

Here is the break out of the provider groups with a Medicaid payer mix of 50% or greater that will receive an increase in the FY 18 budget:

Provider	General	Federal	Other	Total
PTRF (MS)	\$21,999	\$27,150	-	\$49,149
Long Term Care (NH, Hospice, AL)	\$261,584	\$322,831	-	\$584,415
Elderly Nutrition Program	\$16,233	-	-	\$16,233
In-home Services for elderly	\$35,674	\$13,037	-	\$48,711
Victim Services	\$11,474	-	-	\$11,474
Groups Care Providers	\$9,098	\$1,248	-	\$10,346
PRTF (CPS)	\$19,091	\$23,586	-	\$42,677
Community Based Behavioral Health (Substance Abuse, Mental Health)	\$132,853	\$40,838	-	\$173,691
Other Provider Groups	\$68,262	\$9,962	\$2,564	\$80,788
DSS Total	\$600,397	\$440,175	\$2,564	\$1,043,136
DHS Community Services	\$187,008	\$241,838	\$16,821	\$445,667
DOC Community Services	\$8,881	\$12,175	-	\$21,056
UJS Community Services	\$5,971	\$221	-	\$6,192
TOTAL	\$802,257	\$694,409	\$19,385	\$1,516,051

Source: Joint Appropriations Committee FY18 Budget