in a state of the state address. "Teach him to fish and he'll never go hungry." But Gov. Dukakis will face increasing pressure on the issue as he prepares to submit a budget to the state legislature at the end of the month. With national attention focused on his approach to poverty, Mr. Dukakis—and Massachusetts—face a crucial philosophical test.

Mr. Husock is a documentary film producer for PBS in Boston. His current project is "America and the Poor."

Notable & Quotable

Retiring Speaker of the House Thomas P. O'Neill, on the MacNeil/Lehrer News Hour last Dec. 24:

History will judge that we never should have been at Grenada. We had no right to go in Grenada.

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EXHIBIT 5
DATE 2.12.87
HB

Assumed County Share of Costs Per Level in Executive Budg

Category	FY88: 1 FY88 total	FY88: 2 % Assumed Co. Share	FY88: 3 $ Assumed Co. Share	4	FY89: 5 FY89 total	FY89: 6 % Assumed Co. Share	FY89: 7 $ Assumed Co. Share
General Assistance	5031455	100.00	5031455		6030218	100.00	6030218
AFDC	40392997	3.447	1392347		43029684	3.224	1387277
Social Services staff + travel	8557020	8.37	716223		8558017	8.37	716306
Foster Care	7527954	16.56	1246629		7527954	16.56	1246627
Eligibility staff + travel	8033824	28.00	2249471		8030376	28.00	2248505
County Administration	1339482	73.50	984519		1239547	73.50	911067
State Medical	3654154	100.00	3654154		3654154	100.00	3654154
Indirect Costs	2735328	11.27	308271		2716637	11.27	306165
total			15583069				16500321
12 Mill Levy projected Revenue			7612806				7845868
General Fund Needed			7970263				8654453