

Health and Human Resources

The Governor's proposed 2002-04 budget for Health and Human Resources results in a net increase of \$759.8 million GF for the biennium when compared to the adjusted base budget. This total reflects new spending of \$891.8 million, offset by \$132.0 million in targeted reductions.

In addition, further cuts of about \$29.3 million each year (through unspecified actions) are included in Central Appropriations for distribution to health and human resources agencies. (A table showing across-the-board reductions for each agency is included at the end of this section.)

Most of the added spending is for mandatory programs. Inflation in medical costs and increasing numbers of low-income families, elderly, and disabled add \$610.3 million in Medicaid costs. The rising cost to serve at-risk youth, entitled to care under the Comprehensive Services Act (CSA), adds \$137.7 million. An additional \$38.0 million is proposed for children entitled to foster care and subsidized adoptions. The proposed budget also adds \$27.4 million to meet a shortfall in Medicaid funding for mentally retarded persons served in state facilities.

A few non-mandatory but traditionally high priority items are also included. In FY 2004, \$34.7 million in state funds is proposed for indigent care at the two state teaching hospitals, to offset the anticipated decline in federal funds for this purpose. A total of \$23.8 million is added to fully fund the federally allowed maximum of 5,536 slots for home- and community-based care under Virginia's Mental Retardation (MR) Waiver programs. Improvements in care at state training centers for mentally retarded persons are funded with an increase of \$3.4 million. Also, the proposed budget adds \$7.2 million for completion of data processing systems at the Departments of Health and Medical Assistance Services.

About three-fourths of the targeted reductions in health and human resources result from \$95.3 million in proposed Medicaid cost containment actions:

- \$38.0 million by examining claims processing and other activities that would qualify for enhanced federal match rates;
- \$22.6 million by cutting hospital rates from about 87 percent to 80 percent of costs;

- \$12.8 million by decreasing the reimbursement rate for prescription drugs;
- \$10.0 million by expanding disease management programs to include other common diseases; and
- \$10.1 million by eliminating Medicaid coverage of substance abuse treatment.

In addition to these Medicaid savings items, \$42.0 million in additional revenue would be added to the general fund, by billing the federal government at the Medicare upper payment limit for care provided by hospitals, nursing homes, intermediate care facilities for mentally retarded persons, and clinics. Also, the budget projects that an additional \$6.0 million in Medicaid cost settlements from prior years will be recovered and added to the general fund.

Targeted reductions in other areas include \$26.9 million in state savings by increasing the CSA local match rate from an average of 38 percent to 50 percent and, at the same time, eliminating the local match for Medicaid-covered CSA services. The budget also proposes to substitute federal TANF funds for state funded grants to localities for health care and CSA initiatives, resulting in savings of \$5.1 million. Finally, the budget proposes consolidation of local departments of social services, for a savings of \$4.0 million.

- **Comprehensive Services for At-Risk Youth and Families**

- ***Increased Cost of Mandated Services.*** Adds \$63.7 million GF and \$2.1 million NGF the first year and \$74.0 million GF and \$2.5 million NGF the second year for increased costs of serving children mandated for care under CSA. The added funding would provide growth of about 6 percent in FY 2003 and 8 percent in FY 2004, in a program that has been growing about 11 percent in recent years.
- ***Local Assistance and Review Team.*** Adds \$293,965 GF each year and 4.0 FTE positions in the Department of Social Services to continue a team that would help localities control their CSA costs.

Proposed Reductions

- ***Increase Local Share of Costs.*** Cuts \$12.2 million GF the first year and \$14.7 million GF the second year in state aid to localities, by requiring all localities to pay 50 percent of CSA costs. Currently, the local match rate is based on ability to pay measures and averages 38 percent. The current range is about 17 percent in some rural localities to 53 percent in affluent urban localities. For CSA

services covered by Medicaid, which account for about one-fourth of total CSA expenditures, the local match would be eliminated. Currently, localities pay an average of about 18 percent for Medicaid-covered CSA services.

- **Federal TANF Fund Substitution.** Reduces general fund appropriations by \$1.1 million each year in grants for local initiatives designed to reduce CSA costs. Instead, \$1.1 million each year from the federal block grant on welfare reform (TANF) is proposed for these programs.

- **Virginia Department for the Aging**

- **Maintain Pharmacy Connect Program.** Provides \$371,000 each year to maintain funding for the Pharmacy Connect program in Southwest Virginia, to maintain funding at the FY 2002 level. The program assists low-income persons in accessing free and low-cost prescription drugs from pharmaceutical manufacturers.
- **Federal Funds for Caregiver Support.** Recommends appropriation authority of \$2.4 million each year in federal funds for the National Family Caregiver Support Program. This program provides respite care, day programs, and other support services for family members caring for disabled relatives at home.

Proposed Reductions

- **Across-the-Board Reductions.** Cuts \$931,431 each year from the agency, as part of 6 percent across-the-board reductions in Central Appropriations. Actions for achieving these savings are not specified in the budget.

- **Department of Health**

- **Continue Funding of the Public Health Information System.** Includes almost \$3.0 million each year for continued support of the information management wide-area network, which serves the central agency and local health departments. Funding would be used to pay for ongoing operating expenses of the network, such as contractual costs for communication lines, network routers, software licenses, and quality assurance and configuration management staff.

- **Technical Adjustments.** Transfers \$835,000 GF each year for the sexual assault program to the Department of Criminal Justice Services (DCJS). The DCJS began administering the program in FY 2000. In addition, the introduced budget transfers \$200,000 each year to DCJS to help operate and maintain the Norfolk Public Health Building.

Proposed Reductions

- **Across-the-Board Reductions.** Cuts \$2.3 million GF each year from the agency as part of 6 percent across-the-board reductions in Central Appropriations. Actions for achieving these savings are not specified in the budget.
- **Substitution of TANF Funds for GF in Local Programs.** Reduces general fund support by \$1.5 million each year and substitutes federal TANF funds for three prevention programs for low-income children and families:
 - \$1.0 million each year for the Comprehensive Health Investment Project (CHIP)
 - \$300,000 each year for teenage pregnancy prevention programs
 - \$200,000 each year for the Virginia Fatherhood Campaign

- **Department of Health Professions**

- **Rent Increases.** Authorizes an additional \$554,382 NGF the first year and \$287,728 NGF the second year for the Department to lease additional space. The source of nongeneral funds is revenue generated from licensing fees.

Proposed Reductions

- **Across-the-Board Reductions.** Cuts \$929,000 NGF each year from the agency and transfers these funds to the general fund, as part of 6 percent across-the-board reductions in Central Appropriations. Actions for achieving these savings are not specified in the budget. Costs would need to be reduced or licensing fees increased to generate the savings.

- **Department of Medical Assistance Services (DMAS)**
 - ***Utilization and Inflation.*** Adds \$235.2 million GF and \$182.0 million NGF in FY 2003 and \$351.7 million GF and \$286.5 million NGF in FY 2004 NGF for inflation in Medicaid costs and for providing services to increasing numbers of low-income children, elderly and disabled persons. In addition, federal financial participation is projected to decrease from 51.55 percent in FY 2002 to 50.76 percent in FY 2003 and 50.53 percent in FY 2004. The Medicaid forecast assumes expenditure growth of 7 percent in each year of the biennium.
 - ***Indigent Care Payments to Teaching Hospitals.*** Increases Medicaid funding by \$34.7 million GF in the second year for indigent care at the two state teaching hospitals to offset anticipated declines in federal Medicaid funds. Currently, the Virginia Commonwealth University Health System Authority (VCUHSA) and the University of Virginia Medical Center receive enhanced Medicaid payments for serving a disproportionate share of low-income, uninsured patients. However, the amount states can collect in enhanced federal Medicaid reimbursement is capped. Beginning in FY 2004, indigent health care expenses at the teaching hospitals will exceed the cap on federal funding for Virginia.
 - ***Medicaid Match for Persons in State MHMR Facilities.*** Adds \$13.7 million GF and \$14.1 million NGF in FY 2003 and \$13.7 million GF and \$14.0 million NGF in FY 2004 in federal Medicaid funds to address a shortfall in funding for Medicaid-eligible persons in mental health and mental retardation facilities. The shortfall is due to increases in medical care costs and services for Medicaid-eligible mentally disabled patients.
 - ***Address Shortfall in Pharmacy.*** Provides \$11.7 million GF each year and \$12.1 million NGF in FY 2003 and \$12.0 million NGF in FY 2004 to address a shortfall in pharmacy funding due to a change in accounting for prior year drug rebates received by the program. Prior to FY 2001, all drug rebates received by the Medicaid program were used to offset pharmacy expenditures. An accounting change in FY 2001 requires prior year pharmacy rebates to be counted as Medicaid recoveries which are deposited into the general fund as revenue. Consequently, additional funding for pharmacy expenditures is necessary to avoid a shortfall. However,

there is no impact on the overall budget because the increased appropriation required in Medicaid will be offset by the deposit of drug rebates as revenue.

- **Fully Fund Mental Retardation Waiver Slots.** Adds \$9.0 million GF and \$9.2 million NGF each year to fully fund home and community-based mental retardation services for 5,386 consumers in the mental retardation waiver program. Currently, 5,166 eligible individuals are served through the waiver program, even though Virginia has 5,386 slots available through agreements with the federal Medicaid agency. This funding would allow all available slots to be filled by eligible consumers.
- **Continue Funding for New Mental Retardation Waiver Slots.** Provides \$2.9 million GF and \$3.0 million NGF each year to continue funding for 150 new mental retardation waiver slots that were obtained with federal government approval in FY 2002.
- **Transfer funding from DMHMRSAS for Mental Retardation Consumers.** Transfers \$2.7 million GF each year from the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) as the state match for Medicaid-covered mental retardation waiver services for 320 individuals who were previously receiving services through the elderly and disabled waiver. In addition, HB/SB 30 includes \$2.7 million NGF in matching federal Medicaid funds for the services. The 2000 General Assembly directed this transfer of community mental health and mental retardation funding from the DMHMRSAS to DMAS to facilitate the forecasting and funding of Medicaid-reimbursed services.
- **Medicaid Claims Processing System.** Adds \$996,882 GF and \$6.6 million NGF in FY 2003 and \$212,761 GF and \$638,279 NGF in FY 2004 for the cost of developing and operating a new Medicaid claims processing system. The department was in the process of procuring the new claims processing system in FY 1997 when the contract was canceled for non-performance. A new system began development in the 1998-2000 biennium, but implementation was delayed due to other systems priorities related to Year 2000 compliance. The system is now expected to be operational in FY 2003.

The additional funding will cover unanticipated development costs, additional project oversight, and contract costs for the

system's evaluation and federal certification, and other needed enhancements that are not included in the current contract. Federal certification of the system is necessary to obtain enhanced federal reimbursement for 90 percent of the system's development costs.

- ***Expand Disease Management Program.*** Adds \$350,000 GF and \$350,000 NGF in FY 2003 to expand the agency's disease management program. Currently, the agency operates a program to help Medicaid recipients better manage chronic illnesses such as diabetes, hypertension, asthma, chronic obstructive pulmonary disease and others. By expanding activities to help patients manage chronic illnesses such as HIV/AIDs, arthritis, cystic fibrosis, Alzheimer's disease, and schizophrenia, DMAS expects a savings of \$10.4 million GF and \$10.6 million NGF in FY 2004.
- ***Transfer funding from DMHMRSAS for Utilization Review.*** Transfers \$300,380 GF and \$381,097 NGF each year and 10.0 FTE positions from DMHMRSAS to DMAS for utilization review of mental health and mental retardation services.

Proposed Reductions

- ***Maximize Federal Medicaid Funding.*** Replaces general fund appropriations of \$19.0 million each year with federal Medicaid funds by identifying services and claims which may be eligible for enhanced federal funding, recovering payments from prior year cost settlements, and reducing eligibility determination errors. These additional activities also are expected to recover federal funds for costs incurred in previous years, which will be included as \$3.0 million in general fund revenue deposits each year.

In addition, the Department will use the flexibility available under revised federal Medicaid regulations to use intergovernmental transfers to maximize reimbursement up to the Medicare payment level for publicly-owned nursing homes, hospitals, intermediate care facilities for the mentally retarded, and clinics. These publicly-owned facilities would provide the non-federal share of the match dollars needed to draw down the additional federal matching funds, allowing the state to reduce its general fund obligations to these facilities. This strategy is estimated to generate \$21 million in general fund revenue each year. (The federal Medicaid loophole that was closed had allowed the difference between Medicare and Medicaid payment rates for all nursing homes to be captured through a few public nursing homes.)

- ***Reduce Hospital Payment to 80 Percent of Costs.*** Cuts funding for hospital payments by \$11.1 million GF and \$11.4 million NGF in FY 2003 and \$11.5 million GF and \$11.7 million NGF in FY 2004. The reduced payments are based on reimbursing hospitals 80 percent of their costs to provide hospital services to Medicaid-eligible persons. Currently, the program reimburses hospitals 87 percent of costs on average.
- ***Reduce Reimbursement for Prescription Drugs.*** Reduces reimbursement for prescription drugs and other pharmacy products by \$6.1 million GF and \$6.3 million NGF in FY 2003 and \$6.7 million GF and \$6.8 million NGF in FY 2004. Currently, the Medicaid program reimburses pharmacies their acquisition costs for pharmacy products and a dispensing fee. Language in the introduced budget changes reimbursement for pharmacy acquisition costs from the average wholesale price (AWP) minus nine percent to the AWP minus 11 percent.
- ***Eliminate Medicaid Coverage of Substance Abuse Treatment.*** Eliminates funding of \$5.1 million GF and \$5.4 million in federal funds each year which had been provided for Medicaid coverage of substance abuse treatment. An estimated 16,000 low-income children and adults would have qualified for this benefit.
- ***Reduce Funding and Enrollment Projections for Children’s Health Insurance Program.*** Decreases funding by \$1.7 million GF and \$965,074 NGF in FY 2003 for the Family Access to Medical Insurance Security Plan (FAMIS), an employer-based plan enacted by the 2000 General Assembly. The targeted reduction is based on updated enrollment and expenditure projections and revised estimates by the State Corporation Commission’s Bureau of Insurance of the premium differential to be transferred to the FAMIS Trust Fund. The introduced budget assumes that enrollment will grow from about 39,000 children beginning in July 2002 to 49,000 children by June 2004.
- ***Across-the-Board Reductions.*** Cuts \$2.5 million GF each year from the agency as part of 6 percent across-the-board reductions in Central Appropriations. Actions for achieving these savings are not specified in the budget.

- **Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS)**
 - ***Enhance Staffing at Mental Retardation Training Centers.*** Provides \$1.7 million GF and \$1.7 million NGF each year to increase staffing at four mental retardation training centers to help meet clinical staffing expectations established under the Civil Rights for Institutionalized Persons Act (CRIPA). The U.S. Department of Justice has now investigated the quality of care provided at five MHMR facilities under CRIPA, including the Northern Virginia Training Center. Proposed funding would improve patient care by adding positions at the remaining four state training centers.
 - ***Delay Implementation of Treatment of Violent Sexual Predators.*** Adds \$954,208 and 1.0 FTE position in FY 2004 to implement the Sexually Violent Predators Treatment Program. Language is added to delay implementation from January 1, 2003 until January 1, 2004, due to the increased time needed to establish a secure facility for the program. Language also allows for the confinement and treatment of individuals involuntarily committed as sexually violent predators in a facility operated by DMHMRSAS with security provided by the Department of Corrections. In addition, the proposed budget contains \$4.7 million in capital funding from Virginia Public Building Authority bond proceeds through the Department of Corrections to adapt a facility for use located on the Western State Hospital campus in Staunton.
 - ***Transfer funding to DMAS for Utilization Review.*** Transfers \$300,380 GF and \$381,097 NGF each year and 10.0 FTE positions to DMAS to conduct utilization review of mental health and mental retardation services.
 - ***Sale of Property and Construction of New Facility at Eastern State Hospital.*** Adds language authorizing the Commissioner to sell a portion of Eastern State Hospital, providing that the proceeds are used to construct a new psychiatric inpatient facility located on the grounds of the current hospital. The Commissioner is directed to report to the Governor and Chairmen of the House Appropriations and Senate Finance Committees by November 1, 2002, on the status of the plans to sell the property and the process for constructing the new facility.

- ***Continue Community Planning for Alternatives for Institutional Care at Southern Virginia Mental Health Institute.*** Adds language authorizing the Commissioner to continue working with community representatives in Southside Virginia, including members of the House of Delegates and Senate of Virginia, to develop community infrastructure for individuals ready for discharge from Southern Virginia Mental Health Institute. The Commissioner is directed to report to the Governor, the Chairmen of the House Appropriations and Senate Finance Committees, and the Chairman of the Joint Behavioral Healthcare Commission by November 1, 2002, on the development of community services in Southside Virginia.
- ***Development of Alternatives for Psycho-Geriatric Services.*** Adds language directing the Secretary of Health and Human Resources, the Commissioner of Mental Health, Mental Retardation and Substance Abuse Services, and the director of the Department of Medical Assistance Services to examine current practices for providing care to psycho-geriatric patients and to develop recommendations for new payment systems and Medicaid waivers, if necessary, to serve the needs of this population. Language also requires a report to be made on the findings and recommendations regarding the care of psycho-geriatric patients to the Governor by November 1, 2002.
- ***Community Planning for Alternatives to Institutional Care at Piedmont Geriatric Hospital.*** Includes language authorizing the Commissioner to establish a community planning team to study and develop alternatives for the future provision of services to individuals served by Piedmont Geriatric Hospital. The community team is required to submit a plan to the Commissioner by September 1, 2002, who shall then report to the Governor, the Chairmen of the House Appropriations and Senate Finance Committees, and the Chairman of the Joint Behavioral Healthcare Commission by November 1, 2002.
- ***Improving Access by Children to MHMR Services.*** Adds language directing the agency and the Department of Medical Assistance Services, in cooperation with the Office of Comprehensive Services, Community Services Boards, and Court Service Units, to develop an integrated policy and plan to improve access by children to mental health and mental retardation services. The plan shall identify needed services, costs and funding sources, strengths and

weaknesses of the current service delivery system and administrative structure, and recommendations for improvement.

- **Technical Adjustments.** Adds a net of \$1.3 million NGF each year to account for reimbursement from the Department of Medical Assistance Services for administrative expenses, and decreases in federal reimbursement for lunch and education programs.

Proposed Reductions

- **Across-the-Board Reductions.** Cuts funding by \$16.5 million GF each year as part of 6 percent across-the-board reductions in Central Appropriations. Of this amount, the following reductions would occur in each year: \$9.8 million from grants to Community Services Boards, \$2.7 million from the DMHMRSAS central office, \$2.9 million from mental health treatment centers, and \$1.1 million from mental retardation training centers. Actions for achieving these savings are not specified in the budget.

- **Department of Rehabilitative Services**

- **Federal Funds for Disability Determinations.** Adds \$12.6 million NGF in FY 2003 and \$12.8 million NGF in FY 2004 to reflect increased federal funding for disability determinations. In addition, 10.0 FTE positions are added to handle increased claims and the additional time spent handling each claim due to federal policy changes.

Proposed Reductions

- **Across-the-Board Reductions.** Cuts \$1.6 million GF each year from the agency and \$333,633 each year from the Woodrow Wilson Rehabilitation Center as part of 6 percent across-the-board reductions in Central Appropriations. Actions for achieving these savings are not specified in the budget.

- **Department of Social Services**

- **Foster Care and Subsidized Adoptions.** Adds \$15.6 million GF and \$15.4 million NGF the first year and \$22.5 million GF and \$21.8 million NGF the second year for increasing caseloads and costs in mandated foster care and subsidized adoption services. The proposed additions increase funding by about 16 percent per year, about the rate the program has been growing in recent years.

- **Electronic Benefits Transfer.** Adds \$2.0 million GF and \$2.0 million NGF the first year and \$1.9 million GF and \$1.9 million NGF the second year to fully implement electronic food stamps statewide. This electronic system is federally required.
- **Food Stamp Error Reductions.** Adds \$1.4 million GF the first year and \$162,035 GF the second year to reduce errors in food stamp eligibility and benefit determinations. Improvements are federally required.
- **Replacement of Child Support Enforcement Revenue.** Adds \$417,081 GF the first year and \$1.0 million GF the second year to offset reduced NGF revenue for collection of child support payments. Changes in federal law have reduced the portion of collected funds that states can retain for administration of the program.
- **Replacement of Old Computers.** Adds \$564,565 GF and \$678,419 NGF each year to replace 1,300 broken or outdated computers in local departments of social services and to add 400 computers for child support enforcement and other administrative offices.
- **TANF Caseloads and Balances.** Assumes that welfare caseloads will remain steady at an annual average of about 67,000 per month for the next three years. Based on these estimates and other actions affecting federal TANF grant spending, the estimated year-end TANF balance would be \$35.0 million in FY 2002, \$17.5 million in FY 2003, and \$0 in FY 2004. If caseloads increase, or if the federal grant is cut when Congress re-authorizes the federal legislation in 2002, TANF spending could not be sustained at the proposed level.

Proposed Reductions

- **Substitution and Reduction of TANF Funds.** Cuts \$5.0 million GF and \$10.7 million in federal TANF funds each year earmarked for local programs, as part of the base budget adjustments (shown on the following table). Instead, the budget assumes that most of the formerly earmarked local programs would compete for \$13.0 million in TANF funds each year. Proposed language requires DSS to give preference to programs previously funded with TANF funds.

Proposed Cuts in DSS Base Budget

	<u>GF</u>	<u>TANF</u>
Individual Development Accounts	\$ 550,000	\$ 200,000
Match for Welfare to Work Grant	500,000	--
Dementia Training	90,000	--
One-to-One Mentoring	50,000	--
Craig County Day Care	50,000	--
People, Inc. of Southwest Virginia	50,000	--
United Community Ministries	50,000	--
Pendleton Child Center in Chesapeake	300,000	--
Healthy Families	2,949,800	600,000
Hampton Healthy Start	150,000	--
Volunteer Services	180,591	--
Children's Trust Fund	76,840	--
Training TANF Mothers as Daycare Providers	--	1,415,000
Centers for Employment and Training	--	450,000
Targeted Jobs Grant Program	--	50,000
"Opportunity Knocks" Youth Employment	--	500,000
Family Loan Program in Lynchburg	--	500,000
Greater Richmond Transit Company	--	1,000,000
Continuum of Housing Services	--	5,500,000
VIEW Pilot Sites	--	<u>500,000</u>
Total	\$ 4,997,231	\$10,715,000

- **Consolidation of Local DSS Departments.** Cuts \$1.0 million GF the first year and \$3.0 million the second year for administration of local social services, through proposed consolidation of local departments.

- ***Across-the-Board Reductions.*** Cuts \$4.5 million GF each year from the agency as part of 6 percent across-the-board reductions in Central Appropriations. Actions for achieving these savings are not specified in the budget.

- **Virginia Board for People with Disabilities**

- ***Positions for Federal Programs.*** Adds 2.0 FTE positions to coordinate two federal programs implemented by the agency, the Partners in Policymaking program and the Youth Leadership Forum. Currently, these positions are held by wage employees.

Proposed Reductions

- ***Across-the-Board Reductions.*** Cuts \$8,839 each year from the agency as part of 6 percent across-the-board reductions in Central Appropriations. Actions for achieving these savings are not specified in the budget.

- **Department for the Blind and Vision Impaired Services**

- ***Technical Adjustment for Virginia Industries for the Blind.*** Adds \$6.7 million NGF in FY 2003 and \$7.7 million NGF in FY 2004 to reflect increased revenues and expenses from the opening of additional stores and satellite offices for Virginia Industries for the Blind.
- ***Federal Funds for Vocational Rehabilitation Services.*** Adds \$513,638 NGF each year to reflect federal funding for vocational rehabilitation services to blind, visually impaired, and deaf and blind persons.

Proposed Reductions

- ***Across-the-Board Reductions.*** Cuts \$419,518 GF each year from the agency and \$14,062 each year from the Virginia Rehabilitation Center for the Blind as part of 6 percent across-the-board reductions in Central Appropriations. Actions for achieving these savings are not specified in the budget.

Health and Human Resources Central Appropriation Reductions

<u>Agency</u>	<u>FY 2003</u>	<u>FY 2004</u>
Secretary's Office	\$ 48,899	\$ 48,899
Aging	931,431	931,431
Deaf and Hard of Hearing	86,564	86,564
Health	2,274,100	2,274,100
Medical Assistance Services	2,468,935	2,468,935
Mental Health, Mental Retardation and Substance Abuse Services		
Central Office	2,654,870	2,654,870
Community Services Boards	9,802,943	9,802,943
Mental Health Hospitals	2,914,062	2,914,062
Mental Retardation Training Ctrs.	1,098,554	1,098,554
Rehabilitative Services	1,630,878	1,630,878
Woodrow Wilson Rehabilitation Ctr.	333,633	333,633
Social Services	4,651,457	4,531,457
Board for Disabled	8,839	8,839
Blind and Vision Impaired	419,518	419,518
Va. Rehab. Center for Blind and Vision Impaired	<u>14,062</u>	<u>14,062</u>
Total	\$29,338,745	\$29,218,745