

BNEADL01 LAS/PBS SYSTEM  
BUDGET PERIOD: 2007-2018  
STATE OF FLORIDA

SCHEDULE VIIIC  
PRIORITY LISTING FOR POSSIBLE  
REPRIORITIZATION FOR REQUEST YEAR

SP 10/14/2016 07:55 PAGE: 1  
ERROR REPORT

BUDGET ENTITY	D3A ISSUE CODE	COLUMN NUMBERS	CODE	ERROR MESSAGE	PAGE
---------------	----------------	----------------	------	---------------	------

---

THERE WERE 0 ERRORS DETECTED

	COL A23 SCH VIIIIC REPRIORTIZN POS	COL A24 SCH VIIIIC N/R 2017-18 POS	COL A25 SCH VIIIIC ANZ 2017-18 POS	AMOUNT	AMOUNT	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN							68000000
PGM: ADMIN AND SUPPORT							68200000
GOV OPERATIONS/SUPPORT							16
EXEC LEADERSHIP/SUPPRT SVC							1602.00.00.00
FUNDING REPRIORITIZATIONS							3D00000
REPRIORITIZATION OF OTHER PERSONAL SERVICES - ADD							3D00050
OTHER PERSONAL SERVICES							030000
GENERAL REVENUE FUND -MATCH				363,288			1000 2
ADMINISTRATIVE TRUST FUND -FEDERL				363,288			2021 3
TOTAL APPRO.....				726,576			

\*\*\*\*\*

AGENCY ISSUE NARRATIVE:

SCHED VIIIIC REPRIORTIZN NARRATIVE: IT COMPONENT? NO  
 PRIORITY #3

ISSUE TITLE: Reprioritization of Other Personal Services - ADD

ISSUE SUMMARY: This issue proposes to redirect \$726,576 between the Executive Direction and Support Services and Administration and Support budget entities to provide funding for Other Personal Services (OPS) positions to support the Agency for Health Care Administration's (AHCA's) Office of the General Counsel (OGC).

ISSUE DETAIL: There remains a backlog of cases that the AHCA continues to work through that are in various stages of litigation from Medicaid Program Integrity (MPI) and multiple other audit projects. MPI continues to perform retrospective audits, for up to five years of payment date, for possible overpayments resulting from fraud or mistakes in Medicaid payments. The AHCA has placed an emphasis on closing out the Medicaid Fee-for-Service (FFS) audits and anticipates that these cases will not diminish to a marginal level until 2020. There are approximately 600 audits associated with the Alien Audit Project that are in various stages of production which are expected to produce a significant amount of administrative litigation. In addition, there are approximately 33 audits in various stages of production for the Hospice Audit Project that are also expected to generate additional litigation. With the moratorium on nursing homes lifted, Certificate of Need (CON) hearings are expected to increase and continue through Fiscal Year 2017-2018. In addition, the AHCA also utilizes OPS positions to provide legal oversight for the Third Party Liability (TPL) program. Utilizing OPS positions, in combination with full-time equivalent (FTE) positions, to litigate cases assists the AHCA with its efforts to clear all of the backlogged cases more rapidly.

BUDGET SUMMARY: This issue proposes to redirect \$363,288 in the General Revenue Fund (1000) and \$363,288 in the Medical Care Trust Fund (2474) from the Other Personal Services (030000) category in the Executive Direction and Support Services (68500200) budget entity to the General Revenue Fund (1000) and the Administrative Trust Fund (2021) in the Other Personal Services (030000) category in the Administration and Support (68200000) budget entity to support the hiring of OPS positions.

RECURRING FY 2017-18	NON-RECURRING FY 2017-18	TOTAL FY 2017-18	ANNUALIZATION FY 2018-2019
-------------------------	-----------------------------	---------------------	-------------------------------

	COL A23 SCH VIIIIC REPRIORTIZN POS	COL A24 SCH VIIIIC N/R 2017-18 POS	COL A25 SCH VIIIIC ANZ 2017-18 POS	AMOUNT	AMOUNT	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN							68000000
PGM: ADMIN AND SUPPORT							68200000
GOV OPERATIONS/SUPPORT							16
EXEC LEADERSHIP/SUPPRT SVC							1602.00.00.00
FUNDING REPRIORITIZATIONS							3D00000
REPRIORITIZATION OF OTHER PERSONAL SERVICES - ADD							3D00050
Other Personal Services (030000)							
General Revenue (1000 - 2)		\$363,288	\$0	\$363,288	\$0		
Administrative Trust Fund (2021 - 3)		\$363,288	\$0	\$363,288	\$0		
Issue Total		\$726,576	\$0	\$726,576	\$0		

\*\*\*\*\*

REPRIORITIZATION OF POSITION(S) ACROSS DIVISIONS - ADD							3D00070
SALARY RATE							000000
SALARY RATE..... 43,675	=====	=====	=====	=====	=====		
SALARIES AND BENEFITS							010000
ADMINISTRATIVE TRUST FUND -MATCH	31,829						2021 2
-FEDERL	31,829						2021 3
TOTAL ADMINISTRATIVE TRUST FUND	63,658						2021
TOTAL POSITIONS..... 1.00	=====	=====	=====	=====	=====		
TOTAL APPRO..... 63,658	=====	=====	=====	=====	=====		
TOTAL: REPRIORITIZATION OF POSITION(S) ACROSS DIVISIONS - ADD							3D00070
TOTAL POSITIONS..... 1.00							
TOTAL ISSUE..... 63,658							
TOTAL SALARY RATE..... 43,675	=====	=====	=====	=====	=====		

\*\*\*\*\*

AGENCY ISSUE NARRATIVE:  
 SCHED VIIIIC REPRIORTIZN NARRATIVE: IT COMPONENT? NO  
 PRIORITY #1

ISSUE TITLE: Reprioritization of Position(s) Across Divisions - ADD

ISSUE SUMMARY: This issue proposes to redirect one full-time equivalent (FTE) position, the associated salary rate of 43,675 and budget in the amount of \$63,658 from the Executive Direction and Support Services budget entity to the

COL A23		COL A24		COL A25		CODES
SCH VIIIIC		SCH VIIIIC		SCH VIIIIC		
REPRIORTIZN		N/R 2017-18		ANZ 2017-18		
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	

AGENCY/HEALTH CARE ADMIN	68000000
PGM: ADMIN AND SUPPORT	68200000
GOV OPERATIONS/SUPPORT	16
EXEC LEADERSHIP/SUPPRT SVC	1602.00.00.00
FUNDING REPRIORITIZATIONS	3D00000
REPRIORITIZATION OF POSITION(S)	
ACROSS DIVISIONS - ADD	3D00070

Administration and Support budget entity to address a workload increase in the Bureau of Human Resources (HR).

ISSUE DETAIL: The Agency for Health Care Administration's (AHCA's) HR has experienced an increase in its workload due to the implementation of performance management initiatives and changes in the employee background screening process. Based upon a statewide initiative to standardize annual performance evaluations, HR has taken on additional duties that include training on SMART (Specific Measurable Achievable Relevant Time-bound) expectations and interfacing with employees and supervisors as well as the Department of Management Services (DMS) on how to prepare, review, and acknowledge the annual employee performance plans and evaluations. In addition, the AHCA also changed the employee background screening process resulting from a review of background screening activities, which revealed weaknesses in the process. HR did not have sufficient staff to oversee these functions, so the Division of Medicaid loaned one FTE position to ensure adequate oversight of these important functions. A permanent position is required in HR to continue the oversight of these important recurring functions.

BUDGET SUMMARY: This issue proposes to redirect one FTE position with salary rate of 43,675 and the associated budget of \$63,658 in the Salaries and Benefits (010000) category from the Executive Direction and Support Services (68500200) budget entity to the Salaries and Benefits (010000) category in the Administration and Support (68200000) budget entity.

CLASS TITLE	CC	PG	FTE	RATE	ANNUAL SALARIES	ANNUAL EXPENSES	OCO	CONTRACTED SERVICES	HR SERVICES	FY 2017-18 TOTAL
Human Res Mgr B-SES	2281	425	1.0	43,675	\$63,658	\$0	\$0	\$0	\$0	\$63,658

	RECURRING FY 2017-18	NON-RECURRING FY 2017-18	TOTAL FY 2017-18	ANNUALIZATION FY 2018-2019
Salaries and Benefits (010000)				
Administrative Trust Fund (2021 - 2)	\$31,829	\$0	\$31,829	\$0
Administrative Trust Fund (2021 - 3)	\$31,829	\$0	\$31,829	\$0
Issue Total	\$63,658	\$0	\$63,658	\$0

\*\*\*\*\*

COL A23		COL A24		COL A25		CODES
SCH VIIIC	REPRIORTIZN	SCH VIIIC	N/R 2017-18	SCH VIIIC	ANZ 2017-18	
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	

AGENCY/HEALTH CARE ADMIN 68000000  
 PGM: ADMIN AND SUPPORT 68200000  
 GOV OPERATIONS/SUPPORT 16  
 EXEC LEADERSHIP/SUPPRT SVC 1602.00.00.00  
 FUNDING REPRIORITIZATIONS 3D00000  
 REPRIORITIZATION OF POSITION(S)  
 ACROSS DIVISIONS - ADD 3D00070

POSITION DETAIL OF SALARIES AND BENEFITS:

FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A23 - SCH VIIIC REPRIORTIZN						
CHANGES TO CURRENTLY AUTHORIZED POSITIONS						
2281 HUMAN RESOURCE MANAGER B - SES						
64872 000	1.00	43,675	19,983	63,658	0.00	63,658
TOTALS FOR ISSUE BY FUND						
2021 ADMINISTRATIVE TRUST FUND						
1.00	43,675		19,983	63,658		63,658

\*\*\*\*\*  
 TOTAL: EXEC LEADERSHIP/SUPPRT SVC 1602.00.00.00  
 BY FUND TYPE  
 GENERAL REVENUE FUND 363,288 1000  
 TRUST FUNDS 426,946 2000  
 -----  
 TOTAL POSITIONS..... 1.00  
 TOTAL PROG COMP..... 790,234  
 TOTAL SALARY RATE..... 43,675  
 =====

	COL A23 SCH VIIIIC REPRIORTIZN POS	COL A24 SCH VIIIIC N/R 2017-18 POS	COL A25 SCH VIIIIC ANZ 2017-18 POS	AMOUNT	AMOUNT	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN							68000000
PGM: HEALTH CARE SERVICES							68500000
EXECUTIVE DIR/SUPPORT SVCS							68500200
GOV OPERATIONS/SUPPORT							16
EXEC LEADERSHIP/SUPPRT SVC							1602.00.00.00
FUNDING REPRIORITIZATIONS							3D00000
REPRIORITIZATION OF OTHER PERSONAL SERVICES - DEDUCT							3D00060
OTHER PERSONAL SERVICES							030000
GENERAL REVENUE FUND -MATCH				363,288-			1000 2
MEDICAL CARE TRUST FUND -FEDERL				363,288-			2474 3
TOTAL APPRO.....				726,576-			

\*\*\*\*\*

AGENCY ISSUE NARRATIVE:  
 SCHED VIIIIC REPRIORTIZN NARRATIVE:  
 PRIORITY #3

IT COMPONENT? NO

ISSUE TITLE: Reprioritization of Other Personal Services - DEDUCT

ISSUE SUMMARY: This issue proposes to redirect \$726,576 between the Executive Direction and Support Services and Administration and Support budget entities to provide funding for Other Personal Services (OPS) positions to support the Agency for Health Care Administration's (AHCA's) Office of the General Counsel (OGC).

ISSUE DETAIL: There remains a backlog of cases that the AHCA continues to work through that are in various stages of litigation from Medicaid Program Integrity (MPI) and multiple other audit projects. MPI continues to perform retrospective audits, for up to five years of payment date, for possible overpayments resulting from fraud or mistakes in Medicaid payments. The AHCA has placed an emphasis on closing out the Medicaid Fee-for-Service (FFS) audits and anticipates that these cases will not diminish to a marginal level until 2020. There are approximately 600 audits associated with the Alien Audit Project that are in various stages of production which are expected to produce a significant amount of administrative litigation. In addition, there are approximately 33 audits in various stages of production for the Hospice Audit Project that are also expected to generate additional litigation. With the moratorium on nursing homes lifted, Certificate of Need (CON) hearings are expected to increase and continue through Fiscal Year 2017-2018. In addition, the AHCA also utilizes OPS positions to provide legal oversight for the Third Party Liability (TPL) program. Utilizing OPS positions, in combination with full-time equivalent (FTE) positions, to litigate cases assists the AHCA with its efforts to clear all of the backlogged cases more rapidly.

BUDGET SUMMARY: This issue proposes to redirect \$363,288 in the General Revenue Fund (1000) and \$363,288 in the Medical Care Trust Fund (2474) from the Other Personal Services (030000) category in the Executive Direction and Support Services (68500200) budget entity to the General Revenue Fund (1000) and the Administrative Trust Fund (2021) in the Other Personal Services (030000) category in the Administration and Support (68200000) budget entity to support the hiring of OPS positions.

RECURRING FY 2017-18	NON-RECURRING FY 2017-18	TOTAL FY 2017-18	ANNUALIZATION FY 2018-2019
-------------------------	-----------------------------	---------------------	-------------------------------

	COL A23 SCH VIIIIC REPRIORTIZN POS	COL A24 SCH VIIIIC N/R 2017-18 POS	COL A25 SCH VIIIIC ANZ 2017-18 POS	AMOUNT	AMOUNT	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN							68000000
PGM: HEALTH CARE SERVICES							68500000
EXECUTIVE DIR/SUPPORT SVCS							68500200
GOV OPERATIONS/SUPPORT							16
EXEC LEADERSHIP/SUPPRT SVC							1602.00.00.00
FUNDING REPRIORITIZATIONS							3D00000
REPRIORITIZATION OF OTHER PERSONAL SERVICES - DEDUCT							3D00060

Other Personal Services (030000)							
General Revenue (1000 - 2)					(\$363,288)	\$0	
Medical Care Trust Fund (2474 - 3)					(\$363,288)	\$0	
Issue Total					(\$726,576)	\$0	

\*\*\*\*\*

REPRIORITIZATION OF POSITION(S) ACROSS DIVISIONS - DEDUCT							3D00080
SALARY RATE							000000
SALARY RATE..... 43,675-							
=====							
SALARIES AND BENEFITS							010000
MEDICAL CARE TRUST FUND -MATCH					31,829-		2474 2
-FEDERL					31,829-		2474 3
-----							
TOTAL MEDICAL CARE TRUST FUND					63,658-		2474
=====							
TOTAL POSITIONS..... 1.00-							
TOTAL APPRO..... 63,658-							
=====							
TOTAL: REPRIORITIZATION OF POSITION(S) ACROSS DIVISIONS - DEDUCT							3D00080
TOTAL POSITIONS..... 1.00-							
TOTAL ISSUE..... 63,658-							
TOTAL SALARY RATE..... 43,675-							
=====							

\*\*\*\*\*

AGENCY ISSUE NARRATIVE:  
 SCHED VIIIIC REPRIORTIZN NARRATIVE: IT COMPONENT? NO  
 PRIORITY #1

ISSUE TITLE: Reprioritization of Position(s) Across Divisions - DEDUCT

COL A23		COL A24		COL A25		CODES
SCH VIIIIC	REPRIORTIZN	SCH VIIIIC	N/R 2017-18	SCH VIIIIC	ANZ 2017-18	
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
AGENCY/HEALTH CARE ADMIN						68000000
PGM: HEALTH CARE SERVICES						68500000
<u>EXECUTIVE DIR/SUPPORT SVCS</u>						68500200
GOV OPERATIONS/SUPPORT						16
<u>EXEC LEADERSHIP/SUPPRT SVC</u>						1602.00.00.00
FUNDING REPRIORITIZATIONS						3D00000
REPRIORITIZATION OF POSITION(S)						
ACROSS DIVISIONS - DEDUCT						3D00080

ISSUE SUMMARY: This issue proposes to redirect one full-time equivalent (FTE) position, the associated salary rate of 43,675 and budget in the amount of \$63,658 from the Executive Direction and Support Services budget entity to the Administration and Support budget entity to address a workload increase in the Bureau of Human Resources (HR).

ISSUE DETAIL: The Agency for Health Care Administration's (AHCA's) HR has experienced an increase in its workload due to the implementation of performance management initiatives and changes in the employee background screening process. Based upon a statewide initiative to standardize annual performance evaluations, HR has taken on additional duties that include training on SMART (Specific Measurable Achievable Relevant Time-bound) expectations and interfacing with employees and supervisors as well as the Department of Management Services (DMS) on how to prepare, review, and acknowledge the annual employee performance plans and evaluations. In addition, the AHCA also changed the employee background screening process resulting from a review of background screening activities, which revealed weaknesses in the process. HR did not have sufficient staff to oversee these functions, so the Division of Medicaid loaned one FTE position to ensure adequate oversight of these important functions. A permanent position is required in HR to continue the oversight of these important recurring functions.

BUDGET SUMMARY: This issue proposes to redirect one FTE position with salary rate of 43,675 and the associated budget of \$63,658 in the Salaries and Benefits (010000) category from the Executive Direction and Support Services (68500200) budget entity to the Salaries and Benefits (010000) category in the Administration and Support (68200000) budget entity.

CLASS TITLE	CC	PG	FTE	RATE	ANNUAL SALARIES	ANNUAL EXPENSES	OCO	CONTRACTED SERVICES	HR SERVICES	FY 2017-18 TOTAL
Human Res Mgr B-SES	2281	425	(1.0)	(43,675)	(\$63,658)	\$0	\$0	\$0	\$0	(\$63,658)
					RECURRING	NON-RECURRING		TOTAL	ANNUALIZATION	
					FY 2017-18	FY 2017-18		FY 2017-18	FY 2018-2019	
Salaries and Benefits (010000)										
Medical Care Trust Fund (2474 - 2)					(\$31,829)	\$0		(\$31,829)	\$0	
Medical Care Trust Fund (2474 - 3)					(\$31,829)	\$0		(\$31,829)	\$0	
Issue Total					(\$63,658)	\$0		(\$63,658)	\$0	

\*\*\*\*\*



	COL A23 SCH VIIIIC REPRIORTIZN POS	COL A24 SCH VIIIIC N/R 2017-18 POS	COL A25 SCH VIIIIC ANZ 2017-18 POS	AMOUNT	AMOUNT	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN							68000000
PGM: HEALTH CARE SERVICES							68500000
EXECUTIVE DIR/SUPPORT SVCS							68500200
GOV OPERATIONS/SUPPORT							16
EXEC LEADERSHIP/SUPPRT SVC							<u>1602.00.00.00</u>
FUNDING REPRIORITIZATIONS							3D00000
REPRIORITIZATION OF POSITION(S)							
ACROSS DIVISIONS - DEDUCT							3D00080

POSITION DETAIL OF SALARIES AND BENEFITS:

	FTE	BASE RATE	ADDITIVES	BENEFITS	SUBTOTAL	LAPSE %	LAPSED SALARIES AND BENEFITS
A23 - SCH VIIIIC REPRIORTIZN							
CHANGES TO CURRENTLY AUTHORIZED POSITIONS							
2281 HUMAN RESOURCE MANAGER B - SES							
64872 001	1.00-	43,675-		19,983-	63,658-	0.00	63,658-
TOTALS FOR ISSUE BY FUND							
2474 MEDICAL CARE TRUST FUND							63,658-
	1.00-	43,675-		19,983-	63,658-		63,658-

\*\*\*\*\*

TOTAL: EXEC LEADERSHIP/SUPPRT SVC							<u>1602.00.00.00</u>
BY FUND TYPE							
GENERAL REVENUE FUND		363,288-					1000
TRUST FUNDS		426,946-					2000
TOTAL POSITIONS.....	1.00-						
TOTAL PROG COMP.....		790,234-					
TOTAL SALARY RATE.....		43,675-					

=====

	COL A23 SCH VIIIIC REPRIORTIZN POS	COL A24 SCH VIIIIC N/R 2017-18 POS	COL A25 SCH VIIIIC ANZ 2017-18 POS	AMOUNT	AMOUNT	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN							68000000
PGM: HEALTH CARE SERVICES							68500000
<u>MEDICAID SERV/INDIVIDUALS</u>							68501400
HEALTH AND HUMAN SERVICES							13
<u>HEALTH SVCS/INDIVIDUALS</u>							<u>1301.00.00.00</u>
FUNDING REPRIORITIZATIONS							3D00000
REPRIORITIZATION OF PROJECT AIDS							
CARE WAIVER FUNDING - ADD							3D00270
SPECIAL CATEGORIES							100000
PREPAID HEALTH PLANS							102673
GENERAL REVENUE FUND -MATCH				1,405,803		1,405,803	1000 2
MEDICAL CARE TRUST FUND -FEDERL				2,221,139		2,221,139	2474 3
TOTAL APPRO.....				3,626,942		3,626,942	

\*\*\*\*\*

AGENCY ISSUE NARRATIVE:

SCHED VIIIIC REPRIORTIZN NARRATIVE:  
 PRIORITY #2

IT COMPONENT? NO

ISSUE TITLE: Reprioritization of Project AIDS Care Waiver Funding - ADD

ISSUE SUMMARY: This issue proposes to redirect \$4,346,859 from the Home and Community-Based Services Waiver category to the Prepaid Health Plan categories for the transition of beneficiaries from the Project AIDS Care (PAC) waiver to the Managed Medical Assistance (MMA) and Long-term Care (LTC) programs. Due to medical advances and improved health outcomes of individuals with AIDS, the Agency for Health Care Administration (AHCA) can transition the PAC waiver population to the MMA and LTC programs without disruption in care. The PAC waiver population already qualifies for enrollment into the MMA and LTC programs. Therefore, a transition plan and a waiver amendment requesting the termination of the PAC waiver must be submitted to the federal Centers for Medicare and Medicaid Services (CMS) for approval. In addition, the AHCA will submit to the Legislature for consideration the corresponding substantive law changes required to transition the population and terminate the waiver.

ISSUE DETAIL: The PAC waiver is authorized through a federal 1915(c) HCBS waiver. The AHCA administers and operates the PAC waiver, which serves 7,800 recipients who have an income of no more than 300 percent of the federal poverty level, with a diagnosis of AIDS, and who meet hospital or nursing facility level of care.

Due to medical advances and improved health outcomes for individuals with AIDS, recipients need fewer waiver services. Many participants enrolled in the PAC waiver are receiving only case management services. Approximate waiver expenditures and participant counts for Fiscal Year 2014-15 are as follows: case management (\$7,191,103; 7,350 recipients); home delivered meals (\$1,159,307; 614 recipients); restorative massage (\$868,150; 1,090 recipients); homemaker (\$668,970; 450 recipients); specialized medical equipment and supplies (\$617,000; 716 recipients). The small percentage of PAC waiver participants who require home and community-based services are generally those with functional limitations and more acute long-term care needs. It has become apparent that the true benefit of this waiver is that it aids this population in gaining Medicaid eligibility, which allows them to receive the medical care (e.g., prescribed drugs) necessary to control and manage their chronic condition. Facilitating timely access to antiretroviral drugs and medical care for persons diagnosed with AIDS is an important need; however, this need should be met in a more efficient manner.

	COL A23 SCH VIIIIC REPRIORTIZN POS	COL A24 SCH VIIIIC N/R 2017-18 POS	COL A25 SCH VIIIIC ANZ 2017-18 POS	AMOUNT	AMOUNT	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN							68000000
PGM: HEALTH CARE SERVICES							68500000
<u>MEDICAID SERV/INDIVIDUALS</u>							68501400
HEALTH AND HUMAN SERVICES							13
<u>HEALTH SVCS/INDIVIDUALS</u>							<u>1301.00.00.00</u>
FUNDING REPRIORITIZATIONS							3D00000
REPRIORITIZATION OF PROJECT AIDS							
CARE WAIVER FUNDING - ADD							3D00270

Maintaining and operating 1915(c) waivers are resource-intensive, as there are significant oversight and reporting requirements for each waiver approved by the federal CMS. As the administrative requirements to maintain waivers have increased, the AHCA is seeking ways to create operational efficiencies and standardize management processes for all waivers. The transition of the PAC waiver population addresses the need to create operational efficiencies and improve the waiver management and oversight capabilities.

The AHCA seeks to discontinue operation of the PAC waiver and transition the waiver participants and associated funding for this waiver into the MMA and LTC programs. In order to ensure continuity of care for PAC waiver participants, the AHCA would amend the 1115 MMA waiver to include a special eligibility category for recipients diagnosed with AIDS who meet institutional level of care requirements to qualify for non-waiver Medicaid benefits. This would be similar to the current PAC waiver eligibility requirements. This will enable this population to maintain Medicaid benefits and access to prescribed drugs, physician services, and diagnostic and other specialty care. This option ensures continuity of care for those participants who are only receiving case management services under the PAC waiver, but do not need the other home and community-based services offered through the waiver. This option also reduces the need for the AHCA to maintain a separate waiver targeted towards individuals diagnosed with AIDS. The majority of PAC waiver participants (7535) are already enrolled in the MMA program.

For those PAC waiver participants who have more acute long-term care needs and require home and community-based services, those participants would transition into the LTC program. The PAC waiver population already qualifies for enrollment into the LTC program, if the individual meets nursing facility level of care. All benefits that are currently heavily utilized under the PAC waiver are also available under the LTC program. The AHCA would use the process that was utilized in 2013 to successfully transitioned four home and community-based waiver populations into the LTC program enabling participants to continue to access an array of services, including enhanced care coordination and expanded benefits offered by the plans. With similar support and planning, transitioning the PAC waiver population into the LTC program can be accomplished without disruption in care or incurring additional costs. Further, it is anticipated that by transitioning the coordination of waiver services for this population to health plans, there will be increased compliance with federal regulatory requirements, improved transparency, increased accountability, and improved timeliness and quality of deliverables.

Once legislative authority is received for this change, the AHCA will submit a request to amend the 1115 waiver and terminate the PAC waiver to CMS. In addition, the state will develop and submit a transition plan to the CMS that illustrates the AHCA's ability to ensure continuity of care during the transition between waiver programs. Once the request is approved by CMS, transition efforts can begin. The proposed implementation date is January 1, 2018.

BUDGET SUMMARY: This issue proposes to redirect \$1,684,843 in General Revenue (1000) and \$2,662,016 in Medical Care Trust Fund (2474) from the Medicaid Long Term Care (68501500) budget entity in the Home and Community Based Services (101554) category. Of the total amount, \$1,405,803 in General Revenue (1000) and \$2,221,139 in Medical Care Trust Fund (2474) would be transferred to the Prepaid Health Plans (102673) category in the Medicaid Services for Individuals

	COL A23 SCH VIIIIC REPRIORTIZN POS	COL A24 SCH VIIIIC N/R 2017-18 POS	COL A25 SCH VIIIIC ANZ 2017-18 POS	AMOUNT	AMOUNT	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN							68000000
PGM: HEALTH CARE SERVICES							68500000
<u>MEDICAID SERV/INDIVIDUALS</u>							68501400
HEALTH AND HUMAN SERVICES							13
<u>HEALTH SVCS/INDIVIDUALS</u>							<u>1301.00.00.00</u>
FUNDING REPRIORITIZATIONS							3D00000
REPRIORITIZATION OF PROJECT AIDS							
CARE WAIVER FUNDING - ADD							3D00270

(68501400) budget entity and \$279,040 in General Revenue (1000) and \$440,877 in Medical Care Trust Fund (2474) would be transferred to the Prepaid Health Plan Long Term Care (102674) category in the Medicaid Long Term Care (68501500) budget entity. The federal financial participation (FFP) rate is 61.24 percent.

	RECURRING FY 2017-18	NON-RECURRING FY 2017-18	TOTAL FY 2017-18	ANNUALIZATION FY 2018-2019
Medicaid Services for Individuals (68501400)				
Prepaid Health Plans (102673)				
General Revenue (1000 - 2)	\$1,405,803	\$0	\$1,405,803	\$1,405,803
Medical Care Trust Fund (2474 - 3)	\$2,221,139	\$0	\$2,221,139	\$2,221,139
Medicaid Long Term Care (68501500)				
Prepaid Health Plans/Long Term Care (102674)				
General Revenue (1000 - 2)	\$ 279,040	\$0	\$ 279,040	\$ 279,040
Medical Care Trust Fund (2474 - 3)	\$ 440,877	\$0	\$ 440,877	\$ 440,877
Issue Total	\$4,346,859	\$0	\$4,346,859	\$4,346,859

\*\*\*\*\*

TOTAL: HEALTH SVCS/INDIVIDUALS				<u>1301.00.00.00</u>
BY FUND TYPE				
GENERAL REVENUE FUND	1,405,803	1,405,803		1000
TRUST FUNDS	2,221,139	2,221,139		2000
TOTAL PROG COMP.....	<u>3,626,942</u>	<u>3,626,942</u>		

	COL A23 SCH VIIIIC REPRIORTIZN POS	COL A24 SCH VIIIIC N/R 2017-18 POS	COL A25 SCH VIIIIC ANZ 2017-18 POS	AMOUNT	AMOUNT	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN							68000000
PGM: HEALTH CARE SERVICES							68500000
<u>MEDICAID LONG TERM CARE</u>							68501500
HEALTH AND HUMAN SERVICES							13
<u>LONG-TERM CARE</u>							<u>1303.00.00.00</u>
FUNDING REPRIORITIZATIONS							3D00000
REPRIORITIZATION OF PROJECT AIDS							
CARE WAIVER FUNDING - DEDUCT							3D00260
SPECIAL CATEGORIES							100000
HOME & COMMUNITY BASED SVC							101554
GENERAL REVENUE FUND -MATCH				1,684,843-		1,684,843-	1000 2
MEDICAL CARE TRUST FUND -FEDERL				2,662,016-		2,662,016-	2474 3
TOTAL APPRO.....				4,346,859-		4,346,859-	

\*\*\*\*\*

AGENCY ISSUE NARRATIVE:

SCHED VIIIIC REPRIORTIZN NARRATIVE:  
 PRIORITY #2

IT COMPONENT? NO

ISSUE TITLE: Reprioritization of Project AIDS Care Waiver Funding - DEDUCT

ISSUE SUMMARY: This issue proposes to redirect \$4,346,859 from the Home and Community-Based Services Waiver category to the Prepaid Health Plan categories for the transition of beneficiaries from the Project AIDS Care (PAC) waiver to the Managed Medical Assistance (MMA) and Long-term Care (LTC) programs. Due to medical advances and improved health outcomes of individuals with AIDS, the Agency for Health Care Administration (AHCA) can transition the PAC waiver population to the MMA and LTC programs without disruption in care. The PAC waiver population already qualifies for enrollment into the MMA and LTC programs. Therefore, a transition plan and a waiver amendment requesting the termination of the PAC waiver must be submitted to the federal Centers for Medicare and Medicaid Services (CMS) for approval. In addition, the AHCA will submit to the Legislature for consideration the corresponding substantive law changes required to transition the population and terminate the waiver.

ISSUE DETAIL: The PAC waiver is authorized through a federal 1915(c) HCBS waiver. The AHCA administers and operates the PAC waiver, which serves 7,800 recipients who have an income of no more than 300 percent of the federal poverty level, with a diagnosis of AIDS, and who meet hospital or nursing facility level of care.

Due to medical advances and improved health outcomes for individuals with AIDS, recipients need fewer waiver services. Many participants enrolled in the PAC waiver are receiving only case management services. Approximate waiver expenditures and participant counts for Fiscal Year 2014-15 are as follows: case management (\$7,191,103; 7,350 recipients); home delivered meals (\$1,159,307; 614 recipients); restorative massage (\$868,150; 1,090 recipients); homemaker (\$668,970; 450 recipients); specialized medical equipment and supplies (\$617,000; 716 recipients). The small percentage of PAC waiver participants who require home and community-based services are generally those with functional limitations and more acute long-term care needs. It has become apparent that the true benefit of this waiver is that it aids this population in gaining Medicaid eligibility, which allows them to receive the medical care (e.g., prescribed drugs) necessary to control and manage their chronic condition. Facilitating timely access to antiretroviral drugs and medical care for persons diagnosed with AIDS is an important need; however, this need should be met in a more efficient manner.

	COL A23 SCH VIIIIC REPRIORTIZN POS	COL A24 SCH VIIIIC N/R 2017-18 POS	COL A25 SCH VIIIIC ANZ 2017-18 POS	AMOUNT	AMOUNT	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN							68000000
PGM: HEALTH CARE SERVICES							68500000
<u>MEDICAID LONG TERM CARE</u>							68501500
HEALTH AND HUMAN SERVICES							13
<u>LONG-TERM CARE</u>							<u>1303.00.00.00</u>
FUNDING REPRIORITIZATIONS							3D00000
REPRIORITIZATION OF PROJECT AIDS							
CARE WAIVER FUNDING - DEDUCT							3D00260

Maintaining and operating 1915(c) waivers are resource-intensive, as there are significant oversight and reporting requirements for each waiver approved by the federal CMS. As the administrative requirements to maintain waivers have increased, the AHCA is seeking ways to create operational efficiencies and standardize management processes for all waivers. The transition of the PAC waiver population addresses the need to create operational efficiencies and improve the waiver management and oversight capabilities.

The AHCA seeks to discontinue operation of the PAC waiver and transition the waiver participants and associated funding for this waiver into the MMA and LTC programs. In order to ensure continuity of care for PAC waiver participants, the AHCA would amend the 1115 MMA waiver to include a special eligibility category for recipients diagnosed with AIDS who meet institutional level of care requirements to qualify for non-waiver Medicaid benefits. This would be similar to the current PAC waiver eligibility requirements. This will enable this population to maintain Medicaid benefits and access to prescribed drugs, physician services, and diagnostic and other specialty care. This option ensures continuity of care for those participants who are only receiving case management services under the PAC waiver, but do not need the other home and community-based services offered through the waiver. This option also reduces the need for the AHCA to maintain a separate waiver targeted towards individuals diagnosed with AIDS. The majority of PAC waiver participants (7535) are already enrolled in the MMA program.

For those PAC waiver participants who have more acute long-term care needs and require home and community-based services, those participants would transition into the LTC program. The PAC waiver population already qualifies for enrollment into the LTC program, if the individual meets nursing facility level of care. All benefits that are currently heavily utilized under the PAC waiver are also available under the LTC program. The AHCA would use the process that was utilized in 2013 to successfully transitioned four home and community-based waiver populations into the LTC program enabling participants to continue to access an array of services, including enhanced care coordination and expanded benefits offered by the plans. With similar support and planning, transitioning the PAC waiver population into the LTC program can be accomplished without disruption in care or incurring additional costs. Further, it is anticipated that by transitioning the coordination of waiver services for this population to health plans, there will be increased compliance with federal regulatory requirements, improved transparency, increased accountability, and improved timeliness and quality of deliverables.

Once legislative authority is received for this change, the AHCA will submit a request to amend the 1115 waiver and terminate the PAC waiver to CMS. In addition, the state will develop and submit a transition plan to the CMS that illustrates the AHCA's ability to ensure continuity of care during the transition between waiver programs. Once the request is approved by CMS, transition efforts can begin. The proposed implementation date is January 1, 2018.

BUDGET SUMMARY: This issue proposes to redirect \$1,684,843 in General Revenue (1000) and \$2,662,016 in Medical Care Trust Fund (2474) from the Medicaid Long Term Care (68501500) budget entity in the Home and Community Based Services (101554) category. Of the total amount, \$1,405,803 in General Revenue (1000) and \$2,221,139 in Medical Care Trust Fund (2474) would be transferred to the Prepaid Health Plans (102673) category in the Medicaid Services for Individuals

	COL A23		COL A24		COL A25		CODES
	REPRIORTIZN	AMOUNT	N/R 2017-18	AMOUNT	ANZ 2017-18	AMOUNT	
AGENCY/HEALTH CARE ADMIN							68000000
PGM: HEALTH CARE SERVICES							68500000
<u>MEDICAID LONG TERM CARE</u>							68501500
HEALTH AND HUMAN SERVICES							13
<u>LONG-TERM CARE</u>							<u>1303.00.00.00</u>
FUNDING REPRIORITIZATIONS							3D00000
REPRIORITIZATION OF PROJECT AIDS							
CARE WAIVER FUNDING - DEDUCT							3D00260

(68501400) budget entity and \$279,040 in General Revenue (1000) and \$440,877 in Medical Care Trust Fund (2474) would be transferred to the Prepaid Health Plan Long Term Care (102674) category in the Medicaid Long Term Care (68501500) budget entity. The federal financial participation (FFP) rate is 61.24 percent.

	RECURRING FY 2017-18	NON-RECURRING FY 2017-18	TOTAL FY 2017-18	ANNUALIZATION FY 2018-2019
Home and Community Based Services (101554)				
General Revenue (1000 - 2)	(\$1,684,843)	\$0	(\$1,684,843)	(\$1,684,843)
Medical Care Trust Fund (2474 - 3)	(\$2,662,016)	\$0	(\$2,662,016)	(\$2,662,016)
Issue Total	(\$4,346,859)	\$0	(\$4,346,859)	(\$4,346,859)

REPRIORITIZATION OF PROJECT AIDS	
CARE WAIVER FUNDING - ADD	3D00270
SPECIAL CATEGORIES	100000
PRPD HLTH PLAN/LNG TRM CAR	102674

GENERAL REVENUE FUND	-MATCH	279,040		279,040	1000	2
MEDICAL CARE TRUST FUND	-FEDERL	440,877		440,877	2474	3
TOTAL APPRO.....		719,917		719,917		

AGENCY ISSUE NARRATIVE:  
 SCHED VIIIIC REPRIORTIZN NARRATIVE:  
 PRIORITY #2

IT COMPONENT? NO

ISSUE TITLE: Reprioritization of Project AIDS Care Waiver Funding - ADD

ISSUE SUMMARY: This issue proposes to redirect \$4,346,859 from the Home and Community-Based Services Waiver category to the Prepaid Health Plan categories for the transition of beneficiaries from the Project AIDS Care (PAC) waiver to the Managed Medical Assistance (MMA) and Long-term Care (LTC) programs. Due to medical advances and improved health outcomes of individuals with AIDS, the Agency for Health Care Administration (AHCA) can transition the PAC waiver population to the MMA and LTC programs without disruption in care. The PAC waiver population already qualifies for enrollment into the MMA and LTC programs. Therefore, a transition plan and a waiver amendment requesting the termination of the PAC waiver

COL A23		COL A24		COL A25		CODES
SCH VIIIIC	REPRIORTIZN	SCH VIIIIC	N/R 2017-18	SCH VIIIIC	ANZ 2017-18	
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
						68000000
						68500000
						68501500
						13
						<u>1303.00.00.00</u>
						3D00000
						3D00270

AGENCY/HEALTH CARE ADMIN  
 PGM: HEALTH CARE SERVICES  
MEDICAID LONG TERM CARE  
 HEALTH AND HUMAN SERVICES  
LONG-TERM CARE  
 FUNDING REPRIORITIZATIONS  
 REPRIORITIZATION OF PROJECT AIDS  
 CARE WAIVER FUNDING - ADD

68000000  
 68500000  
 68501500  
 13  
1303.00.00.00  
 3D00000  
 3D00270

must be submitted to the federal Centers for Medicare and Medicaid Services (CMS) for approval. In addition, the AHCA will submit to the Legislature for consideration the corresponding substantive law changes required to transition the population and terminate the waiver.

ISSUE DETAIL: The PAC waiver is authorized through a federal 1915(c) HCBS waiver. The AHCA administers and operates the PAC waiver, which serves 7,800 recipients who have an income of no more than 300 percent of the federal poverty level, with a diagnosis of AIDS, and who meet hospital or nursing facility level of care.

Due to medical advances and improved health outcomes for individuals with AIDS, recipients need fewer waiver services. Many participants enrolled in the PAC waiver are receiving only case management services. Approximate waiver expenditures and participant counts for Fiscal Year 2014-15 are as follows: case management (\$7,191,103; 7,350 recipients); home delivered meals (\$1,159,307; 614 recipients); restorative massage (\$868,150; 1,090 recipients); homemaker (\$668,970; 450 recipients); specialized medical equipment and supplies (\$617,000; 716 recipients). The small percentage of PAC waiver participants who require home and community-based services are generally those with functional limitations and more acute long-term care needs. It has become apparent that the true benefit of this waiver is that it aids this population in gaining Medicaid eligibility, which allows them to receive the medical care (e.g., prescribed drugs) necessary to control and manage their chronic condition. Facilitating timely access to antiretroviral drugs and medical care for persons diagnosed with AIDS is an important need; however, this need should be met in a more efficient manner.

Maintaining and operating 1915(c) waivers are resource-intensive, as there are significant oversight and reporting requirements for each waiver approved by the federal CMS. As the administrative requirements to maintain waivers have increased, the AHCA is seeking ways to create operational efficiencies and standardize management processes for all waivers. The transition of the PAC waiver population addresses the need to create operational efficiencies and improve the waiver management and oversight capabilities.

The AHCA seeks to discontinue operation of the PAC waiver and transition the waiver participants and associated funding for this waiver into the MMA and LTC programs. In order to ensure continuity of care for PAC waiver participants, the AHCA would amend the 1115 MMA waiver to include a special eligibility category for recipients diagnosed with AIDS who meet institutional level of care requirements to qualify for non-waiver Medicaid benefits. This would be similar to the current PAC waiver eligibility requirements. This will enable this population to maintain Medicaid benefits and access to prescribed drugs, physician services, and diagnostic and other specialty care. This option ensures continuity of care for those participants who are only receiving case management services under the PAC waiver, but do not need the other home and community-based services offered through the waiver. This option also reduces the need for the AHCA to maintain a separate waiver targeted towards individuals diagnosed with AIDS. The majority of PAC waiver participants (7535) are already enrolled in the MMA program.

For those PAC waiver participants who have more acute long-term care needs and require home and community-based services, those participants would transition into the LTC program. The PAC waiver population already qualifies for enrollment into the LTC program, if the individual meets nursing facility level of care. All benefits that are currently heavily



COL A23 SCH VIIIIC REPRIORTIZN POS	COL A24 SCH VIIIIC N/R 2017-18 AMOUNT	COL A25 SCH VIIIIC ANZ 2017-18 AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN			68000000
PGM: HEALTH CARE SERVICES			68500000
<u>MEDICAID LONG TERM CARE</u>			68501500
HEALTH AND HUMAN SERVICES			13
<u>LONG-TERM CARE</u>			<u>1303.00.00.00</u>
FUNDING REPRIORITIZATIONS			3D00000
REPRIORITIZATION OF PROJECT AIDS			
CARE WAIVER FUNDING - ADD			3D00270

utilized under the PAC waiver are also available under the LTC program. The AHCA would use the process that was utilized in 2013 to successfully transitioned four home and community-based waiver populations into the LTC program enabling participants to continue to access an array of services, including enhanced care coordination and expanded benefits offered by the plans. With similar support and planning, transitioning the PAC waiver population into the LTC program can be accomplished without disruption in care or incurring additional costs. Further, it is anticipated that by transitioning the coordination of waiver services for this population to health plans, there will be increased compliance with federal regulatory requirements, improved transparency, increased accountability, and improved timeliness and quality of deliverables.

Once legislative authority is received for this change, the AHCA will submit a request to amend the 1115 waiver and terminate the PAC waiver to CMS. In addition, the state will develop and submit a transition plan to the CMS that illustrates the AHCA's ability to ensure continuity of care during the transition between waiver programs. Once the request is approved by CMS, transition efforts can begin. The proposed implementation date is January 1, 2018.

BUDGET SUMMARY: This issue proposes to redirect \$1,684,843 in General Revenue (1000) and \$2,662,016 in Medical Care Trust Fund (2474) from the Medicaid Long Term Care (68501500) budget entity in the Home and Community Based Services (101554) category. Of the total amount, \$1,405,803 in General Revenue (1000) and \$2,221,139 in Medical Care Trust Fund (2474) would be transferred to the Prepaid Health Plans (102673) category in the Medicaid Services for Individuals (68501400) budget entity and \$279,040 in General Revenue (1000) and \$440,877 in Medical Care Trust Fund (2474) would be transferred to the Prepaid Health Plan Long Term Care (102674) category in the Medicaid Long Term Care (68501500) budget entity. The federal financial participation (FFP) rate is 61.24 percent.

	RECURRING FY 2017-18	NON-RECURRING FY 2017-18	TOTAL FY 2017-18	ANNUALIZATION FY 2018-2019
Medicaid Services for Individuals (68501400)				
Prepaid Health Plans (102673)				
General Revenue (1000 - 2)	\$1,405,803	\$0	\$1,405,803	\$1,405,803
Medical Care Trust Fund (2474 - 3)	\$2,221,139	\$0	\$2,221,139	\$2,221,139
Medicaid Long Term Care (68501500)				
Prepaid Health Plans/Long Term Care (102674)				
General Revenue (1000 - 2)	\$ 279,040	\$0	\$ 279,040	\$ 279,040
Medical Care Trust Fund (2474 - 3)	\$ 440,877	\$0	\$ 440,877	\$ 440,877
Issue Total	\$4,346,859	\$0	\$4,346,859	\$4,346,859

\*\*\*\*\*

	COL A23 SCH VIIIIC REPRIORTIZN POS	COL A24 SCH VIIIIC N/R 2017-18 POS	COL A25 SCH VIIIIC ANZ 2017-18 POS	AMOUNT	AMOUNT	AMOUNT	CODES
AGENCY/HEALTH CARE ADMIN							68000000
PGM: HEALTH CARE SERVICES							68500000
<u>MEDICAID LONG TERM CARE</u>							68501500
HEALTH AND HUMAN SERVICES							13
<u>LONG-TERM CARE</u>							<u>1303.00.00.00</u>
TOTAL: LONG-TERM CARE							<u>1303.00.00.00</u>
BY FUND TYPE							
GENERAL REVENUE FUND				1,405,803-		1,405,803-	1000
TRUST FUNDS				2,221,139-		2,221,139-	2000
TOTAL PROG COMP.....				3,626,942-		3,626,942-	

```

*****
* NEADLP01                                STATISTICAL INFORMATION                                10/14/2016 07:55 *
* BUDGET PERIOD: 2007-2018                EXHIBIT A, D AND D-3A LIST REQUEST                KST 68 SP *
*                                                                                                     PAGE: 1 *
*****
*                                     SAVE INITIALS:          SAVE DEPARTMENT: 07      SAVE TITLE: SCHEDULE VIIIC **LBR FORMAT**
* -----
* ** DATA SELECTIONS **
* =====
* REPORT OPTION 1 - Exhibit A, D and D-3A
* SCHEDULE VIIIA ISSUE SPREADSHEET:           
* =====
* COLUMN: A23        A24        A25        _____        CODES
* CALCULATE DIFFERENCE ONLY (Y/N): N THAT EXCEED: _____
* INCLUDE (Y/N) FTE: Y                SALARY RATE: Y POSITION DATA: Y
* REPORT TOTAL:
* REPORT: NO TOTAL
* =====
* BUDGET ENTITY OR GROUP/ACCUMULATION LEVEL (0=MERGE, 1=LEVEL 1, 2=LEVEL 2, 3=LEVEL 3, 4=LOWEST LEVEL)
* 1-7:        4        _____ - _____ - _____ - _____ - _____ - _____ - _____
* 8-14:       _____ - _____ - _____ - _____ - _____ - _____ - _____
* 15-21:      _____ - _____ - _____ - _____ - _____ - _____ - _____
* 22-27:      _____ - _____ - _____ - _____ - _____ - _____ - _____
* EXCLUDE:    _____ - _____ - _____ - _____ - _____ - _____ - _____
*
* BUDGET ENTITY TOTALS:
*
*            LEVEL 1: BY FUND TYPE
*            LEVEL 2: NO TOTAL
*            LEVEL 3: NO TOTAL
*            LOWEST LEVEL: BY FUND TYPE
* =====
* PROGRAM COMPONENT/ACCUMULATION LEVEL (1, 2, 3, 4 OR 5 FOR 2, 4, 6, 8 OR 10 DIGITS, 0=MERGED):
* PROGRAM COMPONENT:        5        _____ - _____ - _____ - _____ - _____ - _____
* PROGRAM COMPONENT TOTAL:
* POLICY AREA: NO TOTAL
* PROGRAM COMPONENT: BY FUND TYPE
* =====
* ISSUE CODE OR GROUP/ACCUMULATION LEVEL (1, 2 OR 3 FOR 1, 3 OR 7 CHARACTERS, 0=MERGED):
* ISSUE CODE OR GROUP:        3        _____ - _____ - _____ - _____ - _____ - _____
* ISSUE TOTAL:
* SUMMARY: NO TOTAL
* DETAIL: LINE TOTAL
* =====
* APPROPRIATION CATEGORY OR GROUP/ACCUMULATION LEVEL (1=MAJOR, 2=MINOR, 0=MERGED):
*            2        _____ - _____ - _____ - _____ - _____ - _____
* INCLUDE FCO (Y/N): Y APPROPRIATION CATEGORY TITLE (S=SHORT, L=LONG): S
* APPROPRIATION CATEGORY TOTAL:
* MAJOR: NO TOTAL
* MINOR: BY DETAIL FUND
* =====
* ITEMIZATION OF EXPENDITURE: _____ - _____ - _____ - _____ - _____
* ACCUMULATION LEVEL (1=OPE/FCO, 2=IOE, 0=MERGE): 0
* ITEMIZATION OF EXPENDITURE TOTAL:
* ITEMIZATION OF EXPENDITURE: NO TOTAL
* =====

```

```

*****
* NEADLP01                                STATISTICAL INFORMATION                                10/14/2016 07:55 *
* BUDGET PERIOD: 2007-2018                EXHIBIT A, D AND D-3A LIST REQUEST                KST 68 SP *
*                                                                                                     PAGE: 2 *
*****
* FUND GROUPS SET: _____ OR FUND: _____ *
* FUNDING SOURCE IDENTIFIER: _____ *
* REPORT BY FSI (Y/N): Y *
* ===== *
* DEPARTMENT NARRATIVE SET: _____ *
* BUDGET ENTITY NARRATIVE SET: _____ *
* ISSUE/ACTIVITY NARRATIVE SET: A6 _____ *
* INCLUDE PROGRAM COMPONENT NARRATIVE (Y/N): N *
* ===== *
* ** FORMATTING ** *
* ===== *
* REPORT HEADING: SCHEDULE VIIIC *
* PRIORITY LISTING FOR POSSIBLE *
* REPRIORITIZATION FOR REQUEST YEAR *
* ===== *
* PAGE BREAKS: LOWEST LEVEL PRC *
* (LEVEL 1, LEVEL 2, LEVEL 3, LOWEST LEVEL, *
* IOE, GRP, PRC, SIS, ISC) *
* ===== *
* COLUMN CODES (Y/N): Y FORMAT (L=LANDSCAPE, P=PORTRAIT): L *
* SORT OPTIONS: DEPARTMENT/BUDGET ENTITY (C=CODE, T=TITLE): C *
* PROGRAM COMPONENT (C=CODE, T=TITLE): C *
* ===== *
* TOTAL RECORDS READ FROM SORT: 18 *
* TOTAL RECORDS READ FROM CARD: 44 *
* TOTAL RECORDS READ FROM PAF: 2 *
* TOTAL RECORDS READ FROM OAF: 0 *
* TOTAL RECORDS READ FROM IEF: 0 *
* TOTAL RECORDS READ FROM BGF: 0 *
* TOTAL RECORDS READ FROM BEF: 11 *
* TOTAL RECORDS READ FROM PCF: 8 *
* TOTAL RECORDS READ FROM ICF: 11 *
* TOTAL RECORDS READ FROM INF: 389 *
* TOTAL RECORDS READ FROM ACF: 7 *
* TOTAL RECORDS READ FROM FCF: 4 *
* TOTAL RECORDS READ FROM FSF: 10 *
* TOTAL RECORDS READ FROM PCN: 0 *
* TOTAL RECORDS READ FROM BEN: 0 *
* TOTAL RECORDS READ FROM DPC: 4 *
* TOTAL RECORDS IN ERROR: 0 *
*****

```

```
*****
* NEADLP01                               STATISTICAL INFORMATION           10/14/2016 07:55 *
* BUDGET PERIOD: 2007-2018              EXHIBIT A, D AND D-3A LIST REQUEST       KST 68   SP   *
*                                                                                       PAGE:    3 *
*****
*
* BUDGET ENTITIES SELECTED:
*   1-9: 68 _____
*  10-18: _____
*  19-27: _____
*
*****
```