

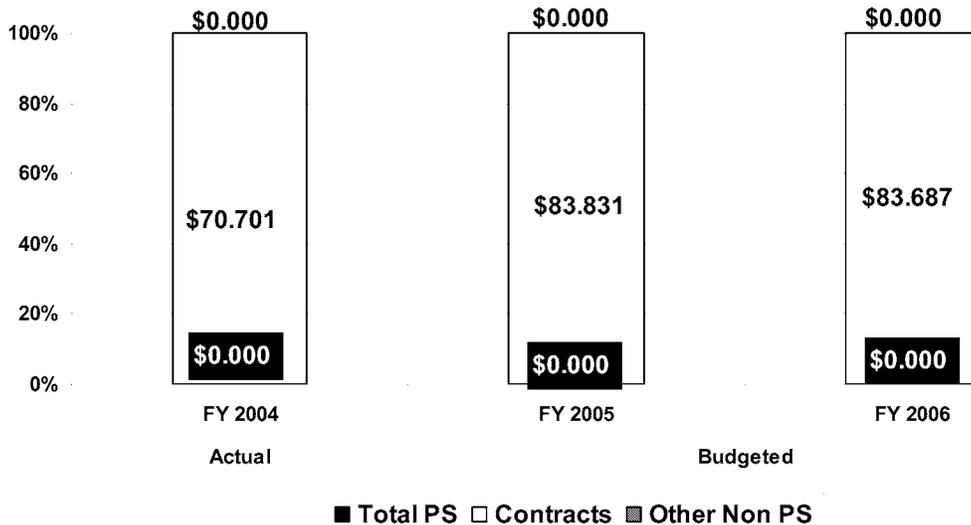
The following table summarizes total expenditures and full time equivalent employees for this activity.

Total Expenditures (\$000's) and FTEs		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
DC Alliance	Expenditures	\$70,701	\$83,831	\$0
Contract (6520)	FTEs	0	0	0

Expenditures (FY 2004 Actual and FY 2005 – FY 2006 Budgeted)

Contracts account for 100% of the Non Personal Services FY 2004 actual expenditures for this activity and are projected to account for 100% of the FY 2005 and FY 2006 budgeted expenditures.

Expenditure Distribution, FY2004-FY2006
(Expenditure Amounts in Millions)



Medical Assistance Administration Program

The Medical Assistance Administration Program primarily supports the Citywide Strategic Priority area of Making Government Work. The purpose of the Medical Assistance Administration is to develop, finance and implement a comprehensive plan for an accessible, efficient, high quality, cost-effective health care service delivery system that meets the health needs of uninsured and under-insured residents of the District of Columbia; to develop policy and provide fiscal and management oversight of the State Medicaid Program, State Children's Health Insurance Program (SCHIP), the Immigrant Children Program, the Medical Charities Program, and other programs designed to expand access to care; and to advance excellence in health promotion,

disease management, and quality of life for uninsured and under-insured residents of the District of Columbia.

The following table summarizes total expenditures and full time equivalent employees for this program.

TOTAL EXPENDITURES (000's) AND FULL TIME EQUIVALENT EMPLOYEES BY
FY2004 ACTUAL, FY2005 REVISED BUDGET, AND FY2006 PROPOSED BUDGET

Department of Health		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
Medical Assistance Administration	Total Expenditures	\$1,174,035	\$1,217,541	\$1,271,298
	Total FTEs	172	197	86
MAA Support Services	Expenditures	\$81,435	\$84,877	\$90,115
	FTEs	33	40	22
Program Integrity	Expenditures	\$2,306	\$1,838	\$1,745
	FTEs	23	26	12
Quality Management (6220)	Expenditures	\$122,207	\$118,093	\$124,457
	FTEs	23	24	11
Children & Family Services	Expenditures	\$34,967	\$76,591	\$80,254
	FTEs	25	28	9
Managed Care	Expenditures	\$283,890	\$281,881	\$294,117
	FTEs	25	28	8
Disabilities & Aging	Expenditures	\$619,340	\$599,866	\$624,231
	FTEs	19	27	5
Program Operations	Expenditures	\$29,890	\$54,395	\$56,380
	FTEs	23	24	19

Health Services Management Activity

The purpose of the Health Services Management Activity is to provide policy and finance and audit support services to the Medical Assistance Administration (MAA) so they can administer medical assistance programs and operations.

Funds are expended to support personnel services, provider payments and contractual agreements such as annual audit in support of these functions.

The following table summarizes total expenditures and full time equivalent employees for this activity.

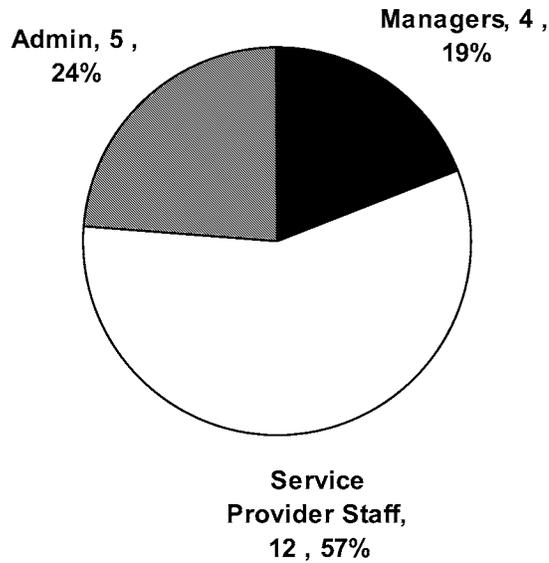
Total Expenditures (\$000's) and FTEs		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
MAA Support Services	Expenditures	\$81,435	\$84,877	\$90,115
	FTEs	33	40	22

Employees

For FY 2006, there are 31 employees budgeted for this activity, which does not coincide with the number of FTEs reported. The majority, 57%, or 12 employees, are Service Provider staff. Nineteen percent (19%), or 4 employees, are

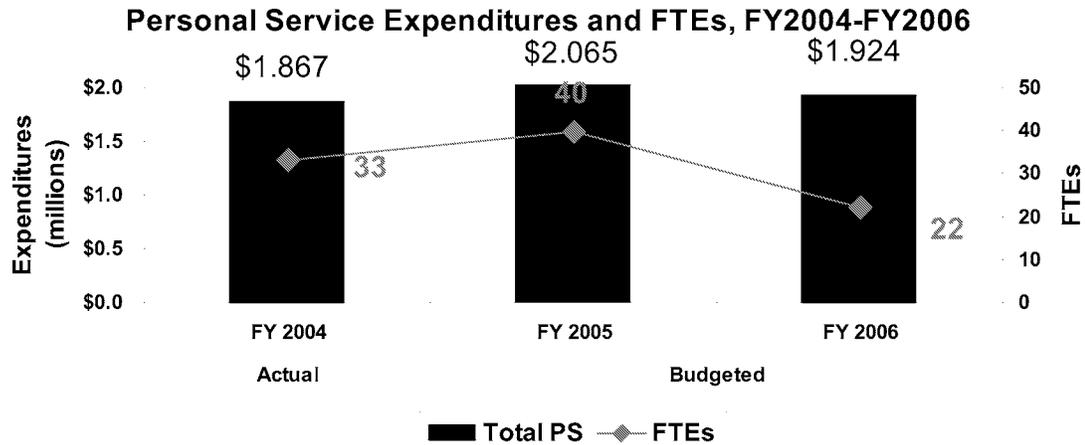
Managers. Twenty-four percent (24%), or 5 employees, are Administrative Support staff.

**Positions by Span of Control, FY2006
(Category, Number, Percent)**



Compensation

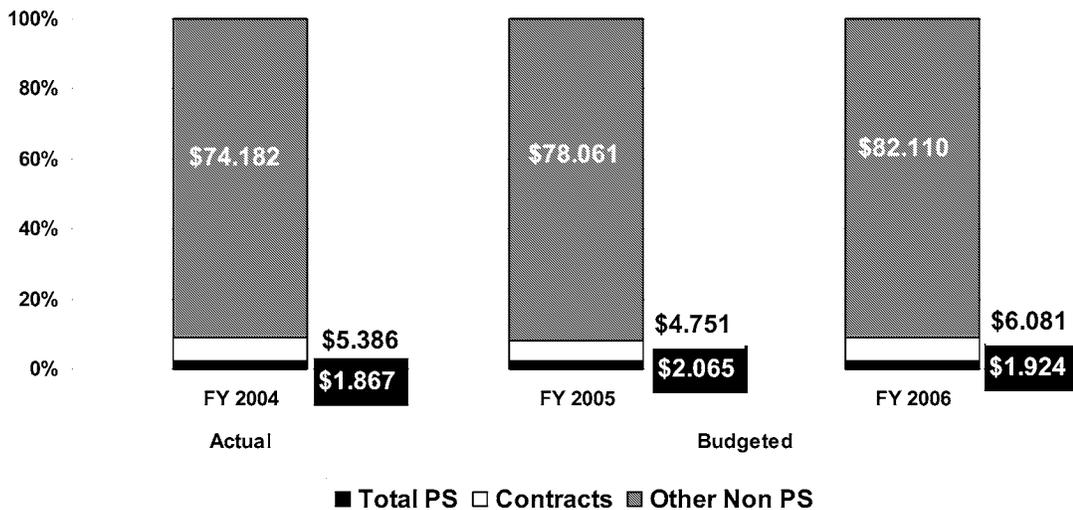
Total Personal Services expenditures increased 11% from an actual of \$1.9 million in FY 2004 to a budgeted \$2.1 million in FY 2005, and are expected to decrease 7% to \$1.9 million in FY 2006. Contrary to the budget trend, budgeted FTEs increased 20% from an actual of 33 in FY 2004 to 40 in FY 2005, but are expected to decrease 45% to 22 in FY 2006. This may reflect an error in the reported data.



Expenditures (FY 2004 Actual and FY 2005 – FY 2006 Budgeted)

In FY 2005, Contract budgets are expected to decrease 12% to \$4.8 million from \$5.4 million actual expenditures in FY 2004, and are expected to decrease 28% to \$6.0 million in FY 2006. Other Non Personal expenditures, primarily Subsidies, account for 91% of the total FY 2004 actual expenditures (\$74 million), and are expected to account for 92% (\$78.0 million) of the FY 2005 total budget and 91% (\$82.1 million) of the FY 2006 total budgets.

Expenditure Distribution, FY2004-FY2006 (Expenditure Amounts in Millions)



Program Integrity Activity

The purpose of the Program Integrity Activity is to provide investigation and audit services to the Medical Assistance Administration so they can ensure

that health care services and program dollars are appropriately and effectively utilized. This activity includes third party liability (TPL).

Funds are expended to for personnel services, provider payments, and contractual agreements in support of these functions.

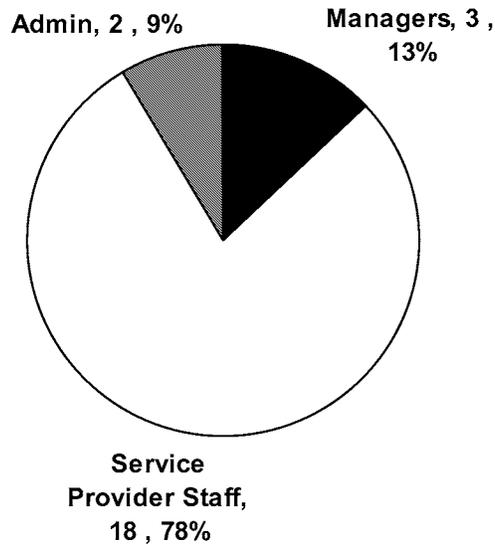
The following table summarizes total expenditures and full time equivalent employees for this activity.

Total Expenditures (\$000's) and FTEs		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
Program Integrity	Expenditures	\$2,306	\$1,838	\$1,745
	FTEs	23	26	12

Employees

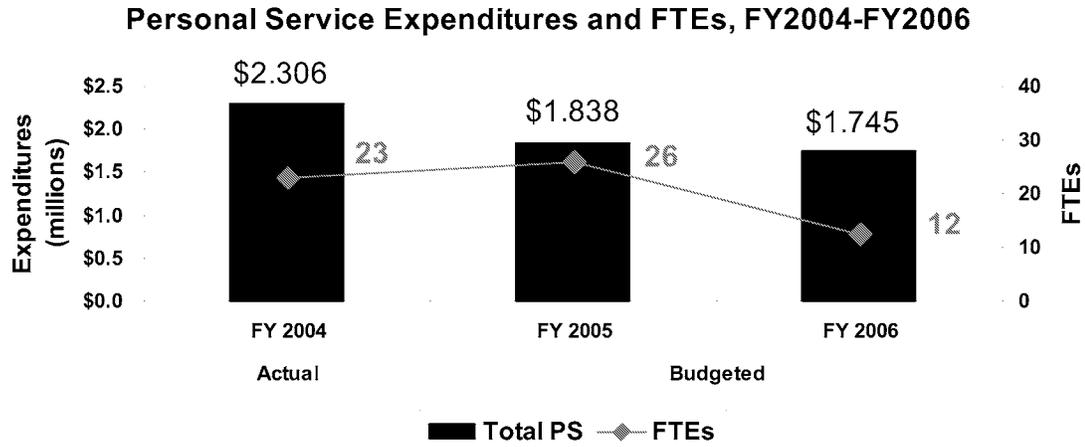
For FY 2006, there are 23 employees listed in this activity, which does not coincide with the number of FTEs reported. The majority (78%) or 18 employees are Service Provider staff. Thirteen percent (13%), or 3 employees, are Managers. Nine percent (9%), or 2 employees, are Administrative Support staff.

**Positions by Span of Control, FY2006
(Category, Number, Percent)**



Compensation

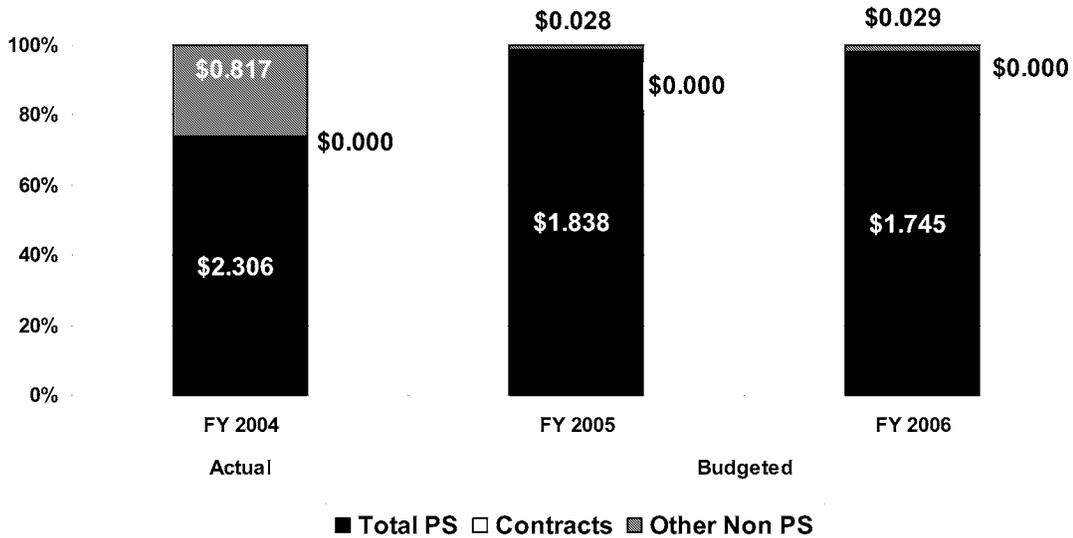
Total Personal Services expenditures decreased 20% from an actual of \$2.3 million in FY 2004 to a budgeted \$1.8 million in FY 2005, and are expected to decrease 5% in FY 2006. Contrastingly, budgeted FTEs increased 13% from an actual of 23 in FY 2004 to 26 in FY 2005, but are expected to decrease 53% FY 2006 to 12. These divergent trends suggest possible data errors.



Expenditures (FY 2004 Actual and FY 2005 – FY 2006 Budgeted)

Other Non Personal Services expenditures, primarily Subsidies, accounted for almost all actual Non Personal Services expenses for this activity in FY 2004, and are projected to account for approximately 35% of the Other Non Personal Services total expenditures in FY 2005 and FY 2006. In FY 2005, expenditures are expected to decrease to \$28,000 from FY 2004 actual expenditures (of \$817,000) but are expected to increase slightly in FY2006 to \$29,000.

**Expenditure Distribution, FY2004-FY2006
(Expenditure Amounts in Millions)**



Children and Families Activity

The purpose of the Children and Families Activity is to provide outreach and enrollment services to Medicaid recipients and providers so they can access services and provide improved quality, cost effective services to recipients.

Funds are expended to for personnel services, provider payments, and contractual agreements in support of these functions.

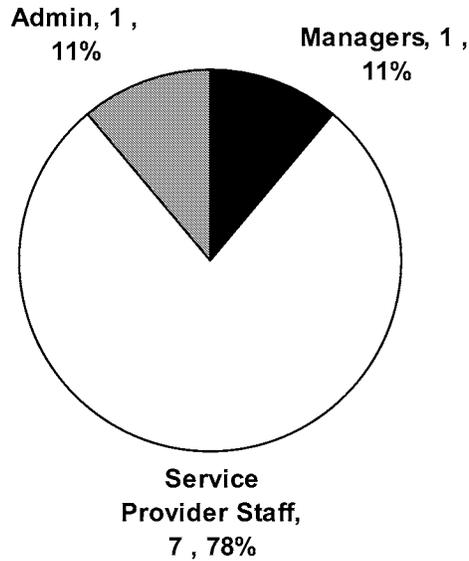
The following table summarizes total expenditures and full time equivalent employees for this activity.

Total Expenditures (\$000's) and FTEs		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
Children & Family Services	Expenditures	\$34,967	\$76,591	\$80,254
	FTEs	25	28	9

Employees

For FY 2006, there are 9 employees budgeted for this activity. The majority, 78%, or 7 employees, are Service Provider staff. Eleven percent (11%), or 1 employee, is a Manager. Eleven percent (11%), or 1 employee, is Administrative Support staff.

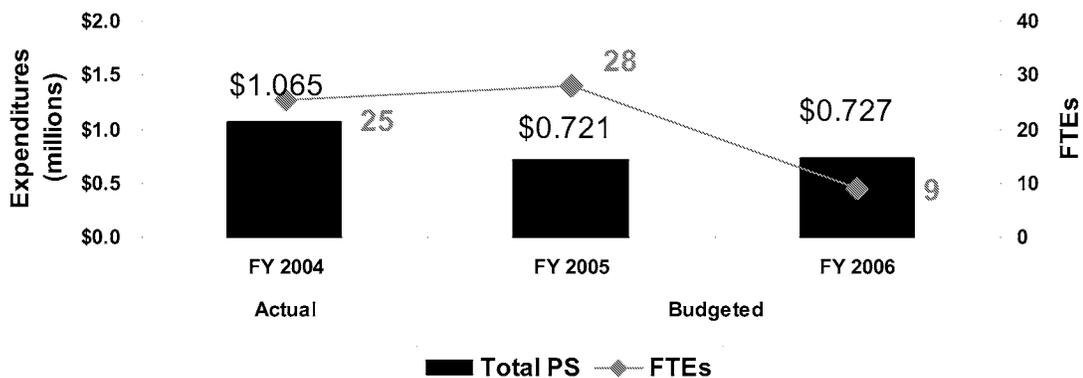
**Positions by Span of Control, FY2006
(Category, Number, Percent)**



Compensation

In FY 2005, total Personal Services expenditures decreased 32% to a budgeted \$721,000 from FY 2004 actual expenditures of \$1.1 million, and are projected to increase slightly (8%) to \$727,000 in FY 2006. Contrastingly, budgeted FTEs increased 10% from an actual of 25 in FY 2004 to 28 in FY 2005, and are expected to decrease 68% in FY 2006 to 9.

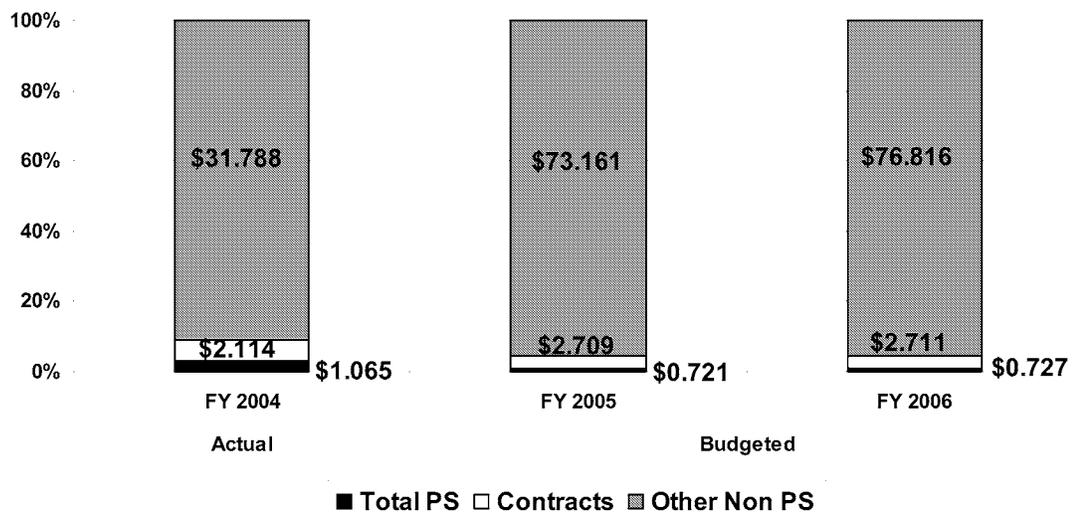
Personal Service Expenditures and FTEs, FY2004-FY2006



Expenditures (FY 2004 Actual and FY 2005 – FY 2006 Budgeted)

In FY 2004, Contract actual expenditures accounted for 6% of this activity's total actual expenditures (\$2.1 million). In FY 2005 and FY 2006, Contract budgets are expected to decrease 3-4% (to \$2.70 million and 2.71 million respectively). In contrast, FY 2004 Other Non Personal Services actual expenditures, primarily Subsidies, accounted for 91% (\$31.8 million) the total expenses. In FY 2005, budgeted expenditures for Other Non Personal Services are expected to increase 130% to \$73.1 million, and are expected to increase another 5% in FY 2006 to \$76.8 million.

Expenditure Distribution, FY2004-FY2006
(Expenditure Amounts in Millions)



Note: Activity has Subsidies amounts in which numbers seem out of proportion with Other NPS budget numbers – may be skewing the 'Other Non PS' budget numbers.

Benchmarks

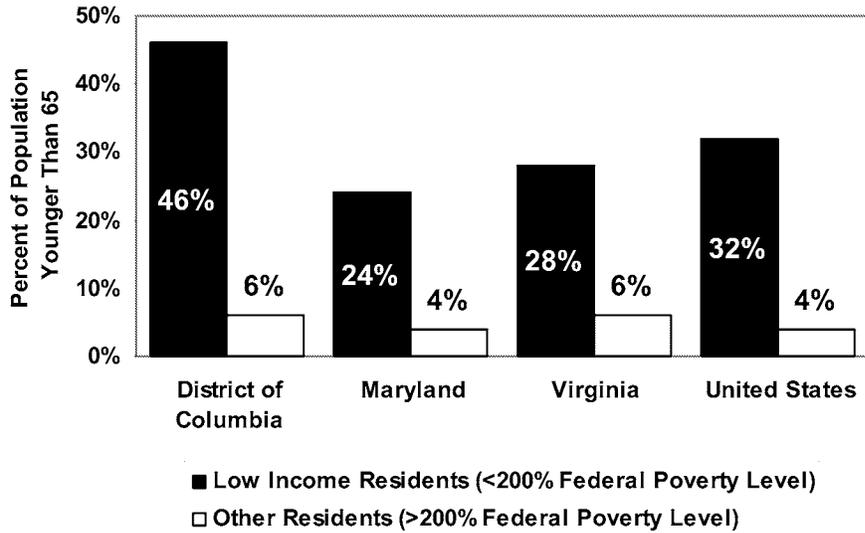
DOH did not report benchmark measures for this activity. To supplement the analysis of the Children and Family Services Activity, data reported by the Kaiser Family Foundation (KFF) on www.statehealthfacts.org are reproduced here. Specifically, KFF has compiled statistics on Medicaid enrollment rates and Medicaid expenditures per enrollee for Children and Adults enrollment groups.

Medicaid enrollment rates are analyzed by income group, using the Federal Poverty Level (FPL). The current FPL for a family of 3 is approximately \$14,000 per year: families with incomes less than this amount are considered poor. By convention, a family is considered to have low income if its annual income is at or below 200% of the FPL. Most states extend Medicaid eligibility to low income families (including those in poverty), although eligibility criteria vary across

jurisdictions, and often do not cover all families with incomes at or below 200% of the FPL.

The following chart reports 2002 and 2003 (the latest available data) Medicaid enrollment rates for low income individuals and other individuals. In both cases, the analysis is restricted to the non-elderly population (younger than 65 years). As seen, the District's Medicaid enrollment rate for low income residents (46%) is substantially higher than Maryland's (24%) and Virginia's (28%), and is also well above the national average (32%). The District's enrollment rate for other residents (6%) is also higher than the national average (4%), but is identical to Virginia's rate (6%).

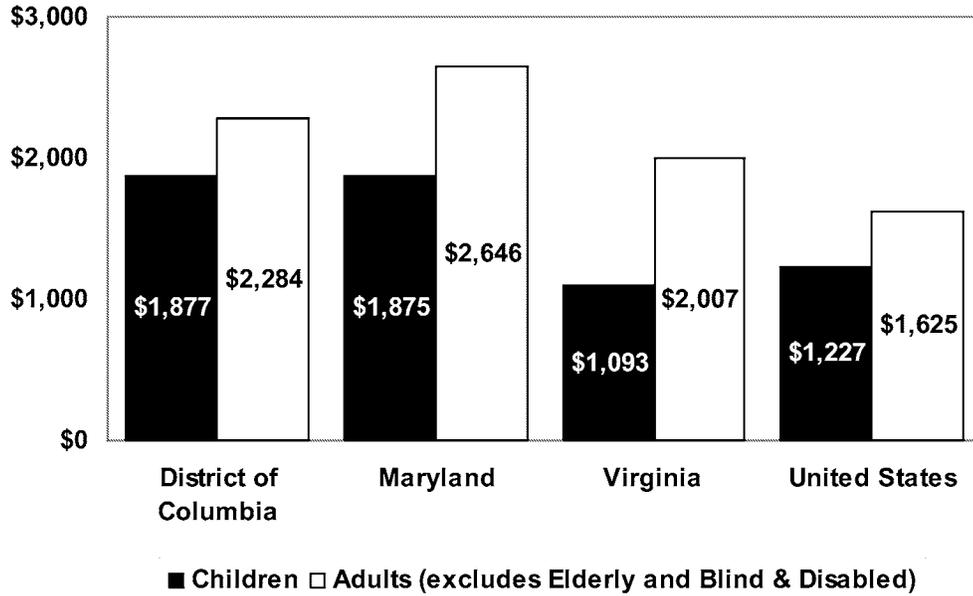
**Medicaid Enrollment Rates
Non-Elderly Younger Than 65
2002-2003**



SOURCE: See www.statehealthfacts.org, Medicaid Enrollment, Rate by FPL.

Also of interest to the Children and Family Services Activity is Medicaid spending per enrollee. The following chart reports spending per enrollee for FY2000 (the latest available data compiled by KFF) for two enrollment groups: Children and Adults (excluding the Elderly and Blind & Disabled groups). As seen, the District's spending per child enrollee (\$1,877) was comparable to Maryland's (\$1,875), but higher than Virginia's (\$1,093) and the national average (\$1,227). The District's spending per adult enrollee (\$2,284) fell between Virginia's (\$2,007) and Maryland's (\$2,646), but still exceeded the national average (\$1,625).

**Medicaid Spending Per Enrollee
Children and Adults Enrollment Groups
FY 2000**



SOURCE: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on data from Medicaid Statistical Information System reports from the Centers for Medicare and Medicaid Services, 2004. Data are available on line at www.statehealthfacts.org.

Managed Care Activity

The purpose of the Managed Care Activity is to provide oversight to managed care organizations that contract with MAA so they can provide quality, cost effective services to recipients.

Funds are expended to for personnel services, provider payments, and contractual agreements in support of these functions.

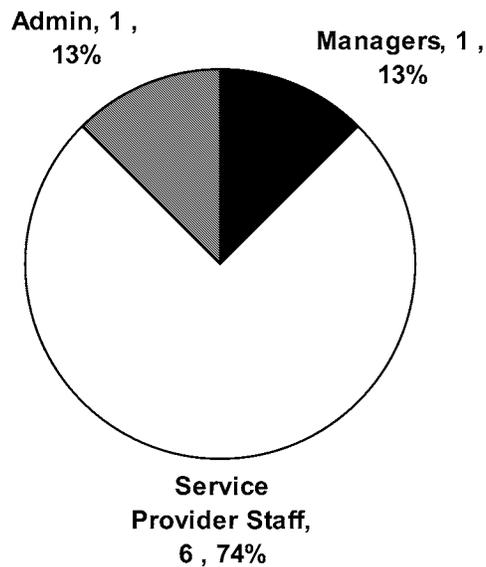
The following table summarizes total expenditures and full time equivalent employees for this activity.

Total Expenditures (\$000's) and FTEs		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
Managed Care	Expenditures	\$283,890	\$281,881	\$294,117
	FTEs	25	28	8

Employees

For FY 2006, there are 8 employees budgeted for this activity. The majority, 74%, or 6 employees, are Service Provider staff. Thirteen percent (13%), or 1 employee, is a Manager. Thirteen percent (13%), or 1 employee, is Administrative Support staff.

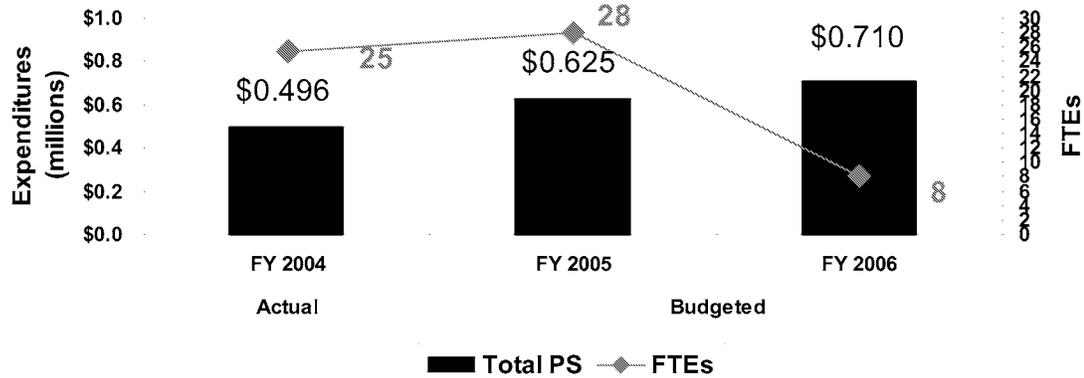
Positions by Span of Control, FY2006 (Category, Number, Percent)



Compensation

Total Personal Services expenditures increased 26% from an actual of \$496,000 in FY 2004 to a budgeted \$625,000 in FY 2005, and are expected to increase 14% in FY 2006 to \$710,000. In FY 2005, budgeted FTEs increased 10% to 28 from an FY 2004 actual of 25. FTEs are expected to decrease 71% in FY 2006 to 8.

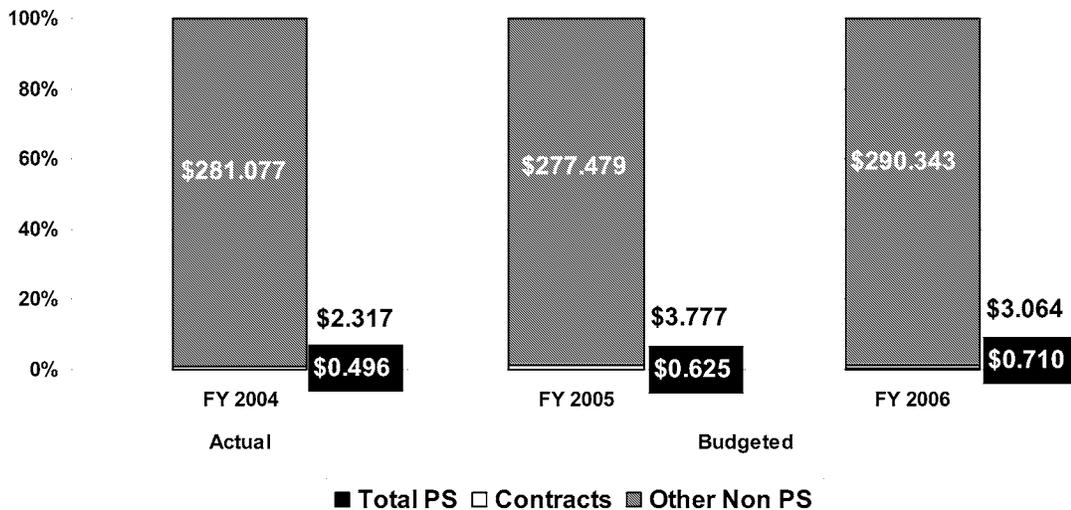
Personal Service Expenditures and FTEs, FY2004-FY2006



Expenditures (FY 2004 Actual and FY 2005 – FY 2006 Budgeted)

In FY 2004, Other Non Personal Services actual expenditures, primarily Subsidies, accounted for 99% (\$281.1 million) of this activity’s total expenses. Other Non Personal Services budgets are expected to remain approximately the same - 98% and 99% of total budgeted expenditures - in FY 2005 and FY 2006 (\$277.5 million and \$290.3 million, respectively). Contract actual expenditures in FY 2004 accounted for 1% (\$2.3 million) of this activity’s total budget and are expected to increase 63% (to \$3.7 million) in FY 2005, but decrease 19% in FY 2006 to \$3.1 million.

Expenditure Distribution, FY2004-FY2006 (Expenditure Amounts in Millions)



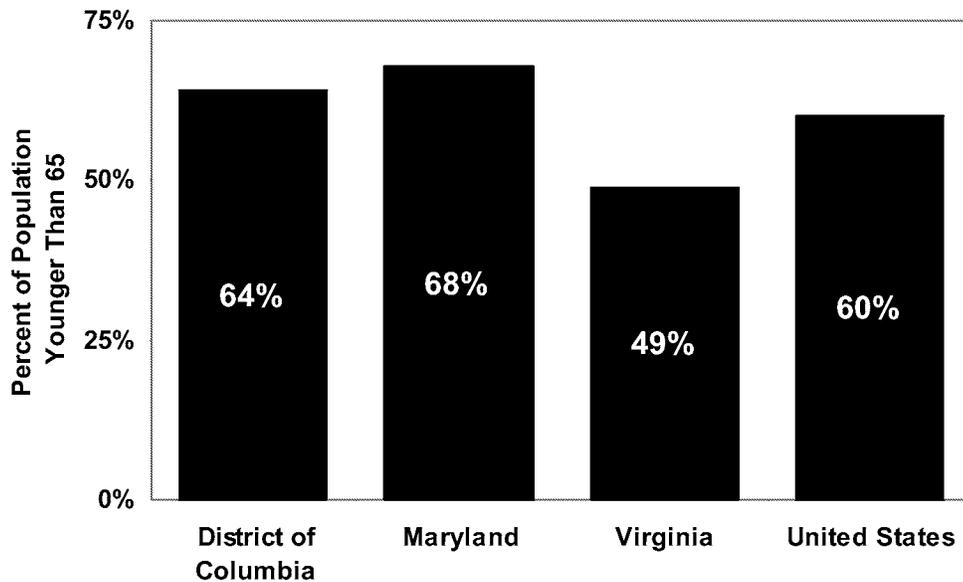
Note: Activity has Subsidies amounts in which numbers seem out of proportion with Other NPS budget numbers – may be skewing the ‘Other Non PS’ budget numbers.

Benchmarks

DOH did not report benchmark measures for this activity. To supplement the analysis of the Managed Care activity, data reported by the Kaiser Family Foundation (KFF) on www.statehealthfacts.org are reproduced here. Specifically, KFF has compiled statistics on Medicaid managed care enrollment rates and payment rates.

The following chart reports managed care enrollment rates for 2003 (the latest available data). The rates are calculated using the number of managed care enrollees as a percent of all Medicaid enrollees. As seen, the District's rate was comparable to Maryland's and the national average, and was higher than Virginia's.

**Medicaid Managed Care Enrollees
as a Percent of Total Medicaid Enrollees
2003**

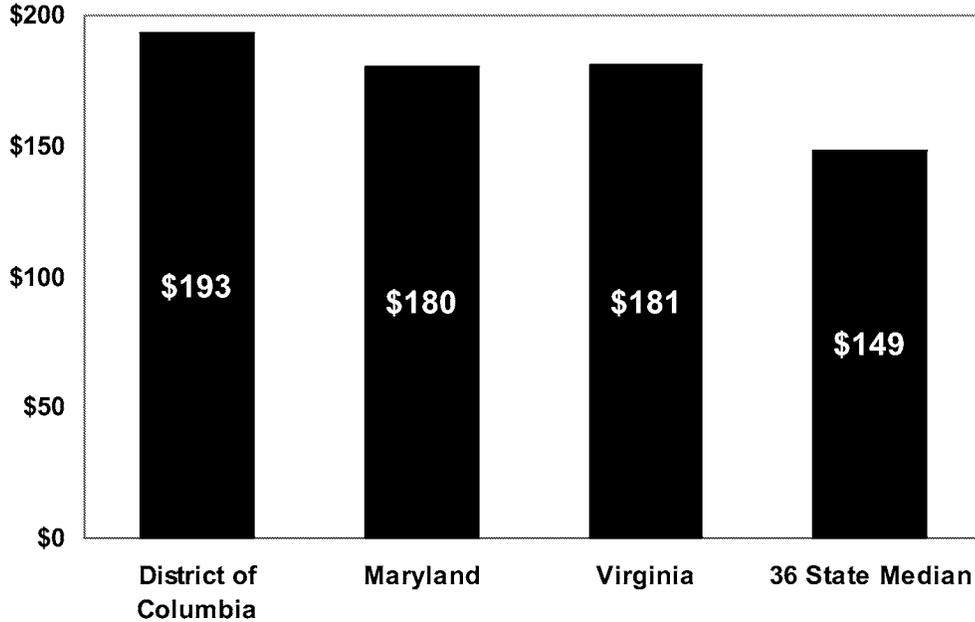


SOURCE: Medicaid Managed Care Penetration Rates by State - December 31, 2003, Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services, retrieved June 2004. Available at www.cms.hhs.gov/medicaid/managedcare/mmcp03.pdf.

Also of interest to the Managed Care Activity are Medicaid managed care payment rates. Often called a capitation rate, the managed care payment rate is the monthly payment per enrollee to managed care organizations participating in a jurisdiction's Medicaid managed care program. The following chart reports these rates for 2001 (the latest available data) based on a study published in 2003. As seen, the District's rate was somewhat higher than both Maryland's and

Virginia's, and substantially higher than the median of 36 states participating in the rate study.

**Medicaid Managed Care Rates
2001**



SOURCE: *Health Affairs*, Exhibit 1, "Medicaid Managed Care Payment Methods and Capitation Rates," January/February 2003. Data are available on line at www.statehealthfacts.org.

Disability and Aging Activity

The purpose of the Disability and Aging Activity is to monitor and oversee long-term care services to adult medical assistance enrollees so they can have improved quality services and provide enrollees with disabilities and the aged information on care options so they can access services in the least restrictive setting.

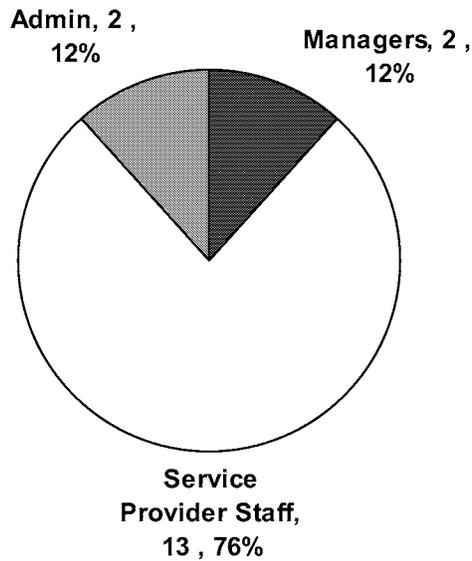
The following table summarizes total expenditures and full time equivalent employees for this activity.

Total Expenditures (\$000's) and FTEs		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
Disabilities & Aging	Expenditures	\$619,340	\$599,866	\$624,231
	FTEs	19	27	5

Employees

For FY 2006, there are 17 employees budgeted for this activity, which does not coincide with the number of FTEs reported. The majority, 76%, or 13 employees, are Service Provider staff. Twelve percent (12%), or 2 employees, are Managers. Twelve percent (12%), or 2 employees, are Administrative Support staff.

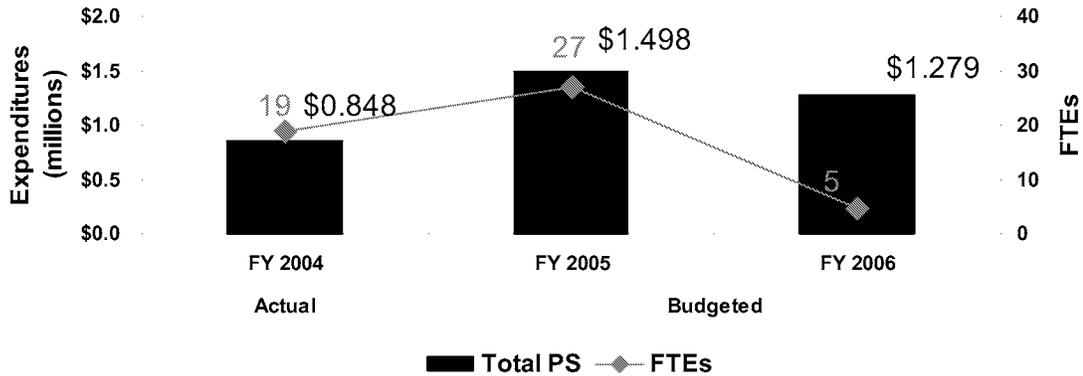
Positions by Span of Control, FY2006 (Category, Number, Percent)



Compensation

Total Personal Services expenditures increased 77% from an actual of \$848,000 in FY 2004 to a budgeted \$1.5 million in FY 2005, and are expected to decrease 15% in FY 2006 to \$1.3 million. Along similar trends, budgeted FTEs increased 44% from an actual of 19 in FY 2004 to 27 in FY 2005, but are expected to decrease 83% to 5 in FY 2006.

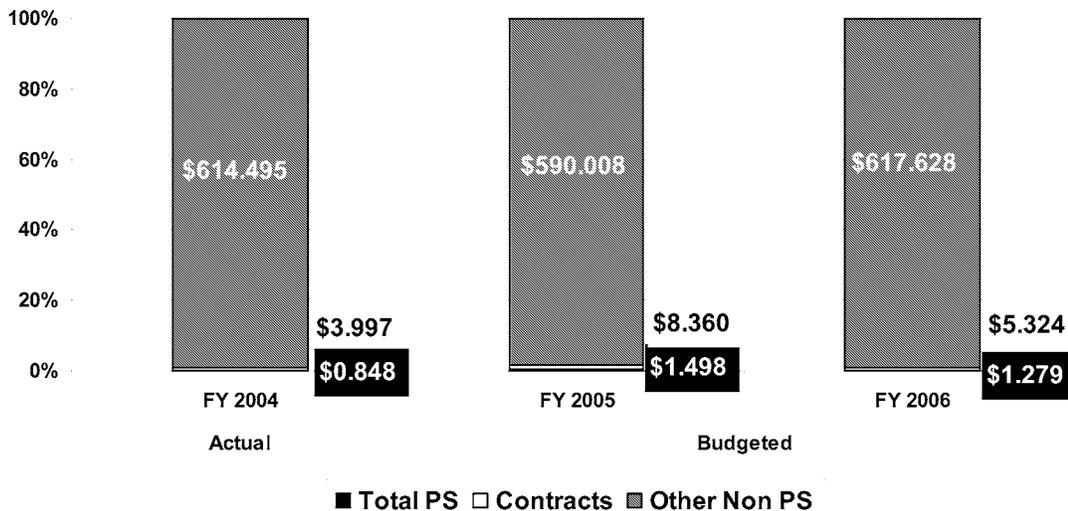
Personal Service Expenditures and FTEs, FY2004-FY2006



Expenditures (FY 2004 Actual and FY 2005 – FY 2006 Budgeted)

In FY 2004, Other Non Personal Services actual expenditures, primarily Subsidies, accounted for 99% (\$614.5 million) of this activity’s total expenses. In FY 2005, budgeted expenditures for Other Non Personal Services expenditures are expected to decrease 4% to \$590.0 million from FY 2004 actual expenditures, but are expected to increase 5% in FY 2006 to \$616.6 million. Contrastingly, in FY 2004, Contract actual expenditures accounted for 1% (\$4.0 million) of this activity’s total budget. Contract budgets are expected to increase 109% to \$8.4 million in FY 2005, but decrease 36% to \$5.3 million in FY 2006.

Expenditure Distribution, FY2004-FY2006 (Expenditure Amounts in Millions)



Note: Activity has Subsidies amounts in which numbers seem out of proportion with Other NPS budget numbers – may be skewing the ‘Other Non PS’ budget numbers.

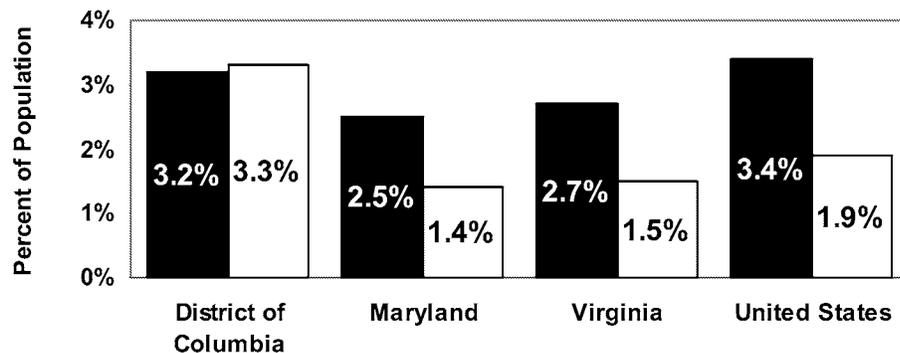
Benchmarks

DOH did not report benchmark measures for this activity. To supplement the analysis of the Disabilities and Aging Services Activity, data reported by the Kaiser Family Foundation (KFF) on www.statehealthfacts.org are reproduced here. Specifically, KFF has compiled statistics on the percent of elderly and disabled residents eligible for Medicaid (based on enrollment in the Supplemental Security Income [SSI] program) and Medicaid spending per enrollee for the Elderly and Blind & Disabled categories.

The following chart reports SSI beneficiary rates for two groups: elderly individuals aged 65 or older, and blind and disabled individuals. The beneficiary rate is calculated as the number of SSI beneficiaries as a percent of the population. SSI is a federal entitlement program that provides cash assistance to low-income aged, blind, and disabled individuals. Individuals receiving SSI benefits are eligible for Medicaid coverage in all states except "section 209(b)" states, which have opted to use their more restrictive 1972 criteria in determining Medicaid eligibility for SSI recipients. Virginia is one of the 209(b) states.

As seen in the following chart, the District's Aged SSI beneficiary rate (3.4%) is comparable to the national average (3.4%), but higher than both Maryland's (2.5%) and Virginia's (2.7%). The District's Blind and Disabled beneficiary rate (3.3%) is substantially higher than both Maryland's (1.4%) and Virginia's (1.5%), and also exceeds the national average (1.9%).

**Supplemental Security Income (SSI)
Aged and Blind & Disabled Beneficiaries
As a Percent of Population
2003**

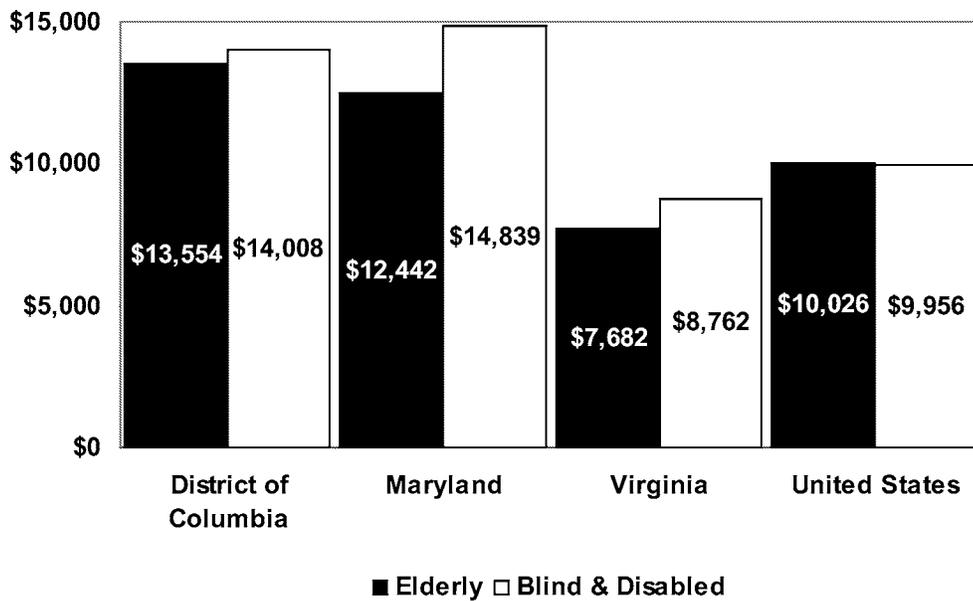


- Aged Supplemental Security Income (SSI) Beneficiaries as a Percent of Population Ages 65+, 2003
- Blind and Disabled Supplemental Security Income (SSI) Beneficiaries as a Percent of Population, 2003

SOURCE: Analysis by the Kaiser Commission on Medicaid and the Uninsured, available on line at www.statehealthfacts.org.

Also of interest to the Disabilities and Aging Activity is Medicaid spending per enrollee. The following chart reports spending per enrollee for FY2000 (the latest available data compiled by KFF) for two enrollment groups: Elderly and Blind & Disabled. As seen, the District's spending per elderly enrollee (\$13,554) was comparable to Maryland's (\$12,442), but substantially higher than Virginia's (\$7,682) and the national average (\$10,026). Similarly, the District's spending per blind & disabled enrollee (\$14,008) was comparable to Maryland's (\$14,839), but substantially higher than Virginia's (\$8,762) and the national average (\$9,956).

**Medicaid Spending Per Enrollee
Elderly and Blind & Disabled Enrollment Groups
FY 2000**



SOURCE: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on data from Medicaid Statistical Information System reports from the Centers for Medicare and Medicaid Services, 2004. Data are available on line at www.statehealthfacts.org.

Program Operations Activity

The purpose of the Program Operations Activity is to provide oversight of claims processing services to enrolled medical assistance providers so they can provide medical assistance services to eligible medical assistance clients.

Funds are expended to for personnel services, provider payments, and contractual agreements in support of these functions.

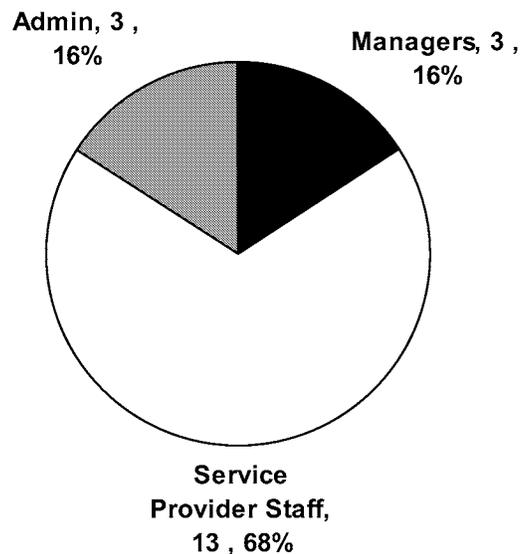
The following table summarizes total expenditures and full time equivalent employees for this activity.

Total Expenditures (\$000's) and FTEs		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
Program	Expenditures	\$29,890	\$54,395	\$56,380
Operations	FTEs	23	24	19

Employees

For FY 2006, there are 19 employees budgeted for this activity. The majority, 68%, or 13 employees, are Service Provider staff. Sixteen percent (16%), or 3 employees, are Managers. Sixteen percent (16%), or 3 employees, are Administrative Support staff.

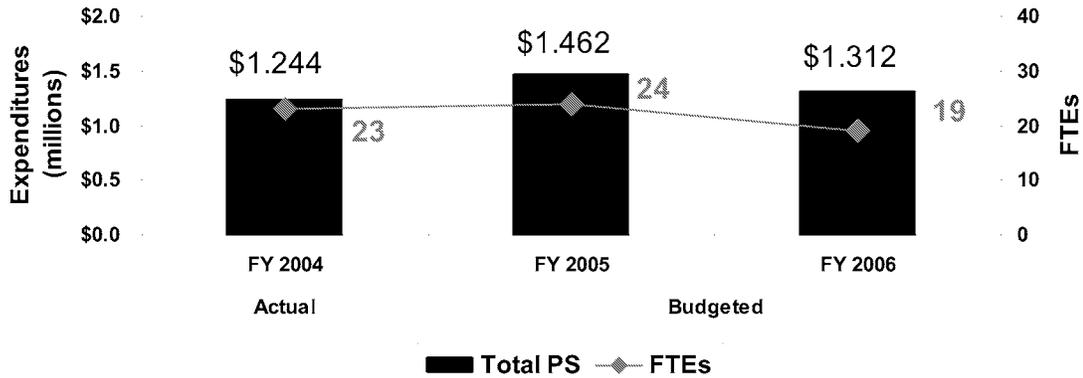
Positions by Span of Control, FY2006 (Category, Number, Percent)



Compensation

Total Personal Services expenditures increased 18% from an actual of \$1.2 million in FY 2004 to a budgeted \$1.5 million in FY 2005, and are expected to decrease 10% to \$1.3 million in FY 2006. Budgeted FTEs increased 4% from an actual of 23 in FY 2004 to 24 in FY 2005, but are expected to decrease 21% to 19 in FY 2006.

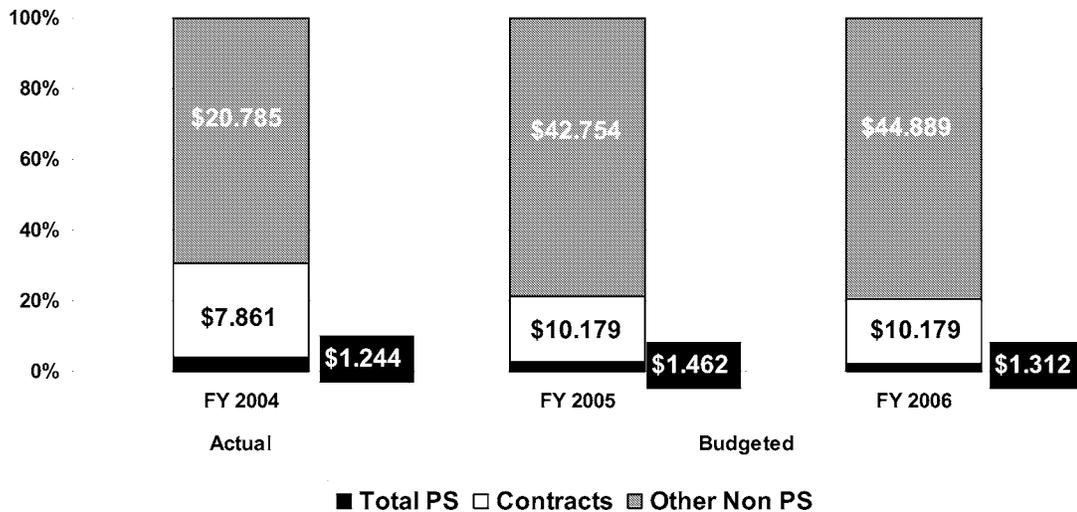
Personal Service Expenditures and FTEs, FY2004-FY2006



Expenditures (FY 2004 Actual and FY 2005 – FY 2006 Budgeted)

In FY 2004, Contract actual expenditures accounted for 26% (\$7.9 million) of this activity's total budget. In FY 2005 Contract budgets are expected to increase 29% to \$10.2 million, where they are projected to remain in FY 2006, accounting for 19% and 18% of the total budget respectively. In FY 2004, Other Non Personal Services actual expenditures, primarily Subsidies, accounted for 70% (\$20.8 million) of total expenses. In FY 2005, Other Non Personal Services budgeted expenditures are expected to increase 106% (to \$42.7 million), while in FY 2006, they are expected to increase 5% (\$44.9 million) to account for 79% and 80% of the total budget respectively.

Expenditure Distribution, FY2004-FY2006 (Expenditure Amounts in Millions)



DC Public Schools Activity

The purpose of the DC Public School activity is to provide programmatic oversight with respect to State Plan Amendment and rules development, rate setting and annual cost report audit services so they can claim Medicaid reimbursement accurately and appropriately.

There was no data sheet submission for this activity.

Department of Mental Health Activity

The purpose of the Mental Health Activity is to provide programmatic oversight with respect to State Plan Amendment and rules development, rate setting and annual cost report audit services so they can claim Medicaid reimbursement accurately and appropriately.

There was no data sheet submission for this activity.

Department of Child and Family Services Activity

The purpose of the Child and Family Services Activity is to provide programmatic oversight with respect to State Plan Amendment and rules development, rate setting and annual cost report audit services so they can claim Medicaid reimbursement accurately and appropriately.

There was no data sheet submission for this activity.

Department of Human Services Activity

The purpose of the Department of Human Services Activity is to provide programmatic oversight with respect to State Plan Amendment and rules development, rate setting and annual cost report audit services so they can claim Medicaid reimbursement accurately and appropriately.

There was no data sheet submission for this activity.

Quality Management Activity

The purpose of the Quality Management activity is to provide quality improvement services to all Medical Assistance Administration (MAA) components and activities so they can improve the quality and value of the

health care and services provided to communities and individuals served by MAA.

Funds are expended to for personnel services, provider payments, and contractual agreements in support of these functions.

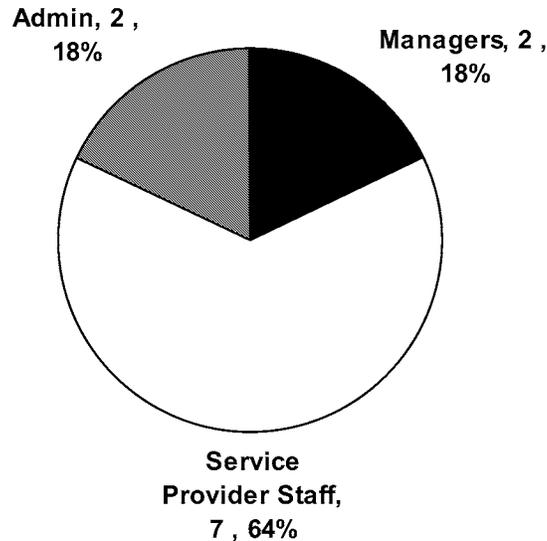
The following table summarizes total expenditures and full time equivalent employees for this activity.

Total Expenditures (\$000's) and FTEs		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
Quality Management	Expenditures	\$122,207	\$118,093	\$124,457
	FTEs	23	24	11

Employees

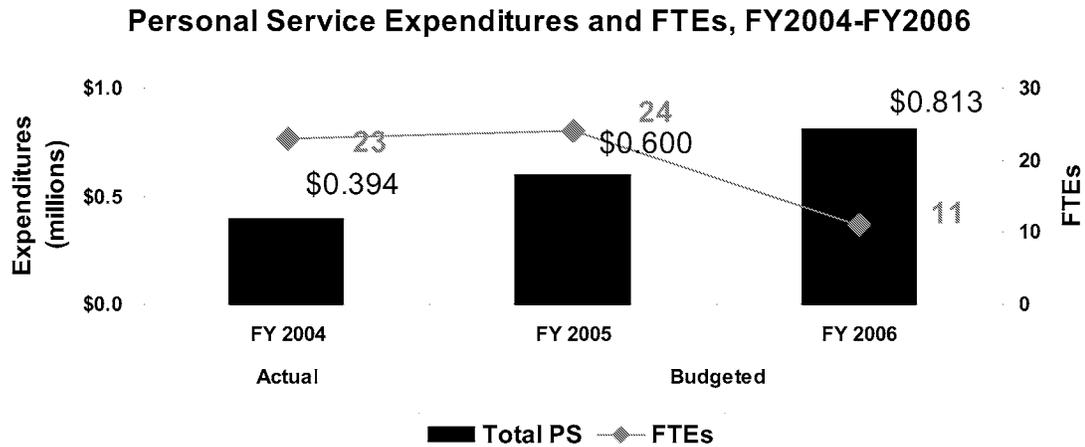
For FY 2006, there are 11 employees listed in this activity. The majority, 64%, or 7 employees, are Service Provider staff. Eighteen percent (18%), or 2 employees, are Managers. Eighteen percent (18%), or 2 employees, are Administrative Support staff.

**Positions by Span of Control, FY2006
(Category, Number, Percent)**



Compensation

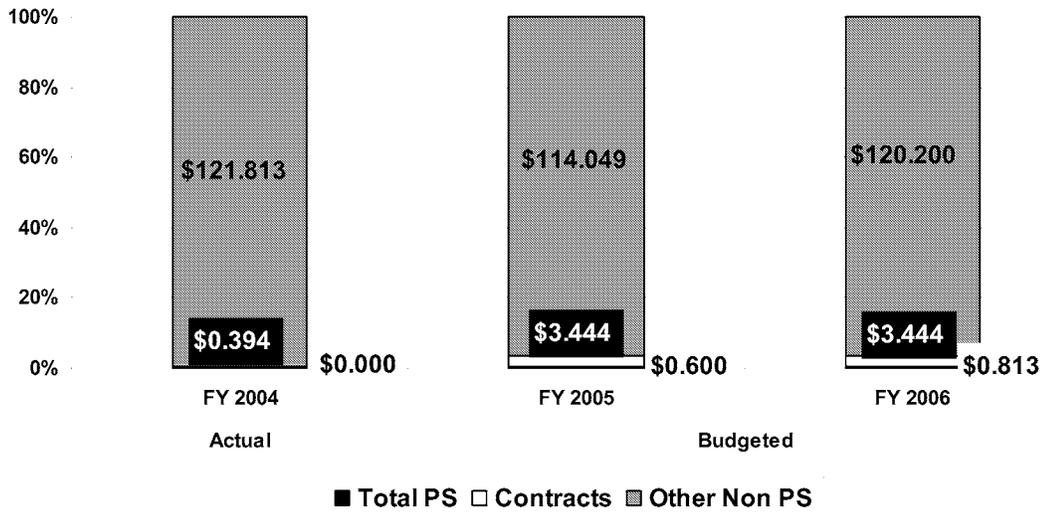
In FY 2005, Total Personal Services expenditures are expected to increase 52% from FY 2004 actual expenditures of \$394,000 to a budgeted \$600,000, and are expected to increase 36% in FY 2006, to \$813,000. Budgeted FTEs increased 4% from an actual of 23 in FY 2004, to 24 in FY 2005, and are expected to increase 54% in FY 2006 to 11.



Expenditures (FY 2004 Actual and FY 2005 – FY 2006 Budgeted)

In FY 2004, Other Non Personal Services expenditures, primarily Subsidies, accounted for almost 100% (\$121.8 million) of this activity's total expenditures. In FY 2005, Other Non Personal Services budgets are expected to decrease 6% to \$114.0 million from FY 2004 actual expenditures of \$121.8 million, but are expected to increase 5% in FY 2006 to \$120.2 million. There are no actual expenditures for Contracts in FY 2004. FY 2005 and FY 2006 budgeted expenditures for Contracts are projected to be, and remain, \$3.4 million.

Expenditure Distribution, FY2004-FY2006
 (Expenditure Amounts in Millions)



Maternal and Family Health Administration Program

The Maternal and Family Health Administration Program primarily supports the Citywide Strategic Priority area of Strengthening Children, Youth, Families, and Elders. The purpose of the Health Promotion program is to provide health assessments, wellness promotion, health education and information, health screenings, health outreach, interventions, and support services to District of Columbia residents and visitors so they can minimize their chances of illness and live healthier lives.

The following table summarizes total expenditures and full time equivalent employees for this program.