

Minnesota

Department of Human Services

February 2016 Forecast

St. Paul, Minnesota

February 26, 2016

THE DHS FORECAST

The Department of Human Services (DHS) prepares a forecast of expenditures in its major programs twice each year, for use in the state forecasts which are released in November and February during each fiscal year. These forecasts are reviewed by Minnesota Management & Budget and are used to update the Fund Balance for the forecasted programs.

The February forecast, as adjusted for changes made during the legislative session, becomes the basis for end of session forecasts and planning estimates. The preceding November forecast sets the stage for the February forecast.

The DHS forecast is a "current law" forecast. It aims to forecast caseloads and expenditures given the current state and federal law at the time the forecast is published.

The DHS programs covered by the forecast are affected by many variables:

The state's general economy and labor market affect most programs to some degree, especially those programs and segments of programs which serve people in the labor market.

Federal law changes and policy changes affect state obligations in programs which have joint state and federal financing. Federal matching rates for Medical Assistance (MA) change occasionally. Federal funding for the Temporary Assistance to Needy Families (TANF) program is contingent on state compliance with maintenance of effort requirements which mandate minimum levels of state spending.

Changes in federal programs affect caseloads and costs in state programs. The Supplemental Security Income program (SSI) drives elderly and disabled caseloads in Medical Assistance and Minnesota Supplemental Aid (MSA). Changes in SSI eligibility may leave numbers of people eligible for General Assistance (GA) instead of SSI.

The narrative section of this document provides brief explanations of the changes in forecast expenditures in the February 2016 forecast as compared to the November 2015 forecast. The FY 2016-2017 biennium is referred to as "the current biennium" and FY 2018-2019 as "the next biennium."

Tables One and Two provide the new and old forecasts and changes from the previous forecast for the FY 2014-2015 biennium, Tables Three and Four provide the same information about the FY 2016-2017 biennium, and Tables Five and Six about the FY 2018-2019 biennium.

FY 2016-2017 BIENNIUM SUMMARY

General Fund Costs Lower

General Fund costs for DHS medical and economic support programs for the current biennium are projected to total \$10.156 billion, down \$130 million (1.3%) compared to the November 2015 forecast. A large increase in the state's federal CHIP allotment accounts for this reduction.

TANF Forecast Lower

Projected expenditures of federal TANF (Temporary Assistance for Needy Families) funds for MFIP grants are \$151 million, \$1 million (0.8%) lower than the November 2015 forecast, due to increased General Fund expenditures in MFIP to meet maintenance-of-effort requirements.

Health Care Access Fund Lower

Health Care Access Fund costs for MinnesotaCare and Medical Assistance for the current biennium are projected to total \$1.120 billion, \$29 million (2.5%) lower than the November 2015 forecast. Most of this reduction results from lower than expected payments to managed care organizations.

FY 2018-2019 BIENNIUM SUMMARY

General Fund Costs Lower

General Fund costs for DHS medical and economic support programs for the FY 2018-2019 biennium are projected to total \$12.478 billion, down \$31 million (0.2%) compared to the November 2015 forecast. This small forecast reduction is primarily the result of a large increase in the state's federal CHIP allotment being mostly offset by overall MA enrollment increases.

TANF Forecast Lower

Projected expenditures of federal TANF (Temporary Assistance for Needy Families) funds for MFIP grants are \$160 million, \$2 million (1.3%) lower than the November 2015 forecast. This results from more TANF being used outside MFIP.

Health Care Access Fund Slightly Lower

Health Care Access Fund costs for MinnesotaCare and Medical Assistance for the 2018-2019 biennium are projected to total \$738 million, \$1 million (0.1%) lower than the November 2015 forecast. This slight reduction results from lower projected enrollment in MinnesotaCare.

PROGRAM DETAIL

MEDICAL ASSISTANCE

	'14-'15 Biennium	'16-'17 Biennium	'18-'19 Biennium
Total forecast change for MA (\$000)	0	-123,359	-32,632
Total forecast percentage change this item	0.0%	-1.3%	-0.3%

Adjustments to the Health Care Access Fund appropriations and planning estimates cause the above total MA forecast change to be divided into a General Fund change and a Health Care Access Fund change:

	'14-'15 Biennium	'16-'17 Biennium	'18-'19 Biennium
MA General Fund change (\$000)	0	-123,359	-32,632
MA Health Care Access Fund change (\$000)	0	0	0
Total forecast change for MA (\$000)	0	-123,359	-32,632

The Health Care Access Fund changes in the current biennium and the next biennium represent an appropriation change pursuant to Minnesota Laws 2013, Chapter 108, Article 14, Section 12. This section in effect requires a portion of any forecast reduction in areas for which expansion costs were budgeted in the 2013 Session to be assigned to the Health Care Access Fund. These changes are based on substantial reductions in average cost projections for MA Families with Children and reductions in the projected costs for presumptive eligibility determined by hospitals (one of the changes funded by 2013 Session appropriations).

The following sections explain the total forecast change for each of five component activities of the Medical Assistance program:

MA LTC FACILITIES

	'14-'15 Biennium	'16-'17 Biennium	'18-'19 Biennium
Total forecast change this item (\$000)	0	-4,521	-2,806
Total forecast percentage change this item	0.0%	-0.5%	-0.3%

This activity includes payments to nursing facilities, to community ICF/DD facilities, for day training and habilitation services for community ICF/DD residents, and for the State Operated Services programs for the mentally ill (SOS).

The net cost of this activity is also affected by the amount of Alternative Care (AC) funds expected to cancel to the Medical Assistance account. Alternative Care has historically been funded at a larger amount than expected expenditures. The amount which is expected to be unspent is deducted from the funding of the Medical Assistance program in the budget process.

Change in Projected Costs	'14-'15 Biennium (\$000)	'16-'17 Biennium (\$000)	'18-'19 Biennium (\$000)
NF forecast		-197	1,365
ICF/DD & DTH		-1,050	-65
County share		95	-30
Alternative Care offset: AC recipients		-617	-766
Alternative Care offset: AC avg. cost		-1,730	-2,453
Alternative Care offset: Essential Com. Supports		-1,022	-857
Activity Total	0	-4,521	-2,806

Nursing Facilities (NF)

Only tiny changes are made to the NF forecast: -0.02% for the current biennium and +0.13% for the next biennium.

Community ICF/DD and Day Training & Habilitation (DT&H)

Minimal net changes are made to these forecasts: -0.6% for the current biennium and -0.04% for the next biennium.

County Share of LTC Facility Services

Changes in county share projections are less than 1.0%.

**Alternative Care Offset
Alternative Care Program**

AC recipient projections are 2.0% lower for the current biennium and 1.8% lower for the next biennium.

Based on recent trends, AC average payment projections 5.7% lower for the current biennium and 6.0% lower for the next biennium.

**Alternative Care Offset
Essential Community Supports (ECS)**

Based on recent experience, projected recipients of ECS are reduced by about 26% for the current biennium and 17% for the next biennium.

MA LTC WAIVERS & HOME CARE

	'14-'15 Biennium	'16-'17 Biennium	'18-'19 Biennium
Total forecast change this item (\$000)	0	-21,659	-15,110
Total forecast percentage change this item	0.0%	-0.7%	-0.4%

This activity includes the following components:

- Developmentally Disabled Waiver (DD Waiver)
- Elderly Waiver (EW): fee-for-service (FFS) segment
- Community Alternatives for Disabled Individuals (CADI Waiver)
- Community Alternative Care Waiver (CAC Waiver)
- Brain Injury Waiver (BI Waiver)
- Home Health Agency Services
- Home Care Nursing (HCN) Services
- Personal Care Assistance (PCA)
- Community Choice K
- Community Choice I
- Fund transfer to Consumer Support Grants.
- Moving Home Minnesota (MHM) state funding

The five waivers are special arrangements under federal Medicaid law, which provide federal Medicaid funding for services which would not normally be funded by Medicaid, when these services are provided as an alternative to institutional care (nursing facility, ICF/DD, or acute care hospital).

Community Choice K and I services will replace PCA services in FY 2017. "K" services are for those who meet level of care requirements, "I" services for those who do not.

The following table provides a breakdown of the forecast changes in the waivers and home care:

Change in Projected Costs	'14-'15 Biennium (\$000)	'16-'17 Biennium (\$000)	'18-'19 Biennium (\$000)
DD waiver		1,304	4,683
EW Waiver FFS		-688	-1,072
CADI Waiver		-11,757	-13,647
CAC Waiver		645	614
BI Waiver		-3,626	-3,449
Home Health		-994	-1,343
Home Care Nursing		-5,849	-4,539
Personal Care Assistance		157,950	0
Community Choice K & I FFS		-171,285	5,671
Transfer to CSG		13,817	0
Moving Home Minnesota		-1,176	-2,028
Activity Total		-21,659	-15,110
EW Total: FFS & Managed Care		3,583	6,492

Percent Change in Projected Costs	'14-'15 Biennium	'16-'17 Biennium	'18-'19 Biennium
DD Waiver		0.10%	0.32%
EW Waiver FFS		-1.36%	-1.73%
CADI Waiver		-1.43%	-1.28%
CAC Waiver		1.89%	1.52%
BI Waiver		-3.34%	-2.93%
Home Health		-5.42%	-7.37%
Home Care Nursing		-4.21%	-2.74%
Personal Care Assistance (Total)		40.17%	
Community Choice K & I FFS		-66.55%	0.77%
Transfer to CSG		44.93%	
Moving Home Minnesota		-15.32%	-14.07%
Activity Total		-0.69%	-0.41%
EW Total: FFS & Managed Care		0.91%	1.30%

DD Waiver

DD Waiver projections are practically unchanged. Projected costs are increased by less than 0.5%.

Elderly Waiver

Elderly Population Growth Accounted For

Recipient forecasts for EW and NF are constructed to ensure that the underlying projections (before adjustments for legislative changes) account for the increasing demand for long term care services which is expected to result from the growth of the elderly population in the coming years. Projected annual increments in the total number of elderly recipients of NF and EW together are approximately 1000 for FY 2017, and 1200 for FY 2018 and FY 2019. The current forecast assumes that 90% of this recipient increase will be in EW.

Beyond the current forecast horizon, projected annual population-driven growth rises to 1400 by FY 2023 and to 1600 by FY 2027 and stays in that range for the next ten years. The expected annual growth does not drop below 1000 until about 2039.

Elderly Waiver

Elderly waiver is forecasted in two segments, the fee for service (FFS) segment and the managed care segment. Roughly 90% of EW recipients and payments are in the managed care segment of the program. Forecast changes are described here for the total of the two segments, as well as the much smaller fee for service segment.

Recipient projections for EW-FFS are 0.9% lower for the current biennium and 1.8% lower for the next biennium. Combined recipient projections for FFS and managed care are about 0.9% higher for this biennium and the next.

EW-FFS average payment projections are 0.5% lower for the current biennium and practically unchanged for the next biennium. Combined average payment projections are nearly unchanged for the current biennium and 0.4% higher for the next biennium.

CADI Waiver

Projected numbers of CADI recipients are about 0.3% lower for the current biennium and 0.1% lower for the next biennium.

Average payment projections are about 1.2% lower for the current biennium and the next biennium.

CAC Waiver

CAC waiver expenditure projections are about 1.9% higher for the current biennium and 1.5% higher for the next biennium.

BI Waiver

BI waiver expenditure projections are reduced by 3.3% for the current biennium and 2.9% for the next biennium. The reductions come mainly from lower average payment projections.

Home Health Agency (HHA)

HHA expenditure projections are reduced by 5.4% for the current biennium and by 7.4% for the next biennium. Lower recipient projections account for almost all of the reduction.

Home Care Nursing

The Home care Nursing forecast is reduced by 4.2% for the current biennium and by 2.7% for the next biennium.

Personal Care Assistance (PCA) / Community Choice K & I

Based on 2013 Session changes, PCA will be replaced by Community Choice K & I services. ("K" services are for those who meet institutional level of care requirements; "I" services for those who do not.) This forecast recognizes a delay in the expected implementation of this change from July 2016 to January 2017. The resulting increases in the PCA forecast and the Consumer Support Grants forecast and decreases in the Community Choice K & I forecasts roughly offset each other in the current biennium. The small increase in the next biennium for Community Choice results from a small increase in average payment projections.

Transfer to Consumer Support Grants (CSG)

The Consumer Support Grants program is funded through transfers from the MA account. Like PCA, the CSG caseload is to be folded into the Community Choice K & I services. The increase in the current biennium results from delayed implementation of Community Choice.

Moving Home Minnesota Waiver

Moving Home Minnesota (MHM) is a federal waiver, funded with federal grant money. Its purpose is to provide person-centered services to assist people to return to living in the community who have resided for at least 90 days in a nursing home or hospital. MHM began assisting with transitions to the community in 2014. Federal funding for MHM is special grant funding rather than Medicaid funding. State funding comes from the MA account.

MHM was added to the DHS forecast with the November 2015 forecast. State MA funding is treated as part of the LTC Waivers budget sub-activity. (This is only one aspect of MHM fiscal activity; other aspects are managed by DHS outside of the forecast.)

Offsetting effects of MHM on other MA services are recognized only for the CADI waiver, and only future expected effects on CADI are explicitly estimated, some effects of past and current MHM services being already part of actual data through December 2015. We assume that MHM, to the extent that it substitutes for already available home and community-based services, will affect CADI because MHM services are focused on the under-65 population. MHM aims to support people in moving out of nursing homes and hospitals. We have not explicitly accounted in the forecast for effects on these services because, with MHM's slow growth and modest number of recipients expected to be served at its peak (200 to 250 average monthly recipients in FY 2017 and FY 2018), impacts on the month-by-month number of NF recipients are expected to be very subtle and not able to be tracked with any reliability.

MHM cost projections are reduced by 15% for the current biennium and 14% for the next biennium, as the average cost of coverage under this waiver continues to be lower than previous projections.

MA ELD. & DISABLED BASIC CARE

	'14-'15 Biennium	'16-'17 Biennium	'18-'19 Biennium
Total forecast change this item (\$000)	0	-28,442	-19,702
Total forecast percentage change this item	0.0%	-0.9%	-0.5%

This activity funds general medical care for elderly and disabled Medical Assistance enrollees. For almost all of the elderly and for about 50 percent of the disabled who have Medicare coverage, Medical Assistance acts as a Medicare supplement. For those who are not eligible for Medicare, Medical Assistance pays for all their medical care. Also included in this activity is the IMD group, which was part of GAMC until October 2003 and is funded without federal match. Enrollees in this group are individuals who would be eligible as MA disabled but for the fact of residence in a facility which is designated by federal regulations as an "Institute for Mental Diseases." Residents of such facilities are barred from MA eligibility unless they are under age 21 or age 65 or older.

The disabled segment accounts for about two-thirds of enrollees in this activity.

This activity also pays the federal agency the "clawback" payments which are required by federal law to return most of the MA pharmacy savings resulting from implementation of Medicare Part D in January 2006. The federal agency bills the state monthly for each Medicare-MA dual eligible who is enrolled in a Part D plan. The proportion of estimated savings which the state is required to pay decreases by 1.67 percentage points each year until it reaches 75% in CY 2015. For CY 2016 the amount billed per dual eligible each month is approximately \$144.

The following table summarizes the areas of forecast changes in this activity:

	'14-'15 Biennium (\$000)	'16-'17 Biennium (\$000)	'18-'19 Biennium (\$000)
Elderly Waiver Managed Care: Average recipients	0	4,035	5,192
Elderly Waiver Managed Care: Average cost	0	235	2,372
Community Choice K & I Managed Care		-46,402	-3,321
Elderly Basic: PCA	0	46,755	7,505
Elderly Basic: Enrollment	0	302	583
Elderly Basic: Avg. cost	0	-1,070	-883
Disabled Basic: FFS (and overall) enrollment lower	0	-22,610	-28,979
Disabled Basic: FFS average payment lower	0	-18,134	-18,142
Disabled Basic: SNBC enrollment	0	11,254	12,392
Disabled Basic: SNBC avg. cost	0	-5,952	-2,386
Disabled Basic: Adjust enhanced fed. share for dis. in adult expansion	0	1,978	2,249
Disabled Basic: Managed care payments reassigned to MA Disabled	0	-3,365	0
Chemical Dependency Fund share	0	563	618
IMD Program	0	7,146	7,715
Medicare Part D clawback payments	0	-3,177	-4,617
Total	0	-28,442	-19,702

Elderly Waiver Managed Care

Based on recent experience, recipient projections for EW managed care are 1.2% higher in both the current and next biennium.

EW managed care average payments are increased very slightly in the current biennium and by 0.5% in the next biennium, based on actual managed care rates implemented in CY 2016.

Community Choice K & I and PCA in Managed Care

Delay in the implementation of Community Choice from July 2016 to January 2017 results in increased PCA costs, substantially offset by decreased Community Choice costs, in the current biennium, with a small net cost in the next biennium because of the reduction of enhanced federal matching for Community Choice.

Elderly Basic Changes

Elderly basic enrollment projections are 0.1% higher for both the current biennium and the next biennium.

Average cost projections for Elderly basic care are reduced about 0.1% for both the current biennium and the next biennium due to lower than expected fee for service costs.

Disabled Basic Enrollment

Projected overall Disabled basic enrollment is 4.7% lower for the current biennium and 5.1% lower for the next biennium. This change results from continued diversion of new MA enrollees, who in the past would have needed a disability determination before becoming eligible for MA. Instead, these enrollees have been entering MA as adults with no children since the January 2014 increase in the income limit for adults with no children to 138% FPG (nominal 133% FPG). These are individuals who may have an application for Social Security Disability pending but have not yet had disability certified. Accumulated forecast reductions for disabled MA recipients for this reason now amount to about 18,000 average enrollees.

Despite lower overall Disabled basic enrollment, the share of Disabled enrollment in managed care is 1.5% higher in the current biennium and 1.4% in the next biennium.

Disabled Basic Average Payment

Based on recent cost experience, fee for service average payment projections are 2.3% lower in the current biennium and 1.9% lower in the next biennium. SNBC rates are also lower, by about 0.8% for the current biennium and 0.3% for the next biennium.

Enhanced Federal Share for Disabled with Adult Expansion Eligibility

After individuals have disability certified, they can continue to take advantage of the higher income standard of the MA adult expansion until they get Medicare coverage (which happens after two years on Social Security Disability). We categorize individuals in this status as MA Disabled enrollees, but Minnesota receives enhanced federal matching on this group, at 75% federal share in CY 2014 to CY 2016 and gradually changing to the same 90% federal share as the adult expansion in CY 2020.

This item in the table represents a downward adjustment in the expected value of enhanced federal share funds due to fewer than expected enrollees in this status.

Managed Care Payments Reassigned to MA Disabled

In the past this activity consisted mainly of GAMC payments reassigned to MA when GAMC recipients got retroactive disability certifications. Currently this activity results from payment reassignment within MA, either to or from MA Disabled status, based on changes in individuals' disability status. The changes shown in the table reflect updated actual data through December 2015.

CD Fund Share

Decreases in the forecast of MA funding of services covered by the CD Fund produce corresponding increases in state share costs funded from the MA account, because for services covered by the CD Fund, the CD Fund pays the non-federal share, rather than MA.

IMD Program

Projected payments for this segment are approximately 25% higher due to increased enrollment and average payments based on updated actual data. This segment currently has about 2,200 enrollees and is subject to dramatic fluctuations.

Medicare Part D Clawback

The MA cost for the clawback is reduced by 0.8% in the current biennium and 1.0% in the next biennium due to a reduced projection in the number of MA enrollees eligible for both Medicaid and Medicare.

ADULTS WITHOUT CHILDREN

	'14-'15 Biennium	'16-'17 Biennium	'18-'19 Biennium
Total forecast change this item (\$000)	0	4,239	13,301
Total forecast percentage change this item	0.0%	8.16%	5.86%

Nearly all payments in this activity are 100% federally funded from CY 2014 through CY 2016. In CY 2017 the federal share is 95%, then 94% in CY 2018 and 93% in CY 2019.

The components of the overall forecast change in this activity are summarized in the following table:

	'14-'15 Biennium (\$000)	'16-'17 Biennium (\$000)	'18-'19 Biennium (\$000)
Average enrollees	0	2,633	13,465
Average cost	0	736	-362
Periodic data matching delay		870	198
Total	0	4,239	13,301

Projected enrollment is increased by 4.1% for the current biennium and by 5.8% for the next biennium. There is little effect on state costs until January 2017, when the federal share begins to be less than 100%.

Average cost projections are about 1% lower in the current biennium and less than 1% lower in the next biennium. These small changes in average cost are offset in the current biennium by a HIF payment.

The November forecast assumed a March 1, 2016, implementation date for the periodic data matching process. Relative to an annual review, this process is expected to provide earlier identification of changes in circumstance that makes a person ineligible. The February forecast assumes a delayed implementation date of July 1, 2016 for the periodic data matching process, which results in additional enrollee months relative to the November forecast assumptions.

FAMILIES WITH CHILDREN BASIC CARE

	'14-'15 Biennium	'16-'17 Biennium	'18-'19 Biennium
Total forecast change this item (\$000)	0	-72,976	-8,315
Total forecast percentage change this item	0.0%	-2.8%	-0.3%

This activity funds general medical care for children, parents, and pregnant women, including families receiving MFIP and those with transition coverage after exiting MFIP. It also includes non-citizens who are ineligible for federal Medicaid matching, but almost all of whom are eligible for federal CHIP funding at 65% (88% effective January 2016).

Enhanced federal CHIP matching is available for children with family income over 133% of the federal poverty level. This funding supplements the regular 50% Medicaid matching with an additional enhanced federal match, within the limits of Minnesota's CHIP allocation from the federal government.

The components of the overall forecast change in this activity are summarized in the following table:

	'14-'15 Biennium (\$000)	'16-'17 Biennium (\$000)	'18-'19 Biennium (\$000)
Families with Children			
Enrollment	0	73,662	132,727
Average cost of basic care		-29,539	-13,582
Periodic data matching delay		9,846	1,045
Managed care: PCA & Community Choice K & I		-340	1,696
CHIP enhanced federal funding		-132,656	-131,606
Value of cap on HMO payment delays in 2017		4,325	-4,325
CD Fund share		-578	-954
Rx Rebates		-14,522	-9,875
Non-citizen MA segment		731	-84
Services w special funding: MnCHOICES increase		16,650	16,986
Family planning waiver		-349	-343
Breast & cerv. cancer		-206	0
Total	0	-72,976	-8,315

Families with Children

In the last three months of 2015, enrollment began to increase above the forecast, which is likely due to a greater than expected impact of open enrollment. As a result, enrollment projections are about 2.5% higher in the current biennium and approximately 4.0% higher in the next biennium.

Average cost projections, in the aggregate, are about 1.0% lower for the current biennium and 0.4% lower for the next biennium.

Periodic Data Matching Delay

The November forecast assumed a March 1, 2016, implementation date for the periodic data matching process. Relative to an annual review, this process is expected to provide earlier identification of changes in circumstance that makes a person ineligible. The February forecast assumes a delayed implementation date of July 1, 2016 for the periodic data matching process, which results in additional enrollee months relative to the November forecast assumptions.

Community Choice K & I and PCA in Managed Care

Delay in the implementation of Community Choice from July 2016 to January 2017 results in minimal net change in the current biennium, with a net cost in the next biennium because of the reduction of enhanced federal matching for Community Choice.

CHIP Enhanced Funding for MA Children Over 133% FPG

Minnesota is able to claim federal CHIP funds as enhanced matching on costs for children with family income over 133% FPG in MA. The enhancement is the difference between the current 88% federal CHIP share and the current 50% Medicaid share.

In January, Minnesota was informed that its annual CHIP allotment was increasing by roughly \$60 million. Since there are enough projected CHIP eligible expenditures to claim the increased allotment, this results in a shift of state spending to federal spending in the forecast.

Cap on HMO Payment Delay

Legislation in 2011 delayed capitation payments for May 2013 and May 2015 until the following July. For managed care for the disabled, which already had May and June payments delayed in law, payments for April 2013 and April 2015 were delayed until the following July. The value of each year's delay was capped at \$135 million of state funds for MA and MinnesotaCare combined. 2015 legislation extended this capped payment delay to April / May 2017.

For the 2017 delay an increase in projected enrollment results in an increase in the amount not delayed due to the cap, which leads to a corresponding shift of costs from FY 2018.

	State Share (\$000)		State Share (\$000)
FY 2015	0		
FY 2016	0		
FY 2017	4,325	Biennium	4,325
FY 2018	-4,325		
FY 2019	0	Biennium	-4,325

CD Fund Share

Small increases in the share of MA services covered by the CD Fund produce corresponding decreases in state share costs funded from the MA account, because the state share of these costs comes from the CD Fund.

Pharmacy Rebates

(Higher rebates reduce MA cost projections; lower rebates increase net costs.)

Higher than expected actual rebates and invoices for future collections result in projected pharmacy rebates that are about 5.0% higher for the current biennium and about 3.3% higher in the next biennium.

Non-Citizen MA

The Non-Citizen segment of MA includes federal Children's Health Insurance Program (CHIP) coverage for pregnant women through the month in which they give birth. Two months of post-partum coverage were at 100% state cost until July 2009, when Minnesota began to claim CHIP coverage for those months.

Small reductions in average cost (about 1.0%) offset by one relatively large FFS payment in December 2015 result in the forecast changes for this segment.

Services with Special Funding

This is a forecast category which includes several services which have only federal and county share funding, such as child welfare targeted case management. Some services have state and federal funding, but are administrative costs from the federal perspective and so have federal matching at a fixed 50%, rather than funding at the Federal Medical Assistance Percentage (FMAP) which applies to medical services and can vary from 50%, as was recently the case with enhanced FMAP rates. Services which have state funding are access services (transportation to medical care), child and teen checkup outreach, and MnChoices (taking the place of DD waiver screenings and other LTC screenings).

This segment of the forecast is increased approximately 12% mainly because of higher projected costs for MnChoices, based on higher actual costs in 2015.

Family Planning Waiver

Most of the services provided under this waiver have 90% federal funding.

Based on recent cost experience, these projections are about 13% lower for the current biennium and 11.5% lower for the next biennium. Both enrollment and average cost projections are lower.

Breast & Cervical Cancer

This coverage applies on average to between 400 and 500 women.

Projected expenditures are about 3% lower for the current biennium and unchanged for the next biennium. This is the impact of including updated actual data on payments.

ALTERNATIVE CARE

	'14-'15 Biennium	'16-'17 Biennium	'18-'19 Biennium
Forecast change this item (\$000)	0	0	0
Forecast percentage change this item	0.0%	0.0%	0.0%

Changes in the AC budget activity forecast are represented as changes in the expected cancellation to MA, and so affect the bottom line of the MA forecast.

CHEMICAL DEPENDENCY FUND

	'14-'15 Biennium	'16-'17 Biennium	'18-'19 Biennium
Forecast change this item (\$000)	0	2,396	2,840
Forecast percentage change this item	0.0%	1.2%	1.3%

The components of the overall forecast change in this activity are summarized in the following table:

	'14-'15 Biennium (\$000)	'16-'17 Biennium (\$000)	'18-'19 Biennium (\$000)
Lower average costs for FFS placements		-1,152	-899
Rate correction for special groups		-105	-287
Room & board for managed care		1,607	1,852
Federal revenue share adjusted		1,855	1,823
Data matching implementation delayed		191	351
Total		2,396	2,840

Projections of fee for service costs for CD placements are reduced by less than 1.0% for both the current biennium and the next biennium because of slightly lower costs in recent experience.

Correction of a CD rate enhancement for special groups with the treatment population, which was mistakenly applied to too broad a group, produces an overall rate reduction of approximately 0.2% effective July 2016.

Payment projections for room and board for managed care recipients are adjusted upward by approximately 3%. This is a small adjustment which follows upon larger increases made in the November forecast.

Projected federal MA revenue to the fund is reduced by approximately 4.5% based on experience for the first half of FY 2016.

MFIP NET CASH (STATE AND FEDERAL)	'14-'15 Biennium	'16-'17 Biennium	'18-'19 Biennium
Forecast change this item (\$000)	0	3,758	5,748
Forecast percentage change this item	0.0%	1.1%	1.7%
GENERAL FUND SHARE OF MFIP			
Forecast change this item (\$000)	0	4,927	7,865
Forecast percentage change this item	0.0%	2.6%	4.4%
FEDERAL TANF FUNDS FOR MFIP			
Forecast change this item (\$000)	0	-1,169	-2,117
Forecast percentage change this item	0.0%	-0.8%	-1.3%

This activity provides cash and food for low-income families with children. The MFIP program is Minnesota's TANF program. MFIP cash is therefore funded with a mixture of federal TANF Block Grant and state General Fund dollars.

The following table summarizes the changes in MFIP cash expenditures by source, relative to the November 2015 forecast:

Summary of Forecast Changes	'14-'15 Biennium (\$000)	'16-'17 Biennium (\$000)	'18-'19 Biennium (\$000)
Gross MFIP cash grant forecast change	0	905	4,667
Gross General Fund forecast change	0	4,935	7,865
Child Support/recoveries offset	0	-8	0
Net General Fund forecast change	0	4,927	7,865
Gross TANF forecast change	0	-4,031	-3,198
Child Support pass-through/recoveries offset	0	2,862	1,081
Net TANF forecast change	0	-1,169	-2,117

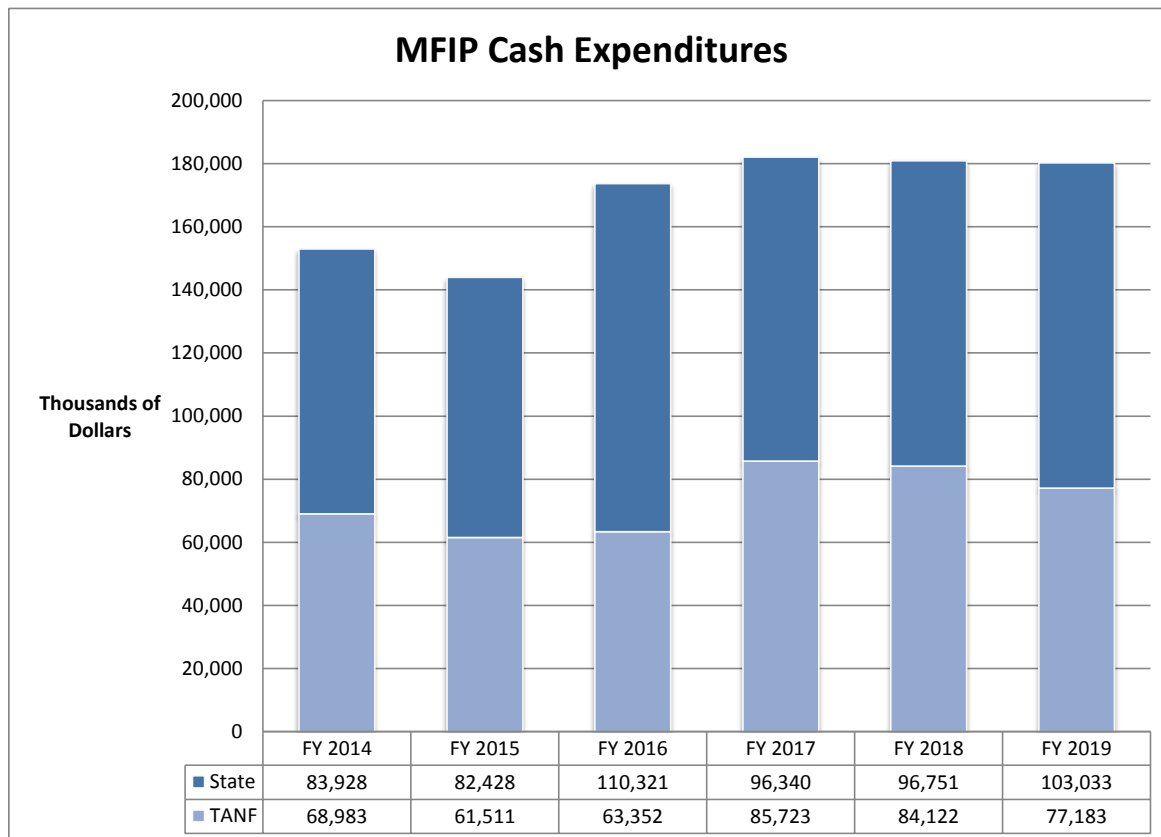
Increased Program Expenditures

Based on recent data, the MFIP forecast has been adjusted upward, primarily due to a higher caseload forecast. This results in increased gross expenditures of of \$0.9 million (0.3%) in the current biennium and \$4.7 million (1.3%) in the '18-'19 biennium.

Increases in General Fund Expenditures

Most of the MFIP caseload is funded with a mixture of state and federal block grant funds. The amount of state funds in this mixture is determined primarily by the federally mandated Maintenance of Effort (MOE) requirement for state (i.e., General Fund) spending on its TANF program. The state must meet this minimum MOE requirement to draw its entire federal TANF block grant allotment.

Certain components of the overall MOE requirement are forecasted separately from MFIP (child care is the primary example). Required gross General Fund spending in the MFIP forecast will vary with the forecasted expenditure levels in these external MOE components, though it must be at least 16% of the MOE requirement. In addition, if there are not enough TANF funds available to pay the portion of expenditures which do not have to be paid from the General Fund, then General Fund MOE is used to make up the difference. The General Fund must also fund "non-MOE" cases: cases with two parents and cases eligible for Family Stabilization Services. These expenditures cannot be used as MOE and cannot be funded with federal funds. Net General Fund expenditures are adjusted for child support collections and the counties' share of recoveries.



Gross General Fund expenditures are increased in both biennia: by \$4.9 million in the '16-'17 biennium and \$7.9 million in the '18-'19 biennium. Increases in Gross General Fund expenditures in the current biennium are due mostly to decreased MOE from Child Care Assistance Program expenditures, offset by a small decline in non-MOE expenditures. In the '18-19 biennium, increases in General Fund are mostly due to the need to use General Fund to cover MFIP forecast increases because not enough TANF is available. Expected child support arrearage collections are reduced by around \$8,000 in the current biennium but remain at the same level in the next biennium. This results in net General Fund increases of 2.6% in the current biennium and 4.4% in the '18-'19 biennium.

In both biennia, increases in General Fund expenditures in MFIP are greater than the gross forecast increase. TANF expenditures in MFIP decrease as a result, \$4.0 million in the current biennium and \$3.2 million in the '18-'19 biennium. Higher federal payments for child support pass-through offset this decrease. Net TANF expenditures decrease 0.8% in the current biennium and 1.3% in the '18-'19 biennium.

MFIP / TY CHILD CARE ASSISTANCE

	'14-'15 Biennium	'16-'17 Biennium	'18-'19 Biennium
Forecast change this item (\$000)	0	-8,795	-5,502
Forecast percentage change this item	0.0%	-4.7%	-2.4%

This activity provides child care assistance to MFIP families who are employed or are engaged in other work activities or education as part of their MFIP employment plan. This activity also provides transition year (TY) child care assistance for former MFIP families. As with the MFIP grant program, child care assistance is funded with a mixture of federal and state General Fund dollars. The federal child care funding comes from the Child Care & Development Fund (CCDF).

MFIP/TY forecasted expenditures decrease 2.7% in the current biennium and 1.5% in the next biennium. This is due mostly to a decrease in the child care average payment forecast: 2.3% in the current biennium and 1.5% in the next biennium. CCDF funding is unchanged, resulting in a General Fund decrease of 4.7% in the current biennium and 2.4% in the '18-'19 biennium.

NORTHSTAR CARE FOR CHILDREN

	'14-'15 Biennium	'16-'17 Biennium	'18-'19 Biennium
Forecast change this item (\$000)		-2,050	-3,135
Forecast percentage change this item		-2.1%	-2.1%

This activity combines Foster Care, Adoption Assistance, and Kinship Assistance/Relative Custody Assistance programs into a single program Northstar Care for Children, to support permanency for children. The Northstar Care program is funded with a mixture of federal, state General Fund dollars, county and tribal dollars.

Transitions to higher Northstar rates in permanency settings are occurring at a lower rate than previously forecast. Decreases in Kinship Assistance average payments account for most of the decrease in the current biennium. In the '18-'19 biennium, lower Adoption Assistance average payments account for two-thirds of the decrease, while lower Kinship Assistance average payments account for the remainder.

GENERAL ASSISTANCE

	'14-'15 Biennium	'16-'17 Biennium	'18-'19 Biennium
Forecast change this item (\$000)	0	-853	0
Forecast percentage change this item	0.0%	-0.8%	0.0%

This activity provides state-funded cash assistance for single adults and couples without children, provided they meet one of the specific General Assistance (GA) eligibility criteria. Typically, meeting one or more of the GA eligibility criteria indicates that the individual is mentally or physically unable to participate long-term in the labor market.

The projected GA caseload is decreased by 0.3% in the current biennium and the GA average payments is decreased by 0.5%, based on recent data. The forecast for the next biennium is unchanged.

GROUP RESIDENTIAL HOUSING

	'14-'15 Biennium	'16-'17 Biennium	'16-'17 Biennium
Forecast change this item (\$000)	0	-1,483	370
Forecast percentage change this item	0.0%	-0.5%	0.1%

This activity pays for housing and some services for individuals placed by the local agencies in a variety of residential settings. Two types of eligibility are distinguished, reflecting the fact that prior to FY 1995 this benefit used to be part of the MSA and GA programs. MSA-type recipients are elderly or disabled, with the same definitions as used for MA eligibility. GA-type recipients are other adults.

Caseload and average payments for both MSA and GA-type recipients are forecasted to be lower in the current biennium, based mainly on recent data. The slight increase in GRH cash in the '18-'19 biennium is due to an adjustment made to reconcile differences in the data used in the forecast.

MINNESOTA SUPPLEMENTAL AID	'14-'15 Biennium	'16-'17 Biennium	'18-'19 Biennium
Forecast change this item (\$000)	0	-1,275	-1,070
Forecast percentage change this item	0.0%	-1.6%	-1.3%

For most recipients, this activity provides a supplement of approximately \$81 per month to federal Supplemental Security Income (SSI) grants.

The projected MSA caseload and average payments are decreased based on recent data, resulting in decreased MSA cash payments in the current biennium. In the '18-'19 biennium, a negative adjustment is made on the MSA cash payment to reconcile differences in data used in the forecast.

MINNESOTACARE	'14-'15 Biennium	'16-'17 Biennium	'18-'19 Biennium
Forecast change this item (\$000)	0	-29,178	-783
Forecast percentage change this item	0.0%	-9.1%	-0.3%

Summary of Forecast Changes	'14-'15 Biennium (\$000)	'16-'17 Biennium (\$000)	'18-'19 Biennium (\$000)
Enrollment	0	-622	-1,897
Lower payments to MCOs	0	-28,474	0
Delay periodic data matching	0	306	1,290
Other adjustments	0	-388	-176
Total Program	0	-29,178	-783

During the 2013 legislative session, significant changes were made to MinnesotaCare program eligibility effective January 2014. These changes included requiring all MA eligible populations to shift to MA and eliminating income eligibility above 200% FPG for populations not MA eligible (thereby shifting those populations over 200% FPG to the state's exchange, MNsure, for their health coverage). Given the concurrent expansion of MA income eligibility for children under 19 years old to 275% FPG and adults to 133% FPG (plus a 5% income disregard), the only remaining MinnesotaCare eligibility groups are 19-20 year olds, parents, and adults without children with income between 138%-200% FPG and legal noncitizens with income under 200% FPG.

In addition to the eligibility changes, significant changes were made to MinnesotaCare funding as well. Effective January 2015, MinnesotaCare is designated as the state's Basic Health Program (BHP). As a BHP, MinnesotaCare no longer receives federal funding in the form of a percentage expenditure match. Instead, the state receives a per person subsidy equal to 95% of the premium tax credits and cost sharing reductions that person would have received through MnSure had the state opted against running a BHP. Calculation of the exchange subsidy involves a comparison between the benchmark premium in MNsure and the individual's expected maximum contribution toward health insurance.

Enrollment

During most of CY2015, MnSure was unable to process renewals for MinnesotaCare enrollees. This resulted in an unexpected enrollment increase as enrollees who would have had eligibility terminated at renewal persisted on the caseload during the renewals process delay. During December and January, all MinnesotaCare enrollees were renewed for 2016 eligibility. Based on a preliminary look at February eligibility following the 2016 renewals process and the 2016 open enrollment period, the February forecast recognizes a net base reduction of about 3800 enrollees. Accounting for some case mix changes and the relatively high percentage of federal BHP funding in the forecast, this net base reduction leads to a \$0.6 million forecast reduction in the current biennium and a \$1.9 million forecast reduction in the next biennium.

Lower Payments to MCOs

In January 2016, DHS extended eligibility for one month to about 52,000 MinnesotaCare enrollees because they were not timely notified that their eligibility was going to be terminated. The one-month extension provided FFS coverage for the January service month while the November forecast assumed a January capitation payment for these enrollees. The majority of this forecast change is the elimination of a capitation payment for these extended enrollees, with only a relatively small amount of offsetting FFS payments expected.

The overall reduction in payments to MCOs leads to a \$28.5 million forecast reduction in the current biennium.

Delay Periodic Data Matching

The November forecast assumed a March 1, 2016, implementation date for the periodic data matching process. Relative to an annual review, this process is expected to provide earlier identification of changes in circumstance that makes a person ineligible.

The February forecast assumes a delayed implementation date of July 1, 2016 for the periodic data matching process. This delay results in additional enrollee months relative to the November forecast assumptions.

The implementation delay leads to a \$0.3 million forecast increase in the current biennium and a \$1.3 million forecast increase in the next biennium.

TABLE ONE
FY 2014-2015 BIENNIUM SUMMARY

	November 2015 Forecast			February 2016 Forecast		
	FY 2014 - FY 2015 Biennium			FY 2014 - FY 2015 Biennium		
	(\$ in thousands)			(\$ in thousands)		
GENERAL FUND	FY 2014	FY 2015	Biennium	FY 2014	FY 2015	Biennium
Medical Assistance						
LTC Facilities	421,613	413,154	834,767	421,613	413,154	834,767
LTC Waivers	1,242,082	1,422,880	2,664,962	1,242,082	1,422,880	2,664,962
Elderly & Disabled Basic	1,429,634	1,356,836	2,786,470	1,429,634	1,356,836	2,786,470
Adults with No Children	291,240	90,691	381,931	291,240	90,691	381,931
Families w. Children Basic	947,491	1,190,000	2,137,491	947,491	1,190,000	2,137,491
MA Total	4,332,060	4,473,561	8,805,621	4,332,060	4,473,561	8,805,621
General Fund	4,154,205	4,299,682	8,453,887	4,154,205	4,299,682	8,453,887
HCA Fund	177,855	173,879	351,734	177,855	173,879	351,734
Alternative Care	43,840	42,627	86,467	43,840	42,627	86,467
Chemical Dependency Fund	78,726	99,820	178,546	78,726	99,820	178,546
Minnesota Family Inv. Program	76,154	75,245	151,399	76,154	75,245	151,399
Child Care Assistance	61,215	90,141	151,356	61,215	90,141	151,356
General Assistance	51,125	51,436	102,561	51,125	51,436	102,561
Group Residential Housing	137,032	139,863	276,895	137,032	139,863	276,895
Minnesota Supplemental Aid	36,479	37,067	73,546	36,479	37,067	73,546
Total General Fund	4,638,776	4,835,881	9,474,657	4,638,776	4,835,881	9,474,657
TANF funds for MFIP Grants	70,335	62,613	132,948	70,335	62,613	132,948
MinnesotaCare	253,959	275,092	529,051	253,959	275,092	529,051
MA funding from HCA Fund	177,855	173,879	351,734	177,855	173,879	351,734
T. HCA Fund Expenditures	431,814	448,971	880,785	431,814	448,971	880,785

**TABLE TWO
FY 2014-2015 BIENNIUM SUMMARY**

GENERAL FUND	February 2016 Forecast Change from November 2015 Forecast FY 2014 - FY 2015 Biennium (\$ in thousands)			February 2016 Forecast Change from November 2015 Forecast FY 2014 - FY 2015 Biennium (Percent Change)		
	FY 2014	FY 2015	Biennium	FY 2014	FY 2015	Biennium
Medical Assistance						
LTC Facilities	0	0	0	0.0%	0.0%	0.0%
LTC Waivers	0	0	0	0.0%	0.0%	0.0%
Elderly & Disabled Basic	0	0	0	0.0%	0.0%	0.0%
Adults with No Children	0	0	0	0.0%	0.0%	0.0%
Families w. Children Basic	0	0	0	0.0%	0.0%	0.0%
MA Total	0	0	0	0.0%	0.0%	0.0%
General Fund	0	0	0	0.0%	0.0%	0.0%
HCA Fund	0	0	0	0.0%	0.0%	0.0%
Alternative Care	0	0	0	0.0%	0.0%	0.0%
Chemical Dependency Fund	0	0	0	0.0%	0.0%	0.0%
Minnesota Family Inv. Program	0	0	0	0.0%	0.0%	0.0%
Child Care Assistance	0	0	0	0.0%	0.0%	0.0%
General Assistance	0	0	0	0.0%	0.0%	0.0%
Group Residential Housing	0	0	0	0.0%	0.0%	0.0%
Minnesota Supplemental Aid	0	0	0	0.0%	0.0%	0.0%
Total General Fund	0	0	0	0.0%	0.0%	0.0%
TANF funds for MFIP Grants	0	0	0	0.0%	0.0%	0.0%
MinnesotaCare	0	0	0	0.0%	0.0%	0.0%
MA funding from HCA Fund	0	0	0	0.0%	0.0%	0.0%
T. HCA Fund Expenditures	0	0	0	0.0%	0.0%	0.0%

**TABLE THREE
FY 2016-2017 BIENNIUM SUMMARY**

	November 2015 Forecast FY 2016 - FY 2017 Biennium			February 2016 Forecast FY 2016 - FY 2017 Biennium		
	(\$ in thousands)			(\$ in thousands)		
GENERAL FUND	FY 2016	FY 2017	Biennium	FY 2016	FY 2017	Biennium
Medical Assistance						
LTC Facilities	453,707	521,870	975,577	450,614	520,442	971,056
LTC Waivers	1,510,033	1,645,925	3,155,958	1,487,245	1,647,054	3,134,299
Elderly & Disabled Basic	1,520,510	1,523,066	3,043,576	1,505,123	1,510,011	3,015,134
Adults with No Children	3,784	48,138	51,922	4,735	51,426	56,161
Families w. Children Basic	1,384,558	1,247,961	2,632,519	1,313,789	1,245,754	2,559,543
MA Total	4,872,592	4,986,960	9,859,552	4,761,506	4,974,687	9,736,193
General Fund	4,284,402	4,745,810	9,030,212	4,173,316	4,733,537	8,906,853
HCA Fund	588,190	241,150	829,340	588,190	241,150	829,340
Alternative Care	43,997	43,590	87,587	43,997	43,590	87,587
Chemical Dependency Fund	92,708	105,973	198,681	93,699	107,378	201,077
Minnesota Family Inv. Program	99,623	88,556	188,179	103,453	89,653	193,106
Child Care Assistance	84,256	103,521	187,777	78,221	100,761	178,982
Northstar Care for Children	43,427	52,783	96,210	43,327	50,833	94,160
General Assistance	53,850	56,769	110,619	52,997	56,769	109,766
Group Residential Housing	149,320	159,055	308,375	147,652	159,240	306,892
Minnesota Supplemental Aid	38,795	40,054	78,849	38,055	39,519	77,574
Total General Fund	4,890,378	5,396,111	10,286,489	4,774,717	5,381,280	10,155,997
TANF funds for MFIP Grants	68,413	82,980	151,393	65,041	85,183	150,224
MinnesotaCare	161,767	157,758	319,525	133,293	157,054	290,347
MA funding from HCA Fund	588,190	241,150	829,340	588,190	241,150	829,340
T. HCA Fund Expenditures	749,957	398,908	1,148,865	721,483	398,204	1,119,687

**TABLE FOUR
FY 2016-2017 BIENNIUM SUMMARY**

	February 2016 Forecast Change from November 2015 Forecast FY 2016 - FY 2017 Biennium (\$ in thousands)			February 2016 Forecast Change from November 2015 Forecast FY 2016 - FY 2017 Biennium (Percent Change)		
	FY 2016	FY 2017	Biennium	FY 2016	FY 2017	Biennium
GENERAL FUND						
Medical Assistance						
LTC Facilities	-3,093	-1,428	-4,521	-0.7%	-0.3%	-0.5%
LTC Waivers	-22,788	1,129	-21,659	-1.5%	0.1%	-0.7%
Elderly & Disabled Basic	-15,387	-13,055	-28,442	-1.0%	-0.9%	-0.9%
Adults with No Children	951	3,288	4,239	0.0%	6.8%	8.2%
Families w. Children Basic	-70,769	-2,207	-72,976	-5.1%	-0.2%	-2.8%
MA Total	-111,086	-12,273	-123,359	-2.3%	-0.2%	-1.3%
General Fund	-111,086	-12,273	-123,359	-2.6%	-0.3%	-1.4%
HCA Fund	0	0	0	0.0%	0.0%	0.0%
Alternative Care	0	0	0	0.0%	0.0%	0.0%
Chemical Dependency Fund	991	1,405	2,396	1.1%	1.3%	1.2%
Minnesota Family Inv. Program	3,830	1,097	4,927	3.8%	1.2%	2.6%
Child Care Assistance	-6,035	-2,760	-8,795	-7.2%	-2.7%	-4.7%
Northstar Care for Children	-100	-1,950	-2,050	-0.2%	-3.7%	-2.1%
General Assistance	-853	0	-853	-1.6%	0.0%	-0.8%
Group Residential Housing	-1,668	185	-1,483	-1.1%	0.1%	-0.5%
Minnesota Supplemental Aid	-740	-535	-1,275	-1.9%	-1.3%	-1.6%
Total General Fund	-115,661	-14,831	-130,492	-2.4%	-0.3%	-1.3%
TANF funds for MFIP Grants	-3,372	2,203	-1,169	-4.9%	2.7%	-0.8%
MinnesotaCare	-28,474	-704	-29,178	-17.6%	-0.4%	-9.1%
MA funding from HCA Fund	0	0	0	0.0%	0.0%	0.0%
T. HCA Fund Expenditures	-28,474	-704	-29,178	-3.8%	-0.2%	-2.5%

**TABLE FIVE
FY 2018-2019 BIENNIUM SUMMARY**

	November 2015 Forecast			February 2016 Forecast		
	FY 2018 - FY 2019 Biennium			FY 2018 - FY 2019 Biennium		
	(\$ in thousands)			(\$ in thousands)		
GENERAL FUND	FY 2018	FY 2019	Biennium	FY 2016	FY 2017	Biennium
Medical Assistance						
LTC Facilities	538,801	562,338	1,101,139	537,393	560,940	1,098,333
LTC Waivers	1,774,272	1,891,953	3,666,225	1,767,544	1,883,571	3,651,115
Elderly & Disabled Basic	1,779,395	1,839,571	3,618,966	1,772,416	1,826,848	3,599,264
Adults with No Children	101,668	125,344	227,012	107,688	132,625	240,313
Families w. Children Basic	1,446,958	1,468,333	2,915,291	1,446,166	1,460,810	2,906,976
MA Total	5,641,094	5,887,539	11,528,633	5,631,207	5,864,794	11,496,001
General Fund	5,430,861	5,662,497	11,093,358	5,420,974	5,639,752	11,060,726
HCA Fund	210,233	225,042	435,275	210,233	225,042	435,275
Alternative Care	44,250	44,833	89,083	44,250	44,833	89,083
Chemical Dependency Fund	108,775	111,781	220,556	110,339	113,057	223,396
Minnesota Family Inv. Program	89,251	89,316	178,567	90,076	96,356	186,432
Child Care Assistance	110,257	115,992	226,249	107,699	113,048	220,747
Northstar Care for Children	68,029	81,767	149,796	66,142	80,519	146,661
General Assistance	58,957	60,868	119,825	58,957	60,868	119,825
Group Residential Housing	169,143	179,351	348,494	169,328	179,536	348,864
Minnesota Supplemental Aid	41,270	42,554	83,824	40,735	42,019	82,754
Total General Fund	6,120,793	6,388,959	12,509,752	6,108,500	6,369,988	12,478,488
TANF funds for MFIP Grants	81,237	80,968	162,205	83,524	76,564	160,088
MinnesotaCare	150,009	153,636	303,645	150,144	152,718	302,862
MA funding from HCA Fund	210,233	225,042	435,275	210,233	225,042	435,275
T. HCA Fund Expenditures	360,242	378,678	738,920	360,377	377,760	738,137

**TABLE SIX
FY 2018-2019 BIENNIUM SUMMARY**

GENERAL FUND	February 2016 Forecast Change from November 2015 Forecast FY 2018 - FY 2019 Biennium (\$ in thousands)			February 2016 Forecast Change from November 2015 Forecast FY 2018 - FY 2019 Biennium (Percent Change)		
	FY 2016	FY 2017	Biennium	FY 2016	FY 2017	Biennium
Medical Assistance						
LTC Facilities	-1,408	-1,398	-2,806	-0.3%	-0.2%	-0.3%
LTC Waivers	-6,728	-8,382	-15,110	-0.4%	-0.4%	-0.4%
Elderly & Disabled Basic	-6,979	-12,723	-19,702	-0.4%	-0.7%	-0.5%
Adults with No Children	6,020	7,281	13,301	0.0%	5.8%	5.9%
Families w. Children Basic	-792	-7,523	-8,315	-0.1%	-0.5%	-0.3%
MA Total	-9,887	-22,745	-32,632	-0.2%	-0.4%	-0.3%
General Fund	-9,887	-22,745	-32,632	-0.2%	-0.4%	-0.3%
HCA Fund	0	0	0	0.0%	0.0%	0.0%
Alternative Care	0	0	0	0.0%	0.0%	0.0%
Chemical Dependency Fund	1,564	1,276	2,840	1.4%	1.1%	1.3%
Minnesota Family Inv. Program	825	7,040	7,865	0.9%	7.9%	4.4%
Child Care Assistance	-2,558	-2,944	-5,502	-2.3%	-2.5%	-2.4%
Northstar Care for Children	-1,887	-1,248	-3,135	-2.8%	-1.5%	-2.1%
General Assistance	0	0	0	0.0%	0.0%	0.0%
Group Residential Housing	185	185	370	0.1%	0.1%	0.1%
Minnesota Supplemental Aid	-535	-535	-1,070	-1.3%	-1.3%	-1.3%
Total General Fund	-12,293	-18,971	-31,264	-0.2%	-0.3%	-0.2%
TANF funds for MFIP Grants	2,287	-4,404	-2,117	2.8%	-5.4%	-1.3%
MinnesotaCare	135	-918	-783	0.1%	-0.6%	-0.3%
MA funding from HCA Fund	0	0	0	0.0%	0.0%	0.0%
T. HCA Fund Expenditures	135	-918	-783	0.0%	-0.2%	-0.1%