

**COLORADO GENERAL ASSEMBLY
JOINT BUDGET COMMITTEE**



**FY 2016-17
STAFF FIGURE SETTING RECOMMENDATIONS**

**COMMON POLICY FOR
COMMUNITY PROVIDER RATES**

**JBC Working Document - Subject to Change
Staff Recommendation Does Not Represent Committee Decision**

**Prepared By:
Eric J. Kurtz, JBC Staff
January 21, 2016**

For Further Information Contact:

Joint Budget Committee Staff
200 E. 14th Avenue, 3rd Floor
Denver, Colorado 80203
Telephone: (303) 866-2061
TDD: (303) 866-3472

COMMON POLICY FOR COMMUNITY PROVIDER RATES

FY 2016-17 STAFF FIGURE SETTING RECOMMENDATIONS

Overview

The Joint Budget Committee (JBC) typically sets a common policy for community provider rates to ensure consistent and equitable treatment. The community provider rate common policy applies to an historic set of services that might otherwise be delivered by state FTE in the following departments: Corrections, Human Services, Health Care Policy and Financing, and Public Safety. From time to time the JBC adds or subtracts from the set of entities that qualify for the community provider rate common policy on a case by case basis.

The common policy sets a baseline assumption, but the JBC staff still analyzes the suitability of each rate. The JBC staff may recommend modifications from the common policy if there are issues with a particular rate that make it significantly different from other rates and worthy of special consideration.

DEPARTMENT REQUEST AND RECOMMENDATION SUMMARY

Executive Request

For FY 2016-17 the Governor proposes a 1.0 percent community provider rate decrease to reduce expenditures by \$45.9 million total funds, including \$19.6 million General Fund. The Governor's request notes that rates for Physician Services and for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services were exempted from the policy because primary care providers will experience a significant decrease in funding due to the end of the primary care rate bump.

The primary care rate bump was a policy that increased Medicaid primary care rates to the equivalent Medicare rate for three and a half years. The federal Affordable Care Act required states to implement the increase beginning January 2013 and provided federal financing to support the increase. The federal financing expired January 2015, but Colorado elected to continue the increase with state funding through June 2016. The state funding was tied to the savings from an increase in the federal match rate for Colorado Medicaid, called the federal medical assistance percentage (FMAP), which occurred due to the ratio of Colorado's per capita income relative to the national average declining during the recession. The increase in the FMAP was expected to be temporary, and so the policy action that continued the primary care

rate bump with the savings from the increase in the FMAP included a time limit. The original federally-mandated rate bump was restricted to providers who attested that they met federal eligibility qualifications, but the state-funded extension paid based on the type of service regardless of the provider, so the state-funded extension applied to a larger group of providers. The Department estimates that the end of the primary care rate bump will save approximately \$145.1 million total funds in FY 2016-17, including \$49.5 million General Fund.

By excluding Physician and EPSDT Services the Governor took \$897.2 million total funds, including \$260.7 million General Fund, out of the pool of provider rates subject to the 1.0 percent reduction. As a result, the Governor's proposed reduction is \$9.0 million total funds, including \$2.6 million General Fund, less than it would be if the reduction had been applied to Physician and EPSDT Services.

Physician and EPSDT Services include some services that are not affected by the end of the primary care rate bump. In prior years, only the estimated portion of Physician and EPSDT Services eligible for the primary care rate bump have been exempted from the community provider rate common policy.

Physician & EPSDT Services						
Net Effect of End of Primary Care Rate Bump and 1% Across-the-board Reduction						
	FY 2016-17 Estimated Expenditures	End of primary care rate bump	1% across- the-board reduction	Total Reduction	Percent ¹	
Bump-eligible services	\$536,720,807	(\$145,075,634)	NA	(\$145,075,634)	-27.03%	
Not bump-eligible services	<u>\$360,525,260</u>	<u>\$0</u>	<u>NA</u>	<u>\$0</u>	0.00%	
TOTAL Physician & EPSDT Services	\$897,246,067	(\$145,075,634)	NA	(\$145,075,634)	-16.17%	

The exclusion of Physician and EPSDT Services is noteworthy because it is different from prior years, but it is not the only exclusion. The Governor's request includes a number of other traditional exclusions. Many of the traditionally excluded rates are capitated, cost-based, or based on a methodology defined in statute. For the Medical Services Premiums line item the traditionally excluded rates are pharmacy reimbursements, rural health centers, federally qualified health centers, home- and community-based services for children with autism, hospice care in nursing facilities, nursing reimbursements, disease management, and administrative contracts.

The Governor's request is summarized by line item in Appendix A at the end of this document. Note that for many line items only a portion of the total expenditures are for provider rates eligible for the common policy.

¹ Actual expenditures for the primary care rate bump in FY 2014-15 were 23.23 percent of expenditures for applicable procedures. However, some providers billed less than the allowable amount. If the primary care rate bump were continued in FY 2016-17 the Department assumes providers would bill the full allowable amount, and so expenditures for the primary care rate bump would be 27.03 percent of expenditures for applicable procedures.

Staff Recommendation

Staff recommends not adopting the Governor's proposed 1.0 percent common policy reduction for community provider rates. This recommendation applies to the proposed common policy adjustment only and the staff recommendation on whether to end the primary care rate bump will be addressed during figure setting for the Department of Health Care Policy and Financing. Adopting the staff recommendation will cost approximately \$45.9 million total funds, including \$19.6 million General Fund, more than the Governor's request.

Several economic indicators suggest that community provider costs are increasing. Legislative Council Staff estimates the Denver/Boulder/Greeley consumer price index (CPI) for calendar year 2015 will be up 1.1 percent (based on data through November). For eligible community providers the majority of expenditures are for compensation and the federal Bureau of Labor Statistics estimates the national Employment Cost Index (ECI) that measures the cost of compensation will be up 2.1 percent. Most of the providers eligible for the common policy offer health care services and the federal Bureau of Labor Statistics estimates that the CPI for health services will increase 2.4%. The JBC sometimes tries to achieve parity between the common policy for community provider rates and the common policy for state employee compensation and the Governor requested essentially no change in employee compensation.

The JBC staff is concerned that the Governor's proposed 1.0 percent reduction runs counter to the economic indicators of community provider costs. However, the budget is tight and may not support an increase in rates for community providers. Therefore, the staff recommendation is to try to hold community provider rates constant, with the understanding that this policy may need to be revisited as part of budget balancing.

Another factor contributing to the JBC staff recommendation is a new regulation from the Centers for Medicare and Medicaid Services (CMS) that requires an analysis of access be submitted with all proposals to reduce Medicaid rates. Approximately two thirds (\$13.0 million) of the General Fund savings from the Governor's proposed community provider rate common policy comes from Medicaid providers. This is the first year of the new federal policy and there is uncertainty about how it will be implemented. An across-the-board reduction would require the Department of Health Care Policy and Financing to do a large amount of analysis of the relationship between Medicaid rates and client access in a very short period of time to satisfy the federal requirement. The administrative burden of an across-the-board decrease would be mitigated after the Department has gone through a couple of years of data collection through the procedures required by the new federal regulation and S.B. 15-228, but it would be significant if the General Assembly attempted an across-the-board provider rate reduction in FY 2016-17. In addition to the workload for the Department, federal staff reviewing proposed provider rate reductions will be operating without the benefit of precedents for how to comply with the new regulation. The JBC staff is concerned that the new regulation might result in delays of federal approval or even federal denial of provider rate reductions. This creates an element of risk

where the General Assembly might balance the budget counting on provider rate reductions that ultimately cannot be implemented.

Although the staff recommendation is for a common policy of no change in provider rates, if the JBC adopts the staff recommendation, then the JBC may want to instruct the Department of Health Care Policy and Financing to continue preparing to comply with the new federal regulation, in case the common policy needs to be revisited.

The table on the next page shows the estimated base eligible for the community provider rate common policy and the Governor's proposed decrease. Based on the request, staff estimates that each 0.5 percent change in community provider rates changes expenditures by approximately \$22.9 million total funds, including \$9.8 million General Fund. In addition to the Governor's request the table presents a number of different possible scenarios based on the economic indicators described above.

The figures in the table are estimates based on the Governor's request. Each JBC analyst will examine the base used in the Governor's request and independently calculate the application of the JBC's common policy, which may result in some variation from these figures. The actual cost of the JBC's common policy may also vary based on compounding with other JBC actions.

JBC Working Document – Does Not Represent Committee Decision

Program	General Fund Impact Scenarios							
	Estimated Base Eligible for Common Policy		Governor's Request		JBC Staff Rec.	CPI Denver/ Boulder/Greeley (CY 2015)	Employment Cost Index (National)	CPI Health (National)
	Total	GF	-1.0%	-0.5%				
Health Care Policy and Financing								
Medical Service Premiums*	\$3,037,579,700	\$1,030,017,000	(\$10,300,170)	(\$5,150,085)	\$0	\$11,330,187	\$21,630,357	\$24,720,408
Office of Community Living	528,999,200	256,744,000	(2,567,440)	(1,283,720)	0	2,824,184	5,391,624	6,161,856
Human Services	24,549,900	12,171,900	(121,719)	(60,860)	0	133,891	255,610	292,126
Behavioral Health	<u>8,733,200</u>	<u>1,846,300</u>	<u>(18,463)</u>	<u>(9,232)</u>	<u>0</u>	<u>20,309</u>	<u>38,772</u>	<u>44,311</u>
Subtotal - HCPF	\$3,599,862,000	\$1,300,779,200	(\$13,007,792)	(\$6,503,897)	\$0	\$14,308,571	\$27,316,363	\$31,218,701
Human Services								
Child Welfare and Youth Corrections	460,786,200	276,094,200	(2,760,942)	(1,380,471)	0	3,037,036	5,797,978	6,626,261
Child Care	148,933,000	52,778,400	(527,784)	(263,892)	0	580,562	1,108,346	1,266,682
Behavioral Health	107,213,000	104,585,300	(1,045,853)	(522,927)	0	1,150,438	2,196,291	2,510,047
County Administration	56,384,400	19,666,900	(196,669)	(98,335)	0	216,336	413,005	472,006
Other	<u>20,175,400</u>	<u>15,277,400</u>	<u>(152,774)</u>	<u>(76,387)</u>	<u>0</u>	<u>168,051</u>	<u>320,825</u>	<u>366,658</u>
Subtotal - Human Services	\$793,492,000	\$468,402,200	(\$4,684,022)	(\$2,342,012)	\$0	\$5,152,423	\$9,836,445	\$11,241,654
Corrections								
In-state private prisons	70,954,600	70,954,600	(709,546)	(354,773)	0	780,501	1,490,047	1,702,910
Community Corrections Programs	27,811,900	27,811,900	(278,119)	(139,060)	0	305,931	584,050	667,486
Payments to local jails	14,643,900	14,643,900	(146,439)	(73,220)	0	161,083	307,522	351,454
Pre-release parole revocation facilities	<u>13,924,400</u>	<u>13,924,400</u>	<u>(139,244)</u>	<u>(69,622)</u>	<u>0</u>	<u>153,168</u>	<u>292,412</u>	<u>334,186</u>
Subtotal - Corrections	\$127,334,800	\$127,334,800	(\$1,273,348)	(\$636,675)	\$0	\$1,400,683	\$2,674,031	\$3,056,036
Public Safety								
Community Corrections Programs	<u>65,887,300</u>	<u>65,887,300</u>	<u>(658,873)</u>	<u>(329,437)</u>	<u>0</u>	<u>724,760</u>	<u>1,383,633</u>	<u>1,581,295</u>
Subtotal - Public Safety	\$65,887,300	\$65,887,300	(\$658,873)	(\$329,437)	\$0	\$724,760	\$1,383,633	\$1,581,295
TOTAL	\$4,586,576,100	\$1,962,403,500	(\$19,624,035)	(\$9,812,021)	\$0	\$21,586,437	\$41,210,472	\$47,097,686
* Excluded Physician Services & EPSDT	897,246,067	260,739,707	(2,607,397)	(1,303,699)	0	2,868,137	5,475,534	6,257,753

History of the Community Provider Rate Increase

Through FY 1997-98, the JBC provided community providers with cost of living increases based on statewide salary survey increases for personal services and state inflationary increases for operating expenses. This often led to increases of over five percent per year, since community provider personal services constitute over 60 percent of most community providers' budgets and often more than this. This approach was also cumbersome and difficult to apply accurately. Therefore, based on a staff recommendation for FY 1998-99, the Committee moved to a standard percentage increase for community providers that was applied to the entire community provider base. The first year the rate was applied, community providers received an increase at approximately the projected rate of inflation (although actual inflation was ultimately lower). Since that time, rate increases have typically fallen below the actual rate of inflation in the prior calendar year, although there have been some exceptions.

Year	Community Provider Increase/Decrease		State Department Increase/Decrease (base building)*		Denver-Boulder CPI prior calendar year
FY 94-95	Personal Services	4.5%	Personal Services	4.5%	CY 93
	Food inflation	1.8 %	Food inflation	3.6%	4.2%
	Medical inflation	3.3 %	Medical inflation	10.2%	
FY 95-96	Personal Services	6.0%	Personal Services	4.0%	CY 94
	Food inflation	4.2%	Food inflation	4.2%	4.4%
	Medical inflation	4.8%	Medical inflation	9.6%	
FY 96-97	Personal Services	5.0%	Personal Services	4.3%	CY 95
	Food inflation	2.2%	Food inflation	1.0%	4.3%
	Medical inflation	4.2%	Medical inflation	4.2%	
	Other operating	(1.0%)	Other operating	(1.0%)	
FY 97-98	Personal Services	5.0%	Personal Services	3.9%	CY 96
	Food inflation	1.7%	Food inflation	1.7%	3.5%
	Medical inflation	3.7%	Medical inflation	3.7%	
FY 98-99	Total base increase	3.0%	Personal Services	6.2%	CY 97
			Food inflation	1.6%	3.3%
			Medical inflation	3.3%	
FY 99-00	Total base increase	2.0%	Personal Services	5.6%	CY 98
			Food inflation	2.1%	2.4%
			Medical inflation	3.2%	
			Other operating	(1.0%)	
FY 00-01	Total base increase	2.0%	Personal Services	6.0%	CY 99
			Food inflation	0.0%	2.9%
			Medical inflation	0.0%	
FY 01-02	Total base increase	2.5%	Personal Services	7.4%	CY 00
			Food inflation	2.8%	4.0%
			Medical inflation	5.8%	
FY 02-03	Total base increase	0.0%	Personal Services	6.2%	CY 01
			Food inflation	0.0%	4.7%
			Medical inflation	0.0%	

Year	Community Provider Increase/Decrease	State Department Increase/Decrease (base building)*	Denver-Boulder CPI prior calendar year
FY 03-04	Total base increase 0.0%	Personal Services 0.0% Food inflation 0.0% Medical inflation 0.0%	CY 02 1.9%
FY 04-05	Total base increase 0.0%	Personal Services 3.3% Food inflation 0.0% Medical inflation 0.0%	CY 03 1.1%
FY 05-06	Total base increase 2.0%	Personal Services 3.0% Food inflation 2.9% Medical inflation 2.5%	CY 04 0.1%
FY 06-07	Total base increase 3.25%	Personal Services 2.6% Food inflation 2.1% Medical inflation 2.0%	CY 05 2.1%
FY 07-08	Total base increase 1.5%	Personal Services 4.75% Food inflation 1.8% Medical inflation 2.0%	CY 06 3.6%
FY 08-09	Total base increase 1.5%	Personal Services 4.28% Food inflation 0.0% Medical inflation 0.0%	CY 07 2.2%
FY 2009-10	Total base decrease Various	Personal Services** 0.0% Food inflation 0.0% Medical inflation 0.0%	CY 08 3.9%
FY 2010-11	Total base decrease Various	Personal Services** 0.0% Food inflation 0.0% Medical inflation 0.0%	CY 09 (0.6%)
FY 2011-12	Total base change 0.0%	Personal Services** 0.0% Food inflation 0.0% Medical inflation 0.0%	CY 10 1.9%
FY 2012-13	Total base change 0.0%	Personal Services** 0.0% Food inflation 0.0% Medical inflation 0.0%	CY 11 3.7%
FY 2013-14	Total base change 2.0%	Personal Services 3.5% Food inflation 0.0% Medical inflation 0.0%	CY 12 1.9%
FY 2014-15	Total base change 2.5% 2.0% for HCPF providers plus targeted rate increases	Personal Services 3.5% Food inflation 0.0% Medical inflation 0.0%	CY 13 2.8%
FY 2015-16	Total base change 1.7% 0.5% for providers paid from Medical Services Premiums plus targeted rate increases	Personal Services 2.0% Food inflation 0.0% Medical inflation 0.0%	CY 14 2.8%

*State personal services increases have historically been based on the average salary survey increase for the given year plus the average of 2.2 percent through FY 2001-02 for anniversary increases. Beginning in FY 2002-03, the State shifted to a performance based pay approach (PBP). Figures shown from FY 2002-03 forward include both salary survey and PBP. These figures are for salaries and wages and do not include benefits such as health, life, and dental insurance.

**Temporary reductions to state employee compensation and personal services appropriations were taken in FY 2009-10, FY 2010-11, and FY 2011-12 as follows:

FY 2009-10 overall reduction of 1.82 percent to General-funded personal services line items, redistributed and taken through furloughs and vacancy savings. Reduction was one-time and not base-building.

FY 2010-11 overall reduction of 2.9 percent, based on a requirement that staff to contribute an additional 2.5 percent share of retirement (PERA) contributions and a reduction to selected General-funded personal service line items. Reductions were one-time and not base-building.

FY 2011-12 - increased employee PERA contribution of 2.5 percent was continued in FY 2011-12, but eliminated for FY 2012-13.

APPENDIX A: Governor's Request for Community Provider Rates

	TOTAL	GF	CF	RF	FF
<u>Corrections</u>					
Management					
External Capacity Subprogram					
Payments to House State Prisoners					
Payments to local jails	(\$146,439)	(\$146,439)	\$0	\$0	\$0
Payments to in-state private prisons	(709,546)	(709,546)	0	0	0
Payments to pre-release parole revocation facilities	(139,244)	(139,244)	0	0	0
Community Corrections Programs	(42,006)	(42,006)	0	0	0
Institutions					
Medical Services Subprogram					
Personal Services	(35,000)	(35,000)	0	0	0
Service Contracts	(24,901)	(24,901)	0	0	0
Mental Health Subprogram					
Personal Services	(6,350)	(6,350)	0	0	0
Medical Contract Services	(40,350)	(40,350)	0	0	0
Inmate Programs					
Drug and Alcohol Treatment Subprogram					
Contract Services	(20,758)	(20,758)	0	0	0
Community Services					
Parole Subprogram					
Contract Services	(54,890)	(54,890)	0	0	0
Wrap-Around Services Program	(18,343)	(18,343)	0	0	0
Community Supervision Subprogram					
Community Supervision					
Community Mental Health Services	(6,401)	(6,401)	0	0	0
Contract Services	(29,120)	(29,120)	0	0	0
Corrections - Total	(\$1,273,348)	(\$1,273,348)	\$0	\$0	\$0
<u>Health Care Policy and Financing</u>					
Medical Services Premiums	(30,375,797)	(10,300,170)	(630,662)	0	(19,444,965)
Behavioral Health Community Programs					
Behavioral Health Fee-for-service Payments	(87,332)	(18,463)	(2,279)	0	(66,590)
Office of Community Living					
Division for Individuals with Intellectual and Developmental Disabilities					
Program Costs					
Adult Comprehensive Services	(3,869,989)	(1,763,565)	(312,980)	0	(1,793,444)
Adult Supported Living Services	(778,898)	(423,839)	0	0	(355,059)
Children's Extensive Support Services	(219,834)	(108,994)	0	0	(110,840)
Case Management	(319,784)	(169,798)	0	0	(149,986)
Family Support Services	(69,605)	(69,605)	0	0	0
Preventive Dental Hygiene	(670)	(633)	(37)	0	0
Eligibility Determination and Waiting List Management	(31,212)	(31,006)	0	0	(206)
Department of Human Services Medicaid-Funded Programs					
Division of Child Welfare - Medicaid Funding					
Child Welfare Services	(152,226)	(75,474)	0	0	(76,752)
Behavioral Health Services - Medicaid Funding					
Mental Health Treatment Services for Youth	(1,236)	(613)	0	0	(623)
High Risk Pregnant Women Program	(16,000)	(7,933)	0	0	(8,067)
Division of Youth Corrections - Medicaid Funding					
Division of Youth Corrections - Medicaid Funding	(13,646)	(6,766)	0	0	(6,880)
Office of Early Childhood - Medicaid Funding					
Community and Family Support, Early Intervention Services	(62,391)	(30,933)	0	0	(31,458)
Health Care Policy and Financing - Total	(\$35,998,620)	(\$13,007,792)	(\$945,958)	\$0	(\$22,044,870)

APPENDIX A: Governor's Request for Community Provider Rates

	TOTAL	GF	CF	RF	FF
Human Services					
Executive Director's Office					
Special Purpose					
Commission for the Deaf and Hard of Hearing	(11,778)	(11,778)	0	0	0
County Administration					
County Administration	(563,844)	(196,669)	(104,370)	0	(262,805)
Division of Child Welfare					
Child Welfare Services	(3,541,403)	(1,806,485)	(680,688)	(152,226)	(902,004)
Family and Children's Programs	(540,030)	(452,340)	(56,459)	0	(31,231)
Office of Early Childhood					
Division of Early Care and Learning					
Child Care Licensing and Administration	(39,191)	0	0	0	(39,191)
Child Care Assistance Program	(895,933)	(239,319)	(97,625)	0	(558,989)
Division of Community and Family Support					
Early Childhood Mental Health Services	(12,412)	(12,412)	0	0	0
Early Intervention Services	(433,429)	(230,079)	(121,924)	0	(81,426)
Early Intervention Services Case Management	(108,365)	(45,974)	0	(62,391)	0
Behavioral Health Services					
Mental Health Community Programs					
Services for Indigent Mentally Ill Clients	(310,395)	(310,395)	0	0	0
Medications for Indigent Mentally Ill Clients	(15,544)	(15,544)	0	0	0
School-based Mental Health Services	(12,133)	(12,133)	0	0	0
Assertive Community Treatment Programs	(54,896)	(48,036)	(6,860)	0	0
Alternatives to Inpatient Hospitalization at a Mental Health Institute	(33,375)	(33,375)	0	0	0
Mental Health Treatment Services for Youth	(7,788)	(6,552)	0	(1,236)	0
Mental Health Institutes					
Mental Health Institute - Ft. Logan					
Personal Services	(38,737)	(38,737)	0	0	0
Mental Health Institute - Pueblo					
Personal Services	(86,846)	(86,846)	0	0	0
Jail-based Competency Restoration Program	(24,692)	(24,692)	0	0	0
Circle Program	(2,181)	0	(2,181)	0	0
Substance Use Treatment and Prevention					
Treatment Services					
Treatment and Detoxification Contracts	(120,550)	(120,550)	0	0	0
Case Management for Chronic Detoxification Clients	(26)	(26)	0	0	0
Short-term Intensive Residential Remediation and Treatment (STIRRT)	(31,465)	(31,465)	0	0	0
High Risk Pregnant Women Program	(16,000)	0	0	(16,000)	0
Prevention and Intervention					
Prevention Contracts	(351)	(351)	0	0	0
Other Programs					
Balance of Substance Abuse Block Grant Programs	(1,977)	(1,977)	0	0	0
Integrated Behavioral Health Services					
Crisis Response System - Walk-in, Stabilization, Mobile, Residential, and Respite Services	(229,524)	(229,524)	0	0	0
Crisis Response System - Telephone Hotline	(23,959)	(23,959)	0	0	0
Community Transition Services	(51,479)	(51,479)	0	0	0
Rural Co-occurring Disorder Services	(10,212)	(10,212)	0	0	0
Services for People with Disabilities					
Division of Vocational Rehabilitation					
Independent Living Centers and State Independent Living Council	(48,319)	(48,319)	0	0	0

APPENDIX A: Governor's Request for Community Provider Rates					
	TOTAL	GF	CF	RF	FF
Adult Assistance Programs					
Adult Protective Services					
Adult Protective Services	(141,657)	(92,677)	(28,570)	0	(20,410)
Division of Youth Corrections					
Institutional Programs					
Personal Services	(8,500)	(8,500)	0	0	0
Medical Services	(30,621)	(30,621)	0	0	0
Educational Programs	(31,953)	(31,953)	0	0	0
Community Programs					
Personal Services	(585)	(585)	0	0	0
Operating Expenses	(2,069)	(1,956)	0	(113)	0
Purchase of Contract Placements	(268,819)	(244,973)	0	(13,180)	(10,666)
Managed Care Project	(14,547)	(14,194)	0	(353)	0
S.B. 91-94 Programs	(129,728)	(129,728)	0	0	0
Parole Program Services	(39,607)	(39,607)	0	0	0
Human Services - Total	(\$7,934,920)	(\$4,684,022)	(\$1,098,677)	(\$245,499)	(\$1,906,722)
Public Safety					
Division of Criminal Justice					
Community Corrections					
Community Corrections Placements	(601,539)	(601,539)	0	0	0
Community Corrections Facility Payments	(34,223)	(34,223)	0	0	0
Community Corrections Boards Administration	(22,538)	(22,538)	0	0	0
Specialized Offender Services	(573)	(573)	0	0	0
Public Safety - Total	(\$658,873)	(\$658,873)	\$0	\$0	\$0
TOTAL	(\$45,865,761)	(\$19,624,035)	(\$2,044,635)	(\$245,499)	(\$23,951,592)